



Vensure Plan Portfolio

Aetna National Master Plan (New Additions **Effective 7/1/2020**)

Policy Period: 1/1/2020 - 12/31/2020

In Network (\$ Copay or % Coinsurance)

Deductible (Individual/Family)

Coinsurance

Maximum Out-of-Pocket (Individual/Family)

Primary Care

Specialist

Hospital/IP Per Visit

Surgical/OP Hospital

Emergency Room

Urgent Care

Lab Services

X-Ray Indiv. Facility

Complex Medical Imaging

Additional Pharmacy Deductible

Generic

Formulary

Non-Formulary

Specialty Pharmacy Benefit Per Script

Out Of Network

Deductible (Individual/Family)

Out-of-Pocket Max (Individual/Family)

Out-of-Network Coinsurance

OAMC HDHP 5000/80%	OAMC HDHP 2,800/90%	CA HMO 1000/100%	CA HMO 2000/100%	AWH - SCA HMO 0/100%
			CALIFORNIA ONLY	
\$5,000 / \$10,000	\$2,800 / \$5,600	\$1,000 / \$2,000	\$2,000 / \$4,000	\$0 / \$0
20%	10%	0%	0%	0%
\$6,350 / \$12,700	\$4,000 / \$8,000	\$6,500 / \$13,000	\$6,500 / \$13,000	\$3,500 / \$7,000
20% (After Ded)	10% (After Ded)	\$40	\$40	\$20
20% (After Ded)	10% (After Ded)	\$60	\$60	\$50
20% (After Ded)	10% (After Ded)	\$300/day After Ded, 5 days	\$400/day After Ded, 5 days	\$400/day, 3 days
20% (After Ded)	20% (After Ded)	\$250 After Ded	\$300 After Ded	\$300
20% (After Ded)	10% (After Ded)	\$350 After Ded	\$350 After Ded	\$350
20% (After Ded)	10% (After Ded)	\$100	\$100	\$75
20% (After Ded)	10% (After Ded)	\$0	\$0	\$0
20% (After Ded)	10% (After Ded)	\$60	\$60	\$50
20% (After Ded)	10% (After Ded)	\$150	\$200	\$100
\$0	\$0	\$150 / \$450	\$150 / \$450	\$150 / \$450
\$10 (After Plan Ded)	\$10 (After Plan Ded)	\$15 (Ded Waived)	\$15 (Ded Waived)	\$15 (Ded Waived)
\$45 (After Plan Ded)	\$45 (After Plan Ded)	\$35 (After Rx Ded)	\$35 (After Rx Ded)	\$35 (After Rx Ded)
\$70 (After Plan Ded)	\$70 (After Plan Ded)	\$60 (After Rx Ded)	\$60 (After Rx Ded)	\$60 (After Rx Ded)
25% (After Plan Ded) - \$250 Max	25% (After Plan Ded) - \$250 Max	20% (After Rx Ded) - \$250 Max	20% (After Rx Ded) - \$250 Max	20% (After Rx Ded) - \$250 Max
\$7,000 / \$14,000	\$4,000 / \$8,000	N/A	N/A	N/A
\$10,000 / \$20,000	\$8,000 / \$16,000	N/A	N/A	N/A
50%	40%	N/A	N/A	N/A

	OAMC HDHP 5000/80%	OAMC HDHP 2,800/90%	CA HMO 1000/100%	CA HMO 2000/100%	AWH - SCA HMO 0/100%
State Availability	WV, VA, KY, OH, NC, MD, PA, AL, TN, SC, TX, FL, GA, AZ, CA	WV, VA, KY, OH, NC, MD, PA, AL, TN, SC, TX, FL, GA, AZ, CA	CALIFORNIA ONLY	CALIFORNIA ONLY	CALIFORNIA ONLY