



## Pick your plan(s)

View the chart below to compare the features for the plan year

		Plan Option II	Plan Option III	Plan Option IV	Plan Option V
		In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
<b>Deductible</b>	Employee	\$500 / \$500	\$750 / \$750	\$2,000 / \$2,000	\$1,650 / \$1,650
	Family	\$1,500 / \$1,500	\$2,250 / \$2,250	\$4,000 / \$4,000	\$3,300 / \$3,300
<b>Out-of-pocket Max</b>				\$3,000 / \$3,000	\$7,000 / \$7,000
	Employee	\$1,500 / \$1,500	\$2,750 / \$2,750	Additional \$1,000 out-of-pocket for out-of-network hospital expenses	Additional \$1,000 out-of-pocket for out-of-network hospital expenses
	Family	\$4,500 / \$4,500	\$8,250 / \$8,250	Additional \$2,000 out-of-pocket for out-of-network hospital expenses	Additional \$2,000 out-of-pocket for out-of-network hospital expenses
<b>Covered services</b>	Preventive care	100%; no deductible applies both in- and out-of-network	100%; no deductible applies both in- and out-of-network	100%; no deductible applies both in- and out-of-network	100%; no deductible applies both in- and out-of-network
	Doctor visit	20% / 20%	20% / 20%	20% / 20%	20% / 20%
	Specialist visit*	20% / 20%	20% / 20%	20% / 20%	20% / 20%
	Teladoc® General Medical Consult	\$56 copay	\$56 copay	\$56 copay	\$56 copay
	Walk-in clinic*	20% / 20%	20% / 20%	20% / 20%	20% / 20%
	Urgent care*	20% / 20%	20% / 20%	20% / 20%	20% / 20%
	Emergency room**	20% / 20%	20% / 20%	20% / 20%	20% / 20%
	Hospital inpatient*	20% / \$500 copay, 40%	20% / \$500 copay, 40%	20% / \$500 copay, 40%	20% / \$500 copay, 40%
	Hospital outpatient*	20% / 40%	20% / 40%	20% / 40%	20% / 40%

\*After deductible

\*\*Emergency room, Non-Emergent Use: In and Out-of-Network 50%, after deductible

To learn more about your Aetna® medical plan options and tools, visit [aetna.com](https://aetna.com) or call 800-426-3211 (TTY: 711) or access language services at no cost to you 800-370-4526.

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