Aetna Health Inc: Qualified Health Plans

Groups: 2-50

Health Plan Name	OK OAMC PREMIER 1500 80/50 CY V25
O-EPIC Health Plan ID	**H02193**
Individual Annual Deductible (in-network)	$1500
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Non Specialist OV Copay	$20
Specialist Office Visit Copay	$40
Pharmacy	$3/10/35/50