

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions

**aetna**<sup>®</sup>

# Florida 1 – 100 **Renewal instructions**



Easy steps to renew your coverage

**For 1 – 100 eligible employees**  
**Effective for groups renewing on or after January 1, 2014**

[www.aetna.com](http://www.aetna.com)

14.02.991.1-FL C (10/13)

# **It's renewal time**

Aetna makes the renewal  
process easy

# Dear valued employer:

## Thank you

Thank you for choosing Aetna for your employee benefits. We value your business and appreciate your trust in us to protect you and your employees' assets.

This booklet is your guide for current and new plan information and outlines the renewal process. If you are pleased with your current plan(s) and would like to renew on the plan that most closely matches the in-force plan(s) — the renewal process is complete and your coverage will automatically renew before its effective date.

In order to comply with the Patient Protection and Affordable Care Act (PPACA) as well as make improvements that drive value as your health benefits carrier, we've introduced new plans to broaden your options with regard to price.

### **Aetna — Unlock the right combination**

Aetna is committed to helping employers build healthy businesses. In today's rapidly changing economy, we recognize the need for less expensive, less complex health plan choices. Aetna offers a variety of newly streamlined medical and dental benefits and insurance plans to provide more affordable options and to help simplify plan selection and administration.

Aetna continues to offer Consumer Flex Choice to groups with four or more eligible employees. It allows you to select as many plans from the portfolio as meets your group's specific needs. With Consumer Flex Choice, you control expenses while providing employees superior health benefits coverage. And your employees will have access to care from one of Florida's most solid provider networks.

In addition, Aetna offers you corporate buying power through Aetna's Resource Connection, which features discounted goods and services. While not insurance, these discounts can help you save on office supplies, HR support, payroll, technology assistance and more.

If you have questions or need additional information, please contact your broker or Aetna at **1-888-422-2128**. We understand you have a choice of carriers. Thank you for placing your confidence with Aetna.

# Contact information

## Aetna small group broker and general agents

### Broker services

Phone: **1-888-422-2128**

Fax: **1-800-793-2304**

Choose the following numbers, when prompted, to access the information you need:

1. Claims questions
2. Billing or eligibility
3. Underwriting or rating department
4. Sales support (broker liaisons, supply requests, and other questions)
5. Licensing and appointments or commissions

### Supplies

**SESalesSupport@aetna.com**

### New business quoting

ProducerWorld > SmallGroupBusiness > Quoting

E-mail: **SESG@aetna.com**

Fax: **1-800-704-1260**

### Prescreen requests

E-mail: **SEPrescreen@aetna.com**

Fax: **1-888-648-5015**

### Sold case submission

E-mail: **SENBUnderwriting@aetna.com**

Overnight Delivery

Aetna New Business Underwriting

841 Prudential Drive, F602

Jacksonville, FL 32207

### Renewal business underwriting

Aetna Small Group Renewal

841 Prudential Drive, F390

Jacksonville, FL 32207

E-mail: **SESalesSupport@aetna.com**

Fax: **1-800-793-2304**

### E. Technical assistance line

**1-800-225-3375** Monday – Friday

7 a.m. – 9 p.m. ET

Prompt 1 – Members

Prompt 2 – Provider

Prompt 3 – Product World

### Employer services

**1-888-422-2128**

#### Billing, prompt 2

For premium remittance and lockbox information, see customer bill or please contact the Employer Services toll-free number above.

#### Enrollment, prompt 2

For enrollment additions, changes, terms:

**enrollmentSGSE@aetna.com**

or mail to:

Aetna Plan Sponsor Services

P.O. Box 44129

Jacksonville, FL 32231

#### eEnrollment technical support

**1-866-910-9895**

Plan sponsors can access eEnrollment at

**[www.aetna.com/enroll](http://www.aetna.com/enroll)**.

# Member services

## For benefits questions or claims inquiries

### Medical

For Aetna HNOOnly or HNOOption plans  
**1-866-529-2517**

Aetna  
P.O. Box 14079  
Lexington, KY 40512-4079

For Aetna PPO, consumer-directed health,  
MC or Aetna indemnity plans  
**1-888-802-3862**, prompt 1

Aetna  
P.O. Box 14079  
Lexington, KY 40512-4079

### Dental

**1-877-238-6200**

**Prompt 1** (dental plan member)  
**Prompt 2** (dental care provider)

Aetna  
P.O. Box 14094  
Lexington, KY 40512-4094

### Life

**1-800-523-5065**

Aetna Life Insurance  
P.O. Box 14548  
Lexington, KY 40512-4548

### Disability

For Short Term Disability only  
**1-866-326-1380**

For Short Term Disability with FMLA  
**1-866-326-1379**

Fax  
**1-866-667-1987**

Aetna Life Insurance  
P.O. Box 14560  
Lexington, KY 40512-4650

### Pharmacy

**1-800-AETNA RX (1-800-238-6279)**

**Prompt 2** (Member or calling on behalf of a member)

Aetna Commerical APM Claims  
P.O. Box 14024  
Lexington, KY 40512-4024

### Mail-order drug

**1-866-612-3862**

### Ordering address:

Aetna Rx Home Delivery  
P.O. Box 829518  
Pembroke Pines, FL 33082-9518

To track and order Rx refills:  
**www.aetnavigators.com**

### Other programs

**Aetna Vision<sup>SM</sup> discount program**  
**1-800-793-8616**

Call for closest eye care provider

**Informed Health<sup>®</sup> Line**  
**1-800-556-1555**

24-hour nurse help line

**Aetna Behavioral Health**  
**1-800-424-5679**

**For Aetna Natural Products and Services<sup>SM</sup>, Aetna Fitness<sup>SM</sup> program, DocFind<sup>®</sup> directory, member website and other information, visit [www.aetna.com](http://www.aetna.com)**

### Visit your personal self-service member website online

The Aetna Navigator<sup>®</sup>, our secure member website, is available 24 hours a day, 7 days a week. Members may use it to perform common transactions involving Aetna medical, dental, prescription drug or flexible spending account (FSA) plans. They can send a secure e-mail to Aetna Member Services, access claims, who's covered, and general health information as well as decision-support tools. Log on to the Aetna Navigator site **www.aetna.com**.

# How to renew your Aetna health plans

The federal Affordable Care Act (“ACA”) has been changing how Americans get their health care coverage. Your renewal in 2014 represents the next big step. For employers like you, it includes important changes to your coverage.

ACA requires Aetna, along with every other carrier, to make significant changes to our health benefits plan designs. We cannot renew your existing plan in 2014. We are replacing our entire employer portfolio with new health benefit plans that comply with the 2014 ACA requirements. You will have many options available to meet your health benefits needs.

## **To renew to the plan that most closely matches your current plan(s):**

- The renewal process is complete for you. Your benefits will change to “renewal” plan(s) on the effective date.
- The selected “renewal” plan(s) has been chosen as it most closely matches your current benefit(s). Please review plan documents for details on changes that apply to “renewal” plan(s).

## **To renew your “renewal” plan(s) AND select an additional alternate plan(s):**

- Please check off the “renewal” plan and also check off any “alternate” plans you’d like to add on the plan sponsor signature page in your renewal packet and e-mail to **SESalesSupport@aetna.com**.
- Please submit a letter or list of employees to identify the correct plan selection of all employees.

## **What you need to do next**

1. Review your plan options with your broker, sales support unit or Aetna account manager.
2. Consider the advantages of offering more lines of coverage, such as dental, life and/or disability insurance.
  - If you add a new product offering, please include the appropriate employer and employee applications with your submission.
3. Indicate your plan options with an X on the plan sponsor signature page.
4. Sign, date and return the form to us. You can e-mail your choice to us at **SESalesSupport@aetna.com**.

## **In addition to changes to your benefit plans, other changes may apply to your group.**

This includes changes to your:

- Rating area
- Elimination of medical risk factor
- Member level rate structure
- Employee waiting period
- Taxes and fees

## **To move to an “alternate” plan(s):**

- Please check off any “alternate” plans you’d like to add on the plan sponsor signature page in your renewal packet and e-mail to **SESalesSupport@aetna.com**.
- Enrollment applications should be provide deductible for any new enrollees or those adding or removing dependents.
- Employees moving plans within the same platform will not need to submit an employee change of coverage form.
- Please submit a letter or list of employees to identify the correct plan selection of all employees.

