

| | 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 |
| Prescription Drugs | | | | | | | | |
| 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 | |
| Cost Share Information | | | | | | | | |
| 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% | |
| Office Visits | | | | | | | | |
| 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 | |
| Inpatient Services | | | | | | | | |
| 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 | |
| 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 | | 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 | |
| Emergency Care | | | | | | | | |
| 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 | |
| Single | 1 x \$827.17 | | 1 x \$730.69 | | 1 x \$691.45 | | 1 x \$672.36 | |
| EE with Spouse | 0 x \$1,654.34 | | 0 x \$1,461.38 | | 0 x \$1,382.90 | | 0 x \$1,344.72 | |
| EE with Child(ren) | 0 x \$1,406.19 | | 0 x \$1,242.17 | | 0 x \$1,175.47 | | 0 x \$1,143.01 | |
| Family | 1 x \$2,357.43 | | 1 x \$2,082.46 | | 1 x \$1,970.64 | | 1 x \$1,916.23 | |
| Monthly Cost | 2 \$3,184.60 | | 2 \$2,813.15 | | 2 \$2,662.09 | | 2 \$2,588.59 | |
| Annual Cost | \$38,215.20 | | \$33,757.80 | | \$31,945.08 | | \$31,063.08 | |

| | 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 |
| Prescription Drugs | | | | | | |
| Drug Card | 15/65/50%/TCS/100 ded T2-4 | | 15/65/50%/TCS/100 ded T2-4 | | 15/65/50%/TCS IntDed | |
| Cost Share Information | | | | | | |
| 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% | |
| Office Visits | | | | | | |
| Primary Care | 30% after ded | | 50% after ded | | 50% after ded | |
| Specialist | 30% after ded | | 50% after ded | | 50% after ded | |
| Inpatient Services | | | | | | |
| Inpatient Hospital | 30% after ded | | 50% after ded | | 50% after ded | |
| Mental Health Inpatient | 30% after ded | | 50% after ded | | 50% after ded | |
| Outpatient Services | | | | | | |
| 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 | |
| Emergency Care | | | | | | |
| 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 \$610.56 | | 1 x \$566.07 | | 1 x \$500.08 | |
| EE with Spouse | 0 x \$1,221.12 | | 0 x \$1,132.14 | | 0 x \$1,000.16 | |
| EE with Child(ren) | 0 x \$1,037.95 | | 0 x \$962.32 | | 0 x \$850.14 | |
| Family | 1 x \$1,740.09 | | 1 x \$1,613.31 | | 1 x \$1,425.23 | |
| Monthly Cost | 2 \$2,350.65 | | 2 \$2,179.38 | | 2 \$1,925.31 | |
| Annual Cost | \$28,207.80 | | \$26,152.56 | | \$23,103.72 | |