

	Aetna Gold OAEPO 1000 90% ID: 14025420 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2000 80% ID: 14025424 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2000 60% ID: 14025423 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 70% ID: 14025426 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		10/50/50%to\$750/TCS	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$2,000/\$4,000 embedded		\$2,000/\$4,000 embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	10%		20%		40%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$40 ded waived		\$30 ded waived		\$50 ded waived	
Specialist	\$50 ded waived		\$70 ded waived		\$50 ded waived		\$75 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		20% after ded		40% after ded		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded		40% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	10% after ded		Lab-\$70 ded waived; X-ray-20% after ded		Lab-\$50 ded waived; X-ray- 40% after ded		Lab-\$75 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$50 ded waived		\$70 ded waived		\$50 ded waived		\$75 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$150 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x \$579.28		1 x \$494.22		1 x \$504.25		1 x \$479.57	
EE with Spouse	0 x \$1,158.57		0 x \$988.44		0 x \$1,008.51		0 x \$959.13	
EE with Child(ren)	0 x \$984.78		0 x \$840.17		0 x \$857.23		0 x \$815.26	
Family	1 x \$1,650.96		1 x \$1,408.52		1 x \$1,437.12		1 x \$1,366.76	
Monthly Cost	2 \$2,230.24		2 \$1,902.74		2 \$1,941.37		2 \$1,846.33	
Annual Cost	\$26,762.88		\$22,832.88		\$23,296.44		\$22,155.96	

	Aetna Silver OAEPO 2000 90% HSA PY ID: 14025425 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 5000 60% ID: 14025416 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 3000 100% HSA PY ID: 14025411 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 3500 60% HSA PY ID: 14025413 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/50/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed		10/55/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,000/\$4,000 non-embedded		\$5,000/\$10,000 embedded		\$3,000/\$6,000 non-embedded		\$3,500/\$7,000 non-embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,250/\$12,500 (incl ded)		\$6,450/\$12,900 (incl ded)		\$6,250/\$12,500 (incl ded)	
Co-Insurance	10%		40%		0%		40%	
<b>Office Visits</b>								
Primary Care	10% after ded		\$50 ded waived		\$50 after ded		40% after ded	
Specialist	10% after ded		40% after ded		\$75 after ded		40% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		40% after ded		\$1,000/admit after ded		40% after ded	
Mental Health Inpatient	10% after ded		40% after ded		\$1,000/admit after ded		40% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	10% after ded		40% after ded		\$75 after ded		40% after ded	
Mental Health Outpatient	10% after ded		40% ded waived		\$75 after ded		40% after ded	
<b>Emergency Care</b>								
Emergency Room	10% (waived if admitted) after ded		40% after ded		\$200 (waived if admitted) after ded		40% after ded	
Urgent Care	10% after ded		40% after ded		\$75 after ded		40% after ded	
Single	1 x \$486.07		1 x \$419.83		1 x \$419.33		1 x \$415.07	
EE with Spouse	0 x \$972.15		0 x \$839.66		0 x \$838.66		0 x \$830.15	
EE with Child(ren)	0 x \$826.33		0 x \$713.71		0 x \$712.86		0 x \$705.62	
Family	1 x \$1,385.31		1 x \$1,196.52		1 x \$1,195.09		1 x \$1,182.96	
Monthly Cost	2 \$1,871.38		2 \$1,616.35		2 \$1,614.42		2 \$1,598.03	
Annual Cost	\$22,456.56		\$19,396.20		\$19,373.04		\$19,176.36	

	Aetna Bronze OAEPO 4000 80% ID: 14025414 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 5000 100% HSA PY ID: 14025415 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 3500 50% ID: 14025412 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	10/50/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$4,000/\$8,000 embedded		\$5,000/\$10,000 non-embedded		\$3,500/\$7,000 embedded	
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$6,250/\$12,500 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	20%		0%		50%	
<b>Office Visits</b>						
Primary Care	\$25 after ded		0% after ded		50% after ded	
Specialist	20% after ded		0% after ded		50% after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	20% after ded		0% after ded		50% after ded	
Mental Health Inpatient	20% after ded		0% after ded		50% after ded	
<b>Outpatient Services</b>						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	20% after ded		0% after ded		50% after ded	
Mental Health Outpatient	20% after ded		0% after ded		50% after ded	
<b>Emergency Care</b>						
Emergency Room	20% after ded		0% after ded		50% after ded	
Urgent Care	20% after ded		0% after ded		50% after ded	
Single	1 x \$411.37		1 x \$409.87		1 x \$407.07	
EE with Spouse	0 x \$822.74		0 x \$819.74		0 x \$814.14	
EE with Child(ren)	0 x \$699.33		0 x \$696.78		0 x \$692.02	
Family	1 x \$1,172.41		1 x \$1,168.13		1 x \$1,160.15	
Monthly Cost	2 \$1,583.78		2 \$1,578.00		2 \$1,567.22	
Annual Cost	\$19,005.36		\$18,936.00		\$18,806.64	