

	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		20/40/80/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-\$6,500/\$13,000; ND-\$6,500/ \$13,000 (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 \$810.65		1 x \$708.71		1 x \$684.11		1 x \$576.72	
EE with Spouse	0 x \$1,621.29		0 x \$1,417.42		0 x \$1,368.23		0 x \$1,153.45	
EE with Child(ren)	0 x \$1,378.10		0 x \$1,204.81		0 x \$1,163.00		0 x \$980.43	
Family	1 x \$2,310.34		1 x \$2,019.83		1 x \$1,949.73		1 x \$1,643.66	
Monthly Cost	2 \$3,120.99		2 \$2,728.54		2 \$2,633.84		2 \$2,220.38	
Annual Cost	\$37,451.88		\$32,742.48		\$31,606.08		\$26,644.56	