

	Aetna Gold OAEPO 1200 90% ID: 14045740 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 90% HSA PY ID: 14045739 (HSA) (UCR=N/A)		Aetna Silver OAEPO 3200 65% ID: 14045741 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3600 65% ID: 14045743 (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	\$1,200/\$2,400 embedded		\$3,000/\$6,000 embedded		\$3,200/\$6,400 embedded		\$3,600/\$7,200 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,900/\$13,800 (incl ded)		\$8,550/\$17,100 (incl ded)		\$8,550/\$17,100 (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 \$861.77		2 x \$758.28		2 x \$708.22		2 x \$689.82	
EE with Spouse	0 x \$1,723.54		0 x \$1,516.56		0 x \$1,416.44		0 x \$1,379.64	
EE with Child(ren)	0 x \$1,465.01		0 x \$1,289.08		0 x \$1,203.97		0 x \$1,172.70	
Family	0 x \$2,456.05		0 x \$2,161.10		0 x \$2,018.43		0 x \$1,965.99	
Monthly Cost	2 \$1,723.54		2 \$1,516.56		2 \$1,416.44		2 \$1,379.64	
Annual Cost	\$20,682.48		\$18,198.72		\$16,997.28		\$16,555.68	

	Aetna Bronze OAEPO 6000 60% ID: 14045742 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 4800 50% ID: 14045744 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 5000 50% HSA ID: 14045764 (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	\$6,000/\$12,000 embedded		\$4,800/\$9,600 embedded		\$5,000/\$10,000 embedded	
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)		\$8,550/\$17,100 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	40%		50%		50%	
Office Visits						
Primary Care	40% after ded		50% after ded		50% after ded	
Specialist	40% after ded		50% after ded		50% after ded	
Inpatient Services						
Inpatient Hospital	40% after ded		50% after ded		50% after ded	
Mental Health Inpatient	40% 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	40% after ded		50% after ded		50% after ded	
Mental Health Outpatient	40% after ded		50% after ded		50% after ded	
Emergency Care						
Emergency Room	40% after ded		50% after ded		50% after ded	
Urgent Care	40% after ded		50% after ded		50% after ded	
Single	2 x \$590.22		2 x \$574.61		2 x \$553.36	
EE with Spouse	0 x \$1,180.43		0 x \$1,149.23		0 x \$1,106.72	
EE with Child(ren)	0 x \$1,003.37		0 x \$976.84		0 x \$940.71	
Family	0 x \$1,682.12		0 x \$1,637.65		0 x \$1,577.08	
Monthly Cost	2 \$1,180.44		2 \$1,149.22		2 \$1,106.72	
Annual Cost	\$14,165.28		\$13,790.64		\$13,280.64	