

Plan Name	Option #1 – Base HRA Plan	Option #2 – Enhanced HRA Plan	Aetna Choice – Plan	
Provider	Aetna	Aetna	Aetna	
Referral required	No	No	No	
Network provider/Lab	LabCorp or Quest	LabCorp or Quest	LabCorp or Quest	
Benefit	In-Network	In-Network	In-Network	Out Of Network
PLAN YEAR DEDUCTIBLE				
Individual	\$5,000 (\$1,000 HRA provided by CRM)	\$5,000 (\$3,000 HRA provided by CRM)	\$2,000	4,000
Family	\$10,000 (\$2,000 HRA provided by CRM)	\$10,000 (\$6,000 HRA provided by CRM)	\$4,000	\$8,000
Coinsurance	30%	30%	20%	40%
OUT-OF-POCKET MAX				
Individual	\$8,300	\$8,300	\$7,350	\$14,500
Family	\$16,600	\$16,600	\$14,700	\$29,000
PHYSICIAN SERVICES				
Preventative	100%	100%	100%	40% after ded.
Physician visit	30% after ded.	30% after ded.	\$50 copay	40% after ded.
Specialist visit	30% after ded.	30% after ded.	\$70 copay	40% after ded.
Telemedicine	\$0 for in-network primary care provider visits for certain services	\$0 for in-network primary care provider visits for certain services	\$0 for in-network primary care provider visits for certain services	N/A
OTHER SERVICES				
Virtual Health-CVS	\$0 copay	\$0 copay	\$0 copay	N/A
Routine Eye Exam (1 per 24 months)	\$0 copay	\$0 copay	\$0 copay	40% after ded.
HOSPITAL MEDICAL SERVICES				
X-Ray & Lab	30% after ded.	30% after ded.	20% after ded. (X-Ray); 100% no ded. (Lab)	40% after ded.
Complex Imaging (MRI & CT scan)	30% after ded.	30% after ded.	20% after ded.	40% after ded.
Inpatient Hospital	30% after ded.	30% after ded.	20% after ded.	40% after ded.
Outpatient Surgery	30% after ded.	30% after ded.	20% after ded.	40% after ded.
Urgent Care	30% after ded.	30% after ded.	\$75 copay	40% after ded.
Emergency	30% after ded.	30% after ded.	\$100 copay	Same as in-network (cost sharing applies; no balance billing for true emergencies)
<b>Dependent coverage ends at the end of the month after a dependent turns 26.</b>				
<b>Out-of-Network No Coverage- Emergency Services Only with exception of Option # 3 Aetna Copay Plan</b>				