Health Plan Comparison Chart: Faculty and Administrators

Aetna Meritain Plan	**Preferred Provider Organization (PPO)**	**Exclusive Provider Organization (EPO)**	**High Deductible Health Plan (HDHP)**
Features	Network plus freedom of choice	Network only	
Primary Care Provider Required	NO		
Dependent Children Covered Until…	December 31 of the year the child turns 26 (whether or not s/he is a student)		
Deductible (Individual/Family)	In Network: $0 for medical services; $200 for brand RX Out of Network: $500/$1,250 for medical services; $200 for brand RX	$200 for retail brand RX only	$2,500 / $5,000
Coinsurance: the % you pay after deductible	In Network: None Out of Network: 20%	Not Applicable	
Maximum Out of Pocket (Individual/Family)	In Network: $5,080 / $12,700 (All In-Network copays) Out of Network (Deductible plus coinsurance): $1,500/$3,750	$5,080 / $12,700 (All In – Network copays)	$2,500 / $5,000
Emergency Room	$75-waived if admitted inpatient within 24 hrs		100% after deductible
Home/Office Visit	In Network: $20 copay Out of Network: Deductible & Coinsurance	$25 copay	100% after deductible
Lab & Testing	In Network: $0 Out of Network: Deductible & Coinsurance	$0 copay	100% after deductible
Annual Physical	In Network: $0 copay. Out of Network: Not Covered	$0 copay	$0 copay.
Well-Woman Care (Annual gyn/pap, mammogram and bone density at certain age thresholds)	In Network: $0 Out of Network: Deductible & Coinsurance	$0 copay	$0 copay
Well Child Care (To age 19, including necessary immunizations)	In Network: $0 copay Out of Network: Deductible & Coinsurance	$0 copay	$0 copay
Inpatient Hospitalization	In Network: $250 copay. Out of Network: Deductible & Coinsurance	$250 copay	100% after deductible
Vision Service Plan: Exam …… *Glasses / Contact Lenses*	In Network: $10 copay; one visit every 2 years. Out of network: $40 allowance …….. In Network: $130 allowance then 15% off balance of cost. Out of Network: $25 - $55 allowance		
Prescriptions: Optum RX	$10 copay for Generic $25 / $50 for Brand after $200 deductible	$10 copay for Generic $35 / $70 for Brand after $200 deductible	100% after deductible
Mail-Order Prescriptions	$20 copay for 3- month supply of generic RX $50 / $100 for 3-month supply of brand-name RX; no deductible	$20 copay for 3- month supply of generic RX	100% after deductible
Mental Health Care / Alcohol or Substance Abuse Treatment: Hospital *And Inpatient Physician* …… *Outpatient Physician*	In-network: $250 copay. Out-of-network: Deductible & Coinsurance (Inpatient Alcohol/Substance rehabilitation limited to 30 days/year) ..... In-network: $20 copay/visit Out of network: Deductible & Coinsurance (no Out of pocket cap)	$250 copay …..... ..... $25 copay/visit	100% after deductible
Physical Therapy	$20 per visit up to 90 visits per year (Covered In-network only)	$25 per visit up to 60 visits per year	100% after deductible
Chiropractor	In Network: $20 copay Out of Network: Deductible & Coinsurance	$25 copay	100% after deductible