

	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 \$882.38		1 x \$779.46		1 x \$737.60		1 x \$717.24	
EE with Spouse	0 x \$1,764.75		0 x \$1,558.91		0 x \$1,475.20		0 x \$1,434.47	
EE with Child(ren)	0 x \$1,500.04		0 x \$1,325.08		0 x \$1,253.92		0 x \$1,219.30	
Family	1 x \$2,514.77		1 x \$2,221.45		1 x \$2,102.16		1 x \$2,044.12	
Monthly Cost	2 \$3,397.15		2 \$3,000.91		2 \$2,839.76		2 \$2,761.36	
Annual Cost	\$40,765.80		\$36,010.92		\$34,077.12		\$33,136.32	

	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 \$651.31		1 x \$603.85		1 x \$533.46	
EE with Spouse	0 x \$1,302.62		0 x \$1,207.71		0 x \$1,066.92	
EE with Child(ren)	0 x \$1,107.22		0 x \$1,026.55		0 x \$906.88	
Family	1 x \$1,856.23		1 x \$1,720.98		1 x \$1,520.36	
Monthly Cost	2 \$2,507.54		2 \$2,324.83		2 \$2,053.82	
Annual Cost	\$30,090.48		\$27,897.96		\$24,645.84	