

**æetna<sup>®</sup>**

**Product**

# Geography

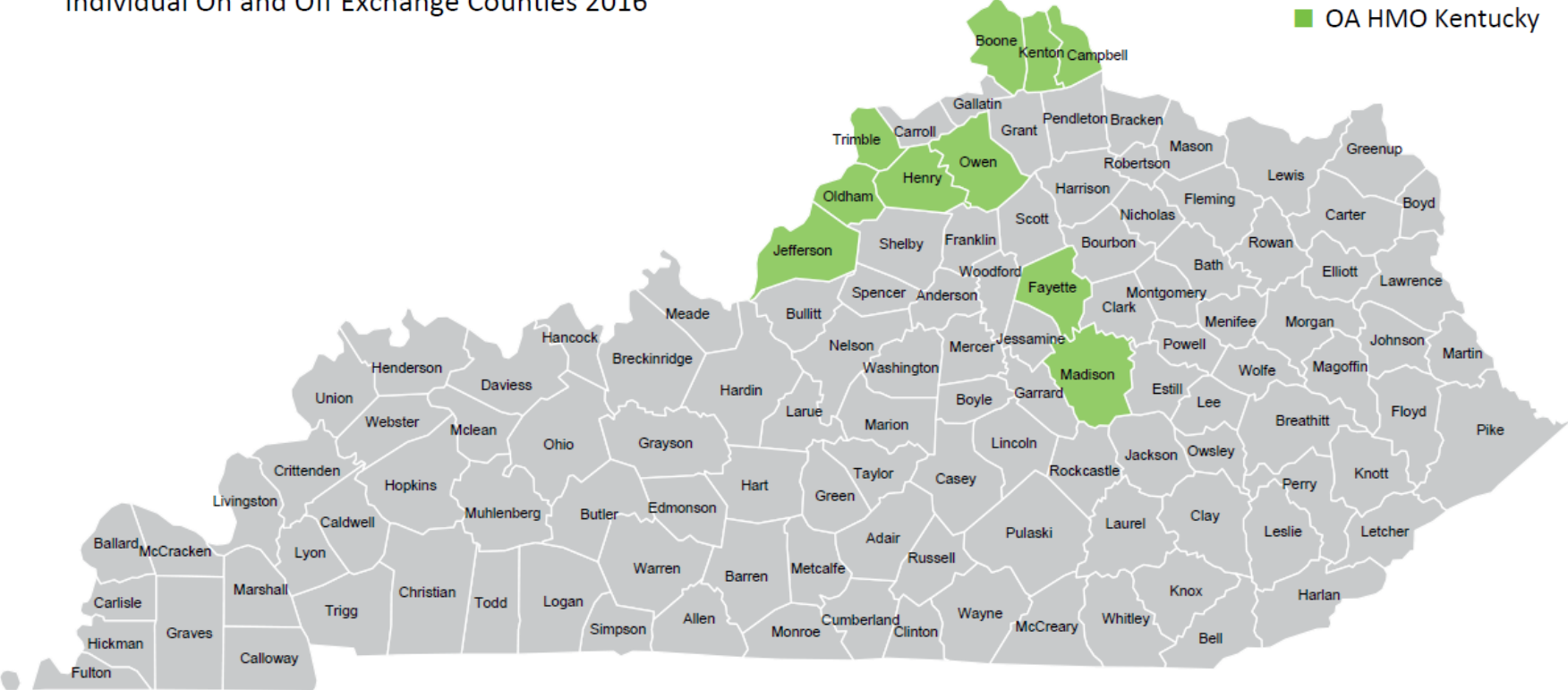


Geography	Network	Deductible coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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## Kentucky

Individual On and Off Exchange Counties 2016

Aetna Network  
■ OA HMO Kentucky





Geography	<b>Network</b>	Deductible Coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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**Product name:**

