



**AETNA PLAN – SILVER HNOPTION \$6000 DEDUCTIBLE 80/50% COVERAGE (IN/OUT OF NETWORK)**

DE Silver HNOption 6000 80/50								
Network	Coinsurance	Deductible (calendar year unless otherwise noted)	Coinsurance Maximum (calendar year unless otherwise noted)	Non Specialist OV	Outpatient Surgery	Inpatient Hosp. Copay/Ded	Prescription Drug - Retail (30 day supply)	Specialist Office visit
In-Network	20%	\$6000/12000 PY	\$8550/17100 PY	\$30	N/A	Ded20%	12/55/95/40% up to 150/50% up to 150	\$75
Out-of-Network*	N/A	\$18000/36000 PY	Unlimited/Unlimited PY	N/A	N/A	N/A	N/A	N/A

**AETNA PLAN – SILVER PPO \$6000 DEDUCTIBLE 80% COVERAGE (IN NETWORK ONLY)**

DE Silver PPO 6000 80/50								
Network	Coinsurance	Deductible (calendar year unless otherwise noted)	Coinsurance Maximum (calendar year unless otherwise noted)	Non Specialist OV	Outpatient Surgery	Inpatient Hosp. Copay/Ded	Prescription Drug - Retail (30 day supply)	Specialist Office visit
In-Network	20%	\$6000/12000 PY	\$8550/17100 PY	\$30	N/A	Ded20%	12/55/95/40% up to 150/50% up to 150	\$75
Out-of-Network*	N/A	\$18000/36000 PY	Unlimited/Unlimited PY	N/A	N/A	N/A	N/A	N/A