

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<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		35% after ded		35% after ded	
Mental Health Inpatient	10% after ded		10% after ded		35% after ded		35% 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-35% after ded		35% after ded	
Mental Health Outpatient	\$30 ded waived		10% after ded		\$45 ded waived		\$45 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	2 x \$1,071.12		2 x \$939.04		2 x \$871.99		2 x \$848.16	
EE with Spouse	0 x \$2,142.23		0 x \$1,878.08		0 x \$1,743.98		0 x \$1,696.32	
EE with Child(ren)	0 x \$1,820.90		0 x \$1,596.37		0 x \$1,482.38		0 x \$1,441.87	
Family	0 x \$3,052.68		0 x \$2,676.26		0 x \$2,485.17		0 x \$2,417.25	
Monthly Cost	2 \$2,142.24		2 \$1,878.08		2 \$1,743.98		2 \$1,696.32	
Annual Cost	\$25,706.88		\$22,536.96		\$20,927.76		\$20,355.84	

	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
<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	\$5,250/\$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%	
<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	2 x \$793.54		2 x \$743.42		2 x \$646.45	
EE with Spouse	0 x \$1,587.08		0 x \$1,486.83		0 x \$1,292.90	
EE with Child(ren)	0 x \$1,349.02		0 x \$1,263.81		0 x \$1,098.97	
Family	0 x \$2,261.59		0 x \$2,118.74		0 x \$1,842.39	
Monthly Cost	2 \$1,587.08		2 \$1,486.84		2 \$1,292.90	
Annual Cost	\$19,044.96		\$17,842.08		\$15,514.80	