



2025 Augusta Health Medical Benefit Options Side-by-Side

PLAN FEATURES	Point of Service (POS)		High-Deductible Health Plan (HDHP)	
	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 \$0 Family \$0	Single \$1,000 Family \$2,000	Single \$1,650 Family \$3,300	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 \$4,000 Family \$8,000	Single \$7,500 Family \$15,000
Preventative Care	Covered at 100%	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 (HSA) Employer Contribution	N/A		January 1 st Team Member Only: \$1,000; January 1 st Family: \$2,000 (January 1 full amount, otherwise prorated)	
PHYSICIAN SERVICES				
Inpatient/Outpatient Physician Services	20%	35% after deductible	20% after deductible	35% after deductible
Primary Care Physician Office Visit	\$0 Copay	\$45 Copay, no deductible	20% after deductible	35% after deductible
OB-GYN Generalist Office Visit	\$0 Copay	\$30 Copay, no deductible	20% after deductible	25% after deductible
OB-GYN Specialist Visit	\$0 Copay	\$50 Copay, no deductible	20% after deductible	25% after deductible
All other Specialist Visit	\$50 Copay	\$65 Copay, no deductible	20% after deductible	35% after deductible
Primary Care Physician Office Surgery	\$30 Copay	35% after deductible	20% after deductible	35% after deductible
Specialist Office Surgery	\$50 Copay	35% after deductible	20% after deductible	35% after deductible

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DIAGNOSTIC PROCEDURES				
X-Ray, Laboratory, Imaging	20%	35% after deductible	20% after deductible	35% after deductible
EMERGENCY SERVICES				
Emergency Room Services	20%	20% deductible waived	20% after deductible	20% after deductible
Urgent Care Provider	\$75 copay	\$75 copay, deductible waived	20% after deductible	35% after deductible
Ambulance Services	20%	20% after deductible	20% after deductible	20% after deductible
HOSPITAL CARE				
Inpatient	20%	35% after deductible	20% after deductible	35% after deductible
Outpatient	20%	35% after deductible	20% after deductible	35% after deductible
MATERNITY				
Prenatal and Breastfeeding Support	Covered at 100%	100% deductible waived	100% deductible waived	100% deductible waived
Lactation Consultations	Covered at 100%	100% deductible waived	100% deductible waived	100% deductible waived
Other Prenatal and Postnatal Care	Covered at 100%	100% deductible waived	20% after deductible	25% after deductible
Delivery	20%	25% after deductible	20% after deductible	25% after deductible
MENTAL HEALTH & SUBSTANCE ABUSE				
Inpatient	20%	20% deductible waived	20% after deductible	20% after deductible
Outpatient Office Visits	\$30 copay	\$30 copay no deductible	20% after deductible	20% after deductible
Outpatient Care	20%	20% deductible waived	20% after deductible	20% after deductible
OTHER SERVICES				
Outpatient Surgery (other than a physician's office)	20%	35% after deductible	20% after deductible	35% after deductible
Hospice Care	20%	35% after deductible	20% after deductible	35% after deductible

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Home Health Care 90-visit calendar year maximum	20%	35% after deductible	20% after deductible	35% after deductible
Private Duty Nursing 70-visit (8 hour per visit) calendar year maximum	20%	35% after deductible	20% after deductible	35% after deductible
Skilled Nursing Facility and Rehabilitation Facility 100-day calendar year maximum	20%	35% after deductible	20% after deductible	35% after deductible
Chiropractic Care / Spinal Manipulation Therapy 10-visit calendar year maximum	20%	35% after deductible	20% after deductible	35% after deductible
Durable Medical Equipment	20%	35% after deductible	20% 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	\$45 copay, deductible waived	20% after deductible	35% after deductible
Nutrition Counseling	First 30 visits covered at 100%, then \$30 copay for each additional visit	First 30 visits covered at 100%, then \$45 copay for each additional visit	First 30 visits 100% after deductible, then 20% after deductible	First 30 visits 100% after deductible, then 35% after deductible
Diabetic Supplies (non-RX)	Covered at 100%	100% deductible waived	20% after deductible	25% after deductible

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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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