

Santa Clara University | 2027 Medical Plan Comparison (In-Network)

Plan Feature	Kaiser HMO	Aetna EPO 2000 Deductible Plan	Aetna EPO	Aetna Choice PPO HDHP*
Deductible	None	\$2,000 Individual / \$2,000 Ind. Within Family \$4,000 Family	None	\$2,000 Individual \$3,500 Ind. Within Family / \$4,000 Family
Out-of-pocket Maximum	\$1,500 Individual / \$3,000 Family	\$4,000 Individual / \$4,000 Ind. Within Family / \$8,000 Family	\$2,000 Individual / \$4,000 Family	\$4,000 Individual \$4,000 Ind. Within Family / \$8,000 Family
Member Coinsurance	Not Applicable	10%	Not Applicable	10%
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
PCP Office Visit	\$20 Copay	\$20 Copay	\$20 Copay	10% after Deductible
Specialist Office Visit	\$20 Copay	\$40 Copay	\$20 Copay	10% after Deductible
Hospital Inpatient	\$250 per Admission	10% after Deductible	\$250 Copay	10% after Deductible
Outpatient Hospital / Surgery	\$20 per Procedure	10% after Deductible	Covered 100%	10% after Deductible
Emergency Room	\$50 per Visit	\$150 Copay	\$100 Copay	10% after Deductible
Urgent Care	\$20 per Visit	\$40 Copay	\$25 Copay	10% after Deductible
Mental Health Office Visit	\$20 Copay	\$40 Copay	\$20 Copay	10% after Deductible
Prescription Coverage	Kaiser HMO	Aetna EPO 2000	Aetna EPO	Aetna Choice PPO HDHP*
Rx Generic	\$10 Copay	\$5 Copay	\$5 Copay	\$5 Copay after Deductible
Rx Preferred Brand	\$25 Copay	\$20 Copay	\$20 Copay	\$20 Copay after Deductible
Rx Non-Preferred Brand	Not Applicable	\$40 Copay	\$40 Copay	\$40 Copay after Deductible
Rx Specialty	20% max \$200	20% max \$200	20% max \$200	30% max \$250 after Deductible
Per Pay Period Costs	Kaiser HMO	Aetna EPO 2000	Aetna EPO	Aetna Choice PPO HDHP
Employee Only	\$42.33	\$13.61	\$71.64	\$102.98
Employee + 1	\$229.78	\$142.93	\$319.70	\$359.00
Employee + 2 or more Dependents	\$355.94	\$270.80	\$483.58	\$556.12

* Aetna Choice PPO HDHP includes out-of-network coverage for many services. See plan documents for out-of-network deductibles, co-insurance , and out of pocket maximums.