

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$1,019.79		1 x \$839.69		1 x \$772.00		1 x \$888.91	
EE with Spouse	0 x \$2,039.57		0 x \$1,679.37		0 x \$1,544.00		0 x \$1,777.82	
EE with Child(ren)	0 x \$1,733.64		0 x \$1,427.46		0 x \$1,312.40		0 x \$1,511.15	
Family	1 x \$2,906.39		1 x \$2,393.10		1 x \$2,200.19		1 x \$2,533.40	
Monthly Cost	2 \$3,926.18		2 \$3,232.79		2 \$2,972.19		2 \$3,422.31	
Annual Cost	\$47,114.16		\$38,793.48		\$35,666.28		\$41,067.72	