National Automotive PEO

Plan Grid Options Offered By:

Automotive Plan Listing

National Automotive Programs LLC

aetna®

Automotive Plan Listing						
	OAMC 2000	OAMC HDHP 3500/80	OOA PPO 2000	OOA PPO HDHP 4000	HMO 1000 N CA	HMO 1000 S CA
Deductibles and Coinsurance						
Deductible (Ind / Fam)	\$2,000 / \$4,000	\$3,500 / \$7,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$1,000 / \$2,000	\$1,000 / \$2,000
OOP Max (Ind / Fam)	\$6,850 / \$13,700	\$6,500 / \$13,000	\$6,850 / \$13,700	\$6,850 / \$13,700	\$7,000 / \$14,000	\$7,000 / \$14,000
Coinsurance In	20%	20%	20%	20%	0%	0%
Office Visits						
Primary Care / Specialist Office Visit	\$30/\$60	20% AD / 20% AD	\$30/\$60	20% AD / 20% AD	\$40/\$70	\$40/\$70
Hospital and Surgical						
Inpatient Surgery	20% AD	20% AD	20% AD	20% AD	\$900 AD	\$900 AD
Outpatient Surgery	20% AD	20% AD	20% AD	20% AD	\$250 AD	\$250 AD
Emergency Room	\$350	20% AD	\$350	20% AD	\$350 AD	\$350 AD
Urgent Care, Labs and Imaging						
Urgent Care / Lab Services	\$85/20% AD	20% AD / 20% AD	\$85/20% AD	20% AD / 20% AD	\$100/\$0	\$100/\$0
Xray / Medical Imaging	20% AD / 20% AD	20% AD / 20% AD	20% AD / 20% AD	20% AD / 20% AD	\$70/\$150	\$70/\$150
Pharmacy						
Deductible	None	Combined	None	Combined	\$150	\$150
Generic	\$10	\$10	\$10	\$10	\$15	\$15
Formulary	\$45	\$45	\$45	\$45	\$35	\$35
Non-Formulary	\$70	\$70	\$70	\$70	\$60	\$60
Specialty Prfrd / Non Prfrd	30% / 30% / 50%	30% / 30% / 50%	30% / 30% / 50%	30% / 30% / 50%	30% / 30% / 30%	30% / 30% / 30%
Specialty Prfrd Max / Non Prfrd Max	\$300 / \$500	\$300 / \$500	\$300 / \$500	\$300 / \$500	\$250 / \$250	\$250 / \$250
Mail Order	2x	2x	2x	2x	2x	2x
Out of Network Coverage						
Deductible (Ind / Fam)	\$6,000 / \$12,000	\$7,000 / \$14,000	\$6,000 / \$12,000	\$8,000 / \$16,000	N/A / N/A	N/A / N/A
OOP Max (Ind / Fam)	\$14,000 / \$28,000	\$13,000 / \$26,000	\$14,000 / \$28,000	\$14,000 / \$28,000	N/A / N/A	N/A / N/A
Coinsurance	50%	50%	50%	50%	N/A	N/A
Monthly Employee Premiums	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate
Employee Only	\$ 855.02	\$ 615.12	•	\$ 598.27	\$ 802.35	\$ 726.42
Employee and Spouse	\$ 1,966.56	\$ 1,414.79	\$ 1,996.14	\$ 1,376.03	\$ 1,845.41	\$ 1,670.75
Employee and Children	\$ 1,710.06	\$ 1,230.26	\$ 1,735.77	\$ 1,196.54	\$ 1,604.71	\$ 1,452.83
Employee and Family	\$ 2,650.59	\$ 1,906.90	\$ 2,690.45	\$ 1,854.64	\$ 2,487.30	\$ 2,251.88
	Deductibles and Coinsurance Deductible (Ind / Fam) OOP Max (Ind / Fam) Coinsurance In Office Visits Primary Care / Specialist Office Visit Hospital and Surgical Inpatient Surgery Outpatient Surgery Emergency Room Urgent Care, Labs and Imaging Urgent Care / Lab Services Xray / Medical Imaging Pharmacy Deductible Generic Formulary Non-Formulary Specialty Prfrd / Non Prfrd Specialty Prfrd / Non Prfrd Specialty Prfrd Max / Non Prfrd Max Mail Order Out of Network Coverage Deductible (Ind / Fam) OOP Max (Ind / Fam) Coinsurance Monthly Employee Premiums Employee and Spouse Employee and Spouse	Deductibles and Coinsurance Deductible (Ind / Fam) \$2,000 / \$4,000 OOP Max (Ind / Fam) \$6,850 / \$13,700 Coinsurance In 20% Office Visits Primary Care / Specialist Office Visit \$30/\$60 Hospital and Surgical Inpatient Surgery 20% AD