

HEALTH PLAN COMPARE 2026

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When selecting a health plan we recommend you spend a few moments using our new decision support tool, Pilot, which can be found on The Benefits Center site. Below is an easy to view side by side chart of some of the plan's major provisions and differentiators. For detailed questions on specific covered services, want to find a doctor or hospital, or any other questions specific to the Aetna plans **call 1-800-338-8047** or log on to **www.aetna.com**.

Key Plan Provisions

	Aetna Choice POS II	Aetna CDHP with HSA	Aetna Basic Choice Plan
Network when selecting Doctors	Aetna Choice POS II (Open Access)	Aetna Choice POS II (Open Access)	Aetna Select
Access to a Health Savings Account?	No	Yes	Yes
Company Contributions into Account?	No	\$500 Employee Only \$1,000 Employee + Dependents	No
Access to One Medical, Included Health, Progyny, and Ovia Health?	Yes	Yes	Yes
Ability to use both in and out of network services	Yes	Yes	No
Access to Hinge Health	Yes	Yes	Yes

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Cost Sharing

	Aetna Choice POS II		Aetna CDHP with HSA		Aetna Basic Choice Plan
Annual Deductible <small>Individual / Family</small>	IN NETWORK \$600 / \$1,200	OUT-OF NETWORK \$1,200 / \$2,400	IN NETWORK \$1,700 / \$3,400	OUT-OF NETWORK \$3,400 / \$6,800	IN NETWORK ONLY \$3,000 / \$6,000
Annual Out-Of-Pocket Maximum <small>Individual / Family</small>	\$4,000 / \$8,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Coinsurance <small>Individual / Family</small>	80%	60%	80%	50%	70%



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Medical Services

	Aetna Choice POS II		Aetna CDHP with HSA		Aetna Basic Choice Plan
	IN NETWORK	OUT-OF NETWORK	IN NETWORK	OUT-OF NETWORK	IN NETWORK ONLY
Primary Care Copay	\$35	60%	80%	50%	70%
Specialty Care Copay / Urgent Care	\$50	60%	80%	50%	70%
Preventive Office Visit - Adult	100%	60%	100%	50%	100%
Preventive Office Visit - Child	100%	60%	100%	50%	100%
Immunizations	100%	60%	100%	50%	100%
Lab Work / X-Ray / Mammography	80%	60%	80%	50%	70%
Routine OB/GYN Exam	100%	60%	100%	50%	100%
Routine Prenatal OB	100%	60%	100%	50%	100%
Delivery and Postpartum	80%	60%	80%	50%	70%
Female Sterilization	100%	60%	100%	50%	100%
Routine Mammography Exam	100%	60%	100%	50%	70%

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Hospital Services

	Aetna Choice POS II		Aetna CDHP with HSA		Aetna Basic Choice Plan
	IN NETWORK	OUT-OF NETWORK	IN NETWORK	OUT-OF NETWORK	IN NETWORK ONLY
Inpatient Coverage (semi-private room)	80%	60%	80%	50%	70%
Outpatient Coverage	80%	60%	80%	50%	70%
Emergency Room (in and out of network)	80% after \$350		80%		70%
Hearing Exams (One exam every two calendar years unless otherwise noted)	\$45	60%	80%	50%	70%
Hearing Aids (up to \$5,000 every three calendar years)	80%	60%	80%	50%	70%
Mental Health and Substance Abuse Services					
Inpatient Coverage	80%	80%	80%	80%	70%
Outpatient Coverage	\$35	80%	80%	80%	70%



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Prescription Drug Benefits

	Aetna Choice POS II	Aetna CDHP with HSA	Aetna Basic Choice Plan
Preventive Medications	100%	100%	100%
Retail Participating Pharmacy Copay (30 day supply)			
Generic	\$10	80% (\$75 maximum copay)	70%
Brand Formulary	30% coinsurance (\$30 minimum, \$75 maximum)	80% (\$75 maximum copay)	70%
Brand Non Formulary	50% coinsurance (\$50 minimum, \$100 maximum)	80% (\$100 maximum copay)	70%
Mail Order Copay (90 day supply)			
Generic	\$20	80% (\$150 maximum copay)	70%
Brand Formulary	30% coinsurance (\$60 minimum, \$150 maximum)	80% (\$150 maximum copay)	70%
Brand Non Formulary	50% coinsurance (\$100 minimum, \$200 maximum)	80% (\$200 maximum copay)	70%
Annual Prescription Drug Out- of Pocket Maximum	\$3,000 / \$6,000	Combined With Medical	

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*Out of network coinsurance is based on the prevailing "reasonable and customary" rate in a geographic area. For example if a total billed service is \$5,000. However the average charge for the same service in that area is only \$3,000, the reimbursement would be 70% of \$3,000 and your responsibility would be 30% of \$3,000 plus, the \$2,000 difference between the total and the prevailing rate.

IN CASE OF ANY DISCREPANCIES BETWEEN THE ABOVE SUMMARY AND THE ACTUAL PLAN DOCUMENT, THE PLAN DOCUMENT WILL GOVERN.

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