



Health Benefits

PLAN COMPARISONS AT A GLANCE

Benefit	Aetna CDHP	Aetna HMO	Aetna PPO	Carefirst HMO	Carefirst PPO	Kaiser Permanente	UnitedHealthcare
In-Network Calendar-Year Deductible							
Employee Only	\$1,400	None	\$750	None	\$750	None	None
Family	\$2,800	None	\$1,500	None	\$1,500	None	None
Out-of-Pocket Maximum (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
Family	\$6,850	\$9,400	\$3,000	\$9,400	\$3,000	\$9,400	\$9,400
Inpatient Services							
Inpatient Hospital	85% after deductible	\$100 copay	85% after deductible	\$100 copay per admission	85% after deductible	\$100 copay	\$100 copay
Hospice Care	85% after deductible	100%	85% after deductible	\$100 copay per admission	85% after deductible	100%	100% (no visit limit)
Skilled Nursing Facility	85% after deductible; limited to 60 days per year	\$100 copay	85% after deductible; limited to 60 days per year	\$100 copay per admission	85% after deductible	\$100 copay	\$100 copay (60 days per year)
Outpatient Services							
PCP Office Visits	85% after deductible	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$10 copay
Specialist Office Visits	85% after deductible	\$20 copay	\$15 copay	\$20 copay	\$15 copay	\$20 copay	\$20 copay
Virtual/Video Visits	85% after deductible	\$10 copay for PCP; \$20 copay for Specialist	\$15 copay	\$10/20 copay	\$15 copay	No charge	\$10 copay



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<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%
Routine Exams	100%; deductible waived	100%	100%; deductible waived	100%	100%	\$10 copay	100%
Routine Immunization	100%; deductible waived	100%	100%; deductible waived	100%	100%	100%	100%
Preventive Care	100%; deductible waived	100%	100%; deductible waived	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
Short-Term Rehab (physical, occupational or speech therapy)	85% after deductible; limited to 60 visits per year	\$10 copay	85% after deductible	\$10 copay	85% after deductible	\$20 copay	\$10 copay (60 visits per year)
Chiropractic Care	85% after deductible; limited to 20 visits per year	\$10 copay; limited to 20 visits per year	85% after deductible	\$10 copay	85% after deductible	\$20 copay; limited to 20 visits per year	\$10 copay (60 visits per year)
Acupuncture	85% after deductible; limited to 10 visits per year	\$10 copay; limited to 10 visits per year	\$15 copay; limited to 10 visits per year	Not Covered (except when approved or authorized by Plan for Anesthesia)	Not Covered (except when approved or authorized by Plan for Anesthesia)	\$20 copay; limited to 20 visits per year	\$20 copay (12 visits per year)
Home Health Care	85% after deductible; limited to 60 visits per year	100%	85% after deductible; limited to 90 visits per year	100%	85% after deductible	100%	100% (60 visits per year)



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Emergency Services							
Emergency Room Services & Supplies	85% after deductible	\$100 copay	\$100 copay	100% (\$100 copay waived if admitted)	100% (\$100 copay waived if admitted)	\$50 copay	\$100 copay; waived if admitted
Ambulance	85% after deductible	100%	100%; deductible waived	100%	100%	\$0	100%
Maternity Care							
Office Visits (mother)	100%	\$20 copay	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)
Hospital (mother)	85% after deductible	\$100 copay	85% after deductible	\$100 copay per admission	85% after deductible	\$100 copay	\$100 copay
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%
Medical Equipment							
Durable Medical Equipment	85% after deductible	50%	85% after deductible	50% of allowed	85% after deductible	50% coinsurance	50% coinsurance



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Mental Health							
Inpatient Care	85% after deductible	\$100 copay	85% after deductible	\$100 copay per admission	85% after deductible	\$100 copay	\$100 copay per admission
Outpatient Care	85% after deductible	\$15 copay	\$5 copay	\$10 copay per visit	100%	Individual: \$10 per visit; Group: \$5 per visit	\$10 copay per visit
Substance Abuse							
Inpatient Care	85% after deductible	\$100 copay	85% after deductible	\$100 copay per admission	85% after deductible	\$100 copay	\$100 copay per admission
Outpatient Care	85% after deductible	\$15 copay	\$5 copay	\$10 copay	100%	Individual: \$10 per visit; Group: \$5 per visit	\$10 copay per visit
Prescription Drugs							
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
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
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