

	Current				2027 Plan Renewal			
Schedule of Benefits	Aetna - Standard		Aetna - Premium		Aetna - Standard		Aetna - Premium	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Calendar Year)								
Single	\$250	\$750	\$0	\$500	\$500	\$1,000	\$250	\$500
Family	\$500	\$1,500	\$0	\$1,000	\$1,000	\$2,000	\$500	\$1,000
Coinsurance	20%	20%	0%	20%	20%	30%	10%	20%
Out of Pocket Maximum (OOPM)	Includes Copays, Ded, Coinsurance, Inpatient Hospital, Mental Health and Rx		Includes Copays, Ded, Coinsurance, Inpatient Hospital, Mental Health and Rx		Includes Copays, Ded, Coinsurance, Inpatient Hospital, Mental Health and Rx		Includes Copays, Ded, Coinsurance, Inpatient Hospital, Mental Health and Rx	
Single	\$3,600	\$10,000	\$2,800	\$5,600	\$4,000	\$10,000	\$3,600	\$6,000
Family	\$7,200	\$20,000	\$5,600	\$11,200	\$8,000	\$20,000	\$7,200	\$12,000
Office Visits								
Virtual Visit (PCP/Sp/Telamynd for BH)	\$30	20% after CYD	\$30	20% after CYD	\$30	30% after CYD	\$25	20% after CYD
Teladoc	\$30	Not Covered	\$30	Not Covered	\$0	Not Covered	\$0	Not Covered
Preventive Annual Visit	\$0	20% after CYD	\$0	20% after CYD	\$0	30% after CYD	\$0	20% after CYD
Primary Care Physician Office Visit	\$30	20% after CYD	\$30	20% after CYD	\$30	30% after CYD	\$25	20% after CYD
Specialist Office Visit	\$30	20% after CYD	\$30	20% after CYD	\$60	30% after CYD	\$50	20% after CYD
Lab / X-Ray	20% after CYD	20% after CYD	\$0	20% after CYD	20% after CYD	30% after CYD	10% after CYD	20% after CYD
Advanced Imaging (MRI, PET, CAT scans)	20% after CYD	20% after CYD	\$0	20% after CYD	20% after CYD	30% after CYD	10% after CYD	20% after CYD
Urgent Care Center	20% after CYD	20% after CYD	\$30	20% after CYD	20% after CYD	30% after CYD	\$75	20% after CYD
Hospital								
Inpatient	\$250 copay + 20% after CYD	20% after CYD	\$0	20% after CYD	20% after CYD	30% after CYD	10% after CYD	20% after CYD
Outpatient Surgery	20% after CYD	20% after CYD	\$0	20% after CYD	20% after CYD	30% after CYD	10% after CYD	20% after CYD
Emergency Room Visit (In and OON) ⁽¹⁾	\$200 copay + 20% after CYD	\$200 copay + 20% after CYD	\$150	\$150	20% after In-Network CYD		10% after In-Network CYD	
Mental Health / Substance Abuse	Included in OOPM		Included in OOPM		Included in OOPM		Included in OOPM	
Inpatient	No Charge	20% after CYD	No Charge	20% after CYD	20% after CYD	30% after CYD	10% after CYD	20% after CYD
Outpatient Mental Health Counselor (LAMP & Samaritan only)	Visits 1-5 \$0; then \$15 per visit	20% after CYD	Visits 1-5 \$0; then \$15 per visit	20% after CYD	Visits 1-5 \$0; then \$15 per visit	30% after CYD	Visits 1-5 \$0; then \$15 per visit	20% after CYD
Outpatient Mental Health Counselor	Visits 1-5 \$0; then \$30 per visit	20% after CYD	Visits 1-5 \$0; then \$30 per visit	20% after CYD	\$30	30% after CYD	\$25	20% after CYD
Prescription Drugs	Included in OOPM		Included in OOPM		Included in OOPM		Included in OOPM	
Tier 1	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered
Tier 2	\$15 or 25% whatever is greater; \$100 max		\$15 or 25% whatever is greater; \$100 max		\$20 or 25% whatever is greater; \$100 max		\$20 or 25% whatever is greater; \$100 max	
Tier 3	\$40 or 45% whatever is greater; \$100 max		\$40 or 45% whatever is greater; \$100 max		\$50 or 45% whatever is greater; \$150 max		\$50 or 45% whatever is greater; \$150 max	
Tier 4 (Specialty)	25% or \$150 max		25% or \$150 max		30% or \$250 max		30% or \$250 max	
Mail Order (90 day supply)	2-3x for 60,90 days		2-3x for 60,90 days		2-3x for 60,90 days		2-3x for 60,90 days	

CYD = Calendar Year Deductible
OOPM = Out of Pocket Maximum
⁽¹⁾ Ambulance benefit must match Emergency Room
Physical, Occupational, Speech Therapy subject to combined 90 visit maximum per calendar year
Massage Therapy, Acupuncture, Chiropractic subject to 20 visit maximum each per calendar year