

| | Aetna Platinum OAEPO \$25 ID: 14030056 (EPO) (UCR=N/A) | | Aetna Gold OAEPO 1000 90% ID: 14030058 (EPOc) (UCR=N/A) | | Aetna Silver OAEPO 2000 60% ID: 14030060 (EPOc) (UCR=N/A) | | Aetna Silver OAEPO 2000 80% ID: 14030061 (EPOc) (UCR=N/A) | |
|-------------------------------|--|-------------|---|-------------|---|-------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 20/40/60/TCS/100 ded T2-T4 | | 20/40/60/TCS/100 ded T2-T4 | | 20/40/60/TCS/100 ded T2-T4 | | 20/40/60/TCS/100 ded T2-T4 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | N/A | | \$1,000/\$2,000 embedded | | \$2,000/\$4,000 embedded | | \$2,000/\$4,000 embedded | |
| Individual/Family OOP Limit | \$4,000/\$8,000 | | \$4,000/\$8,000 (incl ded) | | \$5,500/\$11,000 (incl ded) | | \$6,600/\$13,200 (incl ded) | |
| Co-Insurance | 0% | | 10% | | 40% | | 20% | |
| Office Visits | | | | | | | | |
| Primary Care | \$25 | | \$30 ded waived | | \$30 ded waived | | \$40 ded waived | |
| Specialist | \$40 | | \$50 ded waived | | \$50 ded waived | | \$70 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$500/admit | | 10% after ded | | 40% after ded | | 20% after ded | |
| Mental Health Inpatient | \$500/admit; waived if readmitted within 90 days | | 10% after ded | | 40% after ded | | 20% 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 | No charge | | 10% after ded | | Lab-\$50 ded waived; X-ray-40% after ded | | Lab-\$70 ded waived; X-ray-20% after ded | |
| Mental Health Outpatient | \$40 | | \$50 ded waived | | \$50 ded waived | | \$70 ded waived | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$150 (waived if admitted) | | \$150 (waived if admitted) ded waived | | \$200 (waived if admitted) ded waived | | \$200 (waived if admitted) ded waived | |
| Urgent Care | \$75 | | \$75 ded waived | | \$75 ded waived | | \$75 ded waived | |
| Single | 1 x \$734.88 | | 1 x \$613.56 | | 1 x \$520.95 | | 1 x \$518.00 | |
| EE with Spouse | 0 x \$1,469.76 | | 0 x \$1,227.12 | | 0 x \$1,041.90 | | 0 x \$1,036.01 | |
| EE with Child(ren) | 0 x \$1,249.30 | | 0 x \$1,043.05 | | 0 x \$885.62 | | 0 x \$880.61 | |
| Family | 1 x \$2,094.41 | | 1 x \$1,748.64 | | 1 x \$1,484.71 | | 1 x \$1,476.31 | |
| Monthly Cost | 2 \$2,829.29 | | 2 \$2,362.20 | | 2 \$2,005.66 | | 2 \$1,994.31 | |
| Annual Cost | \$33,951.48 | | \$28,346.40 | | \$24,067.92 | | \$23,931.72 | |

| | Aetna Silver OAEPO 3000 70% ID: 14030062 (EPOc) (UCR=N/A) | | Aetna Silver OAMC 3000 100/80 HSA Emb FH ID: 14030029 (HSA) (UCR=N/A) | | Aetna Silver OAMC 3000 100/70 HSA Emb ID: 14030030 (HSA) (UCR=N/A) | | Aetna Silver OAMC 2600 90/70 HSA Emb ID: 14030026 (HSA) (UCR=N/A) | |
|-------------------------------|---|-------------|---|--------------------------------|--|--------------------------------|---|--------------------------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 20/40/60/TCS/100 ded T2-T4 | | 20/40/60/TCS IntDed | | 20/40/60/TCS IntDed | | 20/40/60/TCS IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$3,000/\$6,000 embedded | | \$3,000/\$6,000 embedded | \$4,000/\$8,000 embedded | \$3,000/\$6,000 embedded | \$4,000/\$8,000 embedded | \$2,600/\$5,200 embedded | \$3,500/\$7,000 embedded |
