

Core Plan Comparison Chart

Aetna Premium Care Network (APNC) Plus



Service	In-Network – Tier 1 Maximum Savings	In-Network – Tier 2 Standard Savings	Out-of-Network
Deductible: individual/family	\$1,000/\$2,000	\$2,000/\$4,000	\$4,000/\$8,000
Coinsurance	20%	40%	50%
Out-of-pocket maximum: individual/family	\$3,500/\$7,000	\$6,000/\$12,000	\$10,500/\$21,000
Lifetime maximum	Unlimited	Unlimited	Unlimited
PCP selection	None required	None required	None required
Referral requirements	None	None	None
Preventive care: routine adult physical exams, well child exams, pediatric immunizations, routine gyn care exams, routine mammography, and routine laboratory/radiology	100% covered	100% covered	50% after deductible
Primary care physician office visits	\$25 copay, no deductible	\$30 copay, no deductible	50% after deductible
Specialist office visits	\$40 copay, no deductible	\$50 copay, no deductible	50% after deductible
Maternity/OB office visits (prenatal/maternity)	<ul style="list-style-type: none"> Preventive services covered Deductible/ coinsurance applies for facility and professional service 	<ul style="list-style-type: none"> Preventive services covered Deductible/ coinsurance applies for facility and professional service 	50% after deductible
Diagnostic laboratory/radiology	20% after deductible	40% after deductible	50% after deductible
Emergency Room	\$150 copay, plus deductible/ coinsurance applies	\$150 copay, plus deductible/ coinsurance applies	\$150 copay, plus deductible/ coinsurance applies
Urgent care facility	\$50 copay	\$50 copay	50% after deductible
Telemedicine medical	\$5 copay*	\$5 copay*	50% after deductible
Hearing aids	Plan pays \$3,000 per ear every 24 months	Plan pays \$3,000 per ear every 24 months	Plan pays \$3,000 per ear every 24 months
Prescription drug – retail (30-day supply)	\$10 generic \$35 brand formulary \$55 brand non-formulary 30% coinsurance for specialty drugs	\$10 generic \$35 brand formulary \$55 brand non-formulary 30% coinsurance for specialty drugs	Not applicable
Prescription drug-mail order or CVS maintenance drugs (90-day supply) **Can opt out	\$25 generic \$88 brand formulary \$138 brand non-formulary 30% coinsurance for specialty drugs	\$25 generic \$88 brand formulary \$138 brand non-formulary 30% coinsurance for specialty drugs	Not applicable

*General visit only

**All medical plan members taking specialty medications will automatically be enrolled in PrudentRx. This program is designed to lower out of pocket costs by assisting members with enrollment in drug manufacturers discount copay cards/assistance programs. Once enrolled in PrudentRx, the member's out of pocket cost will be \$0 for medications included on the PrudentRx exclusive specialty drug list. Members using PrudentRx medications will be contacted by PrudentRx to finalize program enrollment. Members who choose not to engage in the program will be subject to deductible and 30% coinsurance on the Core plan.