

## Employees who do not reside in CA, DC, GA, NJ or NY - Medical Plan Comparison 2025

	Aetna PPO <sup>1</sup>		Aetna HDHP with HSA <sup>1</sup>	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Plan Features</b>				
Employer HSA Contribution	N/A	N/A	Employee: \$700; Employee Plus One/Family \$1,400	
Member Coinsurance	20%	40%	10%	40%
Deductibles (per calendar year)	\$1,000 per person \$2,000 per employee plus one/family	\$3,000 per person \$6,000 per employee plus one/family	\$1,750 per person \$3,500 per employee plus one/family	\$4,500 per person \$9,000 per employee plus one/family
Out-of-Pocket Maximum – Medical and Prescription combined	\$8,700 per person \$17,400 per employee plus one/family	\$9,500 per person \$19,000 per employee plus one/family	\$4,500 per person \$9,000 per employee plus one/family	\$8,250 per person \$16,500 per employee plus one/family
Physician Services Office Visit	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Emergency Room	20% after deductible (no coverage for non-emergency use of the emergency room)	Same as in-network	10% after deductible	10% after deductible
Dependent Age Limit	To age 26 (end of month)	To age 26 (end of month)	To age 26 (end of month)	To age 26 (end of month)
<b>Physician Office Visits</b>				
Preventive Care	Covered at 100% (no deductible)	40% after deductible	Covered 100% (no deductible)	40% after deductible
Diagnostic Lab & X-Ray at Physician Office	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Well Child Care/Immunizations—Age 19 and under	Covered at 100% (no deductible) (exam limits)	40% after deductible (exam limits)	Covered 100% (no deductible) (exam limits)	40% after deductible (exam limits)

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<b>Physician Office Visits</b> <i>(continued)</i>				
Well Woman Care (includes routine mammograms)	Covered at 100% (no deductible)	40% after deductible	Covered 100% (no deductible)	40% after deductible
Routine Physical Examinations (1 in 12 months)	Covered at 100% (no deductible)	40% after deductible	Covered 100% (no deductible)	40% after deductible
<b>Outpatient Services</b>				
Outpatient Hospital Expenses (including surgery)	20% after deductible	40% after deductible	10% after deductible	40% after deductible
<b>Outpatient Rehabilitation (In-office)</b>				
Physical/Speech/Occupational Therapy <sup>2</sup>	20% after deductible (60 visits calendar year limit)	40% after deductible	10% after deductible (60 visits calendar year limit)	40% after deductible (60 visits calendar year limit)
<b>Hospital Care</b>				
Room and Board/Diagnostic Laboratory and X-Ray/Misc. charges	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Hospital Per Admission	\$250 copay/day for the first 5 days, thereafter covered at 100%; after deductible.	\$500 copay/day for the first 5 days, thereafter 40%; after deductible	10% after deductible	40% after deductible
Surgeon/ Physicians	20% after deductible	40% after deductible	10% after deductible	40% after deductible
<b>Maternity Care</b>				
Prenatal Maternity	Covered 100% (no deductible)	40% after deductible	Covered 100% (no deductible)	40% after deductible
<b>Durable Medical Equipment</b>				
Durable Medical Equipment	20% after deductible	40% after deductible	10% after deductible	40% after deductible

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Mental Health				
Inpatient	\$250 copay/day for the first 5 days, thereafter covered at 100%; after deductible.	\$500 copay/day for the first 5 days, thereafter 40%; after deductible	10% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Alcohol/Substance Abuse				
Inpatient/Residential	\$250 copay/day for the first 5 days, thereafter covered at 100%; after deductible.	\$500 copay/day for the first 5 days, thereafter 40%; after deductible	10% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Prescription Drug Services <sup>3</sup> – Administered by OptumRx <sup>4</sup>				
Retail – Up to 30 Days				
Generic	10% (\$7.50 minimum/ \$30 maximum copay)	Not covered	10% (\$7.50 minimum/ \$30 maximum copay)	Not covered
Brand (preferred)	20% (\$20 minimum/ \$100 maximum copay)		20% (\$20 minimum/ \$100 maximum copay)	
Brand (non-preferred)	30% (\$40 minimum/ \$200 maximum copay)		30% (\$40 minimum/ \$200 maximum copay)	
Specialty (non-preferred) <sup>5</sup>	30% (\$80 minimum/ \$400 maximum copay)		30% (\$80 minimum/ \$400 maximum copay)	
Mail Order and Retail <sup>6</sup> – Up to 90 Days				
Generic	10% (\$15 minimum/ \$60 maximum copay)	Not covered	10% (\$15 minimum/ \$60 maximum copay)	Not covered
Brand (preferred)	20% (\$40 minimum/ \$200 maximum copay)		20% (\$40 minimum/ \$200 maximum copay)	
Brand (non-preferred)	30% (\$80 minimum/ \$400 maximum copay)		30% (\$80 minimum/ \$400 maximum copay)	

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<b>Vision Care</b>				
Examinations	Covered at 100% (no deductible) one visit every 24 months	40% after deductible; one visit every 24 months	100%, no deductible; one visit every 24 months	40% after deductible, one visit every 24 months
Frames/Lenses	Not covered	Not covered	Not covered	Not covered

This comparison contains highlights of your health care plan option(s). If there is a discrepancy between the wording in this comparison and your insurance certificate or plan description, the insurance certificate or plan description will govern.

<sup>1</sup>For non-preventive drugs, you pay the full price of the drug until you meet the deductible, at which point you pay the applicable copay or coinsurance.

<sup>2</sup>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.

<sup>3</sup>If a brand drug is purchased when a generic is available, you pay the copayment plus the difference in cost between the brand and generic medication. The Deductible applies before the above copay schedule (except for preventive medication).

<sup>4</sup>Administered by OptumRx for the Aetna HDHP and Aetna PPO plans.

<sup>5</sup>Specialty prescriptions are available through Optum Specialty only (not at retail).

<sup>6</sup>90-day prescriptions available from Walgreens-owned retail pharmacies (including Duane Reade).