

Medical Plan Comparison Chart



Healthier happens together®

	Select 2500 EPO		3750 HDHP/HSA	
	Open Access Aetna Select		CPOS II Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance	20%	0%	0%	30%
Calendar Year Deductible (Individual / Family)	\$2,500/\$5,000	Not Covered	\$3,750/\$7,500	\$12,000/\$24,000
Maximum Out of Pocket Limits (Individual/Family): <i>To include copays, coinsurance any charges that apply to your deductible</i>	\$8,000/\$16,000	Not Covered	\$3,750/\$7,500	\$12,000/\$24,000
Medical Benefits				
PCP Required	Yes	N/A	No	No
Physician Office Visit	\$25 copay	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Specialist Office Visit	\$50 copay	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Preventive Care Services	Covered at 100%	Not Covered	Covered at 100%	Covered at 100% of recognized charges after deductible
Urgent Care (non-urgent use of Urgent Care is not covered)	\$50 copay	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
CVS Virtual Care	\$0 copay	N/A	Covered at 100% after deductible	N/A
Emergency Room Visit (non-emergent use of ER is not covered)	\$500 copay		Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Inpatient Hospital Services	20% after deductible	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Outpatient Hospital Services	20% after deductible	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Lab & X-Ray	20% after deductible	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Major Diagnostics (CT, PET, MRI, MRA & Nuclear Medicine)	20% after deductible	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Pharmacy Benefits				
30-day Retail				
Preferred Generic	\$10 copay	Not Covered	0% after deductible	Not Covered
Formulary (Brand)	\$25 copay	Not Covered	0% after deductible	Not Covered
Non-Formulary	\$50 copay	Not Covered	0% after deductible	Not Covered
Specialty	30% coinsurance	Not Covered	0% after deductible	Not Covered
90 -day Mail Order				
Preferred Generic	\$25 copay	N/A	0% after deductible	Not Covered
Formulary (Brand)	\$62.50 copay	N/A	0% after deductible	Not Covered
Non-Formulary	\$125 copay	N/A	0% after deductible	Not Covered