

# Health Benefits

## PLAN COMPARISONS AT A GLANCE

Benefit	Aetna CDHP	Aetna HMO	Aetna PPO	Carefirst HMO	Carefirst PPO	Kaiser Permanente	UHC HMO	UHC PPO
<b>In-Network Calendar-Year Deductible</b>								
Employee Only	\$1,600	None	\$750	None	\$750	None	None	\$750
Family	\$3,200	None	\$1,500	None	\$1,500	None	None	\$1,500
<b>Out-of-Pocket Maximum</b> (per calendar year) *Please Note: Some benefits do not apply toward the out-of-pocket maximum.								
Employee Only	\$3,425	\$3,500	\$1,500	\$3,500	\$1,500	\$3,500	\$3,500	\$1,500
Family	\$6,850	\$9,400	\$3,000	\$9,400	\$3,000	\$9,400	\$9,400	\$3,000
<b>Inpatient Services</b>								
Inpatient Hospital	85% after deductible	\$100 copay per admission	85% after deductible	\$100 copay per admission	85% after deductible	\$100 copay per admission	\$100 copay	85% after deductible
Hospice Care	85% after deductible	100% (no visit limit)	85% after deductible	100% (180 day limit per year)	85% after deductible (180 day limit per year)	100% (no visit limit)	100% (no visit limit)	85% after deductible
Skilled Nursing Facility	85% after deductible (60 day limit per year)	\$100 copay	85% after deductible (60 day limit per year)	\$100 copay per admission	85% after deductible (60 day limit per year)	\$100 copay per admission	\$100 copay (60 day limit per year)	85% after deductible (60 day limit per year)
<b>Outpatient Services</b>								
PCP Office Visits	85% after deductible	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$10 copay	\$15 copay
Specialist Office Visits	85% after deductible	\$20 copay	\$15 copay	\$20 copay	\$15 copay	\$20 copay	\$20 copay	\$15 copay
Virtual/Video Visits	85% after deductible	\$10 copay for PCP; \$20 copay for Specialist	\$15 copay	\$10 copay for PCP; \$20 copay for Specialist	\$15 copay	No charge	No charge	No charge



# Health Benefits

Benefit	Aetna CDHP	Aetna HMO	Aetna PPO	Carefirst HMO	Carefirst PPO	Kaiser Permanente	UHC HMO	UHC PPO
<i>Outpatient Services, cont.</i>								
X-rays, Lab Tests	85% after deductible	100%	Covered 100% if part of an office visit; 85% after deductible otherwise	100%	85% after deductible	100%	100%	85% after deductible
Routine Exams	100%	100%	100%	100%	100%	100%	100%	100%
Routine Immunization	100%	100%	100%	100%	100%	100%	100%	100%
Preventive Care	100%	100%	100%	100%	100%	100%	100%	100%
Outpatient Surgery (plan facility)	85% after deductible	\$50 copay	85% after deductible	\$50 copay	85% after deductible	\$50 copay	\$50 copay	85% after deductible
Short-Term Rehab (physical, occupational or speech therapy)	85% after deductible (60 visit limit per year)	\$10 copay	85% after deductible	\$10 copay	85% after deductible	\$20 copay	\$10 copay (60 visit limit per year)	85% after deductible
Chiropractic Care	85% after deductible (20 visit limit per year)	\$10 copay; (20 visit limit per year)	85% after deductible (no visit limit)	\$10 copay	85% after deductible	\$20 copay (20 visit limit per year)	\$10 copay (60 visit limit per year)	85% after deductible
Acupuncture	85% after deductible (10 visit limit per year)	\$10 copay; (10 visit limit per year)	\$15 copay (10 visit limit per year)	Not Covered (except when approved or authorized by Plan for Anesthesia)	85% after deductible (when approved or authorized by Plan for Anesthesia)	\$20 copay (20 visit limit per year)	\$20 copay (12 visit limit per year)	\$15 copay (10 visit limit per year)
Home Health Care	85% after deductible (60 visit limit per year)	100%	85% after deductible (90 visit limit per year)	100%	85% after deductible	100%	100% (60 visit limit per year)	85% after deductible (90 visit limit per year)



# Health Benefits

Benefit	Aetna CDHP	Aetna HMO	Aetna PPO	Carefirst HMO	Carefirst PPO	Kaiser Permanente	UHC HMO	UHC PPO
<i>Emergency Services</i>								
Emergency Room Services & Supplies	85% after deductible	\$100 copay, waived if admitted	\$100 copay, waived if admitted	100% (\$100 copay waived if admitted)	100% (\$100 copay waived if admitted)	\$50 copay	\$100 copay per admission (deductible does not apply)	\$100 copay per admission (deductible does not apply)
Ambulance	85% after deductible	100%	100%; deductible waived	100%	100%	100%	100%	85% after deductible
<i>Maternity Care</i>								
Office Visits (mother)	100%	100%	100%	100%	100%	\$0 copay for prenatal and 1st postnatal visit (including x-ray, lab and imaging ordered in connection with pregnancy are considered preventive care)	100% (after initial diagnosis of pregnancy)	100% (after initial diagnosis of pregnancy)
Hospital (mother)	85% after deductible	\$100 copay	85% after deductible	\$100 copay per admission	85% after deductible	\$100 copay	\$100 copay	85% after deductible
Office Visits (infant)	Routine 100% deductible waived	Routine covered at 100%	Routine 100% deductible waived	100%	85% after deductible	\$10 Copay (waived for children under age 5)	100%	100%
<i>Medical Equipment</i>								
Durable Medical Equipment	85% after deductible	50%	85% after deductible	50% of allowed	85% after deductible	50%	50% (deductible does not apply)	85% after deductible





