LPMG 2025-2026 GLOBAL BENEFIT COMPARISON

General Plan Information	AETNTL-MC OA 1500-90% (no out-of-network coverage)	AETNTL-MC OA 3000-70%	AETNA-EPO OA 1500-80%	AETNTL - HDHP MC 5000-80%	AETNTL - HDHP Copay MC 3300 -100%	AETNTL - HDHP MC 5000-80% EMB
Calendar Year Deductible - Individual	$1,500	$3,000	$1,500	$5,000	$3,300	$5,000
Calendar Year Deductible - Family	$3,000	$6,000	$3,000	$10,000	$6,600	$10,000
Carrier Coinsurance	90%	70%	80%	80%	100%	80%
Member Coinsurance	10%	30%	20%	20%	0%	20%
Calendar Year Out-of-Pocket Max - Individual	$5,500	$6,850	$5,500	$7,000	$5,500	$6,850
Calendar Year Out-of-Pocket Max - Family	$11,000	$13,700	$11,000	$14,000	$11,000	$13,700
Office Visits						
Primary Care Physician Visit	$25	$40	$30	Deductible, then 20%	Deductible, then $30	Deductible, then 20%
Virtual Visit	$25	$40	$30	$58 until deductible met, then 20%	$58 until deductible met, then $30	$58 until deductible met, then 20%
Specialist Visit	$50	$80	$60	Deductible, then 20%	Deductible, then $60	Deductible, then 20%
Specialist Referral Required	No	No	No	No	No	No
Hospital Care						
Hospital Care - Inpatient	Deductible, then 10%	Deductible, then 30%	Deductible, then 20%	Deductible, then 20%	Deductible, then $500	Deductible, then 20%
Hospital Care - Outpatient	Deductible, then 10%	Deductible, then 30%	Deductible, then 20%	Deductible, then 20%	$300	Deductible, then 20%
Preventive Care						
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Other Services						
Diagnostic X-Ray, Scans & Lab	Deductible, then 10%	Deductible, then 30%	Labs $0 X-Ray 20%	Deductible, then 20%	Deductible, then 0%	Deductible, then 20%
Emergency Care						
Emergency Room (In-Area)	$350	$350	$350	Deductible, then 20%	Deductible, then $350	Deductible, then 20%
Urgent Care Facility	$85	$85	$85	Deductible, then 20%	Deductible, then $85	Deductible, then 20%
Prescription						
Tier 1 Retail	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 1A-Value Drugs: $3 copay Tier 1-Preferred Generic: $10 copay	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 1A-Value Drugs: $3 copay Tier 1-Preferred Generic: $10 copay
Tier 2 Retail	$45	$45	$45	$45	$45	$45
Tier 3 Retail	$70	$70	$70	$70	$70	$70
Tier 4 Retail	Preferred:30% - $300 max Non-Preferred: 50% - $500 max	Preferred:30% - $300 max Non-Preferred: 50% - $500 max	Preferred:30% - $300 max Non-Preferred: 50% - $500 max	Preferred:30% - $300 max Non-Preferred: 50% - $500 max	Preferred:30% - $300 max Non-Preferred: 50% - $500 max	Preferred:30% - $300 max Non-Preferred: 50% - $500 max
Rates (per pay check)						
Employee	$193.02	$140.92	$158.67	$49.40	$106.08	$63.46
Employee + Spouse	$583.79	$472.42	$509.69	$274.98	$396.85	$271.49
Employee + Children	$516.05	$414.47	$448.60	$235.75	$346.28	$233.47
Employee + Family	$907.18	$745.96	$798.72	$461.35	$637.05	$456.86