

| | 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 \$1,008.74 | | 1 x \$891.08 | | 1 x \$843.23 | | 1 x \$819.95 | |
| EE with Spouse | 0 x \$2,017.49 | | 0 x \$1,782.17 | | 0 x \$1,686.47 | | 0 x \$1,639.90 | |
| EE with Child(ren) | 0 x \$1,714.86 | | 0 x \$1,514.84 | | 0 x \$1,433.50 | | 0 x \$1,393.92 | |
| Family | 1 x \$2,874.92 | | 1 x \$2,539.59 | | 1 x \$2,403.22 | | 1 x \$2,336.86 | |
| Monthly Cost | 2 \$3,883.66 | | 2 \$3,430.67 | | 2 \$3,246.45 | | 2 \$3,156.81 | |
| Annual Cost | \$46,603.92 | | \$41,168.04 | | \$38,957.40 | | \$37,881.72 | |

| | 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 \$744.58 | | 1 x \$690.33 | | 1 x \$609.86 | |
| EE with Spouse | 0 x \$1,489.17 | | 0 x \$1,380.66 | | 0 x \$1,219.71 | |
| EE with Child(ren) | 0 x \$1,265.79 | | 0 x \$1,173.56 | | 0 x \$1,036.76 | |
| Family | 1 x \$2,122.06 | | 1 x \$1,967.45 | | 1 x \$1,738.09 | |
| Monthly Cost | 2 \$2,866.64 | | 2 \$2,657.78 | | 2 \$2,347.95 | |
| Annual Cost | \$34,399.68 | | \$31,893.36 | | \$28,175.40 | |