

	Aetna Gold Savings Plus OAEPO 1000 90/70 ID: 14041853 (EPOc) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 3000 80/60 ID: 14041855 (EPOc) (UCR=N/A)		Aetna Bronze Savings Plus OAEPO 4500 60/50 ID: 14041856 (EPOc) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 2800 90/70 HSA PY ID: 14041857 (HSA) (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/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	D-\$1,000/\$2,000; ND-\$3,000/\$6,000 embedded		D-\$3,000/\$6,000; ND-\$5,000/\$10,000 embedded		D-\$4,500/\$9,000; ND-\$6,000/\$12,000 embedded		D-\$2,800/\$5,600; ND-\$4,000/\$8,000 embedded	
Individual/Family OOP Limit	D-\$3,500/\$7,000; ND-\$6,600/\$13,200 (incl ded)		D-\$7,200/\$14,400; ND-\$7,400/\$14,800 (incl ded)		D-\$7,400/\$14,800; ND-\$7,700/\$15,400 (incl ded)		D-\$6,000/\$12,000; ND-\$6,550/\$13,100 (incl ded)	
Co-Insurance	D-10%; ND-30%		D-20%; ND-40%		D-40%; ND-50%		D-10%; ND-30%	
<b>Office Visits</b>								
Primary Care	D-\$30 ded waived; ND-\$50 after ded		D-\$45 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% after ded	
Specialist	D-\$50 ded waived; ND-\$70 after ded		D-\$75 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% after ded	
Mental Health Inpatient	D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-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	D-10% after ded; ND-30% after ded		Lab-D-\$75 after ded; ND-40% after ded; X-ray-D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% after ded	
Mental Health Outpatient	D-\$50 ded waived; ND-\$70 after ded		D-\$75 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% after ded	
<b>Emergency Care</b>								
Emergency Room	\$750 (waived if admitted) ded waived		D-20% after ded; ND-Paid as designated		D-40% after ded; ND-Paid as designated		D-10% after ded; ND-Paid as designated	
Urgent Care	D-\$75 ded waived; ND-\$100 ded waived		D-\$90 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% after ded	
Single	1 x	\$955.98	1 x	\$787.15	1 x	\$723.70	1 x	\$833.30
EE with Spouse	0 x	\$1,911.96	0 x	\$1,574.30	0 x	\$1,447.39	0 x	\$1,666.59
EE with Child(ren)	0 x	\$1,625.17	0 x	\$1,338.15	0 x	\$1,230.29	0 x	\$1,416.60
Family	1 x	\$2,724.55	1 x	\$2,243.38	1 x	\$2,062.54	1 x	\$2,374.89
Monthly Cost	2	\$3,680.53	2	\$3,030.53	2	\$2,786.24	2	\$3,208.19
Annual Cost		\$44,166.36		\$36,366.36		\$33,434.88		\$38,498.28