

**æetna<sup>®</sup>**

**Product**

# Geography



Geography

Network

Deductible and  
coinsurance

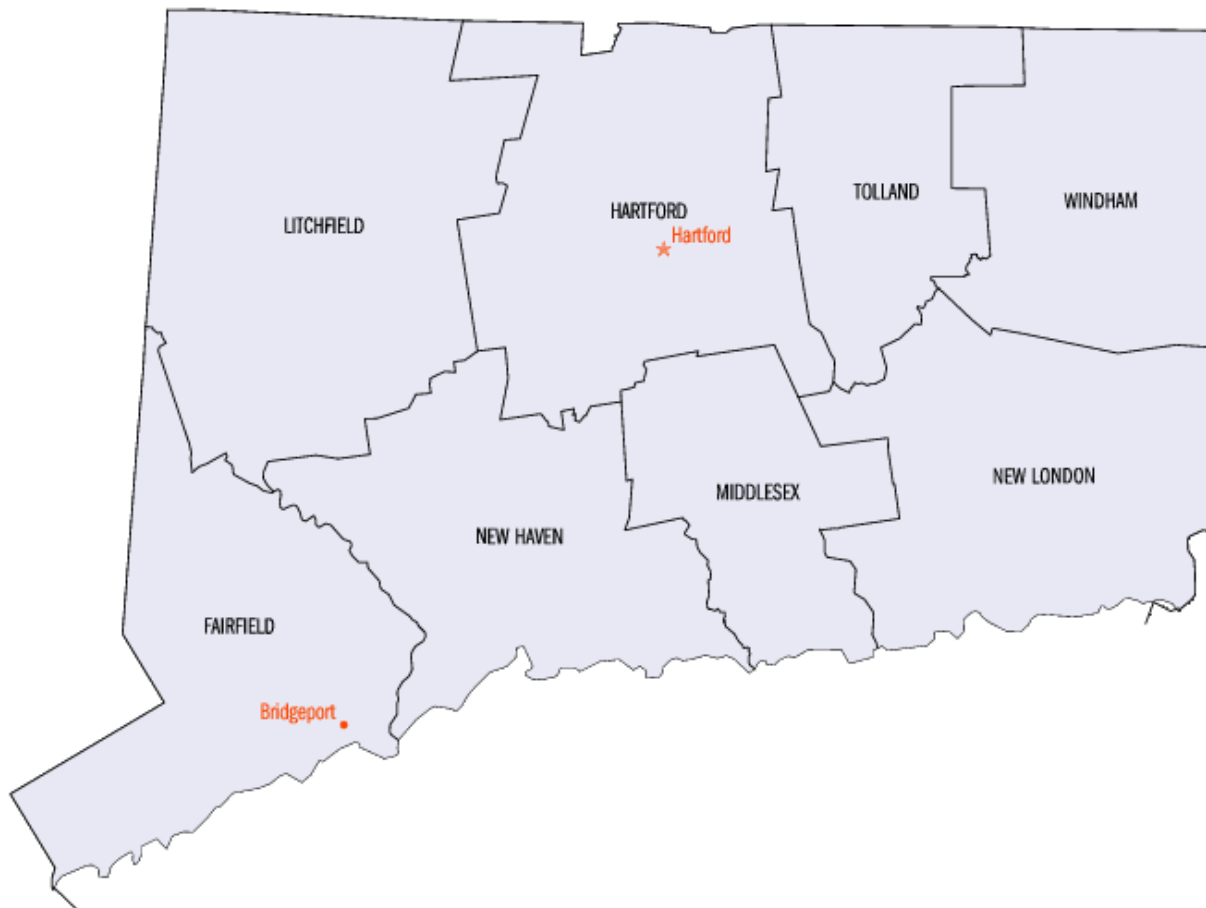
Member  
benefits

Pediatric  
vision

Pediatric  
dental

Pharmacy

**statewide**



# Network



Geography	<b>Network</b>	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
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**Product name:**

