

Benefits At A Glance

Aetna Health Plans: APCN+ Comparison



The Aetna Premier Care Network+ (APCN) consists of two separate in-network tiers that provides you with a variety of network access, opportunities for savings, and high quality of care. If you don't use a provider who resides in the Tier 1 or Tier 2 network, you will be using a provider who is out-of-network. You will not receive any discounts or savings, and will be charged at the highest rate in copay & coinsurance fees. For additional support visit bayada.com/benefits. To locate a physician or health care provider visit bit.ly/Aetna-BAYADA

Tier 1 - Maximum Savings	Tier 2 - Standard Savings
Providers in the Tier 1 network bring the maximum savings for you. The Tier 1 network provides you with an extensive network of doctors, hospitals, and other facilities. By utilizing the Tier 1 network, you will receive higher quality care and lower copays and coinsurance.	Providers in the Tier 2 network bring the standard savings for you. The Tier 2 network provides you with a standard network of doctors, hospitals, and other facilities. By utilizing the Tier 2 network, you will receive lower discounts and savings while paying higher copays & coinsurance

Plan Feature	APCN Plus - Core		APCN Plus - High Deductible	
	Tier 1	Tier 2	Tier 1	Tier 2
In-network preventive services covered at 100%	X	X	X	X
Automatic prescription drug coverage through CVS/Aetna	X	X	X	X
One ID card for both medical care and prescriptions	X	X	X	X
Higher weekly payroll deductions and lower out-of-pocket costs for doctor's visits, prescriptions	X	X		
Lower weekly payroll deductions with higher out-of-pocket costs for doctor visits, prescriptions, and other medical services other medical services			X	X
Co-pays for Teladoc, doctor visits, and urgent care	X	X		
Out-of-pocket deductible costs for Teladoc, doctor visits, and urgent care (except for preventive services)			X	X
Co-pay, plus out-of-pocket deductibles costs, then a percentage of costs not covered by insurance for Emergency Room and hospitalizations	X	X		
Out-of-pocket deductible costs, then a percentage of costs not covered by insurance for Emergency Room and hospitalizations			X	X
Co-pay for retail and mail order generic, brand formulary, and non-brand formulary prescription drugs	X	X		
Out-of-pocket deductible costs, then a percentage of the cost not covered by insurance for retail and mail order generic, brand formulary, and non-brand formulary prescription drugs			X	X
Eligible to participate in the Health Care Flexible Spending Account	X	X		
Eligibility to enroll in the Dependent Care Flexible Spending Account	X	X	X	X
Eligible to participate in the Health Saving Account			X	X

If you need assistance determining your annual health care costs, please reach out to a Benefits Counselor at **877-291-3000** option #1.

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