

Pines Health Services

January 1, 2024 - Aetna

Contract Provision	HNO - 2500	HNO - 3500	H.S.A - 4000
Deductible - Single	\$2,500	\$3,500	\$4,000
Deductible - Family	\$5,000	\$7,000	\$8,000
Max Out of Pocket - Single	\$5,000	\$6,600	\$6,000
Max Out of Pocket - Family	\$10,000	\$13,200	\$12,000
In-Network Coinsurance Level	20%	20%	20%
Out Of Network Coverage	N/A	N/A	40%
Primary Care Physician	Optional	Optional	Not Required
Preventive Care	100% Coverage	100% Coverage	100% Coverage
Office Visit	\$35	\$35	20% after ded.
Specialist Office Visit	\$50	\$50	20% after ded.
Prescription Coverage			
Tier 1	\$10	\$10	\$10 after ded.
Tier 2	\$30	\$30	\$30 after ded.
Tier 3	\$50	\$50	\$50 after ded.
Tier 4 Specialty	40% maximum \$150 **	40% maximum \$150**	40% maximum \$150**
Tier 5 Non Preferred Specialty	50% maximum \$300**	50% maximum \$300**	50% maximum \$300**
Rx Maximum Out of Pocket	Integrated with medical Max out of pocket	Integrated with medical Max out of pocket	Integrated with medical Max out of pocket
Combined Max. OOP	Integrated with medical Max out of pocket	Integrated with medical Max out of pocket	Integrated with medical Max out of pocket
Inpatient Hospital	20% after ded.	20% after ded.	20% after ded.
Outpatient Surgery	20% after ded.	20% after ded.	20% after ded.
Chiropractic	\$50	\$50	20% after ded.
Lab/X-ray/MRI	20% after ded.	20% after ded.	20% after ded.
Routine Eye Exams	covered in full / 24 months	covered in full / 24 months	covered in full / 24 months
Emergency Room Treatment	\$200	\$200	20% after ded.
<i>Single</i>	\$84.34	\$60.78	\$25.00
<i>Employee & Child(ren)</i>	\$342.55	\$295.10	\$129.74
<i>Dual</i>	\$439.42	\$386.16	\$209.16
<i>Family</i>	\$532.23	\$473.40	\$284.92
<i>ACA Full-Time 40-30 hours</i>			
<i>Single</i>	\$136.90	\$127.90	\$106.30
<i>Employee & Child(ren)</i>	\$502.11	\$469.07	\$403.33
<i>Dual</i>	\$547.86	\$511.80	\$440.09
<i>Family</i>	\$591.69	\$552.75	\$475.29
<i>ACA Part-Time 29 - 20 hours</i>			