Complete all items in full and send to us so we receive it no later than the day before the requested effective date.

Submit dental and life adds 15 days before the requested effective date.

## **Mail any correspondence to:**

Aetna  
841 Prudential Drive F390  
Jacksonville, FL 32207

# 2014 summary comparison

Aetna is always looking to enhance our health care solutions to better serve you. Our goal is to provide flexible, affordable health benefits that align with your company's objectives.

Please refer to the list below for an at-a-glance view of your 2014 options. This is a partial description of plans and benefits available; for more information, refer to the specific plan design summary. The dollar amount copayments

indicate what the member is required to pay and the percentage copayments indicate what Aetna is required to pay unless otherwise noted. You may select any plan available in our new portfolio, but if you do not actively change your plan, you will be assigned to the "renewal plan" shown in this guide.

Current Plan Name	2014 Metallic Plan	Page	Current Plan Name	2014 Metallic Plan	Page
<b>HNOnly 12-1500-Compass</b>	HNOnly Gold 1500 Compass	8	<b>HNOption 12-3000-100</b>	HNOption Silver 2000 100/70	33
<b>HNOnly 12-2000-100</b>	HNOnly Silver 2000 100%	9	<b>HNOption 12-1000-80</b>	HNOption Gold 1000 80/50	34
<b>HNOnly 12-3000-100</b>	HNOnly Silver 3000 100%	10	<b>HNOption 12-1500-80</b>	HNOption Silver 2000 80/50	35
<b>HNOnly 12-5000-100</b>	HNOnly Silver 4000 100%	11	<b>HNOption 12-1500-70</b>	HNOption Silver 1500 70/50 T	36
<b>HNOnly 12-1000-80</b>	HNOnly Gold 1000 80%	12	<b>HNOption 12-2000-80</b>	HNOption Silver 2000 80/50	37
<b>HNOnly 12-1500-80</b>	HNOnly Gold 1500 80%	13	<b>HNOption 12-2000-70</b>	HNOption Silver 2000 80/50	38
<b>HNOnly 12-1500-70</b>	HNOnly Silver 1500 70% T	14	<b>HNOption 12-2500-80HSA</b>	HNOption Bronze 3000 HSA	39
<b>HNOnly 12-2000-80</b>	HNOnly Silver 2000 80%	15	<b>OAMC 12-3000-100</b>	OAMC Silver 3000 100/70	40
<b>HNOnly 12-2000-70</b>	HNOnly Silver 2250 70% T	16	<b>OAMC 12-1000-80</b>	OAMC Gold 1000 80/50	41
<b>HNOnly 12-2500-70</b>	HNOnly Silver 2250 70% T	17	<b>OAMC 12-1500-80</b>	OAMC Silver 2000 80/50	42
<b>HNOnly 12-2000-50</b>	HNOnly Silver 2000 50%	18	<b>OAMC 12-1500-70</b>	OAMC Silver 1500 70/50 T	43
<b>HNOnly 12-3000A-50</b>	HNOnly Silver 3000 50%	19	<b>OAMC 12-2000-80</b>	OAMC Silver 2000 80/50	44
<b>HNOnly 12-3000B-50</b>	HNOnly Silver 3000 50%	20	<b>OAMC 12-2000-70</b>	OAMC Silver 2000 80/50	45
<b>HNOnly 12-5000-50</b>	HNOnly Bronze 4000 50%	21	<b>OAMC 12-2500-70</b>	OAMC Silver 2250 70/50 T	46
<b>HNOnly 12-10K-100C</b>	HNOnly Silver 6000 100%	22	<b>OAMC 12-3000A-50</b>	OAMC Silver 3000 50/50	47
<b>HNOnly 12-10K-100S</b>	HNOnly Silver 6000 100%	23	<b>OAMC 12-10K-100C</b>	OAMC Silver 6000 100/70	48
<b>HNOnly 12-10K-100</b>	HNOnly Bronze 6350 100%	24	<b>OAMC 12-10K-100S</b>	OAMC Silver 6000 100/70	49
<b>HNOnly 12-10K-80S</b>	HNOnly Bronze 6350 100%	25	<b>OAMC 12-1500-80HSA</b>	OAMC Bronze 3000 HSA	50
<b>HNOnly 12-10K-80</b>	HNOnly Bronze 6350 100%	26	<b>OAMC 12-2500-80HSA</b>	OAMC Bronze 3000 HSA	51
<b>HNOnly 12-1500-80HSA</b>	HNOnly Silver 1500 HSA	27	<b>OAMC 12-3000-80HSA</b>	OAMC Bronze 3000 HSA	52
<b>HNOnly 12-2000-90HSA</b>	HNOnly Bronze 3000 HSA	28	<b>HMO Savings Plus Plan 2</b>	Silver Savings Plus HMO 2000 50%	53
<b>HNOnly 12-2500-80HSA</b>	HNOnly Bronze 3000 HSA	29	<b>HMO Savings Plus Plan 3</b>	Bronze Savings Plus HMO 3000 Rx200	54
<b>HNOnly 12-3000-80HSA</b>	HNOnly Bronze 3000 HSA	30	<b>HMO Savings Plus Plan 10</b>	Silver Savings Plus HMO 6000 100%	55
<b>HNOnly 12-0-100</b>	HNOnly Gold 500 80%	31			
<b>HNOption 12-2000-100</b>	HNOption Silver 3000 100/70	32			

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-1500-Compass	HNOnly Gold 1500 Compass	HNOnly Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$4,000/\$8,000	\$3,000/\$6,000	\$5,000/\$10,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	30% after deductible	\$50, after deductible	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	30% after deductible	40%, after deductible	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	30% after deductible	40%, after deductible	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	30% after deductible	40%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$5	\$5	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$40	\$50	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$60	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	\$250 + 10%, after deductible	\$250 + 20%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	30% after deductible	\$300, after deductible	\$300, after deductible
<b>Urgent Care</b>	30% after deductible	\$75, after deductible	\$75, after deductible
<b>Inpatient Hospital Facility</b>	\$500/Admit + 10%, after deductible	\$500/Admit + 20%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			



