

Aetna 2022 Plans

Plan Name	Consumer Core HDHP	Network Core Plan	Choice PPO	
Network	Open Access Elect Choice In Network	Open Access Elect Choice In Network	In Network	Out of Network
Deductible	\$1,600/\$3,000 (Cumulative)	\$250 / \$500	\$850/\$1,700	\$2,500/\$5,000
Coinsurance	90%	Covered 100%	85%	60%
Out of Pocket Maximum	\$2,500/\$5,000 (Cumulative)	\$2,000/\$4,000	\$2,000/\$4,000	\$6,000/\$12,000
Annual Maximum ,	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum,	Unlimited	Unlimited	Unlimited	Unlimited
Prescription Drug Deductible	Combined with medical	\$125/\$375 waived for generic	\$125/\$375 waived for generic	\$125/\$375 waived for generic
Pharmacy Maximum Out of Pocket	Combined with medical	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
Prescription Drugs	Deductible and then 80%/70%/50% Coinsurance up to Out of Pocket Maximum (Generic Preventive Medication - \$0 copay & not subject to deductible)	\$20/\$45/\$70 (Generic Preventive Medication - \$0 copay & not subject to deductible)	\$20/\$45/\$70 (Generic Preventive Medication - \$0 copay & not subject to deductible)	30% of submitted cost after applicable copay
Mail Order Prescription Drugs (Three (3) month Supply)	Deductible and then 80%/70%/50% Coinsurance (Generic Preventive Medication - \$0 copay & not subject to deductible)	\$20/\$45/\$70 (Generic Preventive Medication - \$0 copay & not subject to deductible)	\$20/\$45/\$70 (Generic Preventive Medication - \$0 copay & not subject to deductible)	In-Network Benefit Only
Oral Contraceptive	Included	Included	Included	Included
PCP Office Visits	Deductible and Coinsurance	\$30	\$30	Deductible & 70% Coinsurance
Specialist Visits	Deductible and Coinsurance	\$50	\$50	Deductible & 70% Coinsurance
Telehealth Connection	Deductible and Coinsurance	\$30	\$30	Not covered
OB/GYN Visits	Deductible and Coinsurance; Preventive care - Covered 100%	Office Visit - \$30/\$50 copay Preventive care - Covered 100%	Office Visit - \$30/\$50 copay Preventive care - Covered 100%	Deductible and 70% Coinsurance

Routine Preventive Care (adult)	100%	100%	100%	Deductible & 70% Coinsurance
Well Child Exams (through age 18)	100%	100%	100%	100%
Vision Coverage	1 routine exam covered every 24 months; Separate vision plan through Aetna Vision	1 routine exam covered every 24 months; Separate vision plan through Aetna Vision	1 routine exam covered every 24 months; Separate vision plan through Aetna Vision	Deductible & Coinsurance; 1 routine exam covered every 24 months; Separate vision plan through Aetna Vision
Gym Reimbursement	Reimbursement program up to \$200/ee and \$100/sp/dp every 6 months for 50 visits.	Reimbursement program up to \$200/ee and \$100/sp/dp every 6 months for 50 visits.		
Lab and X-ray	Deductible & Coinsurance	Participating lab - 100% Office Visit - \$30/\$50 copay (If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician office visit member cost sharing) Outpatient - 100%	Participating lab - 100%, no deductible Office Visit - \$30/\$50 copay (If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing) Outpatient - 100%	Deductible & 70% Coinsurance
Advanced Radiology	Deductible & Coinsurance	Office Visit - \$30/\$50 copay (If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician office visit member cost sharing) Outpatient - 100%	100% (If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing)	Deductible & 70% Coinsurance
Chiropractic	Deductible & Coinsurance			

Emergency Room



Outpatient Physical Therapy

Deductible & Coinsurance
Limited to 90 visits per year.
Unlimited for early intervention services from birth to age 3.
Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab, Cognitive Therapy

\$50 Copay
Limited to 90 visits per year.
Unlimited for early intervention services from birth to age 3. Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab, Cognitive Therapy

\$50 Copay
Limited to 90 visits per year. Unlimited for Early Intervention Services from birth to age 3. Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab, Cognitive Therapy

Deductible & 70% Coinsurance
Limited to 90 visits per year.
Unlimited for Early Intervention Services from birth to age 3. Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab, Cognitive Therapy

Hospice Care

Deductible & Coinsurance

100% after deductible

Deductible & Coinsurance

Deductible & Coinsurance

Home Health Care
(includes Outpatient

Infertility

Deductible & Coinsurance;
Comprehensive (includes artificial
insemination) - Unlimited maximum
Advanced Infertility (IV, ZIFT,
GIFT) - Unlimited maximum