

Quick Guide – POS (Aetna)

Our Point of Service plan has the lowest deductibles and co-pays. However, it has the highest employee contributions. In general, this is a good choice if you and your family use a lot of medical services; you can limit your out of pocket expenses. There is no deductible in the Core network or co insurance and a higher level of benefits is paid when you utilize the Core network and Emory Core providers. If you utilize an In-Network provider, there is a deductible and an annual maximum that needs to be met. Also if you use provider's in-network, co-insurance is required for hospitalizations, lab and other services.

In the POS plan, the amount you may pay towards deductibles, coinsurance and co-payments is typically lower than other Emory medical plans and therefore the amount you contribute via payroll deductions on a bi-weekly or monthly basis is higher.

The tables below provide a brief outline of the Point of Service (POS) Aetna plan reflecting a participant's responsibility. For more specific information about coverage or cost of a particular service, please contact Aetna directly or review the SPD for the plan.

PLAN	POS (Aetna)	
	Core	In-Network
Deductibles		
Individual	None	\$400
Family	None	\$1,200
Out-of-Pocket Maximum ¹		
Individual	None	\$1,750
Family Maximum	None	\$3,500
Aggregate	None	Yes
Physicians Office Visits ²	\$20 co-payment	\$40 co-payment
Specialists Visits	\$20 co-payment	\$50 co-payment
Lab and X-Rays		
Doctor's Office	\$20 co-payment	\$50 co-payment
Independent Lab	\$0 co-payment	10% no deductible
PET, CT, MRI	\$0 co-payment	\$250 co-payment
Emergency Room Visits ³	\$150 co-payment	\$150 co-payment
Hospitalizations		
Inpatient	\$350 co-payment	30% after deductible
Outpatient Facility and Physician Services	\$150 co-payment	30% after deductible
Outpatient Pre-Admission Testing Office Visit	\$20 co-payment	\$50 co-payment
Lifetime Maximums ⁴	\$2,000,000	\$2,000,000

PLAN	POS (Aetna)	
	Monthly	Bi-Weekly
Your Contributions		
Employee Only	\$46.00	\$23.00
Employee/Child(ren)	\$145.00	\$72.50
Employee/Spouse/SSDP	\$188.00	\$94.00
Family	\$262.00	\$131.00

1 Includes deductible and co-insurance

2 Includes dermatologists, allergists, and OB/GYN

3 Co-payment waived if admitted to hospital

4 In-Network and Out-of-Network Maximums are combined

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