

	Current Plan	Renewal Plan	Current Plan	Renewal Plan 1	Renewal Plan 2	Current Plan	Renewal Plan
	Enhanced	Enhanced High Plan	Core	Core Mid Plan	Core Low Plan	HSA	HSA Plan
EE Monthly Cost Share	Aetna	Oxford	Aetna	Oxford	Oxford	Aetna	Oxford
Individual	\$570.81	\$515.08	\$157.87	\$151.49	\$140.30	\$275.49	\$248.77
Employee + Spouse	\$1,142.02	\$1,030.50	\$315.87	\$303.08	\$280.70	\$551.17	\$497.70
Employee + Child(ren)	\$856.50	\$772.87	\$236.90	\$227.31	\$210.52	\$413.38	\$373.28
Family	\$1,712.99	\$1,545.74	\$473.77	\$454.62	\$421.04	\$826.75	\$746.56
General Visits	All Preventative Services are Covered in Full						
Office Visit - Preventive	All Preventative Services are Covered in Full						
Primary Care	\$20	\$15	\$30	\$25	\$30	Deductible then 5% coins	Deductible then no charge
Specialist	\$25	\$30	\$60	\$40	\$50	Deductible then 5% coins	Deductible then no charge
Virtual Visits	\$20	\$0	\$30	\$0	\$0	Deductible then 5% coins	Deductible then no charge
Walk In Clinics	\$0	N/A	\$0	N/A	N/A	Deductible then 5% coins	N/A
Urgent Care	\$35	\$30	\$60	\$40	\$50	Deductible then 5% coins	Deductible then no charge
Emergency Room	\$150	\$100	\$200	\$100	\$100	Deductible then 5% coins	Deductible then no charge
Inpatient Hospitalization	5% coins	No Charge	\$250 + 20% coins	Deductible then 20% coins	Deductible then 20% coins	Deductible then 5% coins	Deductible then no charge
Outpatient Hospitalization	5% coins	Hospital: 20% coins, Freestanding: No Charge	Deductible then 20% coins	Hospital: Deductible the 40% coins, Freestanding: Deductible then 20% coins	Hospital: Deductible the 40% coins, Freestanding: Deductible then 20% coins	Deductible then 5% coins	Deductible then no charge
Diagnostic Testing (x-ray, blood work)	5% coins	Hospital: 20% coins, Freestanding: No Charge	Deductible then 20% coins	Hospital: Deductible the 40% coins, Freestanding: Deductible then 20% coins	Hospital: Deductible the 40% coins, Freestanding: Deductible then 20% coins	Deductible then 5% coins	Deductible then no charge
High Tech Imaging (CT, MRI, PET)	5% coins	Hospital: 20% coins, Freestanding: No Charge	Deductible then 20% coins	Hospital: Deductible the 40% coins, Freestanding: Deductible then 20% coins	Hospital: Deductible the 40% coins, Freestanding: Deductible then 20% coins	Deductible then 5% coins	Deductible then no charge
Durable Medical Equipment	5% coins	No Charge	Deductible then 20% coins	No Charge	No Charge	Deductible then 5% coins	Deductible then no charge
Hearing Exam	No Charge	\$30	No Charge	\$25	\$30	No Charge	Deductible then no charge
Hardware 15 and under							
1 hearing aid per ear/24 months	Not Covered	No Charge	Not Covered	No Charge	No Charge	Not Covered	Deductible then no charge
Hardware 16+							
\$5,000 per ear/24 months	Not Covered	No Charge	Not Covered	No Charge	No Charge	Not Covered	Deductible then no charge
Annual Deductible/OOP Max(in Network)							
Deductible(Individual/Family)	\$0	\$0	\$1000/\$3000	\$1000/\$2000	\$1000/\$2000	\$2000/\$4000	\$2000/\$4000
Out of Pocket Max(Individual/Family)	\$2000/\$4000	\$2500/\$5000	\$3750/\$11250	\$2500/\$5000	\$4000/\$8000	\$4000/\$8000	\$3000/\$6000
Annual Deductible/OOP Max(out of Network)							
Deductible(Individual/Family)	\$1000/\$2000	\$1000/\$2000	\$2000/\$6000	\$2000/\$4000	N/A	\$4000/\$8000	\$2000/\$4000
Out of Pocket Max(Individual/Family)	\$4000/\$6000	\$4000/\$8000	\$7500/\$22500	\$5000/\$10000	N/A	\$8000/\$16000	\$5250/\$10500
Prescription Drugs							
Retail Pharmacies (30 Day Supply)							
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Tier 2	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Tier 3	\$40	\$50	\$40	\$50	\$50	\$40	\$50
Tier 4	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Deductible	NO	NO	NO	NO	NO	YES	YES