National Automotive PEO

Plan Grid Options Offered By:

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	$ 867.89	$ 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