

	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 \$1,082.47		2 x \$952.47		2 x \$889.59		2 x \$866.48	
EE with Spouse	0 x \$2,164.94		0 x \$1,904.95		0 x \$1,779.19		0 x \$1,732.97	
EE with Child(ren)	0 x \$1,840.20		0 x \$1,619.20		0 x \$1,512.31		0 x \$1,473.02	
Family	0 x \$3,085.04		0 x \$2,714.55		0 x \$2,535.34		0 x \$2,469.48	
Monthly Cost	2 \$2,164.94		2 \$1,904.94		2 \$1,779.18		2 \$1,732.96	
Annual Cost	\$25,979.28		\$22,859.28		\$21,350.16		\$20,795.52	

	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 \$741.37		2 x \$721.77		2 x \$695.07	
EE with Spouse	0 x \$1,482.74		0 x \$1,443.54		0 x \$1,390.15	
EE with Child(ren)	0 x \$1,260.33		0 x \$1,227.01		0 x \$1,181.63	
Family	0 x \$2,112.91		0 x \$2,057.05		0 x \$1,980.96	
Monthly Cost	2 \$1,482.74		2 \$1,443.54		2 \$1,390.14	
Annual Cost	\$17,792.88		\$17,322.48		\$16,681.68	