| Individual/Family OOP Limit | \$6,600/\$13,200 (incl ded) | | \$5,500/\$11,000 (incl ded) | \$8,000/\$16,000 (incl ded) | \$5,500/\$11,000 (incl ded) | \$8,000/\$16,000 (incl ded) | \$5,000/\$10,000 (incl ded) | \$7,000/\$14,000 (incl ded) |
| Co-Insurance | 30% | | 0% | 20% | 0% | 30% | 10% | 30% |
| Office Visits | | | | | | | | |
| Primary Care | \$40 ded waived | | 0% after ded | 20% after ded | 0% after ded | 30% after ded | 10% after ded | 30% after ded |
| Specialist | \$75 ded waived | | 0% after ded | 20% after ded | 0% after ded | 30% after ded | 10% after ded | 30% after ded |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 30% after ded | | 0% after ded | 20% after ded | 0% after ded | 30% after ded | 10% after ded | 30% after ded |
| Mental Health Inpatient | 30% after ded | | 0% after ded | 20% after ded | 0% after ded | 30% after ded | 10% 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 | Refer to Outpatient Surgery | Refer to Outpatient Surgery | Refer to Outpatient Surgery |
| Lab/X-Ray | Lab-\$75 ded waived; X-ray-30% after ded | | 0% after ded | 20% after ded | 0% after ded | 30% after ded | 10% after ded | 30% after ded |
| Mental Health Outpatient | \$75 ded waived | | 0% after ded | 20% after ded | 0% after ded | 30% after ded | 10% after ded | 30% after ded |
| Emergency Care | | | | | | | | |
| Emergency Room | \$200 (waived if admitted) ded waived | | 0% after ded | Paid as in-network | 0% after ded | Paid as in-network | 10% after ded | Paid as in-network |
| Urgent Care | \$75 ded waived | | 0% after ded | 20% after ded | 0% after ded | 30% after ded | 10% after ded | 30% after ded |
| Single | 1 x \$503.24 | | 1 x \$578.51 | | 1 x \$568.17 | | 1 x \$562.49 | |
| EE with Spouse | 0 x \$1,006.49 | | 0 x \$1,157.01 | | 0 x \$1,136.35 | | 0 x \$1,124.99 | |
| EE with Child(ren) | 0 x \$855.51 | | 0 x \$983.46 | | 0 x \$965.90 | | 0 x \$956.24 | |
| Family | 1 x \$1,434.24 | | 1 x \$1,648.75 | | 1 x \$1,619.30 | | 1 x \$1,603.11 | |
| Monthly Cost | 2 \$1,937.48 | | 2 \$2,227.26 | | 2 \$2,187.47 | | 2 \$2,165.60 | |
| Annual Cost | \$23,249.76 | | \$26,727.12 | | \$26,249.64 | | \$25,987.20 | |

| | Aetna Silver OAEPO 2600 90% HSA PY Emb ID: 14030016 (HSA) (UCR=N/A) | | Aetna Bronze OAEPO 5000 80% HSA PY Emb ID: 14030020 (HSA) (UCR=N/A) | | Aetna Bronze OAEPO 4500 60% HSA Emb PY ID: 14030018 (HSA) (UCR=N/A) | | Aetna Bronze OAEPO 3500 50% ID: 14030063 (EPOc) (UCR=N/A) | |
|-------------------------------|---|-------------|---|-------------|---|-------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 20/40/60/TCS IntDed | | 20/40/60/TCS IntDed | | 20/40/60/TCS IntDed | | 20/40/60/TCS IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$2,600/\$5,200 embedded | | \$5,000/\$10,000 embedded | | \$4,500/\$9,000 embedded | | \$3,500/\$7,000 embedded | |
