

Quick Comparison for 2017 Aetna Health Plans

Plan Highlights	
Deductible - (Individual / Family)	\$0 / \$0
Out of Pocket Maximum – (Individual / Family)	\$6,350 / \$12,700
Coinurance	0%
Office Visits	
Primary Care Physician	\$20 copay
Specialist	\$20 copay
Referral Needed for Specialist?	No
Preventive Care Exam	No charge
Chiropractic (limited to 20 visits per calendar year)	\$20 copay
Acupuncture (limited to 20 visits per calendar year)	\$20 copay
Maternity	
Physician Services (Prenatal and Postnatal)	No charge
Delivery	\$250 copay
Infertility	Limited to the diagnosis and treatment of underlying medical condition
Laboratory and X-Rays	
Diagnostic Lab / X-Rays	No charge
Advanced Imaging (MRI, PET, CT Scan, Nuclear Medicine)	No charge
Mental Health / Substance Abuse	
Inpatient	\$250 copay
Outpatient	\$20 copay
Hospitalization / Outpatient Services	
Inpatient Hospitalization (Facility)	\$250 copay
Outpatient Surgery	No charge
Emergency Room	\$100 copay per visit
Urgent Care	\$35 copay
Prescription (Retail)	
Deductible - (Individual / Family)	None
Tier 1 (Generally Generic)	\$10 copay
Tier 2 (Generally Name Brand Formulary)	\$25 copay
Tier 3 (Generally Name Brand Non-Formulary)	\$50 copay
Tier 4 (Generally Specialty Medications)	20% up to \$150
Prescription (Mail Order)	
Tier 1 (Generally Generic)	\$20 copay
Tier 2 (Generally Name Brand Formulary)	\$50 copay
Tier 3 (Generally Name Brand Non-Formulary)	\$100 copay
Tier 4 (Generally Specialty Medications)	20% up to \$150
Premiums	
Member	\$283.00
Member and Spouse	\$588.00
Member and Child(ren)	\$538.00
Family	\$854.00
Premium Comparison - Monthly & Annual Savings	

Plan 1	
In Network Member Cost	Out of Network Member Cost
\$0 / \$0	\$2,500 / \$5,000
\$6,350 / \$12,700	\$7,500 / \$15,000
0%	20%
Office Visits	
Primary Care Physician	\$20 copay
Specialist	\$20 copay
Referral Needed for Specialist?	No
Preventive Care Exam	No charge
Chiropractic (limited to 20 visits per calendar year)	\$20 copay
Acupuncture (limited to 20 visits per calendar year)	\$20 copay
Maternity	
Physician Services (Prenatal and Postnatal)	No charge
Delivery	\$250 copay
Infertility	Limited to the diagnosis and treatment of underlying medical condition
Laboratory and X-Rays	
Diagnostic Lab / X-Rays	No charge
Advanced Imaging (MRI, PET, CT Scan, Nuclear Medicine)	No charge
Mental Health / Substance Abuse	
Inpatient	\$250 copay
Outpatient	\$20 copay
Hospitalization / Outpatient Services	
Inpatient Hospitalization (Facility)	\$250 copay
Outpatient Surgery	No charge
Emergency Room	\$100 copay per visit
Urgent Care	\$35 copay
Prescription (Retail)	
Deductible - (Individual / Family)	None
Tier 1 (Generally Generic)	\$10 copay
Tier 2 (Generally Name Brand Formulary)	\$25 copay
Tier 3 (Generally Name Brand Non-Formulary)	\$50 copay
Tier 4 (Generally Specialty Medications)	20% up to \$150
Prescription (Mail Order)	
Tier 1 (Generally Generic)	\$20 copay
Tier 2 (Generally Name Brand Formulary)	\$50 copay
Tier 3 (Generally Name Brand Non-Formulary)	\$100 copay
Tier 4 (Generally Specialty Medications)	20% up to \$150
Premiums	
Member	\$283.00
Member and Spouse	\$588.00
Member and Child(ren)	\$538.00
Family	\$854.00
Premium Savings versus Plan 1	
Member	\$135.00
Member and Spouse	\$279.00
Member and Child(ren)	\$256.00
Family	\$405.00

