

Medical Plan Comparison



		Aetna Core APCN+			Aetna High Deductible APCN+		
		Tier 1 In-Network Maximum Savings	Tier 2 In-Network Standard Savings	Tier 3 Out-of-Network Minimal Savings	Tier 1 In-Network Maximum Savings	Tier 2 In-Network Standard Savings	Tier 3 Out-of-Network Minimal Savings
PLAN FEATURES							
Annual Deductible (Individual/Family)	Embedded	\$1,000/ \$2,000	\$2,000/ \$4,000	\$4,000 / \$8,000	\$1,750/ \$3,500	\$2,500/ \$5,000	\$5,000 / \$10,000
Annual Out-of-Pocket Maximum (Individual/Family)	Embedded	\$3,500/ \$7,000	\$6,000/ \$12,000	\$10,500 / \$21,000	\$4,500/ \$9,000	\$7,000/ \$14,000	\$15,000 / \$30,000
Annual HSA Employee Contribution Maximum (Individual/Family)		Not Eligible			\$4,300 / \$8,550		
YOUR COSTS FOR CARE							
Coinsurance		20% *	40% *	50% *	20% *	40% *	50% *
Preventive Care		No cost	No cost	50% *	No cost	No cost	50% *
Primary Care Physician (PCP) Office visit & Telemedicine		\$25	\$30	50% *	20% *	40% *	50% *
Specialist Visit Office Visit & Telemedicine		\$40	\$50	50% *	20% *	40% *	50% *
Teladoc		\$5 copay when calling Teladoc Physician			0% coinsurance when calling Teladoc Physician *		
Urgent Care		\$50	\$50	50% *	20% *	40% *	50% *
Emergency Room		\$150 + 20% *			20% **		
Inpatient Hospital		\$250 + 20% *	\$250 + 40% *	\$500 + 50% *	20% *	40% *	50% *
Outpatient Hospital		20% *	40% *	50% *	20% *	40% *	50% *
Mental Health		\$40	\$50	50% *	20% *	40% *	50% *
Outpatient Surgery		20% *	40% *	50% *	20% *	40% *	50% *
Lab/X-Ray (Outpatient)		20% *	40% *	50% *	20% *	40% *	50% *

* After deductible

** Tier 1 deductible and out-of-pocket maximum will apply