

YOUR 2019 IN-NETWORK

MEDICAL PLAN SUMMARY

	Aetna PPO w/ HSA	Aetna HMO Low
Network	APCN	HMO Deductible
Deductible		
Single	\$1,750	\$1,500
Family	\$3,500	\$3,000
Out-of-Pocket Maximum	\$5,000 \$10,000	\$3,500 \$7,000
Preventive Care	No Charge	No Charge
Primary Care Specialist	20% 20%	\$25 copay \$40 copay
ER Urgent Care Teladoc	20% 20% \$40 copay	\$150 copay \$40 copay \$40 copay

YOUR 2019 PER PAY PERIOD

PAYROLL DEDUCTIONS

	Team Member (TM)	TM + Spouse	TM + Child(ren)	Family
Aetna PPO w/ HSA	\$17	\$104	\$54	\$157
Aetna HMO Low	\$67	\$183	\$123	\$257
Delta DHMO*	\$3.14	\$5.96	\$6.27	\$8.94
Delta PPO Low	\$9.14	\$18.80	\$22.43	\$32.06
Delta PPO High	\$18.21	\$36.49	\$41.23	\$61.49
Vision Low	\$3.27	\$6.52	\$6.98	\$11.15
Vision High	\$5.42	\$10.86	\$11.61	\$18.54

*Only California, CT, FL, NM, TN, TX, VA