| Individual/Family OOP Limit | \$6,000/\$12,000 (incl ded) | | \$6,450/\$12,900 (incl ded) | | \$6,450/\$12,900 (incl ded) | | \$6,850/\$13,700 (incl ded) | |
| Co-Insurance | 10% | | 20% | | 40% | | 50% | |
| Office Visits | | | | | | | | |
| Primary Care | 10% after ded | | 20% after ded | | 40% after ded | | 50% after ded | |
| Specialist | 10% after ded | | 20% after ded | | 40% after ded | | 50% after ded | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 10% after ded | | 20% after ded | | 40% after ded | | 50% after ded | |
| Mental Health Inpatient | 10% after ded | | 20% after ded | | 40% after ded | | 50% 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 | | 20% after ded | | 40% after ded | | 50% after ded | |
| Mental Health Outpatient | 10% after ded | | 20% after ded | | 40% after ded | | 50% after ded | |
| Emergency Care | | | | | | | | |
| Emergency Room | 10% after ded | | 20% after ded | | 40% after ded | | 50% after ded | |
| Urgent Care | 10% after ded | | 20% after ded | | 40% after ded | | 50% after ded | |
| Single | 1 x \$513.58 | | 1 x \$442.73 | | 1 x \$442.02 | | 1 x \$441.31 | |
| EE with Spouse | 0 x \$1,027.15 | | 0 x \$885.47 | | 0 x \$884.03 | | 0 x \$882.61 | |
| EE with Child(ren) | 0 x \$873.08 | | 0 x \$752.65 | | 0 x \$751.43 | | 0 x \$750.22 | |
| Family | 1 x \$1,463.69 | | 1 x \$1,261.79 | | 1 x \$1,259.74 | | 1 x \$1,257.72 | |
| Monthly Cost | 2 \$1,977.27 | | 2 \$1,704.52 | | 2 \$1,701.76 | | 2 \$1,699.03 | |
| Annual Cost | \$23,727.24 | | \$20,454.24 | | \$20,421.12 | | \$20,388.36 | |

| | Aetna Bronze OAEPO 5000 60% ID: 14030015 (EPOc) (UCR=N/A) | | Aetna Bronze OAEPO 4500 70% ID: 14030014 (EPOc) (UCR=N/A) | |
|-------------------------------|---|-------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | |
| Drug Card | 20/40/60/TCS IntDed | | 20/40/60/TCS IntDed | |
| Cost Share Information | | | | |
| Individual/Family Deductible | \$5,000/\$10,000 embedded | | \$4,500/\$9,000 embedded | |
| Individual/Family OOP Limit | \$6,450/\$12,900 (incl ded) | | \$6,850/\$13,700 (incl ded) | |
| Co-Insurance | 40% | | 30% | |
| Office Visits | | | | |
| Primary Care | 40% after ded | | \$25 after ded | |
| Specialist | 40% after ded | | 30% after ded | |
| Inpatient Services | | | | |
| Inpatient Hospital | 40% after ded | | 30% after ded | |
| Mental Health Inpatient | 40% after ded | | 30% after ded | |
| Outpatient Services | | | | |
| Outpatient Facility | Refer to Outpatient Surgery | | Refer to Outpatient Surgery | |
| Lab/X-Ray | 40% after ded | | 30% after ded | |
| Mental Health Outpatient | 40% after ded | | 30% after ded | |
| Emergency Care | | | | |
| Emergency Room | 40% after ded | | 30% after ded | |
| Urgent Care | 40% after ded | | 30% after ded | |
| Single | 1 x \$438.44 | | 1 x \$437.72 | |
| EE with Spouse | 0 x \$876.88 | | 0 x \$875.44 | |
| EE with Child(ren) | 0 x \$745.35 | | 0 x \$744.13 | |
| Family | 1 x \$1,249.55 | | 1 x \$1,247.51 | |
| Monthly Cost | 2 \$1,687.99 | | 2 \$1,685.23 | |
| Annual Cost | \$20,255.88 | | \$20,222.76 | |