- Aetna Gold \$10 Copay HNOOnly PD
- Aetna Silver \$10 Copay HNOOnly PD
- Aetna Bronze \$40 Copay HNOOnly PD
- Aetna Bronze Deductible Only HSA Eligible HNOOnly PD
- Aetna Catastrophic HNOOnly PD

**Network within KY:**

- Number of providers: 6574
- Major hospitals: 11
- Reciprocity: None

On	Off	Product Structure	Product	PCP / Referral	Network Used	Service Area
Y	Y	1 Tier No OON	HNOOnly	No/No	OA HMO	Boone, Campbell, Fayette, Henry, Jefferson, Kenton, Madison, Oldham, Owen, Trimble

# Deductible coinsurance



Geography	Network	Deductible coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	<b>KY Aetna Bronze \$40 Copay HNOOnly PD</b>	<b>KY Aetna Bronze Deductible Only HSA Eligible HNOOnly PD</b>	<b>KY Aetna Silver \$10 Copay HNOOnly PD</b>	<b>KY Aetna Gold \$10 Copay HNOOnly PD</b>		
	In network you pay	In network you pay	In network you pay	In network you pay		
<b>Deductible individual/ family<sup>1</sup></b> (applies to out-of-pocket maximum)	\$6,800/\$13,600	\$6,450/\$12,900	\$3,900/\$7,800	\$1,400/\$2,800		
<b>Member coinsurance</b>	0%	0%	30%	20%		
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,450/\$12,900	\$6,500/\$13,000	\$5,500/\$11,000		

<sup>1</sup> 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. On exchange mirrors off without PD.

# Member benefits



Geography	Network	Deductible coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	<b>KY Aetna Bronze</b> \$40 Copay HNOOnly PD	<b>KY Aetna Bronze Deductible</b> Only HSA Eligible HNOOnly PD	<b>KY Aetna Silver</b> \$10 Copay HNOOnly PD	<b>KY Aetna Gold</b> \$10 Copay HNOOnly PD		
	In network you pay	In network you pay	In network you pay	In network you pay		
<b>Primary care office visit</b>	\$40 copay; ded waived	Covered in full after ded	\$10 copay; ded waived	\$10 copay; ded waived		
<b>Specialist office visit</b>	\$40 copay after ded	Covered in full after ded	\$75 copay; ded waived	\$40 copay; ded waived		
<b>Hospital stay</b>	Covered in full after ded	Covered in full after ded	\$500 copay per admission after ded; then 30%	20% after ded		
<b>Outpatient surgery</b> (Ambulatory Surgical Center/Hospital)	Covered in full after ded	Covered in full after ded	\$250 copay after ded; then 30%	20% after ded		
<b>Emergency room</b> (copay waived if admitted)	Covered in full after ded	Covered in full after ded	\$500 copay after ded	\$250 copay after ded		
<b>Urgent care</b>	\$100 copay; ded waived	Covered in full after ded	\$75 copay; ded waived	\$75 copay; ded waived		

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Member benefits



Geography	Network	Deductible coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	<b>KY Aetna Bronze</b> \$40 Copay HNOOnly PD	<b>KY Aetna Bronze Deductible</b> Only HSA Eligible HNOOnly PD	<b>KY Aetna Silver</b> \$10 Copay HNOOnly PD		<b>KY Aetna Gold</b> \$10 Copay HNOOnly PD	
	In network you pay	In network 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	Covered in full after ded	30% after ded		20% after ded	
<b>Diagnostic X-ray</b>	Covered in full after ded	Covered in full after ded	30% after ded		20% after ded	
<b>Imaging</b> (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded	\$250 copay after ded; then 30%		20% after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pediatric vision



Geography	Network	Deductible coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	<b>KY Aetna Bronze</b> \$40 Copay HNOOnly PD	<b>KY Aetna Bronze Deductible</b> Only HSA Eligible HNOOnly PD		<b>KY Aetna Silver</b> \$10 Copay HNOOnly PD		<b>KY Aetna Gold</b> \$10 Copay HNOOnly PD
	In network you pay	In network you pay		In network you pay		In network you pay
<b>Pediatric eye exam</b> (1 visit per year)	Covered in full; ded waived	Covered in full; ded waived		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	Covered in full after ded		Covered in full; ded waived		Covered in full; ded waived