	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HNOnly 12-2000-100	HNOnly Silver 2000 100%	HNOnly Silver 2000 80%
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$6,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$2,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>Type of Deductible</b>	3X	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Copayments, prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$30, deductible waived	\$30, deductible waived
<b>Specialist Office Visit</b>	\$50, deductible waived	\$60, deductible waived	\$60, deductible waived
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	\$30, deductible waived
<b>Diagnostic Testing – X-ray</b>	\$50, deductible waived	\$125, deductible waived	\$100, deductible waived
<b>Imaging</b> (CT/PET scans/MRI)	0% after deductible	\$400, after deductible	20%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$50	\$65
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	0% after deductible	0%, after deductible	20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$400, deductible waived	\$400, deductible waived
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, deductible waived
<b>Inpatient Hospital Facility</b>	0% after deductible	0%, after deductible	20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HNOnly 12-3000-100	HNOnly Silver 3000 100%	HNOnly Silver 4000 100%
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$9,000	\$3,000/\$6,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$3,000/\$9,000	\$5,500/\$11,000	\$6,000/\$12,000
<b>Type of Deductible</b>	3X	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Copayments, prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$60, deductible waived	\$60, deductible waived	\$70, deductible waived
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	\$75, deductible waived	\$50, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	0% after deductible	0%, after deductible	\$250, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$20	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$75	\$65
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Emergency Room</b>	\$350, deductible waived	\$400, deductible waived	\$250, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, deductible waived
<b>Inpatient Hospital Facility</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HNOnly 12-5000-100	HNOnly Silver 4000 100%	HNOnly Bronze 3500 50%
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$5,000/\$15,000	\$4,000/\$8,000	\$3,500/\$7,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$15,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Type of Deductible</b>	3X	Embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Copayments, prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$25, deductible waived	\$50, deductible waived
<b>Specialist Office Visit</b>	\$60, deductible waived	\$70, deductible waived	50%, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	0%, after deductible	50%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	\$50, after deductible	50%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	0% after deductible	\$250, after deductible	50%, after deductible
<b>Prescription Drug Deductible</b>	None	None	\$250/\$500 (Waived for Preferred Generics)
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$15	\$25
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$65	\$100
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	0% after deductible	0%, after deductible	50%, after deductible
<b>Emergency Room</b>	\$400, deductible waived	\$250, after deductible	50%, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	50%, after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	0%, after deductible	50%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-1000-80	HNOnly Gold 1000 80%	HNOnly Gold 1000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$3,000/\$6,000	\$3,500/\$7,000	\$3,000/\$6,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$50, deductible waived	\$50, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$25, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$50, deductible waived	\$50, deductible waived	\$50, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	20%, after deductible	\$300, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$5	\$10	\$10
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$40	\$50	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$60	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	20%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$300, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	20%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-1500-80	HNOnly Gold 1500 80%	HNOnly Gold 1500 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$4,000/\$8,000	\$4,000/\$8,000	\$3,000/\$6,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$50, deductible waived	\$50, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$0, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$50, deductible waived	\$50, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	20%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$5	\$5
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$50	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	20%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$300, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	20%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-1500-70	HNOnly Silver 1500 70% T	HNOnly Silver 2250 70% T
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$2,250/\$4,500
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$10,000	\$5,500/\$11,000	\$6,000/\$12,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$30, deductible waived	\$35, deductible waived
<b>Specialist Office Visit</b>	\$60, deductible waived	\$60, deductible waived	\$60, deductible waived
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	\$30, deductible waived
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	\$125, deductible waived	\$125, deductible waived
<b>Imaging</b> (CT/PET scans/MRI)	30% after deductible	30%, after deductible	30%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$60	\$60
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	30% after deductible	\$500 + 30%, after deductible	\$500 + 30%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$400, deductible waived	\$400, deductible waived
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, deductible waived
<b>Inpatient Hospital Facility</b>	30% after deductible	\$1000/Admit + 30%, after deductible	\$1000/Admit + 30%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HNOnly 12-2000-80	HNOnly Silver 2000 80%	HNOnly Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$50, deductible waived	\$60, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$50, deductible waived	\$100, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	20%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	20%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	20%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-2000-70	HNOnly Silver 2250 70% T	HNOnly Bronze 3000 HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$2,250/\$4,500	\$3,000/\$6,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$6,000/\$12,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded	Embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$35, deductible waived	\$30, after deductible
<b>Specialist Office Visit</b>	\$60, deductible waived	\$60, deductible waived	\$60, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	\$30, after deductible
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	\$125, deductible waived	\$125, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	30% after deductible	30%, after deductible	\$300, after deductible
<b>Prescription Drug Deductible</b>	None	None	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$60	\$65
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	30% after deductible	\$500 + 30%, after deductible	\$500, after deductible
<b>Emergency Room</b>	\$350, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$100, after deductible
<b>Inpatient Hospital Facility</b>	30% after deductible	\$1000/Admit + 30%, after deductible	\$500/day, days 1–3, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			



**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-2500-70	HNOnly Silver 2250 70% T	HNOnly Bronze 3000 HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,500/\$5,000	\$2,250/\$4,500	\$3,000/\$6,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$10,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded	Embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$35, deductible waived	\$30, after deductible
<b>Specialist Office Visit</b>	\$60, deductible waived	\$60, deductible waived	\$60, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	\$30, after deductible
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	\$125, deductible waived	\$125, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	30% after deductible	30%, after deductible	\$300, after deductible
<b>Prescription Drug Deductible</b>	None	None	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$60	\$65
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	30% after deductible	\$500 + 30%, after deductible	\$500, after deductible
<b>Emergency Room</b>	\$350, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$100, deductible waived	\$75, deductible waived	\$100, after deductible
<b>Inpatient Hospital Facility</b>	30% after deductible	\$1000/Admit + 30%, after deductible	\$500/day, days 1–3, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-2000-50	HNOnly Silver 2000 50%	HNOnly Silver 3000 50%
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$7,000/\$14,000	\$6,350/\$12,700	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded	Non-embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$50, deductible waived	50%, deductible waived	50%, deductible waived
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	50%, after deductible	50%, after deductible
<b>Diagnostic Testing – X-ray</b>	50%, deductible waived	50%, after deductible	50%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	50% after deductible	50%, after deductible	50%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$20	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$50	\$65
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	50% after deductible	50%, after deductible	50%, after deductible
<b>Emergency Room</b>	\$400, deductible waived	50%, after deductible	50%, after deductible
<b>Urgent Care</b>	\$75, deductible waived	50%, after deductible	50%, after deductible
<b>Inpatient Hospital Facility</b>	50% after deductible	50%, after deductible	50%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-3000A-50	HNOnly Silver 3000 50%	HNOnly Bronze 3000 HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$9,000/\$18,000	\$6,350/\$12,700	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded	Non-embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$35, deductible waived	\$25, deductible waived	\$30, after deductible
<b>Specialist Office Visit</b>	\$70, deductible waived	50%, deductible waived	\$60, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	50%, after deductible	\$30, after deductible
<b>Diagnostic Testing – X-ray</b>	50% after deductible	50%, after deductible	\$125, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	50% after deductible	50%, after deductible	\$300, after deductible
<b>Prescription Drug Deductible</b>	None	None	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$65	\$65
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	50% after deductible	50%, after deductible	\$500, after deductible
<b>Emergency Room</b>	\$400, deductible waived	50%, after deductible	\$300, after deductible
<b>Urgent Care</b>	\$100, deductible waived	50%, after deductible	\$100, after deductible
<b>Inpatient Hospital Facility</b>	50% after deductible	50%, after deductible	\$500/day, days 1–3, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HNOnly 12-3000B-50	HNOnly Silver 3000 50%	HNOnly Bronze 3000 HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$9,000/\$18,000	\$6,350/\$12,700	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded	Non-embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$40, deductible waived	\$25, deductible waived	\$30, after deductible
<b>Specialist Office Visit</b>	\$80, deductible waived	50%, deductible waived	\$60, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	50%, after deductible	\$30, after deductible
<b>Diagnostic Testing – X-ray</b>	50% after deductible	50%, after deductible	\$125, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	50% after deductible	50%, after deductible	\$300, after deductible
<b>Prescription Drug Deductible</b>	None	None	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$65	\$65
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	50% after deductible	50%, after deductible	\$500, after deductible
<b>Emergency Room</b>	50% after deductible	50%, after deductible	\$300, after deductible
<b>Urgent Care</b>	50% after deductible	50%, after deductible	\$100, after deductible
<b>Inpatient Hospital Facility</b>	50% after deductible	50%, after deductible	\$500/day, days 1–3, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-5000-50	HNOnly Bronze 4000 50%	HNOnly Bronze 5500 100% HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$5,000/\$10,000	\$4,000/\$8,000	\$5,500/\$11,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$10,000/\$20,000	\$6,350/\$12,700	\$6,000/\$12,000
<b>Type of Deductible</b>	Embedded	Non-embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$40, deductible waived	\$50, deductible waived	0%, after deductible
<b>Specialist Office Visit</b>	\$80, deductible waived	50%, after deductible	0%, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	50%, after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	50% after deductible	50%, after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	50% after deductible	50%, after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	None	Medical deductible applies	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$25	\$5
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$100	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	Not Covered	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	50% after deductible	50%, after deductible	0%, after deductible
<b>Emergency Room</b>	50%, deductible waived	50%, after deductible	0%, after deductible
<b>Urgent Care</b>	\$100, deductible waived	50%, after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	50% after deductible	50%, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HNOnly 12-10K-100C	HNOnly Silver 6000 100%	HNOnly Bronze 6350 100%
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$10,000/\$10,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$10,000/\$10,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded (1x)	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$60, deductible waived	\$70, deductible waived	\$75, deductible waived
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$25, deductible waived	0%, after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$75, deductible waived	0%, after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	\$400, deductible waived	0%, after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	None	None	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$10	0%
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$50	0%
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	0%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	N/A
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	0%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	N/A
<b>Outpatient Surgery</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Emergency Room</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Urgent Care</b>	\$75, deductible waived	0%, after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HNOnly 12-10K-100S	HNOnly Silver 6000 100%	HNOnly Bronze 6350 100%
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$10,000/\$10,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$10,000/\$10,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded (1x)	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$35, deductible waived	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$70, deductible waived	\$70, deductible waived	\$75, deductible waived
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	0% after deductible	0%, after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	None	None	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$10	0%
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$50	0%
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	0%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	N/A
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	0%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	N/A
<b>Outpatient Surgery</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Emergency Room</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Urgent Care</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-10K-100	HNOnly Bronze 6350 100%	HNOnly Bronze 4000 50%
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$10,000/\$10,000	\$6,350/\$12,700	\$4,000/\$8,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$10,000/\$10,000	\$6,350/\$12,700	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded (1x)	Embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$35, deductible waived	\$25, deductible waived	\$50, deductible waived
<b>Specialist Office Visit</b>	0% after deductible	\$75, deductible waived	50%, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	0% after deductible	0%, after deductible	50%, after deductible
<b>Diagnostic Testing – X-ray</b>	0% after deductible	0%, after deductible	50%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	0% after deductible	0%, after deductible	50%, after deductible
<b>Prescription Drug Deductible</b>	None	Medical deductible applies	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	0%	\$25
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	0%	\$100
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	0%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	N/A	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	0%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	N/A	\$500
<b>Outpatient Surgery</b>	0% after deductible	0%, after deductible	50%, after deductible
<b>Emergency Room</b>	0% after deductible	0%, after deductible	50%, after deductible
<b>Urgent Care</b>	0% after deductible	0%, after deductible	50%, after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	0%, after deductible	50%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			