Outpatient Surgery 20% AD Emergency Room \$350 Urgent Care / Labs and Imaging Urgent Care / Lab Services \$85/20% AD Xray / Medical Imaging 20% AD / 20% AD Pharmacy Deductible None Generic \$10 Formulary \$45 Non-Formulary \$45 Non-Formulary \$70 Specialty Prfrd / Non Prfrd 30% / 30% / 50% Specialty Prfrd Max / Non Prfrd Max \$300 / \$500 Mail Order 2x Out of Network Coverage Deductible (Ind / Fam) \$6,000 / \$12,000 OOP Max (Ind / Fam) \$14,000 / \$28,000 Coinsurance 50% Monthly Employee Premiums Employee and Spouse \$1,966.56 Employee and Children \$1,710.06	Deductibles and Coinsurance S2,000 / \$4,000 \$3,500 / \$7,000 OOP Max (Ind / Fam) \$6,850 / \$13,700 \$6,500 / \$13,000 Coinsurance In 20% 20% Office Visits *** *** Primary Care / Specialist Office Visit \$30/\$60 20% AD / 20% AD Hospital and Surgical *** *** Inpatient Surgery 20% AD 20% AD Outpatient Surgery 20% AD 20% AD Emergency Room \$350 20% AD Urgent Care, Labs and Imaging *** 20% AD / 20% AD Urgent Care / Lab Services \$85/20% AD 20% AD / 20% AD Xray / Medical Imaging 20% AD / 20% AD 20% AD / 20% AD Pharmacy *** *** Deductible None Combined Generic \$10 \$10 Formulary \$45 \$45 Non-Formulary \$70 \$70 Specialty Prfrd / Non Prfrd 30% / 30% / 50% 30% / 30% / 50% Specialty Prfrd Max / Non Prfrd Max \$300 / \$500 \$300 / \$500	Deductibles and Coinsurance S2,000 / \$4,000 \$3,500 / \$7,000 \$2,000 / \$4,000 OOP Max (Ind / Fam) \$6,850 / \$13,700 \$6,500 / \$13,000 \$6,850 / \$13,700 COInsurance In 20% 20% 20% Office Visits Very College Visit \$30/\$60 \$20% AD / 20% AD \$30/\$60 Hospital and Surgical Very College Visit \$30/\$60 20% AD 20% AD 20% AD Outpatient Surgery 20% AD 20% AD 20% AD 20% AD Outpatient Surgery 20% AD 20% AD 20% AD 20% AD Urgent Care, Labs and Imaging 350 20% AD / 20% AD 20% AD / 20% AD <td< td=""><td>Deductibles and Coinsurance 52,000 / \$4,000 \$3,500 / \$7,000 \$2,000 / \$4,000 \$4,000 / \$8,000 Deductible (Ind / Fam) \$2,000 / \$4,000 \$3,500 / \$7,000 \$2,000 / \$4,000 \$4,000 / \$8,000 ODP Max (Ind / Fam) \$6,850 / \$13,700 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$</td><td>Deductibles and Coinsurance Code (Ind / Fam) \$2,000 / \$4,000 \$3,500 / \$7,000 \$2,000 / \$4,000 \$4,000 / \$8,000 \$1,000 / \$2,000 Deductible (Ind / Fam) \$2,000 / \$4,000 \$3,500 / \$7,000 \$6,850 / \$13,700 \$4,000 / \$8,000 \$1,000 / \$2,000 ODP Max (Ind / Fam) \$6,850 / \$13,700 \$6,850 / \$13,700 \$6,850 / \$13,700 \$7,000 / \$14,000 Odffice Vists 20%</td></td<>	Deductibles and Coinsurance 52,000 / \$4,000 \$3,500 / \$7,000 \$2,000 / \$4,000 \$4,000 / \$8,000 Deductible (Ind / Fam) \$2,000 / \$4,000 \$3,500 / \$7,000 \$2,000 / \$4,000 \$4,000 / \$8,000 ODP Max (Ind / Fam) \$6,850 / \$13,700 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$0,800 \$	Deductibles and Coinsurance Code (Ind / Fam) \$2,000 / \$4,000 \$3,500 / \$7,000 \$2,000 / \$4,000 \$4,000 / \$8,000 \$1,000 / \$2,000 Deductible (Ind / Fam) \$2,000 / \$4,000 \$3,500 / \$7,000 \$6,850 / \$13,700 \$4,000 / \$8,000 \$1,000 / \$2,000 ODP Max (Ind / Fam) \$6,850 / \$13,700 \$6,850 / \$13,700 \$6,850 / \$13,700 \$7,000 / \$14,000 Odffice Vists 20%

In Partnership with Vensure and Alkeme

More Info: Info@healthyaca.com