



2024 Augusta Health Medical Benefit Options Side-by-Side

PLAN FEATURES	Point of Service (POS)		HDHP Option	
	Augusta Network Member Cost Share	Aetna Network Member Cost Share	Augusta Network Member Cost Share	Aetna Network Member Cost Share
Deductible <i>(amount paid before the plan begins to pay)</i>	Single \$600 Family \$1,200	Single \$1,000 Family \$2,000	Single \$1,700 Family \$3,400	Single \$2,200 Family \$4,400
Maxim Out-of-Pocket <i>(payment limit per year for covered services)</i>	Single \$3,500 Family \$7,000	Single \$5,000 Family \$10,000	Single \$4,500 Family \$9,000	Single \$7,500 Family \$15,000
Preventative Care Services	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived
Out-of-Network Coverage	No	No	No	No
PRE-TAX SAVINGS				
FSA/HSA Options	Yes, Full Health Care FSA		Yes, Health Savings Account (HSA), and Limited Purpose Dental & Vision FSA	
Health Savings Account (HSA) Augusta Health Contribution	N/A		Team Member Only: \$750 Family: \$1,500 (Jan. 1 participants receive full amount, all other enrollments prorated by month)	
PHYSICIAN SERVICES				
Inpatient/Outpatient Physician Services	25% after deductible	35% after deductible	25% after deductible	35% after deductible
Primary Care Physician Office Visits	\$30 Copay, no deductible	\$45 Copay, no deductible	25% after deductible	35% after deductible
Specialist	\$50 Copay, no deductible	\$65 Copay, no deductible	25% after deductible	35% after deductible
Primary Care Physician Office Surgery	\$30 Copay, no deductible	35% after deductible	25% after deductible	35% after deductible
Specialist Office Surgery	\$50 Copay, deductible waived	35% after deductible	25% after deductible	35% after deductible

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DIAGNOSTIC PROCEDURES				
X-Ray, Laboratory, Imaging	25% after deductible	35% after deductible	25% after deductible	35% after deductible
EMERGENCY SERVICES				
Emergency Room Services	25% deductible waived	25% deductible waived	25% after deductible	25% after deductible
Urgent Care Provider	\$75 copay, deductible waived	\$75 copay, deductible waived	25% after deductible	35% after deductible
Ambulance Services	25% after deductible	25% after deductible	25% after deductible	25% after deductible
HOSPITAL CARE				
Inpatient	25% after deductible	35% after deductible	25% after deductible	35% after deductible
Outpatient	25% after deductible	35% after deductible	25% after deductible	35% after deductible
MATERNITY				
Prenatal and Breastfeeding Support	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived
Lactation Consultations	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived
Other Prenatal and Postnatal Care	100% deductible waived	100% deductible waived	25% after deductible	25% after deductible
Delivery	25% after deductible	25% after deductible	25% after deductible	25% after deductible
MENTAL HEALTH & SUBSTANCE ABUSE				
Inpatient	25% after deductible	35% after deductible	25% after deductible	35% after deductible
Outpatient Office Visits	\$30 copay no deductible	\$30 copay no deductible	25% after deductible	25% after deductible
Outpatient Care	25% after deductible	35% after deductible	25% after deductible	35% after deductible
OTHER SERVICES				
Outpatient Surgery (other than a physician's office)	25% after deductible	35% after deductible	25% after deductible	35% after deductible
Hospice Care	25% after deductible	35% after deductible	25% after deductible	35% after deductible
Home Health Care 90-visit calendar year maximum	25% after deductible	35% after deductible	25% after deductible	35% after deductible

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Private Duty Nursing 70-visit (8 hour per visit) calendar year maximum	25% after deductible	35% after deductible	25% after deductible	35% after deductible
Skilled Nursing Facility and Rehabilitation Facility 100-day calendar year maximum	25% after deductible	35% after deductible	25% after deductible	35% after deductible
Chiropractic Care / Spinal Manipulation Therapy 10-visit calendar year maximum	25% after deductible	35% after deductible	25% after deductible	35% after deductible
Durable Medical Equipment	25% after deductible	35% after deductible	25% after deductible	35% after deductible
Transplants - (Aetna Institute of Excellence)	N/A	25% after deductible	N/A	25% after deductible
Smoking Cessation 8-visit (60 min per visit) calendar year maximum	\$30 copay, deductible waived	\$45 copay, deductible waived	25% after deductible	35% after deductible
Nutrition Counseling	First 30-visits 100% no deductible, then \$30 copay for any additional	First 30-visits 100% no deductible, then \$45 copay for any additional	First 30-visits 100% after deductible, then 25% after deductible	First 30-visits 100% after deductible, then 35% after deductible
Diabetic Supplies (non-RX)	100% deductible waived	100% deductible waived	25% after deductible	25% after deductible
RETAIL PHARMACY (RX)				
Generic 31-Day Supply	\$7	\$10	25%	35%
Brand 31-Day Supply	\$30	\$40	25%	35%
Non-Preferred 31-Day	The greater of 40% or \$40	The greater of 50% or \$50	25%	35%
Specialty 30-Day Supply	35% to a \$350 copay per script maximum	35% to a \$350 copay per script maximum	25%	35%

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