**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-10K-80S	HNOnly Bronze 6350 100%	HNOnly Bronze 4000 50%
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$10,000/\$10,000	\$6,350/\$12,700	\$4,000/\$8,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$15,000/\$15,000	\$6,350/\$12,700	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded (1x)	Embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$35, deductible waived	\$25, deductible waived	\$50, deductible waived
<b>Specialist Office Visit</b>	\$70, deductible waived	\$75, deductible waived	50%, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	20% after deductible	0%, after deductible	50%, after deductible
<b>Diagnostic Testing – X-ray</b>	20% after deductible	0%, after deductible	50%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	0%, after deductible	50%, after deductible
<b>Prescription Drug Deductible</b>	None	Medical deductible applies	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	0%	\$25
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	Not Covered	0%	\$100
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	0%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	N/A	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	Not Covered	0%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	N/A	\$500
<b>Outpatient Surgery</b>	20% after deductible	0%, after deductible	50%, after deductible
<b>Emergency Room</b>	20% after deductible	0%, after deductible	50%, after deductible
<b>Urgent Care</b>	20% after deductible	0%, after deductible	50%, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	0%, after deductible	50%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-10K-80	HNOnly Bronze 6350 100%	HNOnly Bronze 4000 50%
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$10,000/\$10,000	\$6,350/\$12,700	\$4,000/\$8,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$15,000/\$15,000	\$6,350/\$12,700	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded (1x)	Embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$35, deductible waived	\$25, deductible waived	\$50, deductible waived
<b>Specialist Office Visit</b>	20% after deductible	\$75, deductible waived	50%, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	20% after deductible	0%, after deductible	50%, after deductible
<b>Diagnostic Testing – X-ray</b>	20% after deductible	0%, after deductible	50%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	0%, after deductible	50%, after deductible
<b>Prescription Drug Deductible</b>	None	Medical deductible applies	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	0%	\$25
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	Not Covered	0%	\$100
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	0%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	N/A	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	Not Covered	0%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	N/A	\$500
<b>Outpatient Surgery</b>	20% after deductible	0%, after deductible	50%, after deductible
<b>Emergency Room</b>	20% after deductible	0%, after deductible	50%, after deductible
<b>Urgent Care</b>	20% after deductible	0%, after deductible	50%, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	0%, after deductible	50%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-1500-80HSA	HNOnly Silver 1500 HSA	HNOnly Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$2,500/\$5,000	\$4,500/\$9,000	\$5,000/\$10,000
<b>Type of Deductible</b>	Non-embedded	Non-embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	20% after deductible	\$25, after deductible	\$25, deductible waived
<b>Specialist Office Visit</b>	20% after deductible	\$50, after deductible	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	20% after deductible	\$25, after deductible	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	20% after deductible	\$75, after deductible	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	\$300, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	Medical deductible applies	Medical deductible applies	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$10	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$50	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	\$500, after deductible	\$250+20%, after deductible
<b>Emergency Room</b>	20% after deductible	\$400, after deductible	\$300, after deductible
<b>Urgent Care</b>	20% after deductible	\$75, after deductible	\$75, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	\$500/day, days 1–3, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HNOnly 12-2000-90HSA	HNOnly Bronze 3000 HSA	HNOnly Bronze 5500 100% HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$3,000/\$6,000	\$5,500/\$11,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$4,000/\$8,000	\$6,350/\$12,700	\$6,000/\$12,000
<b>Type of Deductible</b>	Non-embedded	Non-embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	10% after deductible	\$30, after deductible	0%, after deductible
<b>Specialist Office Visit</b>	10% after deductible	\$60, after deductible	0%, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	10% after deductible	\$30, after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	10% after deductible	\$125, after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	10% after deductible	\$300, after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	Medical deductible applies	Medical deductible applies	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$15	\$5
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	10% after deductible	\$500, after deductible	0%, after deductible
<b>Emergency Room</b>	10% after deductible	\$300, after deductible	0%, after deductible
<b>Urgent Care</b>	10% after deductible	\$100, after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	10% after deductible	\$500/day, days 1–3, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HNOnly 12-2500-80HSA	HNOnly Bronze 3000 HSA	HNOnly Bronze 5500 100% HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,500/\$5,000	\$3,000/\$6,000	\$5,500/\$11,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$10,000	\$6,350/\$12,700	\$6,000/\$12,000
<b>Type of Deductible</b>	Non-embedded	Non-embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	20% after deductible	\$30, after deductible	0%, after deductible
<b>Specialist Office Visit</b>	20% after deductible	\$60, after deductible	0%, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	20% after deductible	\$30, after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	20% after deductible	\$125, after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	\$300, after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	Medical deductible applies	Medical deductible applies	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$15	\$5
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	\$500, after deductible	0%, after deductible
<b>Emergency Room</b>	20% after deductible	\$300, after deductible	0%, after deductible
<b>Urgent Care</b>	20% after deductible	\$100, after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	\$500/day, days 1–3, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HNOnly 12-3000-80HSA	HNOnly Bronze 3000 HSA	HNOnly Bronze 5500 100% HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$5,500/\$11,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$6,000/\$12,000	\$6,350/\$12,700	\$6,000/\$12,000
<b>Type of Deductible</b>	Non-embedded	Non-embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	20% after deductible	\$30, after deductible	0%, after deductible
<b>Specialist Office Visit</b>	20% after deductible	\$60, after deductible	0%, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	20% after deductible	\$30, after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	20% after deductible	\$125, after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	\$300, after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	Medical deductible applies	Medical deductible applies	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$15	\$5
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	\$500, after deductible	0%, after deductible
<b>Emergency Room</b>	20% after deductible	\$300, after deductible	0%, after deductible
<b>Urgent Care</b>	20% after deductible	\$100, after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	\$500/day, days 1–3, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOnly 12-0-100	HNOnly Gold 500 80%	HNOnly Gold 1000 80%
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	N/A	\$500/\$1,000	\$1,000/\$2,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$3,000/\$6,000	\$3,500/\$7,000	\$3,500/\$7,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$50	\$50, deductible waived	\$50, deductible waived
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0	\$0, deductible waived	\$25, deductible waived
<b>Diagnostic Testing – X-ray</b>	\$50	\$50, deductible waived	\$50, deductible waived
<b>Imaging</b> (CT/PET scans/MRI)	30%	20%, after deductible	20%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$10	\$10
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$50	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	\$500	20%, after deductible	20%, after deductible
<b>Emergency Room</b>	\$250	\$350, deductible waived	\$300, deductible waived
<b>Urgent Care</b>	\$75	\$75, deductible waived	\$75, deductible waived
<b>Inpatient Hospital Facility</b>	\$500 copay/day, days 1–4	20%, after deductible	20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HNOption 12-2000-100	HNOption Silver 2000 100/70	HNOption Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$6,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$2,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>Type of Deductible</b>	3X	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Copayments, prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$50, deductible waived	\$60, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$50, deductible waived	\$125, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	0% after deductible	\$400, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$50	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	0% after deductible	0%, after deductible	\$250+20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	0%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$9,000	\$4,000/\$8,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$6,000/\$18,000	\$15,000/\$30,000	\$18,000/\$36,000



