

# Medical Plan Comparison

	Aetna HSA Plan			Aetna POS Plan			Kaiser Permanente Plan
EMORY CONTRIBUTION	\$300/\$600 <sup>1</sup>			None			None
EARNED INCENTIVES	\$425/\$850 <sup>2</sup>			\$425/\$850 <sup>2</sup>			\$425/\$850 <sup>2</sup>
HEALTH SAVINGS ACCOUNT (HSA)	Yes			No			No
	Tier 1	Tier 2	Tier 3 <sup>3</sup>	Tier 1	Tier 2	Tier 3 <sup>3</sup>	
ANNUAL DEDUCTIBLE—SINGLE	\$1,700	\$1,950	\$2,900	\$850	\$1,000	\$2,000	\$0
ANNUAL DEDUCTIBLE—FAMILY	\$3,400 <sup>4</sup>	\$3,850 <sup>4</sup>	\$5,800 <sup>4</sup>	\$2,550	\$3,000	\$6,000	\$0
OUT-OF-POCKET MAXIMUM <sup>5</sup> —SINGLE	\$3,750	\$5,500	\$11,500	\$3,000	\$4,500	\$11,250	\$3,000
OUT-OF-POCKET MAXIMUM <sup>5</sup> —FAMILY	\$7,500	\$11,000	\$23,000	\$6,000	\$9,000	\$22,500	\$6,000
OUT-OF-POCKET MAXIMUM <sup>5</sup> AGGREGATE	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PRIMARY CARE OFFICE VISITS <sup>6</sup>	15% after deductible	25% after deductible	50% after deductible	\$25 co-pay	\$35 co-pay	50% after deductible	\$25 co-pay
PEDIATRICIAN/MENTAL HEALTH PHYSICIAN VISIT	15% after deductible	25% after deductible	50% after deductible	\$25 co-pay	\$25 co-pay	50% after deductible	\$25 co-pay
SPECIALIST OFFICE VISITS <sup>7</sup>	15% after deductible	25% after deductible	50% after deductible	\$35 co-pay <sup>7</sup>	\$50 co-pay	50% after deductible	\$35 co-pay
DIAGNOSTIC LABS	15% after deductible	25% after deductible	50% after deductible	15% co-insurance	25% co-insurance	50% co-insurance	\$0
X-RAY	15% after deductible	25% after deductible	50% after deductible	15% after deductible	25% after deductible	50% after deductible	\$0
DURABLE MEDICAL EQUIPMENT	15% after deductible	25% after deductible	50% after deductible	15% co-insurance	25% co-insurance	50% after deductible	\$0
ROUTINE PREVENTIVE CARE <sup>8</sup>	Plan pays 100%	Plan pays 100%	50% after deductible	\$0 co-pay	\$0 co-pay	50% after deductible	\$0
EMERGENCY ROOM VISITS <sup>9</sup>	15% after deductible	25% after deductible	25% after deductible	\$250 co-pay	\$250 co-pay	\$250 co-pay	\$250 co-pay
HOSPITALIZATIONS: INPATIENT/OUTPATIENT COVERAGE	15% after deductible	25% after deductible	50% after deductible	15% after deductible	25% after deductible	50% after deductible	\$250 / \$150 co-pay
BEHAVIORAL HEALTH: INPATIENT	15% after deductible	25% after deductible	50% after deductible	15% after deductible	25% after deductible	50% after deductible	\$250
BEHAVIORAL HEALTH: OUTPATIENT	15% after deductible	25% after deductible	25% after deductible	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay

<sup>1</sup> \$600 is contributed annually to the HSA by Emory when Employee+Spouse, Employee+Children or Family level coverage is elected. <sup>2</sup> Both employees and spouses can earn up to \$425 in incentives (a maximum total of \$425 for single and \$850 for employee + spouse). <sup>3</sup> Amounts applied to deductible and out-of-pocket maximums are limited to the Reasonable and Customary charges. <sup>4</sup> Family deductible applies in the HSA plan when Employee+Spouse, Employee+Children or Family level coverage is elected. <sup>5</sup> Out-of-Pocket maximum includes co-pays. <sup>6</sup> Includes services of an internist, general physician, family practitioner, dermatologist and/or allergist. <sup>7</sup> An additional facility fee may be charged for your specialist visit which may apply to your deductible or co-insurance. <sup>8</sup> Routine Preventive Care services ONLY are covered at 100% under the plan at the Tier 1 and Tier 2 Network levels. Diagnostic services are subject to the deductible and co-insurance. <sup>9</sup> Co-pay waived if admitted. **DISCLAIMER:** Every attempt has been made to ensure the chart and information above accurately reflects the details of the plan. Should there be any errors, the terms and conditions of the Summary Plan Description (SPD) prevail.