

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	\$248.10	\$298.10	\$111.14	\$161.14
Employee + Spouse	\$843.42	\$893.42	\$561.66	\$611.66
Employee + Child(ren)	\$721.04	\$771.04	\$465.58	\$515.58
Employee & Family	\$1,382.42	\$1,432.42	\$982.12	\$1,032.12
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible * Individual Family	\$1,500 \$3,000	\$1,500 \$3,000	\$1,500 \$3,000	\$3,000 \$6,000
Coinsurance (Member Pays)	10%	30%	10%	40%
Out-of-Pocket Maximum Individual Family (includes deductible, coinsurance & copays)	\$4,500 \$9,000	\$9,000 \$18,000	\$4,500 \$9,000	\$22,500 \$45,000
Office Visit Primary Care Physician/Specialist	\$40 / \$40 copay	30% after deductible	\$40 / \$40 copay	40% after deductible
Preventive Care	Covered at 100%	30% after deductible	Covered at 100%	40% after deductible
Diagnostics 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
Urgent Care	\$40 copay/visit	30% after deductible	\$40 copay/visit	40% after deductible
Emergency Room <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
Outpatient Surgery <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%
Inpatient Hospital Services <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%
Prescription Drug ** Retail (1 month supply) Mail Order (3-month supply)	 \$10/\$30/\$50 \$20/\$60/\$100	 \$10/\$30/\$50 then 50% \$20/\$60/\$100 then 50%	 \$10/\$30/\$50 \$20/\$60/\$100	 \$10/\$30/\$50 then 50% \$20/\$60/\$100 then 50%

Both plans are detailed in Aetna 2027 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	\$89.74	\$139.74	\$0.00	\$19.72
Employee + Spouse	\$590.48	\$640.48	\$335.80	\$385.80
Employee + Child(ren)	\$491.68	\$541.68	\$260.78	\$310.78
Employee & Family	\$1,023.08	\$1,073.08	\$661.34	\$711.34
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible * Individual Family	\$4,000 \$8,000	\$4,000 \$8,000	\$4,000 \$8,000	\$4,000 \$8,000
Coinsurance (Member Pays)	0%	20%	0%	30%
Out-of-Pocket Maximum Individual Family (includes deductible, coinsurance & copays)	\$4,000 \$8,000	\$8,000 \$16,000	\$4,000 \$8,000	\$17,500 \$35,000
Office Visit Primary Care Physician / Specialist	Subject to deductible	20% after deductible	Subject to deductible	30% after deductible
Preventive Care	Covered at 100%	20% after deductible	Covered at 100%	30% after deductible
Diagnostics Lab X-ray & Major Diagnostics (MRI, CT, PET...)	Subject to deductible	20% after deductible	Subject to deductible	30% after deductible
Urgent Care	Subject to deductible	20% after deductible	Subject to deductible	30% after deductible
Emergency Room <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
Outpatient Surgery <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
Inpatient Hospital Services <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
Prescription Drug ** 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 2027 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.