

	Aetna Gold OAEPO 1000 90% ID: 14042206 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2800 90% HSA PY ID: 14042203 (HSA) (UCR=N/A)		Aetna Silver OAEPO 2800 65% ID: 14042207 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3100 65% ID: 14042209 (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/200 ded T2-4		15/65/50%/TCS/200 ded T2-4	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$2,800/\$5,600 embedded		\$2,800/\$5,600 embedded		\$3,100/\$6,200 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$8,150/\$16,300 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	10%		10%		35%		35%	
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		35% after ded		35% after ded	
Mental Health Inpatient	10% after ded		10% after ded		35% after ded		35% 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-35% after ded		35% after ded	
Mental Health Outpatient	\$30 ded waived		10% after ded		\$45 ded waived		\$45 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	2 x \$1,040.62		2 x \$912.30		2 x \$847.16		2 x \$824.01	
EE with Spouse	0 x \$2,081.24		0 x \$1,824.60		0 x \$1,694.32		0 x \$1,648.02	
EE with Child(ren)	0 x \$1,769.05		0 x \$1,550.91		0 x \$1,440.17		0 x \$1,400.82	
Family	0 x \$2,965.76		0 x \$2,600.06		0 x \$2,414.41		0 x \$2,348.43	
Monthly Cost	2 \$2,081.24		2 \$1,824.60		2 \$1,694.32		2 \$1,648.02	
Annual Cost	\$24,974.88		\$21,895.20		\$20,331.84		\$19,776.24	

	Aetna Bronze OAEPO 5250 70% ID: 14042208 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 3750 50% ID: 14042210 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 5400 50% HSA ID: 14042204 (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	\$5,250/\$10,500 embedded		\$3,750/\$7,500 embedded		\$5,400/\$10,800 embedded	
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)		\$8,150/\$16,300 (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	2 x \$770.95		2 x \$722.25		2 x \$628.05	
EE with Spouse	0 x \$1,541.89		0 x \$1,444.50		0 x \$1,256.09	
EE with Child(ren)	0 x \$1,310.61		0 x \$1,227.83		0 x \$1,067.68	
Family	0 x \$2,197.20		0 x \$2,058.41		0 x \$1,789.93	
Monthly Cost	2 \$1,541.90		2 \$1,444.50		2 \$1,256.10	
Annual Cost	\$18,502.80		\$17,334.00		\$15,073.20	