

Aetna - FY2017 Benefit Plan Comparison Chart

	CDH Gold Plan		HMO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
HRA Fund	\$1,250 per individual \$2,500 per family	\$1,250 per individual \$2,500 per family	None	Not Covered
Deductible	\$1,500 per individual \$3,000 per family	\$1,500 per individual \$3,000 per family	None	Not Covered
Preventive Medical Services				
Preventive Medical Services*	100% covered	70% after deductible	100% covered	Not Covered
Treatment of Illness or Injury				
Physician Office Visit	90% after deductible	70% after deductible	\$15 copay per visit	Not Covered
Specialist Office Visit	90% after deductible	70% after deductible	\$25 copay per visit	Not Covered
Emergency Services				
Urgent Care	90% after deductible	70% after deductible	\$15 copay per visit	Not Covered
Emergency Room	90% after deductible	90% after deductible	\$150 copay per visit (waived if admitted)	Not Covered
Imaging and Lab Services				
X-Ray	90% after deductible	70% after deductible	\$20 copay per visit	Not Covered
High Tech Radiology (CT/PET scans, MRI, MRA)	90% after deductible	70% after deductible	Hospital affiliated - \$35 copay per visit Freestanding (non- Hospital) Facility – 100% covered	Not Covered
Lab Work	90% after deductible	70% after deductible	\$10 copay per visit	Not Covered

**Routine physical exams, immunizations and screenings (age and frequency schedules apply)*