- Aetna Gold \$10 Copay OAMC PD
- Aetna Silver \$10 Copay OAMC PD
- Aetna Bronze \$15 Copay OAMC PD
- Aetna Bronze Deductible Only HSA Eligible OAMC PD

**Network within CT:**

- Number of providers: [Enter info]
- Major hospitals: [Enter info]
- Reciprocity: In state only (change from 2015)

On	Off	Product structure	Product	PCP / referral	Network used	Service area
N	Y	1 Tier + OON	OAMC	Encouraged/ No	Aetna broad	Statewide

# Network



Geography	<b>Network</b>	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
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**Product name:**

- Aetna Whole Health Gold \$5 Copay PD
- Aetna Whole Health Silver \$10 Copay PD
- Aetna Whole Health Bronze \$35 Copay PD

**Network within CT:**

- Number of providers: [Enter info]
- Major hospitals: [Enter info]
- Reciprocity: In state only

On	Off	Product structure	Product	PCP / referral	Network used	Service area
N	Y	2 Tier + OON	OAMC	Encouraged/ No	ACO Broad Network	Statewide

# Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>CT Aetna Whole Health Bronze \$35 Copay PD</b>		<b>CT Aetna Bronze Deductible Only HSA Eligible OAMC PD</b>		<b>CT Aetna Bronze \$15 Copay OAMC PD</b>
		In network you pay	Non-designated you pay	In network you pay	In network you pay	
<b>Deductible individual/family<sup>1</sup></b> (applies to out-of-pocket maximum)		5,750/\$11,500	\$6,750/\$13,500	\$6,450/\$12,900	\$6,850/\$13,700	
<b>Member coinsurance</b>		0%	0%	0%	0%	
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)		\$6,850/\$13,700	\$6,850/\$13,700	\$6,450/\$12,900	\$6,850/\$13,700	

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

All percentages shown are what member pays. PD: includes pediatric dental.





# Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>CT Aetna Whole Health Gold \$5 Copay PD</b>		<b>CT Aetna Gold \$10 Copay OAMC PD</b>		
		In network you pay	Non-designated you pay	In network you pay		
		\$1,250/\$2,500	\$3,500/\$7,000	\$1,400/\$2,800		
		20%	40%	20%		
		\$4,500/\$9,000	\$6,000/\$12,000	\$5,200/\$10,400		
		<b>Deductible individual/family<sup>1</sup></b> (applies to out-of-pocket maximum)				
		<b>Member coinsurance</b>				
		<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)				

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

All percentages shown are what member pays. PD: includes pediatric dental.

# Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>CT Aetna Whole Health Bronze \$35 Copay PD</b>		<b>CT Aetna Bronze Deductible Only HSA Eligible OAMC PD</b>	<b>CT Aetna Bronze \$15 Copay OAMC PD</b>	
		In network you pay	Non-designated you pay	In network you pay	In network you pay	
<b>Primary care office visit</b>		\$35 copay; ded waived	\$40 copay after ded	Covered in full after ded	\$15 copay; ded waived	
<b>Specialist office visit</b>		\$50 copay after ded	\$50 copay after ded	Covered in full after ded	Covered in full after ded	
<b>Hospital stay</b>		\$250 copay per admission after ded	\$500 copay per admission after ded	Covered in full after ded	Covered in full after ded	
<b>Outpatient surgery</b> (Ambulatory Surgical Center/Hospital)		\$250 copay after ded	\$500 copay after ded	Covered in full after ded	Covered in full after ded	
<b>Emergency room</b> (copay waived if admitted)		\$200 copay after ded	Paid at the designated level	Covered in full after ded	Covered in full after ded	
<b>Urgent care</b>		\$60 copay after ded	\$75 copay after ded	Covered in full after ded	\$75 copay; ded waived	

All percentages shown are what member pays. PD: includes pediatric dental.



