Benefits	Aetna OAMC $200 Current		Aetna OAMC $300 effective 1/1/2026	
	PPO	OON	PPO	OON
Calendar Year Deductible *(per calendar year)* Single / Single in Family / Family	$200 / $200 / $600	$500 / $500 / $1,000	$300 / $300 / $900	
Annual Out-of-Pocket Maximum *(per calendar year)* Single / Single in Family / Family	$2,000/ $2,000 / $4,000	$4,000/ $4,000 / $8,000	$2,000/ $2,000 / $4,000	$3,000 / $3,000 / $6,000
Physician Office Visit	20% (ded waived)	40%	20%	40%
Specialist Office Visit	20% (ded waived)	40%	20%	40%
Walk-in Clinics	20% (ded waived)	40%	20%	40%
Preventive Care	No Charge	40%	No Charge (ded waived)	40%
Physical, Occupational, & Speech Therapy	20% (ded waived)	40%	20%	40%
Lab and X-Ray	20%	40%	20%	40%
Chiropractic (30 visits/calendar year)	20%	40%	20%	40%
Acupuncture (20 visits/calendar year)	20% (ded waived)	40%	20%	40%
Hospitalization				
Inpatient Hospitalization	20%	40%	No Charge	30%
Inpatient Maternity	20%	40%	No Charge	30%
Outpatient Surgery - Hospital or Freestanding Facility	20%	40%	No Charge	30%
Emergency Medical Care				
Urgent Care Provider	No charge (ded waived)	40%	20%	40%
Ambulance	$100 copay/trip		No Charge	
Emergency Room	$100 copay (ded waived); waived if admitted		No Charge	
Mental Health				
Mental Health Inpatient	20%	40%	No Charge	30%
Mental Health Office Visits	20% (ded waived)	40%	20%	40%
Other Mental Health Services	20%	40%	No Charge	40%
Substance Abuse				
Substance Abuse Inpatient	20%	40%	No Charge	30%
Residential Treatment Facility	20%	40%	No Charge	30%
Substance Abuse Office Visits	20% (ded waived)	40%	20%	40%
Other Substance Abuse Services	20%	40%	No Charge	40%
Other Services				
Skilled Nursing Facility	20%	40%	No Charge	30%
Spinal Manipulation Therapy	20% (30 visits/year)	40% (30 visits/year)	20% (20 visits/year)	40% (20 visits/year)
Outpatient Speech Therapy	20% (ded waived)	40%	20%	40%
Outpatient Physical and Occupational Therapy	20% (ded waived)	40%	20%	40%
Habilitative Physical Therapy	20%	40%	No Charge	40%
Habilitative Occupational Therapy	20%	40%	No Charge	40%
Habilitative Speech Therapy	20%	40%	No Charge	40%
Autism Behavioral Therapy	20% (ded waived)	40%	20%	40%
Autism Applied Behavior Analysis	20%	40%	No Charge	40%
Autism Physical Therapy	20%	40%	No Charge	40%
Autism Occupational Therapy	20%	40%	No Charge	40%
Austism Speech Therapy	20%	40%	No Charge	40%
Infusion Therapy (at home or doctor office)	20% (ded waived)	40%	20%	40%
Prescription Drugs	**Generic / Formulary Brand/Non-Formulary Brand**		**Generic / Formulary Brand/Non-Formulary Brand**	
Retail (30 day supply)	$15 / $30 / $45	25% to max $250 copay	$10 / $20 / $35	25% to max $250 copay
Retail (90 day supply) Maintenance Drugs	$45 / $90 / $135	25% to max $250 copay	$30 / $60 / $105	25% to max $250 copay
Mail Order (90 day supply)	$30 / $60 / $90	Not Covered	$20 / $40 / $70	Not Covered
$0 Chronic Value Drugs (retail)	Included	25% to max $250 copay	Included	25% to max $250 copay
$0 Chronic Value Drugs (mail order)	Included	Not Covered	Included	Not Covered
Specialty Drugs (30 day supply)	20% (up to $100 copay max/drug)	Not Covered	30% (up to $150 copay max/drug)	Not Covered