**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOption 12-3000-100	HNOption Silver 3000 100/70	HNOption Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$9,000	\$3,000/\$6,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$3,000/\$9,000	\$5,500/\$11,000	\$5,000/\$10,000
<b>Type of Deductible</b>	3X	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Copayments, prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$60, deductible waived	\$60, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	\$75, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	0% after deductible	0%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$20	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$75	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	0% after deductible	0%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$350, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	0%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$4,000/\$12,000	\$6,000/\$12,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$6,000/\$18,000	\$15,000/\$30,000	\$18,000/\$36,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOption 12-1000-80	HNOption Gold 1000 80/50	HNOption Gold 1500 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$3,000/\$6,000	\$3,500/\$7,000	\$3,000/\$6,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$50, deductible waived	\$50, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$25, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$50, deductible waived	\$50, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	20%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$5	\$10	\$5
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$40	\$50	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$60	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	20%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$300, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	20%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000		\$3,000/\$6,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$6,000/\$12,000		\$15,000/\$30,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOption 12-1500-80	HNOption Silver 2000 80/50	HNOption Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$50, deductible waived	\$60, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$50, deductible waived	\$100, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	20%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	20%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	20%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$6,000/\$12,000		\$18,000/\$36,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOption 12-1500-70	HNOption Silver 1500 70/50 T	HNOption Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$10,000	\$5,500/\$11,000	\$5,000/\$10,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$60, deductible waived	\$60, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	\$125, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	30% after deductible	30%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$60	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	30% after deductible	\$500 + 30%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	30% after deductible	\$1000/Admit + 30%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$8,000/\$16,000	\$15,000/\$30,000	\$18,000/\$36,000

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HNOption 12-2000-80	HNOption Silver 2000 80/50	HNOption Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$50, deductible waived	\$60, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$50, deductible waived	\$100, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	20%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	20%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	20%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$7,000/\$14,000	\$15,000/\$30,000	\$18,000/\$36,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOption 12-2000-70	HNOption Silver 2000 80/50	HNOption Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$6,000/\$12,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$60, deductible waived	\$60, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	\$100, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	30% after deductible	20%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	30% after deductible	20%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$350, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	30% after deductible	20%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$10,000/\$20,000	\$15,000/\$30,000	\$18,000/\$36,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	HNOption 12-2500-80HSA	HNOption Bronze 3000 HSA	HNOption Bronze 5500 100/70 HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,500/\$5,000	\$3,000/\$6,000	\$5,500/\$11,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$10,000	\$6,350/\$12,700	\$6,000/\$12,000
<b>Type of Deductible</b>	Non-embedded	Non-embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	20% after deductible	\$30, after deductible	0%, after deductible
<b>Specialist Office Visit</b>	20% after deductible	\$60, after deductible	0%, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	20% after deductible	\$30, after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	20% after deductible	\$125, after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	\$300, after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	Medical deductible applies	Medical deductible applies	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$15	\$5
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	\$500, after deductible	0%, after deductible
<b>Emergency Room</b>	20% after deductible	\$300, after deductible	0%, after deductible
<b>Urgent Care</b>	20% after deductible	\$100, after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	\$500/day, days 1–3, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$6,000/\$12,000	\$11,000/\$22,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$6,000/\$12,000	\$18,000/\$36,000	\$20,000/\$40,000

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	OAMC 12-3000-100	OAMC Silver 3000 100/70	OAMC Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$9,000	\$3,000/\$6,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$3,000/\$9,000	\$5,500/\$11,000	\$5,000/\$10,000
<b>Type of Deductible</b>	3X	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Copayments, prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$60, deductible waived	\$60, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	\$75, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	0% after deductible	0%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$20	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$75	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	0% after deductible	0%, after deductible	\$250+20%, after deductible
<b>Emergency Room</b>	\$350, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	0%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$4,000/\$12,000	\$6,000/\$12,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$6,000/\$18,000	\$15,000/\$30,000	\$18,000/\$36,000



**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	OAMC 12-1000-80	OAMC Gold 1000 80/50	OAMC Gold 1500 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$3,000/\$6,000	\$3,500/\$7,000	\$3,000/\$6,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$50, deductible waived	\$50, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$25, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$50, deductible waived	\$50, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	20%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$5	\$10	\$5
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$40	\$50	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$60	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	20%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$300, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	20%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000		\$3,000/\$6,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$6,000/\$12,000		\$15,000/\$30,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	OAMC 12-1500-80	OAMC Silver 2000 80/50	OAMC Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$50, deductible waived	\$60, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$50, deductible waived	\$100, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	20%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	20%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	20%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$6,000/\$12,000	\$15,000/\$30,000	\$18,000/\$36,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	OAMC 12-1500-70	OAMC Silver 1500 70/50 T	OAMC Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$10,000	\$5,500/\$11,000	\$5,000/\$10,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$60, deductible waived	\$60, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	\$125, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	30% after deductible	30%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$60	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	30% after deductible	\$500 + 30%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	30% after deductible	\$1000/Admit + 30%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$8,000/\$16,000	\$18,000/\$36,000	\$18,000/\$36,000

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	OAMC 12-2000-80	OAMC Silver 2000 80/50	OAMC Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$25, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$50, deductible waived	\$60, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$50, deductible waived	\$100, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	20%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	20%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$300, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	20%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$7,000/\$14,000	\$15,000/\$30,000	\$18,000/\$36,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	OAMC 12-2000-70	OAMC Silver 2000 80/50	OAMC Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$6,000/\$12,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>Type of Deductible</b>	Embedded	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$30, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$60, deductible waived	\$60, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	\$100, deductible waived	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	30% after deductible	20%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	30% after deductible	20%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	\$350, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	\$75, deductible waived	\$75, after deductible
<b>Inpatient Hospital Facility</b>	30% after deductible	20%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$10,000/\$20,000	\$15,000/\$30,000	\$18,000/\$36,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	OAMC 12-2500-70	OAMC Silver 2250 70/50 T	OAMC Bronze 3000 HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,500/\$5,000	\$2,250/\$4,500	\$3,000/\$6,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$10,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded	Embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$35, deductible waived	\$30, after deductible
<b>Specialist Office Visit</b>	\$60, deductible waived	\$60, deductible waived	\$60, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30, deductible waived	\$30, after deductible
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	\$125, deductible waived	\$125, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	30% after deductible	30%, after deductible	\$300, after deductible
<b>Prescription Drug Deductible</b>	None	None	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$10	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$45	\$60	\$65
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$180	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$65	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	30% after deductible	\$500 + 30%, after deductible	\$500, after deductible
<b>Emergency Room</b>	\$350, deductible waived	\$400, deductible waived	\$300, after deductible
<b>Urgent Care</b>	\$100, deductible waived	\$75, deductible waived	\$100, after deductible
<b>Inpatient Hospital Facility</b>	30% after deductible	\$1000/Admit + 30%, after deductible	\$500/day, days 1–3, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$4,500/\$9,000	\$6,000/\$12,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$8,000/\$16,000	\$18,000/\$36,000	\$18,000/\$36,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	OAMC 12-3000A-50	OAMC Silver 3000 50/50	OAMC Bronze 3000 HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$9,000/\$18,000	\$6,350/\$12,700	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded	Non-embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$35, deductible waived	\$25, deductible waived	\$30, after deductible
<b>Specialist Office Visit</b>	\$70, deductible waived	50%, deductible waived	\$60, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	50%, after deductible	\$30, after deductible
<b>Diagnostic Testing – X-ray</b>	50% after deductible	50%, after deductible	\$125, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	50% after deductible	50%, after deductible	\$300, after deductible
<b>Prescription Drug Deductible</b>	None	None	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$65	\$65
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	50% after deductible	50%, after deductible	\$500, after deductible
<b>Emergency Room</b>	\$400, deductible waived	50%, after deductible	\$300, after deductible
<b>Urgent Care</b>	\$100, deductible waived	50%, after deductible	\$100, after deductible
<b>Inpatient Hospital Facility</b>	50% after deductible	50%, after deductible	\$500/day, days 1–3, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$4,000/\$8,000	\$6,000/\$12,000	\$6,000/\$12,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$12,000/\$24,000	\$18,000/\$36,000	\$18,000/\$36,000

