

Plan Name	Aetna						Nationwide Insurance Company	
	APCN Plus - Core			APCN Plus - High Deductible			Minimum Coverage Plan	Enhanced Minimum Coverage Plan
	In-Network - Tier 1 Maximum Savings	In-Network - Tier 2 Standard Savings	Out-of-Network	In-Network - Tier 1 Maximum Savings	In-Network - Tier 2 Standard Savings	Out-of-Network	In-Network	In-Network
Deductible: Individual/Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$4,000 / \$8,000	1,750 / \$3,500	\$2,500 / \$5,000	\$5,000 / \$10,000	N/A	N/A
Coinsurance	20%	40%	50%	20%	40%	50%	N/A	N/A
Out-of-Pocket Maximum: Individual/Family	\$3,500 / \$7,000	\$6,000 / \$12,000	\$10,500 / \$21,000	\$4,500 / \$9,000	\$7,000 / \$14,000	\$15,000 / \$30,000	N/A	N/A
Lifetime Maximum	Unlimited			Unlimited			N/A	N/A
PCP Selection	Not Required			Not Required			N/A	N/A
Referral Requirements	None			None			N/A	N/A
Preventative Care: Routine Adult Physical Exams, Well Child Exams, Pediatric Immunizations, Routine GYN care exams, Routine Mammograms and Routine Laboratory/Radiology	100% covered	100% covered	50% after deductible	100% covered	100% covered	50% after deductible	100%, no deductible	100%, no deductible
Primary Care Physician Office Visits	\$25 copay; no deductible	\$30 copay; no deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible	N/A	Plan Pays \$75 per Day 6 Days per Person per Year
Specialist Office Visits	\$40 copay; no deductible	\$50 copay; no deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible	N/A	Plan Pays \$75 per Day 6 Days per Person per Year
Maternity/OB Office Visits (Prenatal/Maternity)	Preventive services covered deductible/ coinsurance applies for facility and professional services	Preventive services covered deductible/ coinsurance applies for facility and professional services	50% after deductible	Preventive services covered deductible/ coinsurance applies for facility and professional services	Preventive services covered deductible/ coinsurance applies for facility and professional services	50% after deductible	N/A	N/A
Diagnostic Laboratory/Radiology	20% after deductible	40% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible	Discount Program	Plan Pays \$75 per Testing Day 3 Days per Person per Year + Discount Program
Emergency Room	\$150 copay, plus 20% coinsurance. Tier 1 deductible / out-of-pocket maximum applies			20% coinsurance. Tier 1 deductible / out-of-pocket maximum applies			N/A	Plan Pays \$75 per Day 4 Days per Person per Year
Urgent Care Facility	\$50 copay	\$50 copay	50% after deductible	20% after deductible	40% after deductible	50% after deductible	N/A	N/A
Telemedicine Medical	Primary = \$25 copay Specialty = \$40 copay no deductible	Primary = \$30 copay Specialty = \$50 copay no deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible	100%, no charge	100%, no charge
Teladoc Health	\$5 copay when calling Teladoc Physician			0% coinsurance after deductible when calling Teladoc Physician			N/A	N/A
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	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	N/A	N/A
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	\$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	The AWP Value Rx program is designed to provide substantial savings on your prescription drug expenses. This plan will help you identify affordable generic and brand name drugs by therapeutic class. The AWP Value Rx program is a non-insurance discount program. To view drug prices or locate a pharmacy, visit t AWPValueRx.com.	
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	\$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	N/A	N/A

\*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 30% coinsurance on the Core plan and subject to deductible and 25% coinsurance on the High Deductible Health Plan.