Lucid 2027 Aetna Plans	Aetna Open Access Select- $500	Aetna Choice POSII -$100		HDHP w/ HSA	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Aetna Product Type	Open Access Aetna Select	Aetna Choice POS II		Aetna Choice POS II	
Coinsurance	100% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Annual Deductible Individual Individual in a family Family	$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	$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	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	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	N/A	$20 Copay $60 Copay $100 Copay	N/A
Preventive Care	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, 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, 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	60% after deductible	80% after deductible	60% after deductible
Complex Imaging	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	80% after deductible	60% after deductible	80% after deductible	60% after deductible

Outpatient Surgery:	100% coinsurance $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	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, 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, 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	60% after deductible	80% after deductible no copay	60% after deductible
Outpatient Short Term Rehabilitation: Physical, Speech & Occupational Therapy	100% after $40 Specialist copay, no deductible 60 visits per year combined	100% after $40 Specialist copay, no deductible 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 Therapy	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	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	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	60% after deductible	80% after deductible no copay	60% after deductible
Autism -ABA	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	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	N/A	100% after deductible no copay	N/A
Precertification	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

Penalty for failure to precertify benefit reduction applied separately to each type of expense which require Precertification. Penalty amounts do not apply toward members out-of-pocket limit	No penalty (provider responsible In-network)	No penalty (provider responsible In-network)	Member responsible; $750 penalty	No penalty (provider responsible In-network)	Member responsible; $750 penalty