2025-26 Medical & Prescription Drug Plan Comparison

Aetna Medical Coverage	Select Plan	POS Plan		HDHP Plan	
	In-Network Only	In-network	Out-of-network	In-network	Out-of-network
Network	Aetna Open Access® Aetna Select℠ network	Aetna Choice® POS II – ASC network		Aetna Choice® POS II – ASC network	
Calendar Year Deductible (single/family)	$1,000 / $3,000	$2,500 / $5,000	$5,000/ $10,000	$5,000/ $10,000	$10,000/ $20,000
Calendar Year Out-of-Pocket Max (single/family)	$6,000 / $12,000	$7,500 / $15,000	$15,000/ $30,000	$7,050/ $14,100	$16,000/ $32,000
Coinsurance	20%	30%	50%	20%	30%
Preventive Care	Covered 100%	Covered 100%	30% after deductible	Covered 100%	30% after deductible
Primary Care Physician Including Mental Health	$25 copay	$40 copay	30% after deductible	20% after deductible	30% after deductible
Specialist	$50 copay	$80 copay	30% after deductible	20% after deductible	30% after deductible
Urgent Care	$50 copay	$75 copay	$75 copay	20% after deductible	30% after deductible
Diagnostic Labs & X-Rays	20% after deductible	30% after deductible	50% after deductible	20% after deductible	30% after deductible
Emergency Room Visit (copay waived if admitted)	$300 copay	$350 copay	$350 copay	20% after deductible	20% after deductible
Inpatient Hospital Stay	$1,000 copay + 20% after deductible	$1,000 copay + 30% after deductible	$1,000 copay + 50% after deductible	20% after deductible	30% after deductible
Outpatient Services	$500 copay + 20% after deductible	$500 copay + 30% after deductible	50% after deductible	20% after deductible	30% after deductible
Outpatient Surgery Services at Lantern COE	Covered 100%	Covered 100%	Not covered	Covered 100% after reduced ded of $1,650 / $3,300	Not covered
Retail Prescription Drugs (up to 30-day supply from Aetna National Network)					
Generic / Preferred Brand / Non-Preferred Brand / Specialty	$20 / $40 / $70 / $250 copay	$20 / $40 / $70 / $250 copay		$10 / $30 / $60 / $250 copay after deductible	
Mail Order Prescription Drugs (up to 90-day supply from CVS Caremark® Mail Service Pharmacy)					
Generic / Preferred Brand / Non-Preferred Brand / Specialty	$40 / $80 / $140 / $250 copay	$40 / $80 / $140 / $250 copay		$20 / $60 / $120 / $250 copay after deductible	