Employee Medical Plans

	AETNA PLAN 1	AETNA PLAN 2	AETNA PLAN 3	AETNA PLAN 4**	AETNA PLAN 5 ***
PROVIDER NETWORK	Aetna POS II (Open Access)				
HSA contribution from BSA (Individual/Family*)	N/A	N/A	N/A	$500/$1,000	N/A
Maximum employee HSA contribution (Individual/Family*)	N/A	N/A	N/A	$4,000/$8,000	N/A
IN-NETWORK					
Copay (PCP/Specialist) (per visit)	$20/$35	$25/$40	$30/$45	Deductible & coinsurance	$30/$45
Deductible/year (Individual/Family*)	$0	$150/$300	$300/$600	$1,750/$3,500	$300/$600
Coinsurance	0%	10%	20%	20%	20%
Medical out-of-pocket maximum/year (includes deductible, copays, & coinsurance) (Individual/Family*)	$5,100/$10,200	$1,000/$2,000	$2,000/$4,000	$3,500/$8,000 Medical & prescription drugs combined	$2,000/$4,000
Prescription drugs out-of-pocket maximum/year (includes deductible, copays, & coinsurance) (Individual/Family*)	$1,500/$3,000	$1,500/$3,000	$1,500/$3,000		$1,500/$3,000
Emergency room (per visit)	$100	$150	$200	Deductible & coinsurance	$200
Inpatient hospital (per admission)	$500	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient surgery (per visit)	$100	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
CVS Virtual (per telephonic visit)	$20	$25	$30	Deductible & coinsurance	$30
CVS Virtual Mental Health (per telephonic visit)	$20	$25	$30	Deductible & coinsurance	$30
Walk-in clinic (per visit)	$20	$25	$30	Deductible & coinsurance	$30
Urgent care center (per visit)	$50	$50	$50	Deductible & coinsurance	$50
X-ray/laboratory	Covered in full	$20	$20	Deductible & coinsurance	$20
Complex imaging (MRI, CT Scan, …)	$50	$50	$50	Deductible & coinsurance	$50
Hearing Aids	Covered in full	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Routine eye exam	Covered in full (1 exam every 24 months)	Covered in full (1 exam every 24 months)	Covered in full (1 exam every 24 months)	Covered in full (1 exam every 24 months)	Covered in full (1 exam every 24 months)
Routine physical (limits apply)	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
OUT-OF-NETWORK					
Deductible (Individual/Family*)	$1,000/$3,000	$1,500/$4,500	$2,000/$6,000	$2,600/$5,200	$500/$1,000
Coinsurance	30%	30%	30%	40%	30%
Out-of-pocket maximum/year (includes deductible & coinsurance) (Individual/Family)	$3,500/$10,500	$5,000/$15,000	$6,000/$18,000	$6,000/$12,000	$6,000/$18,000
PRESCRIPTION DRUGS (in-network only)					
Deductible/year (Individual/Family*) (Deductible is combined for retail & mail order)	$100/$300	$100/$300	$100/$300	Medical & prescription drugs combined	$100/$300
RETAIL: up to 30-day supply					
Tier 1 (generic)	$10	$10	$10	$10 after deductible	$10
Tier 2 (brand name in Aetna's formulary)	$25	$30	$35	$35 after deductible	$35
Tier 3 (brand name not in Aetna's formulary)	$40	$50	$60	$60 after deductible	$60
Tier 4 (specialty drugs)	$50	$60	$70	$80 after deductible	$70
MAIL ORDER: 31-90-day supply (can also be done through CVS retail pharmacy)					
Tier 1 (generic)	$20	$20	$20	$20 after deductible	$20
Tier 2 (brand name in Aetna's formulary)	$50	$60	$70	$70 after deductible	$70
Tier 3 (brand name not in Aetna's formulary)	$80	$100	$120	$120 after deductible	$120
Tier 4 (specialty drugs)	N/A	N/A	N/A	N/A	N/A

* For Aetna Plan 4: Individual = employee only coverage. Family = 2 or more people. Additional information applies.
** Aetna Plan 4 is not available to employees over age 65 or those who are eligible for Medicare.
***Aetna Plan 4: If not eligible for HSA, not eligible to elect Plan 4. See IRS publication 969 for more information IRS Publication 969
**** Enrollment in Aetna Plan 5 is mandatory for employees working under a J-1 Visa. It is not available to any other employees.

This is only a summary of the coverage through the medical plans. For additional information, go to www.bnl.gov/hr/Benefits/.

Coverage	Plan 1							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+
1 Person	$ 310.99	$ 415.91	$ 505.83	$ 595.76	$ 71.77	$ 95.98	$ 116.73	$ 137.48
2 People	$ 649.64	$ 863.60	$ 1,050.32	$ 1,237.04	$ 149.92	$ 199.29	$ 242.38	$ 285.47
3 or More People	$ 853.34	$ 1,148.12	$ 1,396.37	$ 1,644.61	$ 196.92	$ 264.95	$ 322.24	$ 379.53

Coverage	Plan 2							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+
1 Person	$ 262.58	$ 341.71	$ 431.64	$ 521.56	$ 60.60	$ 78.86	$ 99.61	$ 120.36
2 People	$ 545.21	$ 709.52	$ 896.24	$ 1,082.96	$ 125.82	$ 163.74	$ 206.82	$ 249.91
3 or More People	$ 724.85	$ 943.29	$ 1,191.53	$ 1,439.77	$ 167.27	$ 217.68	$ 274.97	$ 332.25

Coverage	Plan 3							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+
1 Person	$ 175.51	$ 247.08	$ 337.39	$ 427.71	$ 40.50	$ 57.02	$ 77.86	$ 98.70
2 People	$ 364.44	$ 513.04	$ 700.57	$ 888.09	$ 84.10	$ 118.39	$ 161.67	$ 204.94
3 or More People	$ 484.51	$ 682.07	$ 931.38	$ 1,180.69	$ 111.81	$ 157.40	$ 214.93	$ 272.47

Coverage	Plan 4							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+
1 Person	$ 120.15	$ 197.51	$ 286.39	$ 376.91	$ 27.73	$ 45.58	$ 66.09	$ 86.98
2 People	$ 198.67	$ 360.30	$ 545.50	$ 730.70	$ 45.85	$ 83.15	$ 125.88	$ 168.62
3 or More People	$ 264.16	$ 479.06	$ 725.31	$ 971.56	$ 60.96	$ 110.55	$ 167.38	$ 224.21

Coverage	Plan 5							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+
1 Person	$ 216.02	$ 294.73	$ 386.56	$ 478.40	$ 49.85	$ 68.02	$ 89.21	$ 110.40
2 People	$ 448.55	$ 611.98	$ 802.66	$ 993.34	$ 103.51	$ 141.23	$ 185.23	$ 229.23
3 or More People	$ 596.33	$ 813.62	$ 1,067.12	$ 1,320.62	$ 137.61	$ 187.76	$ 246.26	$ 304.76

The Annual Base salary category for eligible part-time employees is based their full-time equivalent salary.