Employees who do not reside in CA, DC, GA, NJ or NY - Medical Plan Comparison 2026

	Aetna PPO[1]		Aetna HDHP with HSA[1]	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Features				
Employer HSA Contribution	N/A	N/A	Employee: $750; Employee Plus One/Family $1,500	
Member Coinsurance	20%	40%	10%	40%
Deductibles (per calendar year)	$1,000 per person $2,000 per employee plus one/family	$3,000 per person $6,000 per employee plus one/family	$1,850 per person $3,700 per employee plus one/family	$4,750 per person $9,500 per employee plus one/family
Out-of-Pocket Maximum – Medical and Prescription combined	$8,700 per person $17,400 per employee plus one/family	$9,500 per person $19,000 per employee plus one/family	$4,750 per person $9,500 per employee plus one/family	$8,750 per person $17,500 per employee plus one/family
Physician Services Office Visit	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Emergency Room	20% after deductible (no coverage for non-emergency use of the emergency room)	Same as in-network	10% after deductible	10% after deductible
Dependent Age Limit	To age 26 (end of month)	To age 26 (end of month)	To age 26 (end of month)	To age 26 (end of month)
Physician Office Visits				
Preventive Care	Covered at 100% (no deductible)	40% after deductible	Covered 100% (no deductible)	40% after deductible
Diagnostic Lab & X-Ray at Physician Office	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Well Child Care/ Immunizations— Age 19 and under	Covered at 100% (no deductible) (exam limits)	40% after deductible (exam limits)	Covered 100% (no deductible) (exam limits)	40% after deductible (exam limits)

	Aetna PPO[1]		Aetna HDHP with HSA[1]	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Physician Office Visits *(continued)*				
Well Woman Care (includes routine mammograms)	Covered at 100% (no deductible)	40% after deductible	Covered 100% (no deductible)	40% after deductible
Routine Physical Examinations (1 in 12 months)	Covered at 100% (no deductible)	40% after deductible	Covered 100% (no deductible)	40% after deductible
Outpatient Services				
Outpatient Hospital Expenses (including surgery)	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Outpatient Rehabilitation (In-office)				
Physical/Speech/ Occupational Therapy[2]	20% after deductible (60 visits calendar year limit)	40% after deductible	10% after deductible (60 visits calendar year limit)	40% after deductible (60 visits calendar year limit)
Hospital Care				
Room and Board/ Diagnostic Laboratory and X-Ray/Misc. charges	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Hospital Per Admission	$250 copay/day for the first 5 days, thereafter covered at 100%; after deductible.	$500 copay/day for the first 5 days, thereafter 40%; after deductible	10% after deductible	40% after deductible
Surgeon/ Physicians	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Maternity Care				
Prenatal Maternity	Covered 100% (no deductible)	40% after deductible	Covered 100% (no deductible)	40% after deductible
Durable Medical Equipment				
Durable Medical Equipment	20% after deductible	40% after deductible	10% after deductible	40% after deductible

	Aetna PPO[1]		Aetna HDHP with HSA[1]	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health				
Inpatient	$250 copay/day for the first 5 days, thereafter covered at 100%; after deductible.	$500 copay/day for the first 5 days, thereafter 40%; after deductible	10% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Alcohol/Substance Abuse				
Inpatient/Residential	$250 copay/day for the first 5 days, thereafter covered at 100%; after deductible.	$500 copay/day for the first 5 days, thereafter 40%; after deductible	10% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Prescription Drug Services[3] – Administered by OptumRx[4]				
Retail – Up to 30 Days				
Generic	10% ($7.50 minimum/ $30 maximum copay)	Not covered	10% ($7.50 minimum/ $30 maximum copay)	Not covered
Brand (preferred)	20% ($20 minimum/ $100 maximum copay)		20% ($20 minimum/ $100 maximum copay)	
Brand (non-preferred)	30% ($40 minimum/ $200 maximum copay)		30% ($40 minimum/ $200 maximum copay)	
Specialty (non-preferred)[5]	30% ($80 minimum/ $400 maximum copay)		30% ($80 minimum/ $400 maximum copay)	
Mail Order and Retail[6] – Up to 90 Days				
Generic	10% ($15 minimum/ $60 maximum copay)	Not covered	10% ($15 minimum/ $60 maximum copay)	Not covered
Brand (preferred)	20% ($40 minimum/ $200 maximum copay)		20% ($40 minimum/ $200 maximum copay)	
Brand (non-preferred)	30% ($80 minimum/ $400 maximum copay)		30% ($80 minimum/ $400 maximum copay)	

	Aetna PPO[1]		Aetna HDHP with HSA[1]	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision Care				
Examinations	Covered at 100% (no deductible) one visit every 24 months	40% after deductible; one visit every 24 months	100%, no deductible; one visit every 24 months	40% after deductible, one visit every 24 months
Frames/Lenses	Not covered	Not covered	Not covered	Not covered

This comparison contains highlights of your health care plan option(s). If there is a discrepancy between the wording in this comparison and your insurance certificate or plan description, the insurance certificate or plan description will govern.

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[1]For non-preventive drugs, you pay the full price of the drug until you meet the deductible, at which point you pay the applicable copay or coinsurance.
[2] If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.
[3] If a brand drug is purchased when a generic is available, you pay the copayment plus the difference in cost between the brand and generic medication. The Deductible applies before the above copay schedule (except for preventive medication).
[4]Administered by OptumRx for the Aetna HDHP and Aetna PPO plans.
[5]Specialty prescriptions are available through Optum Specialty only (not at retail).
[6]90-day prescriptions available from Walgreens-owned retail pharmacies (including Duane Reade).