	Kaiser DHMO Choice Plus Network	Aetna Whole Health Network (Front Range Area Only)	Kaiser HDHP/HSA	Aetna HDHP/HSA (In-Network)	Aetna HDHP/HSA (Non-Network)
Specialty Drugs	You Pay 20% Coinsurance (Up To Maximum Copay of $250 Per Drug Dispensed)	You Pay 20% Coinsurance (Up To Maximum Copay of $250 Per Drug Dispensed)	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Mail Order 90-day supply	2 Copayments For Up To A 90-Day Supply	2 Copayments For Up To A 90-Day Supply	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Urgent Care	$40 Copay + 10%	$40 Copay	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Walk-In Clinics	Not Covered	$30 Copay	Not Covered	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Emergency Room	Deductible/ Coinsurance	Deductible/ Coinsurance	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Inpatient Hospital	Deductible/ Coinsurance	Deductible/ Coinsurance	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Outpatient Hospital	Deductible/ Coinsurance	Deductible/ Coinsurance	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Ambulance Service	Deductible/ Coinsurance Up To $500 Per Trip	Deductible/ Coinsurance Up To $500 Per Trip	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance
Routine Eye Exam	$30 Copay; Hardware Not Covered	Plan Pays 100%; Hardware Not Covered	Plan Pays 100% After Deductible	Plan Pays 100% After Deductible	Deductible/ Coinsurance