

| | 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 |
| Prescription Drugs | | | | | | | | |
| 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 | |
| Cost Share Information | | | | | | | | |
| 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% | |
| Office Visits | | | | | | | | |
| 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 | |
| Inpatient Services | | | | | | | | |
| 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 | |
| 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 | | 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 | |
| Emergency Care | | | | | | | | |
| 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 \$541.08 | | 1 x \$461.63 | | 1 x \$471.00 | | 1 x \$447.94 | |
| EE with Spouse | 0 x \$1,082.17 | | 0 x \$923.26 | | 0 x \$942.00 | | 0 x \$895.88 | |
| EE with Child(ren) | 0 x \$919.84 | | 0 x \$784.77 | | 0 x \$800.70 | | 0 x \$761.50 | |
| Family | 1 x \$1,542.09 | | 1 x \$1,315.64 | | 1 x \$1,342.35 | | 1 x \$1,276.63 | |
| Monthly Cost | 2 \$2,083.17 | | 2 \$1,777.27 | | 2 \$1,813.35 | | 2 \$1,724.57 | |
| Annual Cost | \$24,998.04 | | \$21,327.24 | | \$21,760.20 | | \$20,694.84 | |

| | 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 |
| Prescription Drugs | | | | | | | | |
| Drug Card | 10/50/50%to\$750/TCS IntDed | | 10/50/50%to\$750/TCS IntDed | | 10/50/50%to\$750/TCS IntDed | | 10/50/50%to\$750/TCS IntDed | |
| Cost Share Information | | | | | | | | |
| 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% | |
| Office Visits | | | | | | | | |
| 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 | |
| Inpatient Services | | | | | | | | |
| 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 | |
| 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 | | 40% after ded | | \$75 after ded | | 40% after ded | |
| Mental Health Outpatient | 10% after ded | | 40% ded waived | | \$75 after ded | | 40% after ded | |
| Emergency Care | | | | | | | | |
| 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 \$454.02 | | 1 x \$392.15 | | 1 x \$391.68 | | 1 x \$387.70 | |
| EE with Spouse | 0 x \$908.04 | | 0 x \$784.29 | | 0 x \$783.35 | | 0 x \$775.40 | |
| EE with Child(ren) | 0 x \$771.84 | | 0 x \$666.65 | | 0 x \$665.85 | | 0 x \$659.09 | |
| Family | 1 x \$1,293.96 | | 1 x \$1,117.62 | | 1 x \$1,116.28 | | 1 x \$1,104.95 | |
| Monthly Cost | 2 \$1,747.98 | | 2 \$1,509.77 | | 2 \$1,507.96 | | 2 \$1,492.65 | |
| Annual Cost | \$20,975.76 | | \$18,117.24 | | \$18,095.52 | | \$17,911.80 | |

| | 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 |
| Prescription Drugs | | | | | | |
| Drug Card | 10/50/50%to\$750/TCS IntDed | | 10/50/50%to\$750/TCS IntDed | | 10/50/50%to\$750/TCS IntDed | |
| Cost Share Information | | | | | | |
| 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% | |
| Office Visits | | | | | | |
| Primary Care | \$25 after ded | | 0% after ded | | 50% after ded | |
| Specialist | 20% after ded | | 0% after ded | | 50% after ded | |
| Inpatient Services | | | | | | |
| Inpatient Hospital | 20% after ded | | 0% after ded | | 50% after ded | |
| Mental Health Inpatient | 20% after ded | | 0% after ded | | 50% after ded | |
| Outpatient Services | | | | | | |
| 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 | |
| Emergency Care | | | | | | |
| 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 \$384.25 | | 1 x \$382.84 | | 1 x \$380.23 | |
| EE with Spouse | 0 x \$768.49 | | 0 x \$765.68 | | 0 x \$760.45 | |
| EE with Child(ren) | 0 x \$653.22 | | 0 x \$650.83 | | 0 x \$646.39 | |
| Family | 1 x \$1,095.10 | | 1 x \$1,091.09 | | 1 x \$1,083.65 | |
| Monthly Cost | 2 \$1,479.35 | | 2 \$1,473.93 | | 2 \$1,463.88 | |
| Annual Cost | \$17,752.20 | | \$17,687.16 | | \$17,566.56 | |