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	OAMC 12-10K-100C	OAMC Silver 6000 100/70	OAMC Bronze 6350 100/70
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$10,000/\$10,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$10,000/\$10,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded (1x)	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$60, deductible waived	\$70, deductible waived	\$75, deductible waived
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$25, deductible waived	0%, after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$75, deductible waived	0%, after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	\$400, deductible waived	0%, after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	None	None	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$10	0%
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$50	0%
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	0%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	N/A
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	0%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	N/A
<b>Outpatient Surgery</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Emergency Room</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Urgent Care</b>	\$75, deductible waived	0%, after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$10,000/\$10,000	\$12,000/\$24,000	\$12,000/\$24,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$15,000/\$30,000	\$20,000/\$40,000	\$15,000/\$30,000



	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	OAMC 12-10K-100S	OAMC Silver 6000 100/70	OAMC Bronze 6350 100/70
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$10,000/\$10,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$10,000/\$10,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded (1x)	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$35, deductible waived	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$70, deductible waived	\$70, deductible waived	\$75, deductible waived
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	0% after deductible	0%, after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	None	None	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$10	0%
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$50	0%
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	0%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	N/A
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	0%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	N/A
<b>Outpatient Surgery</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Emergency Room</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Urgent Care</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$10,000/\$10,000	\$12,000/\$24,000	\$12,000/\$24,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$15,000/\$30,000	\$20,000/\$40,000	\$15,000/\$30,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	OAMC 12-1500-80HSA	OAMC Bronze 3000 HSA	OAMC Silver 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$1,500/\$3,000	\$3,000/\$6,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$2,500/\$5,000	\$6,350/\$12,700	\$5,000/\$10,000
<b>Type of Deductible</b>	Non-embedded	Non-embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	20% after deductible	\$30, after deductible	\$25, deductible waived
<b>Specialist Office Visit</b>	20% after deductible	\$60, after deductible	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	20% after deductible	\$30, after deductible	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	20% after deductible	\$125, after deductible	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	\$300, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	Medical deductible applies	Medical deductible applies	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$15	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	\$500, after deductible	\$250+20%, after deductible
<b>Emergency Room</b>	20% after deductible	\$300, after deductible	\$300, after deductible
<b>Urgent Care</b>	20% after deductible	\$100, after deductible	\$75, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	\$500/day, days 1–3, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$6,000/\$12,000	\$18,000/\$36,000	\$18,000/\$36,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	OAMC 12-2500-80HSA	OAMC Bronze 3000 HSA	OAMC Bronze 5500 100/70 HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,500/\$5,000	\$3,000/\$6,000	\$5,500/\$11,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$10,000	\$6,350/\$12,700	\$6,000/\$12,000
<b>Type of Deductible</b>	Non-embedded	Non-embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	20% after deductible	\$30, after deductible	0%, after deductible
<b>Specialist Office Visit</b>	20% after deductible	\$60, after deductible	0%, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	20% after deductible	\$30, after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	20% after deductible	\$125, after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	\$300, after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	Medical deductible applies	Medical deductible applies	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$15	\$5
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	\$500, after deductible	0%, after deductible
<b>Emergency Room</b>	20% after deductible	\$300, after deductible	0%, after deductible
<b>Urgent Care</b>	20% after deductible	\$100, after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	\$500/day, days 1–3, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$6,000/\$12,000	\$11,000/\$22,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$6,000/\$12,000	\$18,000/\$36,000	\$20,000/\$40,000

**Renewal Plan**

This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.

**Suggested Alternate**

This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.

**Current plan**

	OAMC 12-3000-80HSA	OAMC Bronze 3000 HSA	OAMC Bronze 5500 100/70 HSA
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$5,500/\$11,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$6,000/\$12,000	\$6,350/\$12,700	\$6,000/\$12,000
<b>Type of Deductible</b>	Non-embedded	Non-embedded	Non-embedded
<b>What does NOT apply to the OOP?</b>	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	20% after deductible	\$30, after deductible	0%, after deductible
<b>Specialist Office Visit</b>	20% after deductible	\$60, after deductible	0%, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	20% after deductible	\$30, after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	20% after deductible	\$125, after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	20% after deductible	\$300, after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	Medical deductible applies	Medical deductible applies	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$15	\$5
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$65	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	20% after deductible	\$500, after deductible	0%, after deductible
<b>Emergency Room</b>	20% after deductible	\$300, after deductible	0%, after deductible
<b>Urgent Care</b>	20% after deductible	\$100, after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	20% after deductible	\$500/day, days 1–3, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$6,000/\$12,000	\$6,000/\$12,000	\$11,000/\$22,000
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)	\$10,000/\$20,000	\$18,000/\$36,000	\$20,000/\$40,000

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HMO Savings Plus Plan 2	Silver Savings Plus HMO 2000 50%	Silver Savings Plus HMO 2000 Compass
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$5,000/\$10,000	\$6,350/\$12,700	\$5,000/\$10,000
<b>Type of Deductible</b>	Embedded	Non-embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$30, deductible waived	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$60, deductible waived	50%, deductible waived	\$50, after deductible
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	50%, after deductible	40%, after deductible
<b>Diagnostic Testing – X-ray</b>	\$60, deductible waived	50%, after deductible	40%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	30% after deductible	50%, after deductible	40%, after deductible
<b>Prescription Drug Deductible</b>	None	None	None
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$20	\$15
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$50	\$50
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	30%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	\$300
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	50%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	\$500
<b>Outpatient Surgery</b>	30% after deductible	50%, after deductible	\$250 + 20%, after deductible
<b>Emergency Room</b>	30% after deductible	50%, after deductible	\$300, after deductible
<b>Urgent Care</b>	\$75, deductible waived	50%, after deductible	\$75, after deductible
<b>Inpatient Hospital Facility</b>	30% after deductible	50%, after deductible	\$500/Admit + 20%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out of Network Benefits do not apply to HMO plans	Out of Network Benefits do not apply to HMO plans	Out of Network Benefits do not apply to HMO plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HMO Savings Plus Plan 3	Bronze Savings Plus HMO 3000 Rx200	Bronze Savings Plus HMO 6350 100%
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$6,350/\$12,700
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$6,000/\$12,000	\$6,350/\$12,700	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded	Non-embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$50, deductible waived	\$50, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$100, deductible waived	\$80 after deductible	\$75, deductible waived
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	\$0, deductible waived	\$30 after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	50%, deductible waived	\$125 after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	50% after deductible	\$300 after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	None	\$200/\$400	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$30	0%
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$75	0%
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	0%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	N/A
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	0%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	N/A
<b>Outpatient Surgery</b>	50% after deductible	\$500 after deductible	0%, after deductible
<b>Emergency Room</b>	30%, deductible waived	\$300 after deductible	0%, after deductible
<b>Urgent Care</b>	\$125, deductible waived	\$100 after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	50% after deductible	\$750/day, days 1–3 after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out of Network Benefits do not apply to HMO plans	Out of Network Benefits do not apply to HMO plans	Out of Network Benefits do not apply to HMO plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