# Health Benefits

Benefit	Aetna CDHP	Aetna HMO	Aetna PPO	Carefirst HMO	Carefirst PPO	Kaiser Permanente	UHC HMO	UHC PPO
<i>Mental Health</i>								
Inpatient Care	85% after deductible	\$100 copay	85% after deductible	\$100 copay per admission	85% after deductible	\$100 copay per admission	\$100 copay per admission (deductible does not apply)	85% after deductible
Outpatient Care	85% after deductible	\$5 copay	\$5 copay	No Charge	No Charge	Individual: \$10 per visit; Group: \$5 per visit	\$10 copay per admission (deductible does not apply)	\$15 copay per admission (deductible does not apply)
<i>Substance Abuse</i>								
Inpatient Care	85% after deductible	\$100 copay	85% after deductible	\$100 copay per admission	85% after deductible	\$100 copay per admission	\$100 copay per admission (deductible does not apply)	85% after deductible
Outpatient Care	85% after deductible	\$5 copay	\$5 copay	No Charge	No Charge	Individual: \$10 per visit; Group: \$5 per visit	\$10 copay per admission (deductible does not apply)	\$15 copay per admission (deductible does not apply)
<i>Prescription Drugs</i>								
Generic	Retail: \$10 copay (after deductible); Mail Order: \$20 copay (after deductible)	\$20 copay (Retail & Mail Order)	\$20 copay (Retail & Mail Order)	\$20 copay	\$20 copay	Kaiser \$10 copay; Participating Pharmacies \$20 copay	Retail: \$20 copay; Mail Order: \$16 copay	Retail: \$20 copay; Mail Order: \$20 copay
Preferred Brand	Retail: \$30 copay (after deductible); Mail Order: \$60 copay (after deductible)	\$40 copay (Retail & Mail Order)	\$40 copay (Retail & Mail Order)	\$40 copay	\$40 copay	Kaiser \$20 copay; Participating Pharmacies \$40 copay	Retail: \$40 copay; Mail Order: \$36 copay	Retail: \$40 copay; Mail Order: \$40 copay
Non-Preferred Brand	Retail: \$60 copay (after deductible); Mail Order: \$120 copay (after deductible)	\$55 copay (Retail & Mail Order)	\$55 copay (Retail & Mail Order)	\$55 copay	\$55 copay	Kaiser \$35 copay; Participating Pharmacies \$55 copay	Retail: \$55 copay; Mail Order: \$66 copay	Retail: \$55 copay; Mail Order: \$55 copay



# Health Benefits

Benefit	Aetna CDHP	Aetna HMO	Aetna PPO	Carefirst HMO	Carefirst PPO	Kaiser Permanente	UHC HMO	UHC PPO
<b>Infertility Treatment</b>	<p>Diagnosis &amp; treatment of underlying medical condition covered same as any other expense.</p> <p>Artificial insemination, ovulation induction and Advanced Reproductive Technology are excluded</p>	<p>Diagnosis and treatment of the underlying medical condition covered same as any other expense.</p> <p>50% no deductible, no copay.</p> <p>3 cycles maximum per live birth and \$100,000 maximum per lifetime for invitro fertilization</p>	<p>Diagnosis and treatment of the underlying medical condition covered same as any other expense.</p> <p>50% after deductible, no copay for artificial insemination and ovulation induction limited to 6 separate attempts per lifetime.</p> <p>Advanced Reproductive Technology limited to 3 attempts per lifetime</p>	50% for AI & infertility	50% for AI and Infertility	<p>Infertility Diagnosis &amp; Testing: 50% coins</p> <p>Infertility Assistive Reproductive Technology Infertility Diagnosis &amp; Testing: 50% coins</p> <p>Infertility Assistive Reproductive Technology: 50% coins \$100,000 ben max/life, 3 procedures/life</p>	<p>Limited to \$30,000 per Covered Person per lifetime.</p> <p>50% co-insurance</p> <p>Prior Authorization is required.</p>	<p>Limited to \$100,000 per Covered Person per lifetime</p> <p>This limit only applies to IVF Treatment and related services. IVF is further limited to 3 courses of treatment per live birth.</p> <p>Artificial insemination &amp; ovulation induction are limited to 6 courses of treatment per live birth.</p> <p>50% co-insurance</p>
<b>Applied Behavior Analysis (ABA Services)</b>	Covered 85% after deductible	Covered 100%; no deductible or copay	Covered 100%; no deductible or copay	\$50 copay	85% after deductible	\$10 copay	\$10 copay for Outpatient visit	<p>15% for Inpatient; \$15 Copay for Outpatient; 15% for partial Hospital</p>