# Member benefits

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>CT Aetna Whole Health Silver \$10 Copay PD</b>		<b>CT Aetna Silver \$10 Copay OAMC PD</b>	
			In network you pay	Non-designated you pay	In network you pay	
<b>Primary care office visit</b>		\$10 copay; ded waived	\$40 copay after ded	\$10 copay; ded waived		
<b>Specialist office visit</b>		\$50 copay; ded waived	\$50 copay after ded	\$50 copay; ded waived		
<b>Hospital stay</b>		20% after ded	40% after ded	30% after ded		
<b>Outpatient surgery</b> (Ambulatory Surgical Center/Hospital)		20% after ded	40% after ded	30% after ded		
<b>Emergency room</b> (copay waived if admitted)		\$200 copay after ded	Paid at the designated level	\$200 copay after ded		
<b>Urgent care</b>		\$75 copay; ded waived	40% after ded	\$75 copay; ded waived		

All percentages shown are what member pays. PD: includes pediatric dental.

# Member benefits

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>CT Aetna Whole Health Gold \$5 Copay PD</b>		<b>CT Aetna Gold \$10 Copay OAMC PD</b>	
			In network you pay	Non-designated you pay	In network you pay	
<b>Primary care office visit</b>			\$5 copay; ded waived	\$30 copay; ded waived	\$10 copay; ded waived	
<b>Specialist office visit</b>			\$40 copay; ded waived	\$50 copay after ded	\$40 copay; ded waived	
<b>Hospital stay</b>			20% after ded	20% after ded	20% after ded	
<b>Outpatient surgery</b> (Ambulatory Surgical Center/Hospital)			20% after ded	20% after ded	20% after ded	
<b>Emergency room</b> (copay waived if admitted)			\$200 copay after ded	Paid at the designated level	\$200 copay after ded	
<b>Urgent care</b>			\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	

All percentages shown are what member pays. PD: includes pediatric dental.

# Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		CT Aetna Whole Health Bronze \$35 Copay PD		CT Aetna Bronze Deductible Only HSA Eligible OAMC PD	CT Aetna Bronze \$15 Copay OAMC PD	
		In network you pay	Non-designated you pay	In network you pay	In network you pay	
<b>Preventive care/screening/immunization</b> (age and frequency limits apply)		Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	
<b>Annual routine GYN exam</b> (annual pap/mammogram)		Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	
<b>Diagnostic lab</b>		Covered in full after ded	Paid at the designated level	Covered in full after ded	Covered in full after ded	
<b>Diagnostic X-ray</b>		Covered in full after ded	\$25 copay after ded	Covered in full after ded	Covered in full after ded	
<b>Imaging</b> (CT/PET scans, MRIs)		\$75 copay after ded	\$75 copay after ded	Covered in full after ded	Covered in full after ded	

All percentages shown are what member pays. PD: includes pediatric dental.

# Member benefits

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>CT Aetna Whole Health Silver \$10 Copay PD</b>		<b>CT Aetna Silver \$10 Copay OAMC PD</b>	
			In network you pay	Non-designated you pay	In network you pay	
<b>Preventive care/screening/immunization</b> (age and frequency limits apply)			Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	
<b>Annual routine GYN exam</b> (annual pap/mammogram)			Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	
<b>Diagnostic lab</b>			20% after ded	Paid at the designated level	30% after ded	
<b>Diagnostic X-ray</b>			20% after ded	40% after ded	30% after ded	
<b>Imaging</b> (CT/PET scans, MRIs)			20% after ded	40% after ded	30% after ded	

All percentages shown are what member pays. PD: includes pediatric dental.