	<b>Current plan</b>	<b>Renewal Plan</b> This is your renewal plan and has the most similar benefits to your current plan. If you do nothing, this will be your new plan in 2014.	<b>Suggested Alternate</b> This plan may provide some premium savings while still being similar to your current plan. You must SELECT this plan on your renewal spreadsheet in order to renew in to this option.
	HMO Savings Plus Plan 10	Silver Savings Plus HMO 6000 100%	Bronze Savings Plus HMO 6350 100%
<b>In-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	\$10,000/\$10,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Calendar Out-of-Pocket (OOP) Limit</b> (Individual/Family)	\$10,000/\$10,000	\$6,000/\$12,000	\$6,350/\$12,700
<b>Type of Deductible</b>	Embedded (1x)	Embedded	Embedded
<b>What does NOT apply to the OOP?</b>	Prescription drugs, premiums and services not covered by Aetna	Premiums and services not covered by Aetna	Premiums and services not covered by Aetna
<b>Primary Care Physician Office Visit</b>	\$50, deductible waived	\$25, deductible waived	\$25, deductible waived
<b>Specialist Office Visit</b>	\$100, deductible waived	\$70, deductible waived	\$75, deductible waived
<b>Preventive Care</b> (includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	\$0, deductible waived	\$0, deductible waived	\$0, deductible waived
<b>Diagnostic Testing – Lab</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Diagnostic Testing – X-ray</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Imaging</b> (CT/PET scans/MRI)	0% after deductible	0%, after deductible	0%, after deductible
<b>Prescription Drug Deductible</b>	None	None	Medical deductible applies
<b>Preferred Generic Drugs</b> (formerly generic drugs)	\$20	\$10	0%
<b>Preferred Brand Name Drugs</b> (formerly brand name drugs (formulary))	\$50	\$50	0%
<b>Preferred Specialty Drugs</b> (formerly specialty drugs (formulary/nonformulary))	20%	30%	0%
<b>Preferred Specialty Drugs maximum copay</b>	\$225	\$300	N/A
<b>Nonpreferred Drugs</b> (generic, brand & specialty) (formerly nonformulary brand name drugs)	\$75	50%	0%
<b>Nonpreferred Drugs maximum copay</b>	N/A	\$500	N/A
<b>Outpatient Surgery</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Emergency Room</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Urgent Care</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Inpatient Hospital Facility</b>	0% after deductible	0%, after deductible	0%, after deductible
<b>Out-Of-Network Member Benefits</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans	Out-of-network benefits do not apply to HNOnly plans
<b>Calendar Out-of-Pocket Limit</b> (Individual/Family)			

# New plans available as of January 1, 2014

## New and renewing business

Plan Name	NET Ded	NET OOP	Family Ded/OOP	PCP	SPC	ER	I/P Hospital	Rx ded	Prescription Drugs*	HNO	HNOpt	Savings Plus	OAMC	PPO/ Ind
Gold 500 80%	\$500	\$3,500	2X	\$25 DW	\$50 DW	\$350 DW	20%	None	\$10/\$50/30%/50%	X	X		X	
Gold 1000 Compass	\$1,000	\$3,000	2X	\$25 DW	\$50	\$300	\$500/Admit + 20%	None	\$10/\$50/30%/50%	X	X	X	X	
Gold 1000 80%	\$1,000	\$3,500	2X	\$25 DW	\$50 DW	\$300 DW	20%	None	\$10/\$50/30%/50%	X				
Silver 1000 50%	\$1,000	\$5,000	2X	\$50 DW for 3 v, then ded/coins	\$50 DW for 3 v, then ded/coins	50%	50%	\$250/\$500	\$20/\$80/30%/50%	X			X	
Gold 1500 Compass	\$1,500	\$3,000	2X	\$25 DW	\$50	\$300	\$500/Admit + 20%	None	\$5/\$50/30%/50%	X	X	X	X	
Gold 1500 80%	\$1,500	\$4,000	2X	\$25 DW	\$50 DW	\$300 DW	20%	None	\$5/\$50/30%/50%	X	X		X	PPO
Silver 1500 HSA	\$1,500	\$4,500	2X	\$25	\$50	\$400	\$500/day, days 1-3	Med deductible applies	\$10/\$50/30%/50%	X	X		X	
Silver 1500 70/50 T	\$1,500	\$5,500	2X	\$30 DW	\$60 DW	\$400 DW	\$1000/Admit + 30%	None	\$15/\$60/30%/50%	X		X	X	
Silver 1500 50%	\$1,500	\$6,000	2X	\$30 DW	50% DW	50%	50%	\$250/\$500**	\$20/\$50/30%/50%	X		X		
Silver Indemnity 2000 80%	\$2,000	\$4,500	2X	20%	20%	20%	20%	None	\$10/\$50/30%/50%					IND
Silver 2000 Compass	\$2,000	\$5,000	2X	\$25 DW	\$50	\$300	\$500/Admit + 20%	None	\$15/\$50/30%/50%	X			X	
Silver 2000 80%	\$2,000	\$5,000	2X	\$30 DW	\$60 DW	\$400 DW	20%	None	\$15/\$65/30%/50%	X				
Silver 2000 100%	\$2,000	\$5,000	2X	\$30 DW	\$60 DW	\$400 DW	0%	None	\$15/\$50/30%/50%	X	X	X	X	
Silver 2000 50%	\$2,000	\$6,350	2X	\$25 DW	50% DW	50%	50%	None	\$20/\$50/30%/50%	X				
Silver 2250 70/50 T	\$2,250	\$6,000	2X	\$35 DW	\$60 DW	\$400 DW	\$1000/Admit + 30%	None	\$15/\$60/30%/50%	X				
Silver 2500 80%	\$2,500	\$6,000	2X	\$30 DW	\$60 DW	\$500 DW	20%	None	\$15/\$65/30%/50%	X			X	
Silver 2500 50%	\$2,500	\$6,350	2X	\$25 DW	50% DW	50%	50%	None	\$15/\$65/30%/50%	X			X	
Silver 3000 100%	\$3,000	\$5,500	2X	\$30 DW	\$60 DW	\$400 DW	0%	None	\$20/\$75/30%/50%	X				
Silver 3000 Compass	\$3,000	\$6,000	2X	\$20 DW	\$40	40%	\$500/Admit + 20%	None	\$5/\$50/30%/50%	X				
Silver 3000 80%	\$3,000	\$6,350	2X	\$25 DW	\$50 DW	20%	20%	None	\$15/\$65/30%/50%	X	X			
Bronze 3000 HSA	\$3,000	\$6,350	2X	\$30	\$60	\$300	\$500/day, days 1-3	Med deductible applies	\$15/\$65/30%/50%	X	X	X	X	
Silver 3000 50%	\$3,000	\$6,350	2X	\$25 DW	50% DW	50%	50%	None	\$15/\$65/30%/50%	X				
Bronze 3000 Rx200	\$3,000	\$6,350	2X	\$50 DW	\$80	\$300	\$750/day, days 1-3	\$200/\$400	\$30/\$75/30%/50%	X				
Silver 3500 70/50 T	\$3,500	\$6,350	2X	\$40 DW	\$60 DW	\$400 DW	\$1000/Admit + 30%	None	\$15/\$65/30%/50%	X				
Bronze 3500 50%	\$3,500	\$6,350	2X	\$50 DW	50%	50%	50%	\$250/\$500**	\$25/\$100/30%/50%	X			X	
Silver 4000 100%	\$4,000	\$6,000	2X	\$25 DW	\$70 DW	\$250	0%	None	\$15/\$65/30%/50%	X			X	
Bronze 4000 50%	\$4,000	\$6,350	2X	\$50 DW	50%	50%	50%	Med deductible applies	\$25/\$100/30%/50%	X		X		
Bronze 4000 Rx400	\$4,000	\$6,350	2X	\$25	50%	\$500	\$1,000/Admit	\$400/\$800	\$30/\$75/30%/50%	X				
Bronze 5500 100% HSA	\$5,500	\$6,000	2X	0%	0%	0%	0%	Med deductible applies	\$5/\$50/30%/50%	X		X	X	
Silver 6000 100%	\$6,000	\$6,000	2X	\$25 DW	\$70 DW	0%	0%	None	\$10/\$50/30%/50%	X		X	X	
Bronze 6350 100%	\$6,350	\$6,350	2X	\$25 DW	\$75 DW	0%	0%	Med deductible applies	0%/0%/0%/0%	X	X		X	

