

2026 National PPO Plan Summaries Administered by Aetna and Anthem

(Aetna Network: Aetna Premier Care and Anthem Network: BlueCard PPO [Traditional Network for Utah only])



	\$400 DEDUCTIBLE PPO		\$900 DEDUCTIBLE PPO		\$1,850 DEDUCTIBLE WITH HSA **		\$3,400 DEDUCTIBLE WITH HSA	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Deductible (Single/Family)	\$400/\$800	\$2,500/\$5,000	\$900/\$1,800	\$3,000/\$6,000	\$1,850/\$3,700	\$3,700/\$7,400	\$3,400/\$6,800	\$6,800/\$13,600
Out-of-Pocket Max (Single/Family)	\$2,200/\$4,400	\$4,400/\$8,800	\$3,000/\$6,000	\$6,000/\$12,000	\$3,500/\$6,500	\$7,000/\$13,000	\$5,500/\$11,000	\$11,000/\$22,000
Coinsurance	80%	60%	80%	60%	80%	60%	70%	50%
Preventive Care	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 50% after deductible
PCP Office Visit	You pay \$20	Plan pays 60% after deductible	You pay \$40	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Specialist Office Visit	You pay \$40	Plan pays 60% after deductible	You pay \$80	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
LiveHealth Online Telehealth Consultation	You pay \$10	Not applicable	You pay \$10	Not applicable	You pay \$10	Not applicable	You pay \$10	Not applicable
Prenatal Office Visits	You pay \$40 first visit, then covered in full	Plan pays 60% after deductible	You pay \$80 first visit, then covered in full	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible

*Out-of-network reimbursement up to Reasonable and Customary limits.

**True Family Deductible: Under the \$1,850 Deductible Plan, the plan begins to pay benefits for any person covered under a family plan only after the entire family deductible has been met.

	\$400 DEDUCTIBLE PPO		\$900 DEDUCTIBLE PPO		\$1,850 DEDUCTIBLE WITH HSA **		\$3,400 DEDUCTIBLE WITH HSA	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Urgent Care Visit	You pay \$50	You pay \$50	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible
Lab/Radiology Annual Preventive	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 50% after deductible
Lab/Radiology Other	Plan pays 100% in doctor's office, copay applies; 80% after deductible outside doctor's office (including maternity)	Plan pays 60% after deductible	Plan pays 100% in doctor's office, copay applies; 80% after deductible outside doctor's office (including maternity)	Plan pays 60% after deductible	Plan pays 80% after deductible (including maternity)	Plan pays 60% after deductible	Plan pays 70% after deductible (including maternity)	Plan pays 50% after deductible
Emergency Room	You pay \$150 copay and deductible, then Plan pays 100%	You pay \$150 copay and deductible, then Plan pays 100%	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible
	Non-emergency care is not covered	Non-emergency care is not covered	Non-emergency care is not covered	Non-emergency care is not covered	Non-emergency care is not covered	Non-emergency care is not covered	Non-emergency care is not covered	Non-emergency care is not covered
Ambulance (Emergency only)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible
Hospitalization (Including maternity)	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Surgery (Inpatient & Outpatient)	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible

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	\$400 DEDUCTIBLE PPO		\$900 DEDUCTIBLE PPO		\$1,850 DEDUCTIBLE WITH HSA **		\$3,400 DEDUCTIBLE WITH HSA	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Mental Health/ Substance Abuse Inpatient	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Mental Health/ Substance Abuse Outpatient	You pay \$20	Plan pays 60% after deductible	You pay \$40	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Chiropractic Services	You pay \$40 30 visits/year max (in and out-of-network combined)	Plan pays 60% after deductible 30 visits/year max (in and out-of-network combined)	You pay \$80 30 visits/year max (in and out-of-network combined)	Plan pays 60% after deductible 30 visits/year max (in and out-of-network combined)	Plan pays 80% after deductible 30 visits/year max (in and out-of-network combined)	Plan pays 60% after deductible 30 visits/year max (in and out-of-network combined)	Plan pays 70% after deductible 30 visits/year max (in and out-of-network combined)	Plan pays 50% after deductible 30 visits/year max (in and out-of-network combined)
Physical, Speech, Occupational, Pulmonary, Cognitive Therapies (Unlimited)	You pay \$40	Plan pays 60% after deductible	You pay \$80	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Acupuncture	You pay \$40	Plan pays 60% after deductible	You pay \$80	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Allergy Care/ Injections	100% in doctor's office, copay may apply; 80% after deductible outside doctor's office	Plan pays 60% after deductible	100% in doctor's office copay may apply; 80% after deductible outside doctor's office	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible

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** True Family Deductible: Under the \$1,850 Deductible Plan, the plan begins to pay benefits for any person covered under a family plan only after the entire family deductible has been met.

	\$400 DEDUCTIBLE PPO		\$900 DEDUCTIBLE PPO		\$1,850 DEDUCTIBLE WITH HSA **		\$3,400 DEDUCTIBLE WITH HSA	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Assisted Reproductive Techniques (Includes artificial insemination, GIFT, ZIFT and in-vitro)	Plan pays 60% after deductible \$15,000 lifetime maximum (in -and out-of-network combined)	Plan pays 80% after deductible \$15,000 lifetime maximum (in- and out-of-network combined)	Plan pays 60% after deductible \$15,000 lifetime maximum (in- and out-of-network combined)	Plan pays 60% after deductible \$15,000 lifetime maximum (in- and out-of-network combined)	Plan pays 80% after deductible \$15,000 lifetime maximum (in- and out-of-network combined)	Plan pays 60% after deductible \$15,000 lifetime maximum (in- and out-of-network combined)	Plan pays 70% after deductible \$15,000 lifetime maximum (in- and out-of-network combined)	Plan pays 50% after deductible \$15,000 lifetime maximum (in- and out-of-network combined)
Home Health Care	Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 60% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 60% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 60% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined)
Skilled Nursing Facility, Rehab Hospital, Sub-Acute Facility	Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 60% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 60% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 60% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined)	Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined)
Durable Medical Equipment	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
Breastfeeding Equipment and Supplies (Limited to one rental or purchase of one breast pump per birth)	Plan pays 100%	Not covered	Plan pays 100%	Not covered	Plan pays 100%	Not covered	Plan pays 100%	Not covered

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	\$400 DEDUCTIBLE PPO		\$900 DEDUCTIBLE PPO		\$1,850 DEDUCTIBLE WITH HSA **		\$3,400 DEDUCTIBLE WITH HSA	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Hearing Aids (Adults and children, one per ear every three years)	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
PCP Referral Required?	No	No	No	No	No	No	No	No

Prescription Drugs Administered by CVS Caremark⁽¹⁾

Retail (you pay)	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%
Generic	\$10	\$10	20% after deductible	30% after deductible
Preferred Brand	\$30	30% (min \$25/max \$50)	20% after deductible	30% after deductible
Non-Preferred Brand	\$60	45% (min \$40/max \$80)	20% after deductible	30% after deductible
Mail Order (you pay)	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%
Generic	\$25	\$25	20% after deductible	0% after deductible
Preferred Brand	\$75	30% (min \$62.50/max \$125)	20% after deductible	30% after deductible
Non-Preferred Brand	\$150	45% (min \$100/max \$200)	20% after deductible	30% after deductible

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⁽¹⁾ CDHP Preventive Drug list (separate from the Affordable Care Act (ACA) preventive drug list) is covered at the applicable coinsurance level. This drug list does not apply to the \$400 or \$900 Deductible plans.