

Medical Plan Options *Quick Guide*

PLANS ¹	Aetna HealthFund (HRA) ²	Aetna HDHP		Aetna POS		BCBS-GA PPO	
	In-Network	Core	In-Network	Core	In-Network	Core	In-Network
Deductibles							
Individual	\$1,800	\$1,200	\$1,500	None	\$400	\$400	\$800
Family	\$3,600	\$2,400	\$3,000	None	\$1,200	\$1,200	\$2,400
Out-of-Pocket Maximum³							
Individual	\$3,000	\$3,000	\$4,000	None	\$1,750	\$2,500	\$3,000
Family	\$6,000	\$6,000	\$8,000	None	\$3,500	\$5,000	\$6,000
Aggregate	N/A	N/A	N/A	None	Yes	Yes	Yes
Primary Care Office Visits⁴	20% ^{5,6} after deductible	\$30 ⁷ co-pay	\$50 ⁷ co-pay	\$20 co-pay	\$40 co-pay	\$30 co-pay	\$50 co-pay
Specialist Visits	20% ⁶ after deductible	20% after deductible	30% after deductible	\$20 co-pay	\$50 co-pay	\$30 co-pay	\$60 co-pay
Labs and X-Rays							
Doctor's Office	20% ⁶ after deductible	20% after deductible	30% after deductible	\$20 co-pay	\$50 co-pay	\$0 co-pay	\$50 co-pay
Independent Lab	20% ⁶ after deductible	20% after deductible	30% after deductible	\$0 co-pay	10% no deductible	\$0 co-pay	\$50 co-pay
PET, CT, MRI	20% ⁶ after deductible	20% after deductible	30% after deductible	\$0 co-pay	\$250 co-pay	\$0 co-pay	\$250 co-pay
Mammograms, Colonoscopies and PSAs	\$0 ⁸ co-pay	See note below	See note below	\$0 ⁸ co-pay	\$0 ⁸ co-pay	\$0 ⁸ co-pay	\$0 ⁸ co-pay
Emergency Room Visits⁹	\$150 co-pay	\$150 co-pay		\$150 co-pay		\$150 co-pay	
Hospitalizations							
Inpatient	20% ⁶ after deductible	20% after deductible	30% after deductible	\$300 co-pay	30% after deductible	20% after deductible	35% after deductible
Outpatient Facility and Physician Services	20% ⁶ after deductible	20% after deductible	30% after deductible	\$150 co-pay	30% after deductible	20% after deductible	35% after deductible
Outpatient Pre-Admission Testing Office Visit	20% ⁶ after deductible	20% after deductible	30% after deductible	\$20 co-pay	\$50 co-pay	\$30 co-pay	\$60 co-pay
Behavioral Health							
Inpatient	20% ⁶ after deductible	20% after deductible	30% after deductible	First 15 days at 10% Remaining days at 30%		First 15 days at 10% Remaining days at 30%	
Outpatient	20% ⁶ after deductible	20% after deductible	30% after deductible	30%		30%	
Lifetime Maximums¹⁰	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000

1 Out-of-Network benefits may also apply. Please check with your health plan carrier for additional details or review the SPD.

2 The Core Network does not apply to the Aetna HealthFund (HRA).

3 Includes deductible and co-insurance.

4 Includes dermatologists, allergists and OB/GYN.

5 Preventive services are covered at 100%.

6 Co-insurance is 10% if you use an Emory provider.

7 Preventive screening services are covered at co-pay with no deductible. If not preventive, the deductible and co-insurance apply.

8 For PSA diagnostic, PSA testing is paid under or at regular plan levels, subject to co-pays and co-insurance

9 Co-pay waived if admitted to hospital.

10 In-Network and Out-of-Network Maximums are combined.

Note: Under the Aetna HDHP plan, mammograms, colonoscopies and PSAs are not considered preventive care. Therefore, these services are not covered at 100% and are subject to deductibles and co-insurance.

Disclaimer: Every attempt has been made to have the chart and information above accurately reflect the details of the plan. Should there be any errors, the terms and conditions of the Summary Plan Description prevail.

