

Benefit	Aetna Open Access ABC Plan 1 PPO 6500	Aetna Open Access ABC Plan 2 PPO 5500	Aetna Open Access ABC Plan 3 PPO 4000	Aetna Open Access ABC Plan 4 PPO H.S.A 3000	Aetna Open Access ABC Plan 5 PPO 2500	Aetna Open Access ABC Plan 6 PPO 1000	Aetna HMO Clark County Only ABC Plan 7 HMO 6500	Aetna HOnly Carson, Clark, Douglas, Nye & Washoe County ABC Plan 8 HOnly 4000
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual Medical Deductible	\$6,500	\$5,500	\$4,000	\$3,000	\$2,500	\$1,000	\$6,500	\$4,000
Individual Out of Pocket Max	\$8,150	\$7,900	\$7,900	\$3,000	\$7,500	\$7,500	\$8,500	\$7,000
Family Max	X2	X2	X2	X2	X2	X2	X2	X2
Preventive (ACA Covered) Screenings	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Teledoc/Primary Care/Physician Office Visits	\$30	\$50	\$40	0% (ded)	\$40	\$30	\$20	\$15
Teledoc/Specialist Office Visits	\$60	\$80	\$80	0% (ded)	\$80	\$60	\$60	\$45
CVS Virtual Primary Care	No Charge	No Charge	No Charge	\$0 (ded)	No Charge	No Charge	Same as office visit	Same as office visit
CVS Minute Clinic	No Charge	No Charge	No Charge	0% (ded)	No Charge	No Charge	No Charge	No Charge
Freestanding Routine Lab Services	\$50	\$50	\$40	0% (ded)	No Charge	\$25	40% (ded)	30% (ded)
Freestanding Diagnostic and X-Ray Services	\$50	\$70	\$70	0% (ded)	\$70	\$60	\$20	\$15
Freestanding Imaging (CT/PET/MRI)	40% (ded)	30% (ded)	30% (ded)	0% (ded)	20% (ded)	30% (ded)	\$400	\$400
Urgent Care Services	\$50	\$50	\$35	0% (ded)	\$50	\$50	No Charge	No Charge
Emergency Room Services	40% + \$50 (ded)	\$300 + 30%	\$300 + 30%	0% (ded)	\$300 + 20%	\$250 + 30%	40% (ded)	30% (ded)
Ambulance Services (ground/air/water)	40% (ded)	30% (ded)	30% (ded)	0% (ded)	20% (ded)	30% (ded)	40% (ded)	30% (ded)
Inpatient Hospital Services	40% (ded)	30% (ded)	30% (ded)	0% (ded)	20% (ded)	30% (ded)	40% (ded)	30% (ded)
Freestanding Outpatient Services	40% (ded)	30% (ded)	30% (ded)	0% (ded)	20% (ded)	30% (ded)	\$400	\$400
Prescription Drugs	\$20/\$45/\$75/20% up to \$500	\$20/\$45/\$75/20% up to \$500	\$20/\$45/\$75/20% up to \$500	\$0 (ded)	\$15/\$35/\$60/30% up to \$500	\$15/\$35/\$60/30% up to \$500	\$15/\$45/\$95/30% up to \$500	\$15/\$45/\$95/30% up to \$500
Out of Network Benefits	Yes	Yes	Yes	Yes	Yes	Yes	ER & Urgent Care Only	ER & Urgent Care Only
Network	Managed Choice® POS Open Access®	Managed Choice® POS Open Access®	Managed Choice® POS Open Access®	Managed Choice® POS Open Access®	Managed Choice® POS Open Access®	Managed Choice® POS Open Access®	AWH HMO	Aetna Health Network Only SM
	Medical Premiums	Medical Premiums	Medical Premiums	Medical Premiums	Medical Premiums	Medical Premiums	Medical Premiums	Medical Premiums
Employee Only	\$328.64	\$381.15	\$405.20	\$457.61	\$444.64	\$496.31	\$285.43	\$340.53
Employee + Spouse	\$722.97	\$838.53	\$891.44	\$1,006.74	\$978.21	\$1,091.87	\$627.96	\$681.05
Employee + Child(ren)	\$591.00	\$686.08	\$729.36	\$823.81	\$800.37	\$893.35	\$513.79	\$646.99
Employee + Family	\$1,018.75	\$1,181.57	\$1,256.13	\$1,418.60	\$1,378.41	\$1,538.55	\$884.87	\$1,089.68

ABC Trust is offering 8 Plans, 6 PPO Plans and 2 HMO plans in Nevada (Plan 7 available in Clark County only, Plan 8 available to Carson, Clark, Douglas, Nye and Washoe Counties Only), effective April 1, 2023 through March 31, 2024. Employer may choose up to 2 plan options to offer (at least 1 member enrollment required in each plan selected). Employer must contribute a minimum 50% to base plan employee premium. 75% participation of eligible employees is required. Medical underwriting required for all new groups. See "ABC Employer Trust Underwriting Guidelines" for all eligibility requirements.