Lucid 2025 Aetna Plans	The Open Access $0 EPO (Non-AZ Employees) Comparable to Cigna EPO	Aetna Open Access Select $500 EPO (Non-AZ Employees) Comparable to Cigna EPO Local Plus	Aetna Choice Plus $100 PPO (All Employees) Comparable to Cigna PPO		Aetna Choice Plus HDHP (All Employees) Comparable to Cigna HDHP	
	In-Network	**In-Network**	**In-Network**	**Out-of Network**	**In-Network**	**Out-of Network**
Aetna Product Type	Open Access Aetna Select	Open Access Aetna Select	Aetna Choice POS II		Aetna Choice POS II	
Coinsurance	100% coinsurance	100% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Annual Deductible Individual Individual in a family Family	None	$500 $500 $1,000	$100 $100 $200	$500 $500 $1,000	$2,000 $4,000 $4,000	$4,000 $8,000 $8,000
Annual Out-of-Pocket Maximum Individual Individual in a famly Family	$1,500 $1,500 $4,500	$1,500 $1,500 $4,500	$2,500 $2,500 $5,000	$5,000 $5,000 $10,000	$3,000 $3,000 $6,000	$6,000 $6,000 $12,000
Prescription Drugs						
Prescription Drug Integration	Pharmacy Copays apply to OOP max	Pharmacy Copays apply to OOP max	Pharmacy Copays apply to OOP max	N/A	Copay after Ded. Copay/Ded applies to OOP	N/A
Retail-30 Day Supply Generic Preferred Brand Non-Preferred Brand	$10 Copay $30 Copay $50 Copay	$10 Copay $30 Copay $50 Copay	$10 Copay $30 Copay $50 Copay	N/A	$10 Copay $30 Copay $50 Copay	N/A
Mail Order-90 Day Supply Generic Preferred Brand Non-Preferred Brand	$20 Copay $60 Copay $100 Copay	$20 Copay $60 Copay $100 Copay	$20 Copay $60 Copay $100 Copay	N/A	$20 Copay $60 Copay $100 Copay	N/A
Preventive Care	100% no deductible copay waived	100% no deductible copay waived	100% no deductible copay waived	60% after deductible	100% no deductible copay waived	60% after deductible
PCP Office Visit	100% after $20 PCP copay	100% after $20 PCP copay, no deductible	100% after $20 PCP copay, no deductible	60% after deductible	80% after deductible	60% after deductible
Specialist Office Visit	100% after $40 Specialist copay	100% after $40 Specialist copay, no deductible	100% after $40 Specialist copay, no deductible	60% after deductible	80% after deductible	60% after deductible
Xray & Lab Tests	100% no deductible no copay	100% no deductible no copay	100% no deductible no copay	60% after deductible	80% after deductible	60% after deductible
Complex Imaging	100% after $100 copay	100% after $100 copay, no deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Hospital*						

Inpatient Coverage:	100% coinsurance $500 Copay	100% coinsurance $500 Copay	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient Surgery:	100% coinsurance $250 Copay	100% after deductible $250 Copay	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency Room -No Coverage for non-Emergency	100% no deductible, after $100 E.R. Copay	100% no deductible, after $100 E.R. Copay	80% no deductible, after $100 E.R. Copay	80% no deductible, after $100 E.R. Copay	80% after deductible, no copay	80% after deductible, no copay
Urgent Care Facility	100% after $50 UCF copay	80% after $50 UCF copay, no deductible	Plan coinsurance after $50 UCF copay, no deductible	60% after deductible	80% after deductible	60% after deductible
Mental Health & Substance Abuse:						
Inpatient Coverage:	100% coinsurance $500 Copay	100% coinsurance, no deductible $500 Copay	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient Coverage:	100% no deductible aftr $40 copay	100% no deductible aftr $40 copay	100% no deductible aftr $40 copay	60% after deductible	80% after deductible no copay	60% after deductible
Outpatient Short Term Rehabilitation: Physical, Speech & Occupational Therapy	100% after $40 Specialist copay 60 visits per year combined	100% after $40 Specialist copay, no deductible 60 visits per year combined	100% after $40 Specialist copay 60 visits per year combined	60% after deductible 60 visits per year combined	80% after deductible 60 visits per year combined	60% after deductible 60 visits per year combined
Habilitative Services and Speech Therpay	100% no deductible no copay. Includes Outpatient Hospital / Outpatient Facility	100% no deductible no copay. Includes Outpatient Hospital / Outpatient Facility	100% no deductible no copay Includes Outpatient Hospital / Outpatient Facility	60% after deductible Included Outpatient Hospital / Outpatient Facility	80% after deductible no copay (HDHP Plans) Includes Outpatient Hospital / Outpatient Facility	60% after deductible Included Outpatient Hospital / Outpatient Facility
Spinal Manipulation:	100% after $40 Specialist copay 25 visits per year	100% after $40 Specialist copay 25 visits per year	100% after $40 Specialist copay 25 visits per year	60% after deductible 25 visits per year	80% after deductible 25 visits per year	60% after deductible 25 visits per year
Autism-Physical, Occupational and Speech Therapy	100% no deductible no copay	100% no deductible no copay	100% no deductible no copay	60% after deductible	80% after deductible no copay	60% after deductible
Autism-Behavioral Therapy	100% no deductible after $40 copay	100% no deductible after $40 copay	100% no deductible after $40 copay	60% after deductible	80% after deductible no copay	60% after deductible
Autism -ABA	100% no deductible no copay	100% no deductible no copay	100% no deductible no copay	60% after deductible	80% after deductible no copay	60% after deductible
Walk-in Clinic-Minute Clinic	100% no deductible no copay for MinuteClinic	100% no deductible no copay for MinuteClinic	100% no deductible no copay for MinuteClinic	N/A	100% after deductible no copay for MinuteClinic	N/A
CVS Virtual Primary Care visit	100% no deductible no copay	100% no deductible no copay	100% no deductible no copay	N/A	100% after deductible no copay	N/A
Some services require precertification and penalty may apply if not obtained.	Room/Board/Misc expenses for Hospital , Treatment Facilities, Skilled Nursing Facilities, Hospice, Home Health Care, and Private Duty Nursing	Room/Board/Misc expenses for Hospital , Treatment Facilities, Skilled Nursing Facilities, Hospice, Home Health Care, and Private Duty Nursing	Room/Board/Misc expenses for Hospital , Treatment Facilities, Skilled Nursing Facilities, Hospice, Home Health Care, and Private Duty Nursing	Room/Board/Misc expenses for Hospital , Treatment Facilities, Skilled Nursing Facilities, Hospice, Home Health Care, and Private Duty Nursing	Room/Board/Misc expenses for Hospital , Treatment Facilities, Skilled Nursing Facilities, Hospice, Home Health Care, and Private Duty Nursing	Room/Board/Misc expenses for Hospital , Treatment Facilities, Skilled Nursing Facilities, Hospice, Home Health Care, and Private Duty Nursing