

	Aetna Gold OAEPO 1000 90% ID: 14041846 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2800 90% HSA PY ID: 14041843 (HSA) (UCR=N/A)		Aetna Silver OAEPO 2550 70% ID: 14041847 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 70% ID: 14041849 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS IntDed		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$2,800/\$5,600 embedded		\$2,550/\$5,100 embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$7,900/\$15,800 (incl ded)		\$7,900/\$15,800 (incl ded)	
Co-Insurance	10%		10%		30%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		10% after ded		\$45 ded waived		\$45 ded waived	
Specialist	\$60 ded waived		10% after ded		\$75 ded waived		\$75 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		10% after ded		30% after ded		30% after ded	
Mental Health Inpatient	10% after ded		10% after ded		30% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	10% after ded		10% after ded		Lab-\$45 ded waived; X-ray-30% after ded		30% after ded	
Mental Health Outpatient	\$60 ded waived		10% after ded		\$75 ded waived		\$75 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$750 (waived if admitted) ded waived		10% after ded		\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		10% after ded		\$90 ded waived		\$90 ded waived	
<b>Single</b>	1 x	\$1,005.98	1 x	\$888.64	1 x	\$840.92	1 x	\$817.70
EE with Spouse	0 x	\$2,011.95	0 x	\$1,777.28	0 x	\$1,681.84	0 x	\$1,635.41
EE with Child(ren)	0 x	\$1,710.16	0 x	\$1,510.69	0 x	\$1,429.57	0 x	\$1,390.10
Family	1 x	\$2,867.03	1 x	\$2,532.63	1 x	\$2,396.63	1 x	\$2,330.46
<b>Monthly Cost</b>	2	\$3,873.01	2	\$3,421.27	2	\$3,237.55	2	\$3,148.16
<b>Annual Cost</b>		\$46,476.12		\$41,055.24		\$38,850.60		\$37,777.92

	Aetna Bronze OAEPO 5000 70% ID: 14041848 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 3750 50% ID: 14041850 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 5400 50% HSA ID: 14041844 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS IntDed	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$5,000/\$10,000 embedded		\$3,750/\$7,500 embedded		\$5,400/\$10,800 embedded	
Individual/Family OOP Limit	\$7,700/\$15,400 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,650/\$13,300 (incl ded)	
Co-Insurance	30%		50%		50%	
<b>Office Visits</b>						
Primary Care	30% after ded		50% after ded		50% after ded	
Specialist	30% after ded		50% after ded		50% after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	30% after ded		50% after ded		50% after ded	
Mental Health Inpatient	30% after ded		50% after ded		50% after ded	
<b>Outpatient Services</b>						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	30% after ded		50% after ded		50% after ded	
Mental Health Outpatient	30% after ded		50% after ded		50% after ded	
<b>Emergency Care</b>						
Emergency Room	30% after ded		50% after ded		50% after ded	
Urgent Care	30% after ded		50% after ded		50% after ded	
Single	1 x \$742.54		1 x \$688.44		1 x \$608.18	
EE with Spouse	0 x \$1,485.08		0 x \$1,376.88		0 x \$1,216.37	
EE with Child(ren)	0 x \$1,262.32		0 x \$1,170.35		0 x \$1,033.91	
Family	1 x \$2,116.24		1 x \$1,962.05		1 x \$1,733.32	
Monthly Cost	2 \$2,858.78		2 \$2,650.49		2 \$2,341.50	
Annual Cost	\$34,305.36		\$31,805.88		\$28,098.00	