

2021 AETNA MEDICAL PLANS

	\$1,250 BROAD/ HIGH PERFORMANCE	FIRST DOLLAR HIGH PERFORMANCE	HDHP W/O HSA BROAD	DIRECT PRIMARY CARE HIGH PERFORMANCE	HDHP WITH HSA BROAD
CALENDAR YEAR DEDUCTIBLE	\$1,250 IND. / \$3,750 FAMILY	\$500 IND. / \$1,000 FAMILY	\$5,000 IND. / \$10,000 FAMILY	\$6,000 IND. / \$12,000 FAMILY	\$3,000 IND. / \$9,000 FAMILY
OUT-OF-POCKET MAXIMUM	\$3,500 IND. / \$10,500 FAMILY	\$5,500 IND. / \$11,000 FAMILY	\$7,900 IND. / \$15,800 FAMILY	\$6,000 IND. / \$12,000 FAMILY	\$6,500 IND. / \$13,000 FAMILY
COINSURANCE	80% AFTER CYD	50% AFTER CYD	80% AFTER CYD	100% AFTER CYD	80% AFTER CYD
COPAY PCP/SPECIALIST	\$25/\$50	50% AFTER CYD	\$35/\$60	100% AFTER CYD	80% AFTER CYD
TELEDOC	\$10 COPAY	\$10 COPAY	\$10 COPAY	100% AFTER CYD	80% AFTER CYD
PREVENTATIVE SERVICES	100%	100%	100%	100%	100%
EMERGENCY ROOM	\$250 COPAY THEN 80% AFTER CYD	\$250 COPAY THEN 50% AFTER CYD	\$250 COPAY THEN 80% AFTER CYD	100% AFTER CYD	\$250 COPAY THEN 80% AFTER CYD
MENTAL HEALTH INPATIENT & OUTPATIENT	80% AFTER CYD \$25/\$50 COPAY	50% AFTER CYD 50% AFTER CYD	80% AFTER CYD \$35/\$60 COPAY	100% AFTER CYD 100% AFTER CYD	80% AFTER CYD 80% AFTER CYD
PHYSICAL THERAPY	80% AFTER CYD	50% AFTER CYD	80% AFTER CYD	100% AFTER CYD	80% AFTER CYD
OCCUPATIONAL & SPEECH THERAPY	\$25 COPAY	50% AFTER CYD	\$35 COPAY	100% AFTER CYD	80% AFTER CYD

For the most up-to-date information, visit benefits.uco.edu.

*shown as in-network rates

