

2021 Medical Coverage



Details at a Glance (2021 Benefit Plan Changes Highlighted in Teal Below)

In-Network Benefit Overview	Choice POS II – Middle (w/ HRA)	Choice POS II- Low
Network	Aetna Open Choice® POS II	Aetna Open Choice® POS II
Benefit Period	Plan Year	Plan Year
PCP Designation/Referrals Required	No	No
Annual Deductible (Individual/Family)	\$3,000/\$6,000	\$5,000/\$10,000
HRA (Individual/Family) <i>Refer to Page #3 for how the HRA works</i>	\$1,000/\$2,000	No
Plan Pays (deductible/copays may apply)	80%	100%
Out-of-Pocket Max (Individual/Family)	\$7,150/\$14,300	\$7,900/\$15,800
Deductible/OOP Application	Embedded	Embedded
Lifetime Maximum	Unlimited	Unlimited
In-Network Covered Services	In-Network Benefits	In-Network Benefits
Preventive Services	100%	100%
Primary Care Physician (PCP)	\$30 copay; no deductible	\$35 copay; no deductible
Specialist	\$40 copay; no deductible	\$50 copay; no deductible
Teladoc – Telephonic / Virtual Office Visit	100%	100%
Physical/Occupational Therapy (20/12 visits per year)	\$40 copay; no deductible	\$50 copay; no deductible
Retail Clinics – CVS MinuteClinic/Health Hub	\$30 copay; no deductible	100%
– Other Retail Clinic	\$30 copay; no deductible	\$35 copay; no deductible
Chiropractic (20 visits/year)	\$40 copay; no deductible	\$50 copay; no deductible
Outpatient Lab/Pathology	80% after deductible	\$75 copay; no deductible
Diagnostic Radiology (X-ray)	80% after deductible	\$150 copay; no deductible
MRI/MRA, CT Scans/PET	80% after deductible	\$215 copay; no deductible
Hospital Inpatient	80% after deductible	100% after deductible
Outpatient Surgery	80% after deductible	100% after deductible
Emergency Room (NOT Waived if Admitted)	\$225 copay; no deductible	\$350 copay; no deductible
Urgent Care Center	\$50 copay; no deductible	\$75 copay; no deductible
Durable Medical Equipment	80% after deductible	100% after deductible
Outpatient Behavioral Health	\$30 copay; no deductible	\$35 copay; no deductible
Inpatient Behavioral Health	80% after deductible	100% after deductible
Retail Rx (Up to a 30-day supply)	In-Network Benefits	In-Network Benefits
Rx Annual Deductible (Individual/Family)	\$100/\$200	\$100/\$200
Generic Drugs	\$10 copay after deductible	\$10 copay after deductible
Preferred Drugs	\$30 copay after deductible	\$30 copay after deductible
Non-Preferred Drugs	\$60 copay after deductible	\$60 copay after deductible
Mail-Order Rx (Up to a 90-day supply) **	2x retail copay after deductible	2x retail copay after deductible
Specialty Drugs - Preferred / Non-Preferred Brand	\$150 / \$300 copay after deductible	\$150 / \$300 copay after deductible
Out-of-Network Benefits	Out-of-Network Benefits	Out-of-Network Benefits
Annual Deductible (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000
Plan Pays (after deductible)	50%	50%
Out-of-Pocket Max (Individual/Family)	\$10,000/\$20,000	\$10,000/\$20,000
Lifetime Maximum	Unlimited	Unlimited

** After two retail fills, members are required to fill a 90-day supply of maintenance drugs at Aetna RX Home Delivery or CVS Pharmacy. You must notify Aetna of whether you will continue to fill at a network retail pharmacy by calling member services. Otherwise, you will be responsible for 100% of the cost-share.