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pediatric dental



Geography	Network	Deductible coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	<b>KY Aetna Bronze \$40 Copay HNOnly PD</b>	<b>KY Aetna Bronze Deductible Only HSA Eligible HNOnly PD</b>	<b>KY Aetna Silver \$10 Copay HNOnly PD</b>	<b>KY Aetna Gold \$10 Copay HNOnly PD</b>		
	In network you pay	In network you pay	In network you pay	In network you pay		
<b>Dental check-up/preventive dental care (2 visits per year)</b>	Covered in full; ded waived	Covered in full after ded	Covered in full; ded waived	Covered in full; ded waived		
<b>Basic dental care</b>	30% after ded	Covered in full after ded	30% after ded	30% after ded		
<b>Major dental care</b>	50% after ded	Covered in full after ded	50% after ded	50% after ded		
<b>Orthodontia (medically necessary only)</b>	50% after ded	Covered in full after ded	50% after ded	50% after ded		

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.



# Pharmacy



Geography	Network	Deductible coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	<b>KY Aetna Bronze</b> <b>\$40 Copay HNOOnly PD</b>	<b>KY Aetna Bronze Deductible</b> <b>Only HSA Eligible HNOOnly PD</b>	<b>KY Aetna Silver</b> <b>\$10 Copay HNOOnly PD</b>			<b>KY Aetna Gold</b> <b>\$10 Copay HNOOnly PD</b>
	In network you pay	In network you pay	In network you pay			In network you pay
<b>Pharmacy deductible</b>	Integrated with medical ded	Integrated with medical ded	\$500 per member			\$250 per member
<b>Preferred generic drugs</b>	Generic: Covered in full after ded	Generic: Covered in full after ded	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived			Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived
<b>Preferred brand drugs</b>	Covered in full after ded	Covered in full after ded	\$40 copay after ded			\$40 copay after ded
<b>Non-preferred drugs</b>	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded	Generic & Brand: \$75 copay after ded			Generic & Brand: \$70 copay after ded
<b>Specialty drugs</b>	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: 40% after ded NP: 50% after ded			P: 40% after ded NP: 50% after ded

P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Catastrophic



Geography	Network	Deductible coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KY Aetna Catastrophic HNOly PD*</b>			
<b>Member benefits</b>			In network you pay			
<b>Deductible individual/family<sup>1</sup></b> (applies towards out-of-pocket maximum)			\$6,850/\$13,700			
<b>Member coinsurance</b>			0%			
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)			\$6,850 / \$13,700			
<b>Primary care visit</b>			Visits 1 – 3: \$20 copay; deductible waived Visits 4+: Covered in full after deductible			
<b>Preventive care/screening/immunization</b> (age and frequency visit limits apply)			Covered in full; deductible waived			
<b>Annual routine GYN exam</b> (annual pap/mammogram)						
<b>All other benefits</b>			Covered in full after deductible			

Unlike metal-level coverage, this plan is a catastrophic plan offering. Only individuals who are younger than age 30 or have a hardship exemption may enroll in this plan.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# New for 2016



Geography

Network

Deductible  
coinsurance

Member  
benefits

Pediatric  
vision

Pediatric  
dental

Pharmacy

## Snapshot of 2016 benefit design in Kentucky

- Simplified plan design
- Bronze copay plan: copays for PCP visit and urgent care visit
- Office visit copays will include in-office services like lab/radiology
- Advanced imaging in ER included in copay

# New for 2016



Geography

Network

Deductible  
coinsurance

Member  
benefits

Pediatric  
vision

Pediatric  
dental

Pharmacy

## Quick highlights of pharmacy benefits in Kentucky

- Aetna standard network pharmacy
- Mail-order multiplier 2.5x for tier 1, 2 and 3 drugs