

MEDICAL

AETNA

Plan Name	AWH BaptistHealth Texas ACO (Open Access Aetna Select)		Open Access Aetna Select H.S.A.	Choice POS II	
	Designated Network	In-Network	In-Network Only	In-Network	Out-of-Network
CALENDAR YEAR DEDUCTIBLE					
Individual	\$2,000	\$2,000	\$5,000	\$4,000	\$15,000
Family	\$4,000	\$4,000	\$10,000	\$8,000	\$30,000
Coinsurance	20%	40%	30%	20%	50%
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (Maximum includes deductible and copays)					
Individual	\$5,000	\$5,000	\$6,550	\$6,550	\$18,000
Family	\$10,000	\$10,000	\$13,100	\$13,100	\$36,000
OFFICE VISITS					
Preventive Care Services	No Charge	No Charge	No Charge	No Charge	50% after deductible
Primary Care Physician	\$15	40% after deductible	30% after deductible	\$40	50% after deductible
Specialist	\$50	40% after deductible	30% after deductible	\$60	50% after deductible
Telehealth					
EMERGENCY MEDICAL CARE					
Urgent Care	\$50	\$50	30% after deductible.	\$100	50% after deductible
Emergency Room Visit	\$300 copay + 20% after deductible	\$300 copay + 20% after deductible	30% after deductible	\$250 copay + 20% after deductible	\$250 copay + 20% after deductible
HOSPITAL CARE					
Hospital Inpatient	20% after deductible	\$500 + 40% after deductible	30% after deductible	20% after deductible	50% after deductible
Hospital Outpatient	20% after deductible	40% after deductible	30% after deductible	20% after deductible	50% after deductible
DIAGNOSTIC PROCEDURE					
Lab & X-Ray	20% after deductible	20% after deductible	30% after deductible	20% after deductible	50% after deductible
Major Diagnostics (CT, PET, MRI, MRA & Nuclear Medicine)	20% after deductible	20% after deductible	30% after deductible	20% after deductible	50% after deductible

Monthly Rates						
	Baptist ACO		Open Access Aetna Select H.S.A.		Choice POS II	
	Total Cost	Employee Cost	Total Cost	Employee Cost	Total Cost	Employee Cost
Employee	\$532.29	\$72.29	\$544.14	\$84.14	\$764.71	\$304.71
Employee + Spouse	\$1,103.80	\$568.80	\$1,130.08	\$595.08	\$1,619.02	\$1,084.02
Employee + Child(ren)	\$913.33	\$368.33	\$934.19	\$389.19	\$1,333.79	\$788.79
Family	\$1,689.61	\$1,029.61	\$1,730.70	\$1,070.70	\$2,495.33	\$1,835.33