Aetna 2025 Medical Benefits

*Out-of-Network services and care are subject to balance billing, which means that amounts over the in-network allowable charge may be billed to the member.

		Open Access $30/$40	Open Access $30/$40, 90%/$500	Point of Service (POS)		Health Reimbursement Account (HRA)
Category	**Benefits**	**In-Network Only**	**In-Network Only**	**In-Network**	**Out-of-Network***	**In-Network**
	Network Name	**Elect Choice**	**Elect Choice**	**Managed Choice**	**N/A**	**Managed Choice**
Deductibles/ Out-of-Pocket Maximums	Deductible (Ind/Fam)	$0 / $0	$500 / $1,000	$0 / $0	$300 / $600	$1,500 / $4,500
	Annual Out-of-Pocket Maximum (Ind/Fam)	$2,000 / $6,000	$2,000 / $6,000	$2,000 / $6,000	$3,000 / $9,000	$3,000 / $6,000
	Co-insurance Amount	100%	90% for certain services	100%	80%	100%
	Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
		Member Pays	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Preventive Care	Well Child Visit	No Charge	No Charge	No Charge	20%, Deductible Waived	No Charge; Deductible Waived
	Routine Adult Wellness Visit	No Charge	No Charge	No Charge	20%, Deductible Waived	No Charge; Deductible Waived
Hospital (Includes Mental Health & Maternity)	Inpatient Hospital	$150 Copay	10% after $150 copay after Deductible	$150 Copay	20% after Deductible	0% after Deductible
	Outpatient Hospital	No Charge	10% after Deductible	No Charge	20% after Deductible	0% after Deductible
	Outpatient Surgery	No Charge	10% after Deductible	No Charge	20% after Deductible	0% after Deductible
Office Visits (Includes Mental Health & Maternity)	Primary Care Physician	$30 Copay	$30 Copay	$30 Copay	20% after Deductible	0% after Deductible
	Specialist	$40 Copay	$40 Copay	$40 Copay	20% after Deductible	0% after Deductible
Emergency Services	Emergency Room (copay waived if admitted)	$100 Copay	$100 Copay after Deductible	$100 Copay	Same as in-network	0% after Deductible
	Urgent Care	$40 Copay	$40 Copay after Deductible	$40 Copay	20% after Deductible	0% after Deductible
X-ray/Lab	Independent Lab	No Charge	10% after Deductible	No Charge	20% after Deductible	0% after Deductible
	Advanced Radiology (MRI, CAT, PET)	No Charge	10% after Deductible	No Charge	20% after Deductible	0% after Deductible