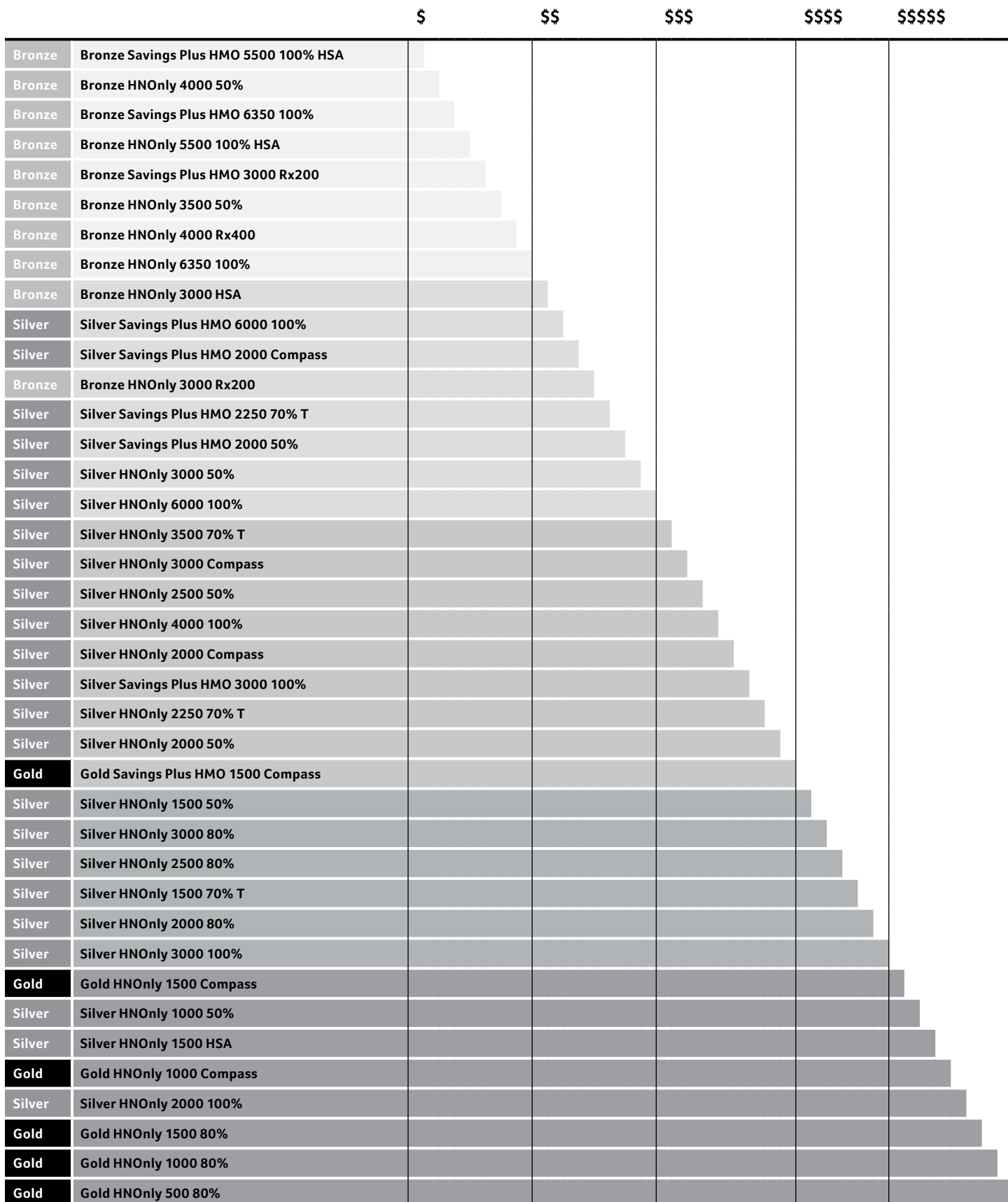
\*Prescription drugs (preferred generic/preferred brand/preferred specialty/nonpreferred drugs)

\*\*Deductible waived for preferred generics.

This is a partial description of plans and benefits available. For more information, refer to the specific plan design summary. The dollar amount copayments indicate what the member is required to pay and the percentage copayments indicate what Aetna is required to pay unless otherwise noted.



# HNOnly/Savings Plus Plans



Savings Plus plans not available in all areas. This chart is for comparative purposes only and rates between HNOnly plans and Savings Plus may differ in other rating areas (this chart uses the Tampa area network).

# Florida provider network\*

County	Savings Plus	HNO/HNOPT	MC/PPO
Alachua		•	•
Baker		•	•
Bay			•
Bradford		•	•
Brevard	•	•	•
Broward		•	•
Calhoun			•
Charlotte	•	•	•
Citrus		•	•
Clay		•	•
Collier		•	•
Columbia			•
Duval		•	•
Escambia			•
Flagler		•	•
Gadsden			•
Gilchrist			•
Gulf			•
Hardee			•
Hendry			•
Hernando		•	•
Highlands		•	•
Hillsborough	•	•	•
Holmes			•
Indian River			•
Jefferson			•
Lake		•	•
Lee		•	•
Leon		•	•
Levy			•

County	Savings Plus	HNO/HNOPT	MC/PPO
Liberty			•
Manatee	•	•	•
Marion		•	•
Martin		•	•
Miami-Dade		•	•
Monroe			•
Nassau		•	•
Okaloosa			•
Okeechobee		•	•
Orange		•	•
Osceola		•	•
Palm Beach		•	•
Pasco	•	•	•
Pinellas	•	•	•
Polk		•	•
Putnam		•	•
Santa Rosa			•
Sarasota	•	•	•
Seminole		•	•
St. John's		•	•
St. Lucie		•	•
Sumter			•
Suwannee			•
Taylor			•
Union			•
Volusia		•	•
Wakulla			•
Walton			•
Washington			•

\*Network subject to change.

# Limitations and exclusions

## Medical

The following is a partial list of services and supplies that are generally not covered. However, the plan documents may contain exceptions to this list based on the plan design purchased.

### Exclusions for 2 to 50 plans

- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays (adult)
- Donor egg retrieval
- Hearing aids
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs
- Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents
- Nonmedically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Radial keratotomy or related procedures
- Refractions or vision hardware (adult)
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

### Exclusions for 51 to 100 plans

- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays
- Donor egg retrieval
- Habilitative services
- Hearing aids
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs
- Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents
- Nonmedically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Radial keratotomy or related procedures
- Refractions or vision hardware
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

# Frequently asked questions

## How are renewal rates calculated?

Renewal rates include census characteristics, coverage selected (single vs. family), location of employees, your group's benefits and demographics.

Current medical and pharmacy trend is also an important component of your medical premium. Some of the most significant causes for increases include:

- Advances in medical technology and new drug development
- Provider reimbursements
- An aging population
- Increased use of health services
- Escalating costs of treatment for serious illness
- Employee contributions — shifting medical expenses from the public to the private sector

## What are participation requirements?

Your plan is contingent upon meeting participation guidelines as follows:

- Employers with less than four employees: Enrollment in an Aetna plan must be equal to 100 percent of total eligible employees excluding valid waivers, such as coverage through a spouse. Waiver forms are required.
- Employers with four to 100 employees: Enrollment in an Aetna plan must be equal to at least 75 percent of eligible employees excluding valid benefit waivers, such as coverage through a spouse. Waiver forms are required.

## Can I get a blended (i.e., composite) rate?

Effective January 1, 2014, rating structure for 2 to 50 eligible employees will be tabular rates (rates for individual employees based on age, rating area and benefit tier).

## Besides alternative plans presented as part of our proposal, are there additional options that we may consider?

If available, Aetna has included a number of lower cost alternative plan designs for your consideration. Generally, the alternative plans listed in your proposal do not require underwriting approval and may represent potential savings versus your current plan design. There are, however, richer plan options from this portfolio that may not be included in your renewal, but would be available for quoting and may require underwriting approval.

- Florida continues to offer Consumer Flex Choice which will allow an employer to offer as many plans that are available in the portfolio. One person must enroll and remain enrolled in each plan for it to be active.
- Medical rates are guaranteed for a 12-month period.
- If there is an employee on COBRA and the employer moves plans, the former employee has to move as well.
- The group must have four or more eligible employees for Consumer Flex Choice.

## How much may our employees contribute to premiums?

You may choose to have your employees pay a portion of the medical premium up to a maximum of 50 percent of the employee-only rate.

For Consumer Flex Choice, the employer must contribute 50 percent of the employee-only cost of the lowest cost plan in the portfolio (even if the employer does not select that plan).

## How much may our employees' dependents contribute to premiums?

You may choose to have your employees pay all or part of the premium cost for their dependent coverage.

## Are new ID cards issued at renewal time?

If you are covered under a new plan, new ID cards will be issued. ID cards will be sent directly to enrollee's home address.







This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Health benefits and insurance plans contain exclusions and limitations. Plan features and availability may vary by location and group size. Investment services are independently offered through HealthEquity, Inc. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

[www.aetna.com](http://www.aetna.com)

©2014 Aetna Inc.  
14.02.991.1-FLC (10/13)

**aetna**<sup>®</sup>