



## 2021 versus 2022 Medical Side-by-Side Comparison of Plan Design Changes

Carrier Plan Name Plan Year	Aetna Platinum Plus		Aetna Platinum Plus		Carrier Plan Name Plan Year	Aetna Platinum		Aetna Platinum		Carrier Plan Name Plan Year	Aetna Gold HSA		Aetna Gold HSA	
	2021		2022			2021		2022			2021		2022	
	In-Network	Out-of-Network	In-Network	Out-of-Network		In-Network	Out-of-Network	In-Network	Out-of-Network		In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>					<b>Deductible</b>					<b>Deductible</b>				
Individual	\$250	\$1,000	\$250	\$1,000	Individual	\$500	\$1,500	\$500	\$1,500	Individual	\$1,500	\$3,000	\$1,500	\$3,000
Family	\$500	\$2,000	\$500	\$2,000	Family	\$1,000	\$3,000	\$1,000	\$3,000	Family	\$3,000	\$6,000	\$3,000	\$6,000
<b>Out-of-Pocket Maximum</b>					<b>Out-of-Pocket Maximum</b>					<b>Out-of-Pocket Maximum</b>				
Individual	\$2,000	\$4,000	\$3,000	\$6,000	Individual	\$3,000	\$6,000	\$4,000	\$8,000	Individual	\$4,000	\$8,000	\$4,000	\$8,000
Family	\$4,000	\$8,000	\$6,000	\$12,000	Family	\$6,000	\$12,000	\$8,000	\$12,000	Family	\$8,000	\$10,000	\$8,000	\$10,000
<b>Coinsurance</b>	0%	30%	10%	30%	<b>Coinsurance</b>	10%	30%	20%	30%	<b>Coinsurance</b>	10%	30%	10%	30%
<b>Office Visits</b>					<b>Office Visits</b>					<b>Office Visits</b>				
Primary Care Physician	\$10	Ded then 30% Coin	\$10	Ded then 30% Coin	Primary Care Physician	\$20	Ded then 30% Coin	\$20	Ded then 30% Coin	Primary Care Physician	Ded then 10% Coin	Ded then 30% Coin	Ded then 10% Coin	Ded then 30% Coin
Specialist	\$20	Ded then 30% Coin	\$20	Ded then 30% Coin	Specialist	\$40	Ded then 30% Coin	\$40	Ded then 30% Coin	Specialist	Ded then 10% Coin	Ded then 30% Coin	Ded then 10% Coin	Ded then 30% Coin
<b>Emergency / Urgent Care</b>					<b>Emergency / Urgent Care</b>					<b>Emergency / Urgent Care</b>				
Urgent Care Center	\$20	Ded then 30% Coin	\$20	Ded then 30% Coin	Urgent Care Center	\$50	Ded then 30% Coin	\$50	Ded then 30% Coin	Urgent Care Center	Ded then 10% Coin	Ded then 30% Coin	Ded then 10% Coin	Ded then 30% Coin
Hospital Emergency Room (Copay waived if admitted)	\$150	Same as In-Network	\$150	Same as In-Network	Hospital Emergency Room (Copay waived if admitted)	\$150	Same as In-Network	\$150	Same as In-Network	Hospital Emergency Room (Copay waived if admitted)	Ded then 10% Coin	Ded then 30% Coin	Ded then 10% Coin	Ded then 30% Coin
<b>Labs/Imaging</b>					<b>Labs/Imaging</b>					<b>Labs/Imaging</b>				
Lab Work	\$0	Ded then 30% Coin	\$0	Ded then 30% Coin	Lab Work	Ded then \$0	Ded then 30% Coin	Ded then \$0	Ded then 30% Coin	Lab Work	Ded then 10% Coin	Ded then 30% Coin	Ded then 10% Coin	Ded then 30% Coin
X-Rays & Diagnostic Imagin	Ded then \$0	Ded then 30% Coin	Ded then \$20	Ded then 30% Coin	X-Rays & Diagnostic Imagin	Ded then 10% Coin	Ded then 30% Coin	Ded then 20% Coin	Ded then 30% Coin	X-Rays & Diagnostic Imagin	Ded then 10% Coin	Ded then 30% Coin	Ded then 10% Coin	Ded then 30% Coin
Complex Imaging (CT/PET, MRI's)	Ded then \$0	Ded then 30% Coin	Ded then \$100	Ded then 30% Coin	Complex Imaging (CT/PET, MRI's)	Ded then 10% Coin	Ded then 30% Coin	Ded then 20% Coin	Ded then 30% Coin	Complex Imaging (CT/PET, MRI's)	Ded then 10% Coin	Ded then 30% Coin	Ded then 10% Coin	Ded then 30% Coin
<b>Hospitalization</b>					<b>Hospitalization</b>					<b>Hospitalization</b>				
Inpatient Facility Services	Ded then \$300	Ded then \$300	Ded then 10% Coins	Ded then 30% Coin	Inpatient Facility Services	Ded then 10% Coin	Ded then 30% Coin	Ded then 20% Coin	Ded then 30% Coin	Inpatient Facility Services	Ded then 10% Coin	Ded then 30% Coin	Ded then 10% Coin	Ded then 30% Coin
Outpatient Facility Services	Ded then \$0	Ded then 30% Coin	Ded then \$200	Ded then 30% Coin	Outpatient Facility Services	Ded then \$0	Ded then 30% Coin	Ded then \$200	Ded then 30% Coin	Outpatient Facility Services	Ded then 10% Coin	Ded then 30% Coin	Ded then 10% Coin	Ded then 30% Coin
<b>Prescription Drug Plan</b>					<b>Prescription Drug Plan</b>					<b>Prescription Drug Plan</b>				
Annual Deductible	None		None		Annual Deductible	None		None		Annual Deductible	Combined with Medical		Combined with Medical	
Out-of-Pocket Maximum	Combined with Medical		Combined with Medical		Out-of-Pocket Maximum	Combined with Medical		Combined with Medical		Out-of-Pocket Maximum	Combined with Medical		Combined with Medical	
Tier 1 Copay	\$7		\$7		Tier 1 Copay	\$7		\$7		Tier 1 Copay	\$7		\$7	
Tier 2 Copay	\$30		\$30		Tier 2 Copay	\$30		\$30		Tier 2 Copay	\$30		\$30	
Tier 3 Copay	\$55		\$55		Tier 3 Copay	\$55		\$55		Tier 3 Copay	\$55		\$55	
Tier 4	20% up to a max of \$100		20% up to a max of \$100		Tier 4	20% up to a max of \$100		20% up to a max of \$100		Tier 4	20% up to a max of \$100		20% up to a max of \$100	