

	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 \$904.36		2 x \$792.85		2 x \$736.23		2 x \$716.11	
EE with Spouse	0 x \$1,808.72		0 x \$1,585.69		0 x \$1,472.47		0 x \$1,432.23	
EE with Child(ren)	0 x \$1,537.41		0 x \$1,347.84		0 x \$1,251.60		0 x \$1,217.39	
Family	0 x \$2,577.43		0 x \$2,259.61		0 x \$2,098.27		0 x \$2,040.93	
Monthly Cost	2 \$1,808.72		2 \$1,585.70		2 \$1,472.46		2 \$1,432.22	
Annual Cost	\$21,704.64		\$19,028.40		\$17,669.52		\$17,186.64	

	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 \$670.00		2 x \$627.68		2 x \$545.81	
EE with Spouse	0 x \$1,340.00		0 x \$1,255.36		0 x \$1,091.62	
EE with Child(ren)	0 x \$1,139.00		0 x \$1,067.05		0 x \$927.87	
Family	0 x \$1,909.50		0 x \$1,788.88		0 x \$1,555.55	
Monthly Cost	2 \$1,340.00		2 \$1,255.36		2 \$1,091.62	
Annual Cost	\$16,080.00		\$15,064.32		\$13,099.44	