



## LCSD 2022 PLAN YEAR EFFECTIVE 1/1/2022

### AETNA MEDICAL

	Base Plan	Buy-Up Plan	HDHP Plan
	PPO \$3,500	PPO \$2,000	HDHP \$4,000
<b>Medical Benefits</b>	In-Network	In-Network	In-Network
<b>Deductible</b>			
Individual	\$3,500	\$2,000	\$4,000
Family	\$7,000	\$4,000	\$8,000
<b>Coinsurance</b>	80%	80%	100%
<b>Out-of-Pocket Maximum (includes ded)</b>			
Individual	\$6,600	\$5,000	\$4,000
Family	\$13,200	\$10,000	\$8,000
Inpatient Hospital	Deductible + Coins	Deductible + Coins	Deductible
Outpatient Surgery	Deductible + Coins	\$500	Deductible
Emergency Room	\$350	\$350	Deductible
Urgent Care	\$50	\$50	Deductible
Ground or Air Ambulance	\$200	\$200	Deductible
Laboratory	\$35	\$15	Deductible
Advanced Imaging (MRI PET CT)	\$300	\$200	Deductible
X-ray	\$60	\$40	Deductible
<b>Routine Services</b>			
Office Visit (Primary Care Provider)	\$35	\$20	Deductible
Specialist	\$60	\$40	Deductible
Teladoc	\$35	\$20	Deductible
Preventive Care	No Charge	No Charge	Deductible
<b>Prescription Drugs</b>	<a href="#">Aetna Advanced Control Formulary (Click Here)</a>		
Preferred Generic	\$15	\$15	Deductible
Preferred Brand	\$40	\$40	Deductible
Non-Preferred Generic and Brand	\$60	\$60	Deductible
Specialty	20%	20%	Deductible
Mail-Order: CVS Caremark	2 Copays for 90 Day Supply		
<b>Medical Network</b>	<a href="#">Aetna Managed Choice POS Open Access (Click Here)</a>		

*This is a brief summary of benefits for illustrative purposes only. Please refer to carrier benefit summaries for final benefits and more detail.*



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### AETNA DENTAL

Dental Benefits	In-Network
<b>Annual Deductible</b>	
Individual	\$50
Family	\$150
(Deductible Waived for Preventive)	
<b>Annual Plan Maximum</b>	
	\$2,000
<b>Orthodontia Lifetime Maximum</b>	
	\$1,500
<b>Dental Network</b>	<a href="#">Dental PPO/PDN with PPO II and Extend<sup>SM</sup></a>
<b>Services</b>	
Type I - Preventive Service	100%
Type II - Basic Service	80%
Type III - Major Services	50%
Type IV - Orthodontic Services	50%

### AETNA VISION

Vision Benefits	In-Network
<b>Eye Exam</b>	\$10
<b>Lenses</b> (Standard Plastic)	\$25
<b>Frames</b>	\$130 allowance + 20% off balance
<b>Contact Lenses</b>	\$130 allowance + 15% off balance
<b>Vision Network</b>	<a href="#">Aetna Vision<sup>SM</sup> Preferred</a>

### GUARDIAN LIFE

<b>Life Benefit (Employee)</b>	\$20,000
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