Plan 2	
In Network Member Cost	Out of Network Member Cost
\$2,000 / \$4,000	\$4,000 / \$8,000
\$2,000 / \$4,000	\$8,000 / \$16,000
0%	20%
Office Visits	
Primary Care Physician	\$25 copay
Specialist	\$25 copay
Referral Needed for Specialist?	No
Preventive Care Exam	No charge
Chiropractic (limited to 20 visits per calendar year)	\$25 copay
Acupuncture (limited to 20 visits per calendar year)	\$25 copay
Maternity	
Physician Services (Prenatal and Postnatal)	No charge
Delivery	0% after deductible
Infertility	Limited to the diagnosis and treatment of underlying medical condition
Laboratory and X-Rays	
Diagnostic Lab / X-Rays	No charge
Advanced Imaging (MRI, PET, CT Scan, Nuclear Medicine)	No charge
Mental Health / Substance Abuse	
Inpatient	0% after deductible
Outpatient	\$25 copay
Hospitalization / Outpatient Services	
Inpatient Hospitalization (Facility)	0% after deductible
Outpatient Surgery	0% after deductible
Emergency Room	\$125 copay
Urgent Care	\$35 copay
Prescription (Retail)	
Deductible - (Individual / Family)	None
Tier 1 (Generally Generic)	\$10 copay
Tier 2 (Generally Name Brand Formulary)	\$25 copay
Tier 3 (Generally Name Brand Non-Formulary)	\$50 copay
Tier 4 (Generally Specialty Medications)	20% up to \$150
Prescription (Mail Order)	
Tier 1 (Generally Generic)	\$20 copay
Tier 2 (Generally Name Brand Formulary)	\$50 copay
Tier 3 (Generally Name Brand Non-Formulary)	\$100 copay
Tier 4 (Generally Specialty Medications)	20% up to \$150
Premiums	
Member	\$148.00
Member and Spouse	\$309.00
Member and Child(ren)	\$282.00
Family	\$449.00
Premium Savings versus Plan 2	
Member	\$135.00
Member and Spouse	\$279.00
Member and Child(ren)	\$256.00
Family	\$405.00

Plan 3	
In Network Member Cost	Out of Network Member Cost
\$1,500 / \$3,000	\$3500 / \$7000
\$3,000	\$4,500 / \$9,000
10%	30%
Office Visits	
Primary Care Physician	10% after deductible
Specialist	10% after deductible
Referral Needed for Specialist?	No
Preventive Care Exam	No charge
Chiropractic (limited to 20 visits per calendar year)	10% after deductible
Acupuncture (limited to 20 visits per calendar year)	10% after deductible
Maternity	
Physician Services (Prenatal and Postnatal)	No charge after deduct
Delivery	10% after deductible
Infertility	Limited to the diagnosis and treatment of underlying medical condition
Laboratory and X-Rays	
Diagnostic Lab / X-Rays	10% after deductible
Advanced Imaging (MRI, PET, CT Scan, Nuclear Medicine)	20% after deductible
Mental Health / Substance Abuse	
Inpatient	10% after deductible
Outpatient	10% after deductible
Hospitalization / Outpatient Services	
Inpatient Hospitalization (Facility)	10% after deductible
Outpatient Surgery	10% after deductible
Emergency Room	10% after deductible
Urgent Care	10% after deductible
Prescription (Retail)	
Deductible - (Individual / Family)	Subject to Medical Deductible
Tier 1 (Generally Generic)	\$10 copay
Tier 2 (Generally Name Brand Formulary)	\$30 copay
Tier 3 (Generally Name Brand Non-Formulary)	\$50 copay
Tier 4 (Generally Specialty Medications)	20% up to \$150
Prescription (Mail Order)	
Tier 1 (Generally Generic)	\$20 copay
Tier 2 (Generally Name Brand Formulary)	\$60 copay
Tier 3 (Generally Name Brand Non-Formulary)	\$100 copay
Tier 4 (Generally Specialty Medications)	20% up to \$150
Premiums	
Member	\$25.00
Member and Spouse	\$52.00
Member and Child(ren)	\$48.00
Family	\$76.00
Premium Savings versus Plan 3	
Member	\$123.00
Member and Spouse	\$257.00
Member and Child(ren)	\$234.00
Family	\$373.00

Premium Savings versus Plan 1	Member
	\$135.00
Premium Savings versus Plan 2	Member
	\$135.00

Premium Savings versus Plan 2	Member
	\$135.00
Premium Savings versus Plan 3	Member
	\$123.00