

	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	
Single	1 x \$1,039.01		1 x \$917.82		1 x \$868.53		1 x \$844.55	
EE with Spouse	0 x \$2,078.01		0 x \$1,835.63		0 x \$1,737.06		0 x \$1,689.10	
EE with Child(ren)	0 x \$1,766.31		0 x \$1,560.29		0 x \$1,476.50		0 x \$1,435.74	
Family	1 x \$2,961.16		1 x \$2,615.78		1 x \$2,475.31		1 x \$2,406.97	
Monthly Cost	2 \$4,000.17		2 \$3,533.60		2 \$3,343.84		2 \$3,251.52	
Annual Cost	\$48,002.04		\$42,403.20		\$40,126.08		\$39,018.24	

	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 \$766.92		1 x \$711.04		1 x \$628.15	
EE with Spouse	0 x \$1,533.84		0 x \$1,422.08		0 x \$1,256.30	
EE with Child(ren)	0 x \$1,303.77		0 x \$1,208.77		0 x \$1,067.86	
Family	1 x \$2,185.72		1 x \$2,026.47		1 x \$1,790.23	
Monthly Cost	2 \$2,952.64		2 \$2,737.51		2 \$2,418.38	
Annual Cost	\$35,431.68		\$32,850.12		\$29,020.56	