

Juniata Health Plan - Aetna				
	Current		Effective 1/1/2018	
Medical				
	In-Net	Out-of-Net	In-Net	Out-of-Net
Deductible	\$100/\$200	\$500/\$1,000	\$150/\$300	\$600/\$1,200
Plan Pays	100%	80%	100%	80%
TMOOP	\$3,500/\$7,000	\$4,000/\$8,000	\$3,500/\$7,000	\$4,000/\$8,000
Teledoc	\$15	N/A	\$10	N/A
PCP	\$15	80%	\$20	80%
Specialist	\$30	80%	\$30	80%
Urgent Care	\$30	\$30	\$30	\$30
ER	\$75	\$75	\$100	\$100
Outpatient Surgery Copay	\$30	80%	\$30	80%
Inpatient Copay	\$75	80%	\$100	80%
RX				
	Retail	Mail Order	Retail	Mail Order
Deductible (waived for Value & Generic)	\$50/mbr	N/A	\$50/mbr	N/A
Value	\$3	\$6	\$3	\$6
Generic	\$10	\$20	\$15	\$30
Brand Formulary	10% (\$20-\$100)	\$40	10% (\$25-\$100)	\$50
Brand Non-Formulary	10% (\$40-\$100)	\$80	10% (\$45-\$100)	\$90
Preferred Specialty	10% (\$20-\$100)	N/A	10% (\$25-\$150)	N/A
Non-Preferred Specialty	10% (\$20-\$100)	N/A	10% (\$45-\$150)	N/A

No copay on Preventive Care Visits

Mental Health/PT/Chiropractic remain \$15