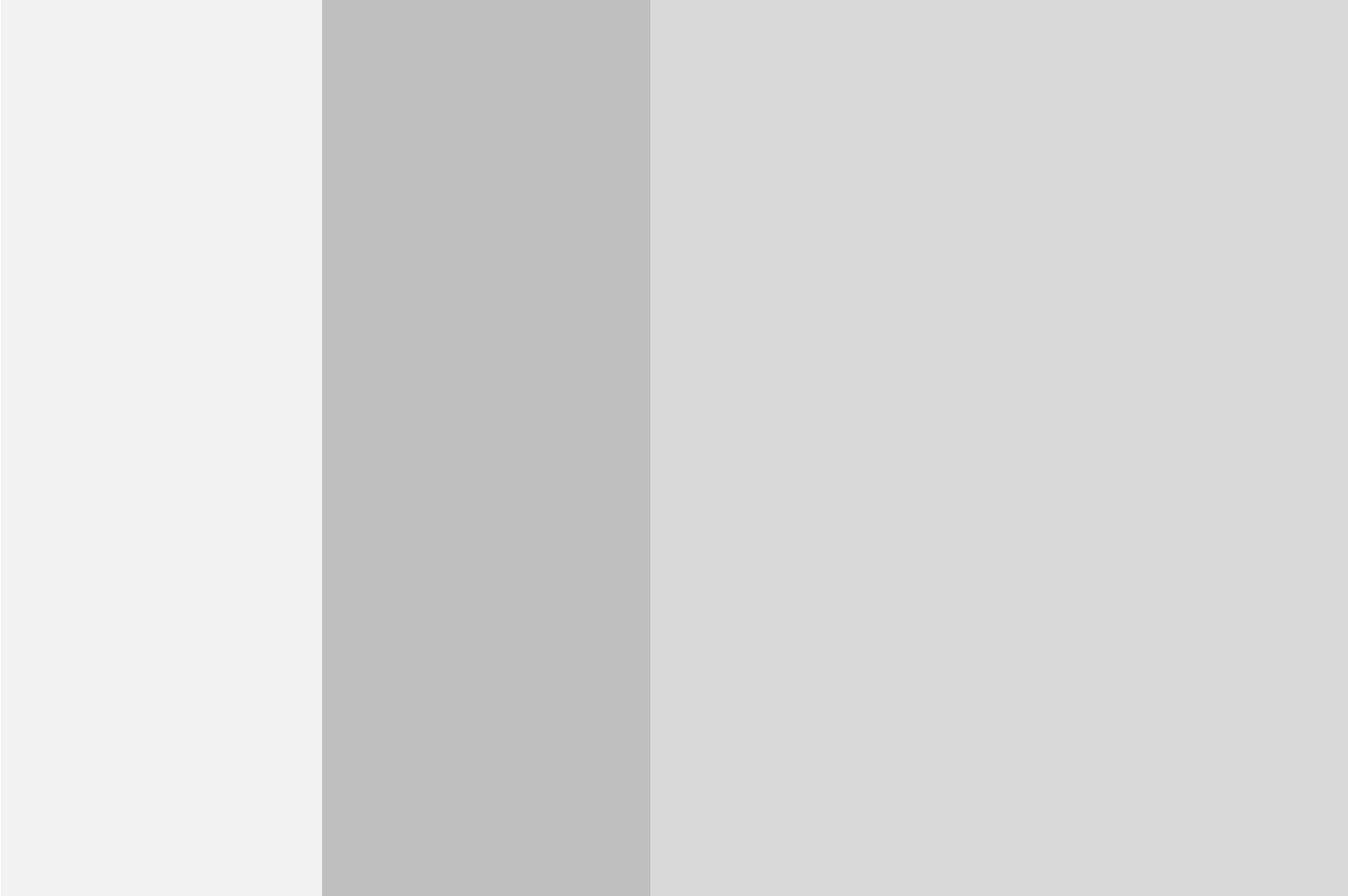


Aetna 2022 Plans

Plan Name	Consumer Core HDHP	Network Core Plan	Choice PPO	
Network	Open Access Elect Choice	Open Access Elect Choice	In Network	Out of Network
Deductible	\$1,600/\$3,000 (Cumulative)	\$250 / \$500	\$850/\$1,700	\$2,500/\$5,000
Coinsurance	90%	Covered 100%	85%	60%
Out of Pocket Maximum	\$2,500/\$5,000 (Cumulative)	\$2,000/\$4,000	\$2,000/\$4,000	Unlimited
Prescription Drug Deductible	Combined with medical	\$125/\$375 waived for generic	\$125/\$375 waived for generic	\$125/\$375 waived for generic
Pharmacy Maximum Out of Pocket	Combined with medical	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
Prescription Drugs	Deductible and then 80%/70%/50% Coinsurance up to Out of Pocket Maximum (Generic Preventive Medication - \$0 copay & not subject to deductible)	\$20/\$45/\$70 (Generic Preventive Medication - \$0 copay & not subject to deductible)	\$20/\$45/\$70 (Generic Preventive Medication - \$0 copay & not subject to deductible)	30% of submitted cost after applicable copay
Mail Order Prescription Drugs (Three (3) month Supply)	Deductible and then 80%/70%/50% Coinsurance (Generic Preventive Medication - \$0 copay & not subject to deductible)	\$20/\$45/\$70 (Generic Preventive Medication - \$0 copay & not subject to deductible)	\$20/\$45/\$70 (Generic Preventive Medication - \$0 copay & not subject to deductible)	In-Network Benefit Only
Oral Contraceptive	Included	Included	Included	Included
PCP Office Visits	Deductible and Coinsurance	\$30	\$30	Deductible & 70% Coinsurance
Specialist Visits	Deductible and Coinsurance	\$50	\$50	Deductible & 70% Coinsurance
Telehealth Connection	Deductible and Coinsurance	\$30	\$30	Not covered
OB/GYN Visits	Deductible and Coinsurance; Preventive care - Covered 100%	Office Visit - \$30/\$50 copay Preventive care - Covered 100%	Office Visit - \$30/\$50 copay Preventive care - Covered 100%	Deductible and 70% Coinsurance

Routine Preventive Care (adult)	100%	100%	100%	Deductible & 70% Coinsurance
Well Child Exams (through age 18)	100%	100%	100%	100%
