

	Aetna Gold OAEPO 1000 90% ID: 14034164		Aetna Silver OAEPO 2000 80% ID: 14034167		Aetna Silver OAEPO 2000 60% ID: 14034166		Aetna Silver OAEPO 3000 70% ID: 14034168	
	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		20/40/60/TCS/100 ded T2-T4	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$2,000/\$4,000 embedded		\$2,000/\$4,000 embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	10%		20%		40%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$40 ded waived		\$30 ded waived		\$40 ded waived	
Specialist	\$60 ded waived		\$70 ded waived		\$60 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		40% after ded		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded		40% after ded		30% 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	10% after ded		Lab-\$70 ded waived; X-ray-20% after ded		Lab-\$60 ded waived; X-ray-40% after ded		Lab-\$75 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$60 ded waived		\$70 ded waived		\$60 ded waived		\$75 ded waived	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x \$859.60		1 x \$752.61		1 x \$740.89		1 x \$715.97	
EE with Spouse	0 x \$1,719.20		0 x \$1,505.21		0 x \$1,481.78		0 x \$1,431.94	
EE with Child(ren)	0 x \$1,461.32		0 x \$1,279.43		0 x \$1,259.51		0 x \$1,217.15	
Family	1 x \$2,449.86		1 x \$2,144.93		1 x \$2,111.54		1 x \$2,040.52	
Monthly Cost	2 \$3,309.46		2 \$2,897.54		2 \$2,852.43		2 \$2,756.49	
Annual Cost	\$39,713.52		\$34,770.48		\$34,229.16		\$33,077.88	

	Aetna Silver OAMC 3000 100/80 HSA FH ID: 14034186		Aetna Silver OAMC 2800 90/70 HSA ID: 14034185		Aetna Silver OAEPO 2800 90% HSA PY ID: 14034172		Aetna Bronze OAEPO 3750 50% ID: 14034169	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/50/80/TCS IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000 embedded	\$4,000/\$8,000 embedded	\$2,800/\$5,600 embedded	\$3,500/\$7,000 embedded	\$2,800/\$5,600 embedded		\$3,750/\$7,500 embedded	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)	\$8,000/\$16,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$7,000/\$14,000 (incl ded)	\$6,000/\$12,000 (incl ded)		\$7,150/\$14,300 (incl ded)	
Co-Insurance	0%	20%	10%	30%	10%		50%	
Office Visits								
Primary Care	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		50% after ded	
Specialist	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		50% after ded	
Inpatient Services								
Inpatient Hospital	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		50% after ded	
Mental Health Inpatient	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	Refer to Outpatient Surgery	Refer to Outpatient Surgery	Refer to Outpatient Surgery	Refer to Outpatient Surgery	Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		50% after ded	
Mental Health Outpatient	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		50% after ded	
Emergency Care								
Emergency Room	0% after ded	Paid as in-network	10% after ded	Paid as in-network	10% after ded		50% after ded	
Urgent Care	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		50% after ded	
Single	1 x \$786.42		1 x \$755.70		1 x \$752.21		1 x \$631.36	
EE with Spouse	0 x \$1,572.84		0 x \$1,511.40		0 x \$1,504.42		0 x \$1,262.71	
EE with Child(ren)	0 x \$1,336.92		0 x \$1,284.69		0 x \$1,278.76		0 x \$1,073.31	
Family	1 x \$2,241.30		1 x \$2,153.74		1 x \$2,143.80		1 x \$1,799.37	
Monthly Cost	2 \$3,027.72		2 \$2,909.44		2 \$2,896.01		2 \$2,430.73	
Annual Cost	\$36,332.64		\$34,913.28		\$34,752.12		\$29,168.76	

	Aetna Bronze OAEPO 4500 70% ID: 14034170		Aetna Bronze OAEPO 5000 60% ID: 14034171		Aetna Bronze OAEPO 5700 70% HSA PY ID: 14034176		Aetna Bronze OAEPO 5400 50% HSA PY ID: 14034174	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	20/50/80/TCS IntDed		20/50/80/TCS IntDed		20/50/80/TCS IntDed		20/50/80/TCS IntDed	
Cost Share Information								
Individual/Family Deductible	\$4,500/\$9,000 embedded		\$5,000/\$10,000 embedded		\$5,700/\$11,400 embedded		\$5,400/\$10,800 embedded	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$7,100/\$14,200 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%		40%		30%		50%	
Office Visits								
Primary Care	\$25 after ded		40% after ded		30% after ded		50% after ded	
Specialist	30% after ded		40% after ded		30% after ded		50% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		40% after ded		30% after ded		50% after ded	
Mental Health Inpatient	30% after ded		40% after ded		30% after ded		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	30% after ded		40% after ded		30% after ded		50% after ded	
Mental Health Outpatient	30% after ded		40% after ded		30% after ded		50% after ded	
Emergency Care								
Emergency Room	30% after ded		40% after ded		30% after ded		50% after ded	
Urgent Care	30% after ded		40% after ded		30% after ded		50% after ded	
Single	1 x \$610.09		1 x \$605.05		1 x \$604.12		1 x \$578.10	
EE with Spouse	0 x \$1,220.19		0 x \$1,210.10		0 x \$1,208.24		0 x \$1,156.20	
EE with Child(ren)	0 x \$1,037.16		0 x \$1,028.58		0 x \$1,027.00		0 x \$982.77	
Family	1 x \$1,738.76		1 x \$1,724.39		1 x \$1,721.74		1 x \$1,647.58	
Monthly Cost	2 \$2,348.85		2 \$2,329.44		2 \$2,325.86		2 \$2,225.68	
Annual Cost	\$28,186.20		\$27,953.28		\$27,910.32		\$26,708.16	