

# MEDICAL INSURANCE—PPO \$1500 PLAN OPTIONS AND COSTS

Aetna	\$1500 PPO Open Choice Network		\$1500 PPO KC Care Network Plus	
	Employee Cost Per Month		Employee Cost Per Month	
	With Incentive	Without Incentive	With Incentive	Without Incentive
Employee	\$254.68	\$304.68	\$117.72	\$167.72
Employee + Spouse	\$855.00	\$905.00	\$573.24	\$623.24
Employee + Child(ren)	\$732.62	\$782.62	\$477.16	\$527.16
Employee & Family	\$1,399.00	\$1,449.00	\$998.70	\$1,048.70
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> * Individual Family	\$1,500 \$3,000	\$1,500 \$3,000	\$1,500 \$3,000	\$3,000 \$6,000
<b>Coinsurance</b> (Member Pays)	10%	30%	10%	40%
<b>Out-of-Pocket Maximum</b> Individual Family (includes deductible, coinsurance & copays)	\$4,500 \$9,000	\$9,000 \$18,000	\$4,500 \$9,000	\$22,500 \$45,000
<b>Office Visit</b> Primary Care Physician / Specialist	\$40 / \$40 copay	30% after deductible	\$40 / \$40 copay	40% after deductible
<b>Preventive Care</b>	Covered at 100%	30% after deductible	Covered at 100%	40% after deductible
<b>Diagnostics</b> Lab X-ray & Major Diagnostics (MRI, CT, PET...)	Covered at 100% 10% after deductible	30% after deductible	Covered at 100% 10% after deductible	40% after deductible
<b>Urgent Care</b>	\$40 copay/visit	30% after deductible	\$40 copay/visit	40% after deductible
<b>Emergency Room</b> <i>Out-of-network benefits subject to the plan's allowable charge</i>	\$150 copay/visit then 10% after deductible	\$150 copay/visit then 10% after deductible	\$150 copay/visit then 10% after deductible	\$150 copay/visit then 10% after deductible
<b>Outpatient Surgery</b> <i>Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider</i>	10% after deductible until out-of-pocket maximums are met, then 100%	30% after deductible until out-of-pocket maximums are met, then 100%	10% after deductible until out-of-pocket maximums are met, then 100%	40% after deductible until out-of-pocket maximums are met, then 100%
<b>Inpatient Hospital Services</b> <i>Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider</i>	10% after deductible until out-of-pocket maximums are met, then 100%	30% after deductible until out-of-pocket maximums are met, then 100%	10% after deductible until out-of-pocket maximums are met, then 100%	40% after deductible until out-of-pocket maximums are met, then 100%
<b>Prescription Drug **</b> Retail (1 month supply)	\$10/\$30/\$50	\$10/\$30/\$50 then 50%	\$10/\$30/\$50	\$10/\$30/\$50 then 50%
Mail Order (3 month supply)	\$20/\$60/\$100	\$20/\$60/\$100 then 50%	\$20/\$60/\$100	\$20/\$60/\$100 then 50%

Both plans are detailed in Aetna 2026 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

\* No one person pays more than the individual deductible amount, and no family pays more than the family deductible.

\*\* If you take a specialty drug, it MUST be purchased through the CVS Specialty Pharmacy to be covered by your insurance.

With the PPO \$1500 plan, members can utilize the CVS Minute Clinics free of charge.

# MEDICAL INSURANCE—HDHP \$4000 PLAN OPTIONS AND COSTS

Aetna	\$4000 HDHP Open Choice Network		\$4000 HDHP KC Care Network Plus	
	Employee Cost Per Month		Employee Cost Per Month	
	With Incentive	Without Incentive	With Incentive	Without Incentive
Employee	\$96.32	\$146.32	\$0.00	\$26.30
Employee + Spouse	\$602.06	\$652.06	\$347.38	\$397.38
Employee + Child(ren)	\$503.26	\$553.26	\$272.36	\$322.36
Employee & Family	\$1,039.66	\$1,089.66	\$677.92	\$727.92
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> * Individual Family	\$4,000 \$8,000	\$4,000 \$8,000	\$4,000 \$8,000	\$4,000 \$8,000
<b>Coinsurance</b> (Member Pays)	0%	20%	0%	30%
<b>Out-of-Pocket Maximum</b> Individual Family (includes deductible, coinsurance & copays)	\$4,000 \$8,000	\$8,000 \$16,000	\$4,000 \$8,000	\$17,500 \$35,000
<b>Office Visit</b> Primary Care Physician / Specialist	Subject to deductible	20% after deductible	Subject to deductible	30% after deductible
<b>Preventive Care</b>	Covered at 100%	20% after deductible	Covered at 100%	30% after deductible
<b>Diagnostics</b> Lab X-ray & Major Diagnostics (MRI, CT, PET...)	Subject to deductible	20% after deductible	Subject to deductible	30% after deductible
<b>Urgent Care</b>	Subject to deductible	20% after deductible	Subject to deductible	30% after deductible
<b>Emergency Room</b> <i>Out-of-network benefits subject to the plan's allowable charge</i>	Subject to deductible	Subject to In-Network deductible	Subject to deductible	Subject to In-Network deductible
<b>Outpatient Surgery</b> <i>Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/ In-Area Provider</i>	Subject to deductible	20% after deductible	Subject to deductible	30% after deductible
<b>Inpatient Hospital Services</b> <i>Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/ In-Area Provider</i>	Subject to deductible	20% after deductible	Subject to deductible	30% after deductible
<b>Prescription Drug **</b>  Retail (1 month supply)  Mail Order (3 month supply)	Subject to deductible	Ded then \$10/\$30/\$50 then 30%  Ded then \$10/\$30/\$50 then 30%	Subject to deductible	Ded then \$10/\$30/\$50 then 30%  Ded then \$10/\$30/\$50 then 30%

Both plans are detailed in Aetna 2026 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

\* No one person pays more than the individual deductible amount, and no family pays more than the family deductible.

\*\* If you take a specialty drug, it MUST be purchased through the CVS Specialty Pharmacy to be covered by your insurance.

**With the HDHP \$4000 plan, members can utilize the CVS Minute Clinics at a low cost.**