

| | 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 \$1,135.96 | | 2 x \$995.89 | | 2 x \$924.78 | | 2 x \$899.51 | |
| EE with Spouse | 0 x \$2,271.93 | | 0 x \$1,991.78 | | 0 x \$1,849.56 | | 0 x \$1,799.02 | |
| EE with Child(ren) | 0 x \$1,931.14 | | 0 x \$1,693.02 | | 0 x \$1,572.13 | | 0 x \$1,529.17 | |
| Family | 0 x \$3,237.50 | | 0 x \$2,838.29 | | 0 x \$2,635.63 | | 0 x \$2,563.60 | |
| Monthly Cost | 2 \$2,271.92 | | 2 \$1,991.78 | | 2 \$1,849.56 | | 2 \$1,799.02 | |
| Annual Cost | \$27,263.04 | | \$23,901.36 | | \$22,194.72 | | \$21,588.24 | |

| | 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 \$841.58 | | 2 x \$788.43 | | 2 x \$685.59 | |
| EE with Spouse | 0 x \$1,683.17 | | 0 x \$1,576.85 | | 0 x \$1,371.18 | |
| EE with Child(ren) | 0 x \$1,430.69 | | 0 x \$1,340.32 | | 0 x \$1,165.50 | |
| Family | 0 x \$2,398.52 | | 0 x \$2,247.01 | | 0 x \$1,953.93 | |
| Monthly Cost | 2 \$1,683.16 | | 2 \$1,576.86 | | 2 \$1,371.18 | |
| Annual Cost | \$20,197.92 | | \$18,922.32 | | \$16,454.16 | |