

AETNA COMPARISON

ANTHEM VIVITY HMO

	Anthem Vivity HMO	Aetna Value Network HMO	Aetna Broad HMO
Monthly Premium			
Single	\$86	\$95	\$108
Employee + Child(ren)	\$193	\$209	\$227
Employee + Spouse	\$204	\$220	\$248
Employee + Family	\$278	\$304	\$324
Copayments			
Office Visit	\$25	\$25	\$25
Specialist Visit	\$45	\$45	\$25
Emergency Room	\$250	\$250	\$250
Outpatient Surgery	\$250	\$250	\$250
Hospitalization	\$500	\$500	\$500
Out-of-Pocket Maximum			
Single	\$2,500	\$2,500	\$2,500
Family	\$5,000	\$5,000	\$5,000
Prescription Copayment			
Tier 1	\$15	\$15	\$15
Tier 2	\$35	\$35	\$35
Tier 3	\$55	\$60	\$60
Tier 4	30% (\$150 max)	30% (\$150 max)	30% (\$150 max)

AETNA COMPARISON

ANTHEM ADVANTAGE HMO

	Anthem Advantage HMO	Aetna Value Network HMO	Aetna Broad HMO
Monthly Premium			
Single	\$138	\$95	\$108
Employee + Child(ren)	\$267	\$209	\$227
Employee + Spouse	\$296	\$220	\$248
Employee + Family	\$410	\$304	\$324
Copayments			
Office Visit	\$25 / \$45*	\$25	\$25
Specialist Visit	\$25 / \$45*	\$45	\$25
Emergency Room	\$250	\$250	\$250
Outpatient Surgery	\$250	\$250	\$250
Hospitalization	\$500	\$500	\$500
Out-of-Pocket Maximum			
Single	\$2,500	\$2,500	\$2,500
Family	\$5,000	\$5,000	\$5,000
Prescription Copayment			
Tier 1	\$15	\$15	\$15
Tier 2	\$35	\$35	\$35
Tier 3	\$55	\$60	\$60
Tier 4	30% (\$150 max)	30% (\$150 max)	30% (\$150 max)

*Copayment dependent on medical group

AETNA COMPARISON

ANTHEM HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

	Anthem HDHP	Aetna HDHP
Monthly Premium		
Single	\$175	\$185
Employee + Child(ren)	\$339	\$361
Employee + Spouse	\$375	\$398
Employee + Family	\$516	\$555
Deductible		
Single	\$1,500	\$1,600*
Family	\$3,000	\$3,200*
Out-of-Pocket Maximum		
Single	\$3,000	\$3,200
Family	\$6,000	\$6,000
Prescription Copayment <i>(once deductible has been met)</i>		
Tier 1	\$15	\$10
Tier 2	\$30	\$30
Tier 3	\$50	\$50
Tier 4	30% (\$150 max)	30% (\$250 max)

*IRS minimum deductible in 2024