LPMG 2024-2025 GLOBAL BENEFIT COMPARISON

General Plan Information	AETNA-EPO OA 1500-80% (no out-of-network coverage)	AETNTL-HDHP MC Copay 3250-100%	AETNA-HDHP EPO $5000-80% EMB	AETNTL-HDHP MC 5000-80%	AETNTL-MC OA 1500-90%	AETNTL-MC OA 3000-70%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible - Individual	$1,500	$3,250	$5,000	$5,000	$1,500	$3,000
Calendar Year Deductible - Family	$3,000	$6,500	$10,000	$10,000	$3,000	$6,000
Carrier Coinsurance	80%	100%	80%	80%	90%	70%
Member Coinsurance	20%	0%	20%	20%	10%	30%
Calendar Year Out-of-Pocket Max - Individual	$5,500	$5,500	$6,850	$7,000	$5,500	$6,850
Calendar Year Out-of-Pocket Max - Family	$11,000	$11,000	$13,700	$14,000	$11,000	$13,700
Office Visits						
Primary Care Physician Visit	$30	Deductible then $30	Deductible then 20%	Deductible then 20%	$25	$40
Virtual Visit	$30	$56 consult fee until Deductible is met, then $30	$56 consult fee until Deductible is met, then 20%	$56 consult fee until Deductible is met, then 20%	$25	$40
Specialist Visit	$60	Deductible then $60	Deductible then 20%	Deductible then 20%	$50	$80
Specialist Referral Required	No	No	No	No	No	No
Hospital Care						
Hospital Care - Inpatient	Deductible then 20%	Deductible then $500 Copay per admission	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 30%
Hospital Care - Outpatient	Deductible then 20%	Deductible then $300	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 30%
Preventive Care						
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Other Services						
Diagnostic X-Ray, Scans & Lab	Lab: $0; X-ray & Advanced Imaging: Deductible then 20%	Deductible then 100%	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 30%
Chiropractic Care	$60	Deductible then 100%	Deductible then 20%	Deductible then 20%	$50	$80
Emergency Care						
Emergency Room (In-Area)	$350	Deductible then $350	Deductible then 20%	Deductible then 20%	$350	$350
Urgent Care Facility	$85	Deductible then $85	Deductible then 20%	Deductible then 20%	$85	$85
Prescription						
Tier 1 Retail	Tier 1A-Value Drugs: $3 Copay/Tier 1-Preferred Generic: $10 Copay	Tier 1A-Value Drugs: Deductible then $3/Tier 1-Preferred Generic: Deductible then $10	Tier 1A-Value Drugs: Deductible then $3/Tier 1-Preferred Generic: Deductible then $10	Tier 1A-Value Drugs: Deductible then $3/Tier 1-Preferred Generic: Deductible then $10	Tier 1A-Value Drugs: $3 Copay/Tier 1-Preferred Generic: $10 Copay	Tier 1A-Value Drugs: $3 Copay/Tier 1-Preferred Generic: $10 Copay
Tier 2 Retail	$45	Deductible then $45	Deductible then $45	Deductible then $45	$45	$45
Tier 3 Retail	$70	Deductible then $70	Deductible then $70	Deductible then $70	$70	$70
Tier 4 Retail	Preferred: 30%-$300 max/Non-Preferred: 50%-$500 max through Aetna Specialty Pharmacy	Preferred: Deductible then 30%-$300 max/Non-Preferred: Deductible then 50%-$500 max through Aetna Specialty Pharmacy	Preferred: Deductible then 30%-$300 max/Non-Preferred: Deductible then 50%-$500 max through Aetna Specialty Pharmacy	Preferred: Deductible then 30%-$300 max/Non-Preferred: Deductible then 50%-$500 max through Aetna Specialty Pharmacy	Preferred: 30%-$300 max/Non-Preferred: 50%-$500 max through Aetna Specialty Pharmacy	Preferred: 30%-$300 max/Non-Preferred: 50%-$500 max through Aetna Specialty Pharmacy
Mail Order	Tier 1A: $6/Tier 1:$20/$90/$140	Deductible then Tier1A:$6/Tier1:$20/$90/$140	Deductible then Tier 1A: $6/Tier 1:$20/$90/$140	Deductible then Tier1A:$6/Tier1:$20/$90/$140	Tier1A:$6/Tier1:$20/$90/$140	Tier1A:$6/Tier1:$20/$90/$140