

	Aetna Gold Saving Plus OAEPO 1000 90% ID: 14034177		Aetna Silver Savings Plus OAEPO 2000 80% ID: 14034178		Aetna Silver Savings Plus OAEPO 2500 80% ID: 14034179		Aetna Bronze Savings Plus OAEPO 4500 60% ID: 14034180	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	20/40/60/TCS/100 ded T2-T4		20/40/60/TCS/100 ded T2-T4		20/40/60/TCS/100 ded T2-T4		20/50/80/TCS IntDed	
Cost Share Information								
Individual/Family Deductible	D-\$1,000/\$2,000; ND-\$3,000/ \$6,000 embedded		D-\$2,000/\$4,000; ND-\$4,000/ \$8,000 embedded		D-\$2,500/\$5,000; ND-\$4,500/ \$9,000 embedded		D-\$4,500/\$9,000; ND-\$6,000/ \$12,000 embedded	
Individual/Family OOP Limit	D-\$3,000/\$6,000; ND-\$6,600/ \$13,200 (incl ded)		D-\$5,800/\$11,600; ND-\$6,600/ \$13,200 (incl ded)		D-\$6,000/\$12,000; ND-\$6,600/ \$13,200 (incl ded)		D-\$6,850/\$13,700; ND-\$6,850/ \$13,700 (incl ded)	
Co-Insurance	D-10%; ND-30%		D-20%; ND-40%		D-20%; ND-40%		D-40%; ND-50%	
Office Visits								
Primary Care	D-\$30 ded waived; ND-\$50 after ded		D-\$40 ded waived; ND-\$50 after ded		D-\$50 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded	
Specialist	D-\$50 ded waived; ND-\$70 after ded		D-\$60 ded waived; ND-\$75 after ded		D-\$75 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded	
Inpatient Services								
Inpatient Hospital	D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded		D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded	
Mental Health Inpatient	D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded		D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded	
Outpatient Services								
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	D-10% after ded; ND-30% after ded		Lab-D-\$60 ded waived; ND- \$75 after ded; X-ray-D-20% after ded; ND-40% after ded		Lab-D-\$75 ded waived; ND-40% after ded; X-ray-D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded	
Mental Health Outpatient	D-\$50 ded waived; ND-\$70 after ded		D-\$60 ded waived; ND-\$75 after ded		D-\$75 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		D-20% after ded; ND-Paid as designated		D-40% after ded; ND-Paid as designated	
Urgent Care	D-\$75 ded waived; ND-\$100 ded waived		D-\$75 ded waived; ND-\$100 ded waived		D-\$75 ded waived; ND-\$100 ded waived		D-40% after ded; ND-50% after ded	
Single	1 x	\$753.94	1 x	\$659.14	1 x	\$636.26	1 x	\$536.38
EE with Spouse	0 x	\$1,507.89	0 x	\$1,318.28	0 x	\$1,272.53	0 x	\$1,072.77
EE with Child(ren)	0 x	\$1,281.71	0 x	\$1,120.54	0 x	\$1,081.65	0 x	\$911.85
Family	1 x	\$2,148.74	1 x	\$1,878.55	1 x	\$1,813.35	1 x	\$1,528.70
Monthly Cost	2	\$2,902.68	2	\$2,537.69	2	\$2,449.61	2	\$2,065.08
Annual Cost		\$34,832.16		\$30,452.28		\$29,395.32		\$24,780.96