Vision Coverage	1 routine exam covered every 24 months; Separate vision plan through Aetna Vision	1 routine exam covered every 24 months; Separate vision plan through Aetna Vision	1 routine exam covered every 24 months; Separate vision plan through Aetna Vision	Deductible & Coinsurance; 1 routine exam covered every 24 months; Separate vision plan through Aetna Vision
Gym Reimbursement	Reimbursement program up to \$200/ee and \$100/sp/dp every 6 months for 50 visits.	Reimbursement program up to \$200/ee and \$100/sp/dp every 6 months for 50 visits.		
Lab and X-ray	Deductible & Coinsurance	Participating lab - 100% Office Visit - \$30/\$50 copay (If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician office visit member cost sharing) Outpatient - 100%	Participating lab - 100%, no deductible Office Visit - \$30/\$50 copay (If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing) Outpatient - 100%	Deductible & 70% Coinsurance
Advanced Radiology	Deductible & Coinsurance	Office Visit - \$30/\$50 copay (If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician office visit member cost sharing) Outpatient - 100%	100% (If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing)	Deductible & 70% Coinsurance
Chiropractic	Deductible & Coinsurance			

Emergency Room



Outpatient Physical Therapy

Deductible & Coinsurance
Limited to 90 visits per year.
Unlimited for early intervention services from birth to age 3.
Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab, Cognitive Therapy

\$50 Copay
Limited to 90 visits per year.
Unlimited for early intervention services from birth to age 3. Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab, Cognitive Therapy

\$50 Copay
Limited to 90 visits per year. Unlimited for Early Intervention Services from birth to age 3. Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab, Cognitive Therapy

Deductible & 70% Coinsurance
Limited to 90 visits per year.
Unlimited for Early Intervention Services from birth to age 3. Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab, Cognitive Therapy

Hospice Care

Deductible & Coinsurance

100% after deductible

Deductible & Coinsurance

Deductible & Coinsurance

Home Health Care
(includes Outpatient

Infertility

Deductible & Coinsurance;
Comprehensive (includes artificial
insemination) - Unlimited maximum
Advanced Infertility (IV, ZIFT,
GIFT) - Unlimited maximum