# Member benefits

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>CT Aetna Whole Health Gold \$5 Copay PD</b>		<b>CT Aetna Gold \$10 Copay OAMC PD</b>	
			In network you pay	Non-designated you pay	In network you pay	
<b>Preventive care/screening/immunization</b> (age and frequency limits apply)			Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	
<b>Annual routine GYN exam</b> (annual pap/mammogram)			Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	
<b>Diagnostic lab</b>			20% after ded	Paid at the designated level	20% after ded	
<b>Diagnostic X-ray</b>			20% after ded	40% after ded	20% after ded	
<b>Imaging</b> (CT/PET scans, MRIs)			20% after ded	40% after ded	20% after ded	

All percentages shown are what member pays. PD: includes pediatric dental.

# Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>CT Aetna Whole Health Bronze \$35 Copay PD</b>		<b>CT Aetna Bronze Deductible Only HSA Eligible OAMC PD</b>	<b>CT Aetna Bronze \$15 Copay OAMC PD</b>	
		In network you pay	Non-designated you pay	In network you pay	In network you pay	
<b>Pediatric eye exam</b> (1 visit per year)	Covered in full; ded waived		Paid at the designated level	Covered in full; ded waived	Covered in full; ded waived	
<b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; ded waived		Paid at the designated level	Covered in full after ded	Covered in full; ded waived	

All percentages shown are what member pays. PD: includes pediatric dental.



# Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>CT Aetna Whole Health Silver \$10 Copay PD</b>			<b>CT Aetna Silver \$10 Copay OAMC PD</b>	
		In network you pay		Non-designated you pay		In network you pay
<b>Pediatric eye exam (1 visit per year)</b>		Covered in full; ded waived		Paid at the designated level		Covered in full; ded waived
<b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)		Covered in full; ded waived		Paid at the designated level		Covered in full; ded waived

All percentages shown are what member pays. PD: includes pediatric dental.

# Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		CT Aetna Whole Health Gold \$5 Copay PD			CT Aetna Gold \$10 Copay OAMC PD	
		In network you pay		Non-designated you pay		In network you pay
Pediatric eye exam (1 visit per year)		Covered in full; ded waived		Paid at the designated level		Covered in full; ded waived
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)		Covered in full; ded waived		Paid at the designated level		Covered in full; ded waived

All percentages shown are what member pays. PD: includes pediatric dental.

# Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		CT Aetna Whole Health Bronze \$35 Copay PD		CT Aetna Bronze Deductible Only HSA Eligible OAMC PD	CT Aetna Bronze \$15 Copay OAMC PD	
		In network you pay	Non-designated you pay	In network you pay	In network you pay	
<b>Dental check-up/preventive dental care</b> (2 visits per year)		Covered in full; ded waived	Paid at the designated level	Covered in full after ded	Covered in full; ded waived	
<b>Basic dental care</b>		30% after ded	Paid at the designated level	Covered in full after ded	Covered in full after ded	
<b>Major dental care</b>		50% after ded	Paid at the designated level	Covered in full after ded	Covered in full after ded	
<b>Orthodontia</b> (medically necessary only)		50% after ded	Paid at the designated level	Covered in full after ded	Covered in full after ded	

All percentages shown are what member pays. PD: includes pediatric dental.

# Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		CT Aetna Whole Health Silver \$10 Copay PD			CT Aetna Silver \$10 Copay OAMC PD	
		In network you pay	Non-designated you pay	In network you pay		
<b>Dental check-up/preventive dental care</b> (2 visits per year) <sup>2</sup>		Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived		
<b>Basic dental care</b>		30% after ded	Paid at the designated level	30% after ded		
<b>Major dental care</b>		50% after ded	Paid at the designated level	50% after ded		
<b>Orthodontia</b> (medically necessary only)		50% after ded	Paid at the designated level	50% after ded		

All percentages shown are what member pays. PD: includes pediatric dental.

# Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		CT Aetna Whole Health Gold \$5 Copay PD			CT Aetna Gold \$10 Copay OAMC PD	
		In network you pay	Non-designated you pay	In network you pay		
<b>Dental check-up/preventive dental care</b> (2 visits per year) <sup>2</sup>		Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived		
<b>Basic dental care</b>		30% after ded	Paid at the designated level	30% after ded		
<b>Major dental care</b>		50% after ded	Paid at the designated level	50% after ded		
<b>Orthodontia</b> (medically necessary only)		50% after ded	Paid at the designated level	50% after ded		

All percentages shown are what member pays. PD: includes pediatric dental.

# Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>CT Aetna Whole Health Bronze \$35 Copay PD</b>		<b>CT Aetna Bronze Deductible Only HSA Eligible OAMC PD</b>	<b>CT Aetna Bronze \$15 Copay OAMC PD</b>	
		In network you pay	Non-designated you pay	In network you pay	In network you pay	
<b>Pharmacy deductible</b>		Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	
<b>Preferred generic drugs</b>		Generic: \$5 copay after ded	Generic: \$5 copay after ded	Generic: Covered in full after ded	Generic: Covered in full after ded	
<b>Preferred brand drugs</b>		\$50 copay after ded	\$50 copay after ded	Covered in full after ded	Covered in full after ded	
<b>Non-preferred drugs</b>		Generic & Brand: 40% after ded	Generic & Brand: 40% after ded	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded	
<b>Specialty drugs</b>		P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded	

P=Preferred specialty drugs; NP=non-preferred specialty drugs.  
All percentages shown are what member pays. PD: includes pediatric dental.



# Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>CT Aetna Whole Health Silver \$10 Copay PD</b>		<b>CT Aetna Silver \$10 Copay OAMC PD</b>		
		In network you pay		Non-designated you pay	In network you pay	
<b>Pharmacy deductible</b>		\$500 per member	\$500 per member	\$500 per member		
<b>Preferred generic drugs</b>		Low Cost Generic: \$3 copay; ded waived Generic: \$5 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$5 copay; ded waived	Low Cost Generic: \$5 copay; ded waived Generic: \$5 copay; ded waived		
<b>Preferred brand drugs</b>		\$40 copay after ded	\$40 copay after ded	\$40 copay after ded		
<b>Non-preferred drugs</b>		Generic & Brand: 40% after ded	Generic & Brand: 40% after ded	Generic & Brand: 40% after ded		
<b>Specialty drugs</b>		P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded		

P=Preferred specialty drugs; NP=non-preferred specialty drugs.  
All percentages shown are what member pays. PD: includes pediatric dental.

# Pharmacy

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>CT Aetna Whole Health Gold \$5 Copay PD</b>		<b>CT Aetna Gold \$10 Copay OAMC PD</b>		
		In network you pay	Non-designated you pay	In network you pay		
<b>Pharmacy deductible</b>		\$0 per member	\$0 per member	\$250 per member		
<b>Preferred generic drugs</b>		Low Cost Generic: \$3 copay Generic: \$5 copay	Low Cost Generic: \$3 copay Generic: \$5 copay	Low Cost Generic: \$3 copay; ded waived Generic: \$5 copay; ded waived		
<b>Preferred brand drugs</b>		\$30 copay	\$30 copay	\$40 copay after ded		
<b>Non-preferred drugs</b>		Generic & Brand: 30%	Generic & Brand: 30%	Generic & Brand: 30% after ded		
<b>Specialty drugs</b>		P: 40% NP: 50%	P: 40% NP: 50%	P: 40% after ded NP: 50% after ded		

P=Preferred specialty drugs; NP=non-preferred specialty drugs.  
All percentages shown are what member pays. PD: includes pediatric dental.

# New for 2016



Geography

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dental

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**Be a powerful force. We want you to succeed in Connecticut, so we've made some changes to make our plans more attractive and easier to sell.**

## Topline changes for Connecticut

- Aetna Whole Health Plans switched from “Managed Choice “to “Managed Choice Open Access”, therefore PCP selection is no longer required but encouraged.
- Silver Integrated CT Aetna Silver \$10 Copay 2750 PD plan was removed.

