

MEDICAL

AETNA

Plan Name	Baptist Health ACO		Aetna HSA PLAN	
	ACO	Aetna Broad	ACO	Aetna Broad
CALENDAR YEAR DEDUCTIBLE				
Individual	\$2,000	\$4,000	\$5,000	\$7,000
Family	\$4,000	\$8,000	\$10,000	\$14,000
Coinsurance	20%	40%	30%	40%
CALENDAR YEAR OUT-OF-				
Individual	\$4,000	\$6,000	\$6,550	\$13,100
Family	\$8,000	\$10,000	\$13,100	\$20,000
OFFICE VISITS				
Preventive Care Services	No Charge	No Charge	No Charge	No Charge
Primary Care Physician	\$15	40% after deductible	30% after deductible	40% after deductible
Specialist	\$50	40% after deductible	30% after deductible	40% after deductible
Telehealth				
EMERGENCY MEDICAL CARE				
Urgent Care	\$50	\$50	30% after deductible.	40% after deductible.
Emergency Room Vi	\$300 copay + 20% after deductible	\$300 copay + 40% after deductible	30% after deductible	40% after deductible
HOSPITAL CARE				
Hospital Inpatient	20% after deductible	\$500 + 40% after deductible	30% after deductible	40% after deductible
Hospital Outpatient	20% after deductible	40% after deductible	30% after deductible	40% after deductible
DIAGNOSTIC PROCEDURE				
Lab & X-Ray	20% after deductible	40% after deductible	30% after deductible	40% after deductible
Major Diagnostics (CT, PET, MRI, MRA & Nuclear Medicine)	20% after deductible	40% after deductible	30% after deductible	40% after deductible

Monthly Rates				
	Baptist ACO		Open Access Aetna Select H.S.A.	
	Total Cost	Employee Cost	Total Cost	Employee Cost
Employee	\$756.07	\$72.29	\$717.17	\$62.29
Employee + Spouse	\$1,567.85	\$568.80	\$1,489.44	\$543.80
Employee + Child(ren)	\$1297.30	\$368.33	\$1231.26	\$348.33
Family	\$2,399.94	\$1,029.61	\$2,281.06	\$989.61