

Medical - Aetna (Choose One)

Member Benefits In Network Benefits Shown	Aetna H.S.A / Florida Only Baptist/St Vincents Network Base Plan	Aetna Choice POS II National Network Option 2	Aetna H.S.A / Choice POS II National Network Option 3
1. Plan Deductible (CYD) – (Ind/Fam) IN	\$5,000 / \$10,000	\$6,000 / \$12,000	\$5,000 / \$10,000
2. Plan Deductible –(CYD) (Ind/Fam) OUT	N/A	\$18,500 / \$37,500	\$10,000 / \$20,000
3. OOP Maximum In Network (Ind/Fam)	\$6,550 / \$13,100	\$6,850 / \$13,700	\$6,550 / \$13,100
4. OOP Maximum OON (Ind/Fam)	N/A	\$30,000 / \$60,000	\$10,000 / \$20,000
5. Out of Pocket Includes	CYD,Coins,CopayRX	CYD, Coins, Copays, RX	CYD,Coins,CopayRX
6. Coinsurance (In/Out)	10% In ONLY	0% In / 20% Out	10% In / 20% Out
7. ACA Compliant	Yes	Yes	Yes
Office Visits			
8. Primary Care Physician (PCP)	CYD + 10%	CYD then \$30	CYD + 10%
9. Specialist	CYD + 10%	CYD then \$55 CYD then \$65 Chiropractor	CYD + 10%
10. PCP Referral	No	No	No
11. Maternity OV (Initial visit only)	CYD + 10%	CYD	CYD + 10%
12. Virtual Visit	\$0	\$0	\$0
Diagnostic Services			
13. Lab Outside Physician's Office	CYD + 10%	CYD	CYD + 10%
14. Mammogram Routine/Diagnostic	\$0 / CYD + 10%	\$0 / CYD	\$0 / CYD + 10%
15. Simple X-ray	CYD + 10%	CYD	CYD + 10%
16. Complex X-ray (MRI/CAT/PET Scan)	CYD + 10%	CYD + \$250	CYD + 10%
Emergency Services			
17. Urgent Care Center Convenient Clinic	CYD + 10% CYD + 10%	CYD then \$75 CYD then \$25	CYD + 10% CYD + 10%
18. Emergency Room Emergency Use Only	CYD + 10%	CYD then \$250	CYD + 10%
Hospital Services			
19. In Patient Hospital	CYD + 10%	CYD then \$250	CYD + 10%
20. Out Patient Surgery Hospital	CYD + 10%	CYD	CYD + 10%
Other Benefits			
21. Routine Annual Physical	\$0	\$0	\$0
22. Durable Medical Care	CYD + 10%	CYD	CYD + 10%
23. Colonoscopy/Scopic (routine/diagnog.)	\$0 / CYD + 10%	\$0 / CYD	\$0 / CYD + 10%
24. Physical, Speech, Occupational Therp.	CYD + 10%	CYD then \$55	CYD + 10%
Mental Health & Substance Abuse			
25. In Patient Services	CYD + 10%	CYD then \$250	CYD + 10%
26. Out Patient Services	CYD + 10%	CYD then \$55	CYD + 10%
Pharmacy	No Deductible Preventive Meds**	\$3 or \$10 Generic*	No Deductible Preventive Meds**
27. Retail (Class I, II, III, IV)	CYD then: \$10/\$45/\$70	Brand Name: CYD then: \$45/\$70/20% Brand	CYD then: \$10/\$45/\$70
28. Mail Order 90 Day Supply	CYD + 2.5 X's Copay	CYD then 2 x's retail	CYD + 2.5 X's Copay
Enrollment	Weekly Rates (52)	Weekly Rates (52)	Weekly Rates (52)
Employee Only (EE)	\$19.00	\$43.00	\$41.00
Employee Spouse (ES)	\$121.00	\$191.00	\$186.00
Employee Child (EC)	\$90.00	\$145.00	\$141.00
Family (EF)	\$125.00	\$217.00	\$210.00

* Generic medications covered at copays, no deductible Under Choice POS II

** Deductible waived for Preventive Medications