



LCSD 2023 PLAN YEAR EFFECTIVE 1/1/2023

AETNA MEDICAL

	Base Plan	Buy-Up Plan	HDHP Plan
	PPO \$3,500	PPO \$2,000	HDHP \$4,000
Medical Benefits	In-Network	In-Network	In-Network
Deductible			
Individual	\$3,500	\$2,000	\$4,000
Family	\$7,000	\$4,000	\$8,000
Coinsurance	80%	80%	100%
Out-of-Pocket Maximum (includes ded)			
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
Routine Services			
Office Visit (Primary Care Provider)	\$35	\$20	Deductible
Specialist	\$60	\$40	Deductible
Teladoc	\$35	\$20	Deductible
Preventive Care	No Charge	No Charge	Deductible
Prescription Drugs	Aetna Advanced Control Formulary (Click Here)		
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		
Medical Network	Aetna Managed Choice POS Open Access (Click Here)		

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
Annual Deductible	
Individual	\$50
Family	\$150
(Deductible Waived for Preventive)	
Annual Plan Maximum	
	\$2,000
Orthodontia Lifetime Maximum	
	\$1,500
Dental Network	Dental PPO/PDN with PPO II and ExtendSM
Services	
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
Eye Exam	\$10
Lenses (Standard Plastic)	\$25
Frames	\$130 allowance + 20% off balance
Contact Lenses	\$130 allowance + 15% off balance
Vision Network	Aetna VisionSM Preferred

GUARDIAN LIFE

Life Benefit (Employee)	\$20,000
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