



2022-2023 Refer to Benefit Schedule for Full/Final Benefits

Benefit Plan Name	Copay Gold		Classic Gold		Banner HDHP A	
	Banner   Aetna	Aetna CPIX	Banner   Aetna	Aetna CPIX	Banner   Aetna	Aetna CPIX
<b>In-Network</b>						
Deductible	None	None	240/720	300/900	1,500/3,000*	2,000/4,000*
Maximum Out of Pocket	5,080/10,160	6,350/12,700	3,200/6,400	4,000/8,000	4,500/9,000	5,500/11,000
Ambulance Ground	\$50	\$50	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Ambulance Air	\$200	\$200	\$200/Ded/85%	\$200/Ded/85%	Ded/\$200/80%	Ded/\$200/80%
Anesthesiologist	\$60	\$60	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Chemotherapy (Outpatient)	\$40	\$50	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Chiropractic Care/Spinal Manipulation	\$24	\$30	\$20	\$25	Ded/80%	Ded/80%
Diagnostic Testing, X-Ray and Lab Services (Outpatient) - Free Standing Lab	\$24	\$30	\$20	\$25	Ded/80%	Ded/80%
Durable Medical Equipment (DME) - Rental	\$24	\$30	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Durable Medical Equipment (DME) - Purchase	\$160	\$200	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Emergency Services - Facility Charges	\$120	\$150	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Emergency Services - Professional Fees & Ancillary Charges	\$32	\$40	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Hospice Care (Inpatient)	\$200	\$250	\$200/85%/No Ded	\$250/85%/No Ded	Ded/\$200/80%	Ded/\$250/80%
Hospice Care (Outpatient)	\$24	\$30	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges) - Inpatient	\$200	\$250	\$200/85%/No Ded	\$250/85%/No Ded	Ded/\$200/80%	Ded/\$250/80%
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges) - Outpatient	\$60	\$75	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Maternity (Delivery & Postnatal)	\$240	\$300	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Mental Disorders and Substance Use Disorders (Inpatient) - Facility Charge	\$200	\$250	\$200/85%/No Ded	\$250/85%/No Ded	Ded/\$200/80%	Ded/\$250/80%
Mental Disorders and Substance Use Disorders (Inpatient) - Professional Fees	\$24	\$30	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Mental Disorders and Substance Use Disorders (Outpatient) - Facility Charge	\$60	\$75	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Mental Disorders and Substance Use Disorders (Outpatient) - Office Visits/Telemedicine	\$24	\$30	\$20	\$25	Ded/80%	Ded/80%
Physical Therapy (Outpatient)	\$24	\$30	\$20	\$25	Ded/80%	Ded/80%
Physician Services - PCP	\$24	\$30	\$20	\$25	Ded/\$20 copay	Ded/\$25 copay
Physician Services - Specialist	\$32	\$40	\$28	\$35	Ded/\$30 copay	Ded/\$35 copay
Telemedicine	\$24	\$30	\$20	\$25	Ded/80%	Ded/80%
Preventive Services	100%	100%	100%	100%	100%	100%
Radiation Therapy (Outpatient)	\$40	\$50	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Surgery (Inpatient) - Facility	\$200	\$250	\$200/85%/No Ded	\$250/85%/No Ded	Ded/\$200/80%	Ded/\$250/80%
Surgery (Inpatient) - Professional Fees	\$60	\$75	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Surgery (Outpatient) - Facility	\$60	\$75	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Surgery (Outpatient) - Professional Fees	\$60	\$75	Ded/85%	Ded/85%	Ded/80%	Ded/80%
Urgent Care Facility	\$40	\$50	\$38	\$45	Ded/\$40 copay	Ded/\$45 copay
<b>Out of Network</b>						
Deductible	900/2,700	900/2,700	1,200/3,600	1,200/3,600	2,500/5,000	2,500/5,000
Maximum Out of Pocket	N/A	N/A	N/A	N/A	N/A	N/A
Co-Insurance	50%	50%	50%	50%	50%	50%

Prescription Benefits - PPO Plans	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic Drug	\$15 Copay	\$30 Copay
Preferred Drug	20% copay (\$25 minimum, \$80 maximum)	20% copay
Non-Preferred Drug	40% Copay (\$40 minimum, \$110 maximum)	40% Copay
Specialty Drug	20% copay (\$100 minimum, \$150 maximum)	

Prescription Benefits - HDHP Plans	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic Drug	Ded/\$15 Copay	Ded/\$30 Copay
Preferred Drug	Ded/20% copay (\$25 minimum, \$80 maximum)	Ded/20% copay
Non-Preferred Drug	Ded/40% Copay (\$40 minimum, \$110 maximum)	Ded/40% Copay
Specialty Drug	Ded/20% copay (\$100 minimum, \$150 maximum)	