

	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 \$1,050.94		2 x \$924.73		2 x \$863.68		2 x \$841.25	
EE with Spouse	0 x \$2,101.88		0 x \$1,849.46		0 x \$1,727.37		0 x \$1,682.49	
EE with Child(ren)	0 x \$1,786.60		0 x \$1,572.04		0 x \$1,468.26		0 x \$1,430.12	
Family	0 x \$2,995.18		0 x \$2,635.48		0 x \$2,461.50		0 x \$2,397.55	
Monthly Cost	2 \$2,101.88		2 \$1,849.46		2 \$1,727.36		2 \$1,682.50	
Annual Cost	\$25,222.56		\$22,193.52		\$20,728.32		\$20,190.00	

	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 \$719.78		2 x \$700.75		2 x \$674.83	
EE with Spouse	0 x \$1,439.55		0 x \$1,401.50		0 x \$1,349.66	
EE with Child(ren)	0 x \$1,223.62		0 x \$1,191.27		0 x \$1,147.21	
Family	0 x \$2,051.37		0 x \$1,997.13		0 x \$1,923.27	
Monthly Cost	2 \$1,439.56		2 \$1,401.50		2 \$1,349.66	
Annual Cost	\$17,274.72		\$16,818.00		\$16,195.92	