

	Aetna Gold Savings Plus OAEPO 1000 90% ID: 14038856 (EPOc) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 2800 90% HSA PY ID: 14038860 (HSA) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 2500 80% ID: 14038858 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS IntDed		15/65/50%/TCS/100 ded T2-4	
<b>Cost Share Information</b>						
Individual/Family Deductible	D-\$1,000/\$2,000; ND- \$3,000/\$6,000 embedded		D-\$2,800/\$5,600; ND- \$4,000/\$8,000 embedded		D-\$2,500/\$5,000; ND- \$4,500/\$9,000 embedded	
Individual/Family OOP Limit	D-\$3,500/\$7,000; ND- \$6,600/\$13,200 (incl ded)		D-\$6,000/\$12,000; ND- \$6,550/\$13,100 (incl ded)		D-\$7,150/\$14,300; ND- \$7,350/\$14,700 (incl ded)	
Co-Insurance	D-10%; ND-30%		D-10%; ND-30%		D-20%; ND-40%	
<b>Office Visits</b>						
Primary Care	D-\$30 ded waived; ND-\$50 after ded		D-10% after ded; ND-30% after ded		D-\$45 ded waived; ND-40% after ded	
Specialist	D-\$50 ded waived; ND-\$70 after ded		D-10% after ded; ND-30% after ded		D-\$75 ded waived; ND-40% after ded	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier	
Chiropractic Care	D-\$50 ded waived; ND-\$70 after ded		D-10% after ded; ND-30% after ded		D-\$75 ded waived; ND-40% after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded	
Mental Health Inpatient	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded	
Substance Abuse Inpatient	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded	
<b>Outpatient Services</b>						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		Lab-D-\$75 ded waived; ND-40% after ded; X-ray-D-20% after ded; ND-40% after ded	
Advanced Radiology	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded	
Mental Health Outpatient	D-\$50 ded waived; ND-\$70 after ded		D-10% after ded; ND-30% after ded		D-\$75 ded waived; ND-40% after ded	
Substance Abuse Outpatient	D-\$50 ded waived; ND-\$70 after ded		D-10% after ded; ND-30% after ded		D-\$75 ded waived; ND-40% after ded	
<b>Emergency Care</b>						
Emergency Room	\$750 (waived if admitted) ded waived		D-10% after ded; ND-Paid as designated		D-20% after ded; ND-Paid as designated	
Ambulance	D-10% after ded; ND-Paid as designated		D-10% after ded; ND-Paid as designated		D-20% after ded; ND-Paid as designated	
Urgent Care	D-\$75 ded waived; ND-\$100 ded waived		D-10% after ded; ND-30% after ded		D-\$90 ded waived; ND-40% after ded	
<b>Recovery/Special Needs</b>						
Home Health Care	25% ded waived; 40 visits/cal yr		25% after ded; 40 visits/plan yr		25% ded waived; 40 visits/cal yr	
Skilled Nursing	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded	
<b>Durable Medical Equipment</b>						
Single	1 x \$898.65		1 x \$782.01		1 x \$751.85	
EE with Spouse	0 x \$1,797.31		0 x \$1,564.02		0 x \$1,503.71	
EE with Child(ren)	0 x \$1,527.71		0 x \$1,329.42		0 x \$1,278.15	
Family	1 x \$2,561.16		1 x \$2,228.73		1 x \$2,142.78	
Monthly Cost	2 \$3,459.81		2 \$3,010.74		2 \$2,894.63	
Annual Cost	\$41,517.72		\$36,128.88		\$34,735.56	

	Aetna Silver Savings Plus OAEPO 2000 70% ID: 14038857 (EPOc) (UCR=N/A)		Aetna Bronze Savings Plus OAEPO 4500 60% ID: 14038859 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
<b>Cost Share Information</b>				
Individual/Family Deductible	D-\$2,000/\$4,000; ND- \$4,000/\$8,000 embedded		D-\$4,500/\$9,000; ND- \$6,000/\$12,000 embedded	
Individual/Family OOP Limit	D-\$7,150/\$14,300; ND- \$7,350/\$14,700 (incl ded)		D-\$6,850/\$13,700; ND- \$7,150/\$14,300 (incl ded)	
Co-Insurance	D-30%; ND-50%		D-40%; ND-50%	
<b>Office Visits</b>				
Primary Care	D-\$40 ded waived; ND-\$60 after ded		D-40% after ded; ND-50% after ded	
Specialist	D-\$70 ded waived; ND-\$85 after ded		D-40% after ded; ND-50% after ded	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier	
Chiropractic Care	D-\$70 ded waived; ND-\$85 after ded		D-40% after ded; ND-50% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	D-30% after ded; ND-50% after ded		D-40% after ded; ND-50% after ded	
Mental Health Inpatient	D-30% after ded; ND-50% after ded		D-40% after ded; ND-50% after ded	
Substance Abuse Inpatient	D-30% after ded; ND-50% after ded		D-40% after ded; ND-50% after ded	
<b>Outpatient Services</b>				
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	D-30% after ded; ND-50% after ded		D-40% after ded; ND-50% after ded	
Advanced Radiology	D-30% after ded; ND-50% after ded		D-40% after ded; ND-50% after ded	
Mental Health Outpatient	D-\$70 ded waived; ND-\$85 after ded		D-40% after ded; ND-50% after ded	
Substance Abuse Outpatient	D-\$70 ded waived; ND-\$85 after ded		D-40% after ded; ND-50% after ded	
<b>Emergency Care</b>				
Emergency Room	\$750 (waived if admitted) ded waived		D-40% after ded; ND-Paid as designated	
Ambulance	D-30% after ded; ND-Paid as designated		D-40% after ded; ND-Paid as designated	
Urgent Care	D-\$80 ded waived; ND-\$120 ded waived		D-40% after ded; ND-50% after ded	
<b>Recovery/Special Needs</b>				
Home Health Care	25% ded waived; 40 visits/cal yr		25% ded waived; 40 visits/cal yr	
Skilled Nursing	D-30% after ded; ND-50% after ded		D-40% after ded; ND-50% after ded	
<b>Durable Medical Equipment</b>				
Single	1 x \$751.57		1 x \$692.85	
EE with Spouse	0 x \$1,503.14		0 x \$1,385.70	
EE with Child(ren)	0 x \$1,277.67		0 x \$1,177.84	
Family	1 x \$2,141.98		1 x \$1,974.62	
Monthly Cost	2 \$2,893.55		2 \$2,667.47	
Annual Cost	\$34,722.60		\$32,009.64	