# New for 2016



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## Snapshot of 2016 benefit design changes in Connecticut

- Office visit copays will include all services (ie. Lab/radiology) performed and coded in office
- Removed ER Advanced Imaging and Maternity Ultrasound as unique cost-share benefits, included in copay

# Overview- Connecticut benefit changes from 2015-2016 ( 1 Tier)

## Notable plan changes

- OP Hospice benefit changed to match Home Healthcare
- No age limitation on Infertility Services

### Bronze copay plan:

- **PCP copay:** \$5 lower PCP copay
  - 2016: now \$15
  - 2015: was \$20
- **Deductible:**
  - 2016: now \$6,850
  - 2015: was \$5,750
- **Maximum out-of-pocket:**
  - 2016: \$6,850
  - 2015: was \$6,600

### Pharmacy: 2016: now all tiers 100% after deductible (OAMC)

- **Pharmacy Generic:**
  - 2015: was \$5
- **Pharmacy Brand:**
  - 2015: was \$40 AD
- **Pharmacy Non Preferred:**
  - 2015: was \$50 AD
- **Pharmacy Specialty Preferred:**
  - 2015: was \$40% AD
- **Pharmacy Specialty Non Preferred:**
  - 2015: was 50% AD

### Silver copay plan

- **Specialist: deductible applies**
  - 2016: now \$50 AD
  - 2015: was \$50
- **Maximum out-of-pocket:**
  - 2016: now \$6,500
  - 2015: was \$6,600
- **Pharmacy Generic Low Cost:**
  - 2016: now \$5
  - 2015: was \$3
- **Pharmacy Brand:**
  - 2016: now \$40 AD
  - 2015: was \$45 AD

### Gold copay plan

- **PCP copay Tier 1:** \$5 higher PCP copay
  - 2016: now \$10
  - 2015: was \$5
- **Maximum out-of-pocket:**
  - 2016: now \$5,200
  - 2015: was \$5,500
- **Pharmacy Brand:**
  - 2016: now \$40
  - 2015: was \$35

### Bronze HSA plan

- **Deductible:**
  - 2016: now \$6,450
  - 2015: was \$6,300
- **Maximum out-of-pocket:**
  - 2016: now \$6,450
  - 2015: was \$6,300

# Overview- Connecticut Whole Health benefit changes from 2015-2016 (2 Tiers)

## Notable plan changes

- On Bronze plan, Tier 2 benefits greater than \$100 were updated to \$100 to account for the difference between the Deductible and the Out of Pocket Max

### Bronze AWH

- **PCP copay:**
  - 2016: now \$35
  - 2015: was \$15
- **Specialist: deductible applies**
  - 2016: now \$50 AD
  - 2015: was \$50

### Silver AWH

- **Deductible Tier 1:**
  - 2016: now \$3,750
  - 2015: was \$4,500
- **Deductible Tier 2:**
  - 2016: now \$5,750
  - 2015: was \$6,000
- **Maximum out-of-pocket Tier 1:**
  - 2016: now \$5,500
  - 2015: was \$6,600
- **Maximum out-of-pocket Tier 2:**
  - 2016: now \$6,500
  - 2015: was \$6,600

### Gold AWH

- **Deductible Tier 1:**
  - 2016: now \$5,750
  - 2015: was \$5,000
- **Maximum out-of-pocket Tier 1:**
  - 2016: now \$6,850
  - 2015: was \$6,600
- **Pharmacy Tier 4 Specialty Preferred :**
  - 2016: 40%
  - 2015: 30%



# New for 2016



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Pharmacy

## Quick highlights of pharmacy changes in Connecticut

- Aetna standard network pharmacy
- Mail-order delivery with opt-out strategy
- Mail-order multiplier 2.5x for tier 1, 2 and 3 drugs