



Accountable Care Organizations (ACO)



ACOs

A collaboration that improves care, quality, cost and outcomes

- Convenience — Fewer repetitive tests and less hassle
- Better health — Personal care teams working together to keep members healthy
- Affordability — An affordable premium without sacrificing quality care



ACOs

Together we do more to engage patients and help providers — our collaboration creates more value

Find

patient and
population
trends

- Identify **more** patients **earlier**
- Aetna and the ACO **work together** as one care team

Engage

more
patients
earlier

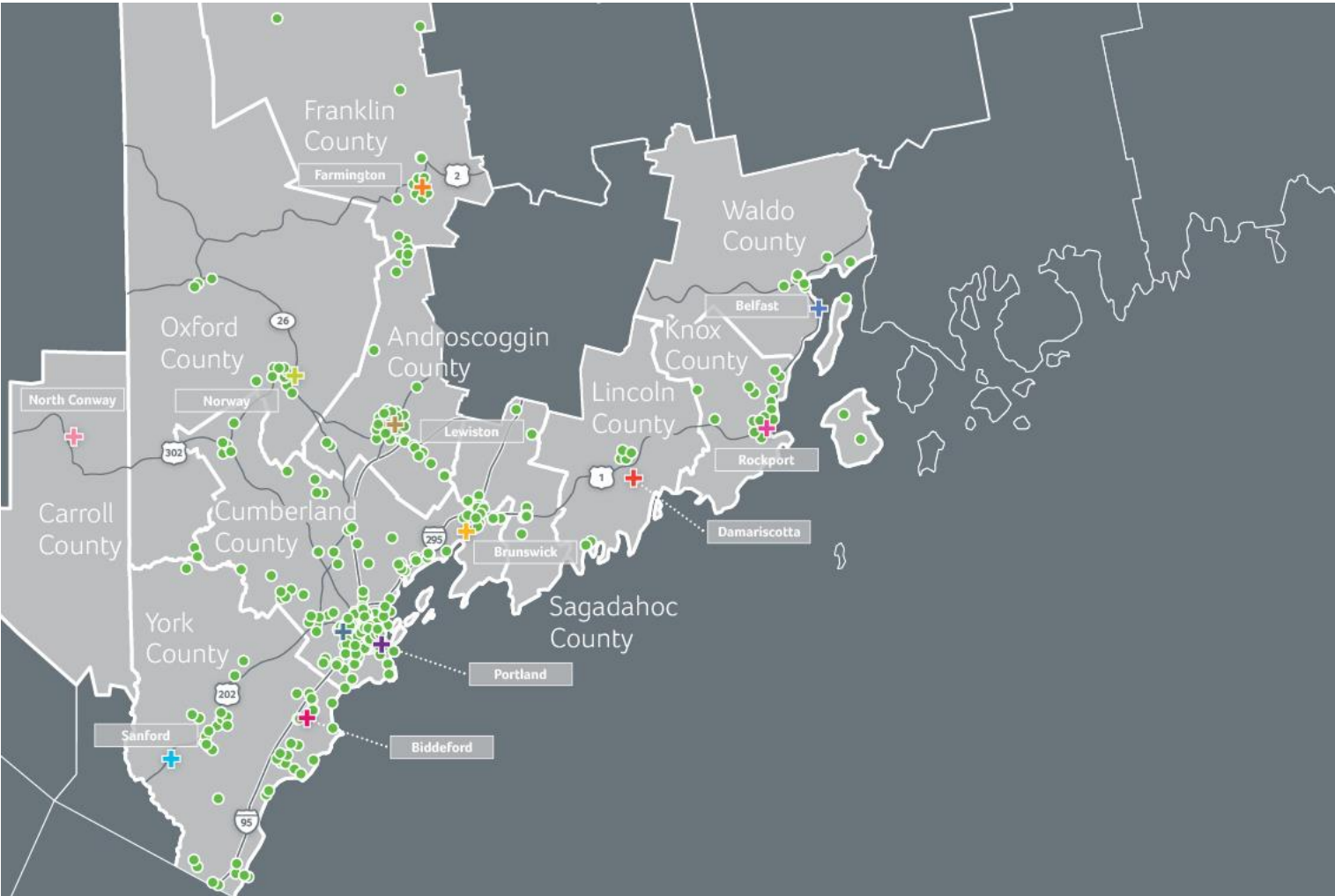
- Doctor-driven outreach to **increase patient engagement**
- Population health tools

Help

providers
achieve
better
outcomes

- Providers share **risk and reward**
- **Incentives based on value**, not volume of services

Aetna Whole HealthSM—Maine network coverage area















 Hospitals  Provider offices

Aetna Whole HealthSM – Maine hospitals

Our network includes:

✓ 12 Hospitals

Hospital	City	Address	ZIP
 Waldo County General Hospital	Belfast	118 Northport Ave.	04915
 Southern Maine Medical Center – Biddeford Medical Center	Biddeford	1 Medical Center Dr.	04005
 Mid Coast Hospital	Brunswick	123 Medical Center Dr.	04011
 LincolnHealth – Miles Campus	Damariscotta	35 Miles St.	04543
 Franklin Memorial Hospital	Farmington	111 Franklin Health Commons	04938
 St. Mary's Regional Medical Center	Lewiston	93 Campus Ave.	04240
 Memorial Hospital	North Conway	3073 White Mountain Hwy.	03860
 Stephens Memorial Hospital	Norway	181 Main St.	04268
 Maine Medical Center	Portland	22 Bramhall St.	04102
 Pen Bay Medical Center	Rockport	6 Glen Cove Dr.	04856
 Southern Maine Medical Center – Sanford Medical Center	Sanford	25 June St.	04073
 Spring Harbor Hospital	Westbrook	123 Andover Rd.	04092

Product

Geography



Geography

Network

Deductible and
coinsurance

Member
benefits

Pediatric
vision

Pediatric
dental

Pharmacy

Maine

Individual On and Off Exchange Counties 2016

Aetna Network

■ OA HMO ME Aetna Whole Health Tiered



Network



Geography	Network	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 ME:

Reciprocity:

- Tier 1 – service area only
- Tier 2 – statewide

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	2 Tier No OON	HMO	No / No PCP is encouraged	ACO AWH	Androscoggin, Cumberland, Franklin, Knox, Lincoln, Oxford, Sagadahoc, Waldo, York

* On exchange plans do not include Pediatric Dental.

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		ME Aetna Whole Health Bronze \$35 Copay PD				
		Designated you pay		Non-designated you pay		
Deductible individual/family¹ (applies to out-of-pocket maximum)		\$6,350/\$12,700		\$6,750/\$13,500		
Member coinsurance		0%		0%		
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)		\$6,850/\$13,700		\$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. On exchange mirrors off without PD.

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		ME Aetna Whole Health Gold \$5 Copay PD				
		Designated you pay		Non-designated you pay		
Deductible individual/family¹ (applies to out-of-pocket maximum)		\$1,500/\$3,000		\$3,750/\$7,500		
Member coinsurance		20%		40%		
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)		\$4,500/\$9,000		\$6,000/\$12,000		

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. On exchange mirrors off without PD.

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			ME Aetna Whole Health Bronze \$35 Copay PD			
				Designated you pay		Non-designated you pay
			Primary care office visit	\$35 copay; ded waived	\$50 copay after ded	
			Specialist office visit	\$75 copay after ded	\$100 copay after ded	
			Hospital stay	\$250 copay per admission after ded	\$100 copay per admission after ded	
			Outpatient surgery (Ambulatory Surgical Center/Hospital)	\$250 copay after ded	\$100 copay after ded	
			Emergency room (copay waived if admitted)	\$250 copay after ded	Paid at the designated level	
			Urgent care	\$60 copay; ded waived	\$100 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 and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			ME Aetna Whole Health Silver \$10 Copay PD			
			Designated you pay	Non-designated you pay		
			Primary care office visit	\$10 copay; ded waived	\$50 copay after ded	
			Specialist office visit	\$60 copay; ded waived	\$75 copay after ded	
			Hospital stay	20% after ded	40% after ded	
			Outpatient surgery (Ambulatory Surgical Center/Hospital)	\$100 copay after ded; then 20%	\$500 copay after ded; then 40%	
			Emergency room (copay waived if admitted)	\$250 copay after ded	Paid at the designated level	
			Urgent care	\$75 copay; ded waived	40% after ded	

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Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			ME Aetna Whole Health Gold \$5 Copay PD			
			Designated you pay	Non-designated you pay		
			Primary care office visit	\$5 copay; ded waived	\$30 copay; ded waived	
			Specialist office visit	\$40 copay; ded waived	\$75 copay after ded	
			Hospital stay	20% after ded	40% after ded	
			Outpatient surgery (Ambulatory Surgical Center/Hospital)	20% after ded	40% after ded	
			Emergency room (copay waived if admitted)	\$250 copay after ded	Paid at the designated level	
			Urgent care	\$75 copay; ded waived	\$150 copay; ded waived	

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Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			ME Aetna Whole Health Bronze \$35 Copay PD			
				Designated you pay	Non-designated you pay	
			Preventive care/screening/immunization (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived	
			Annual routine GYN exam (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived	
			Diagnostic lab	Covered in full after ded	Paid at the designated level	
			Diagnostic X-ray	Covered in full after ded	\$25 copay after ded	
			Imaging (CT/PET scans, MRIs)	\$250 copay after ded	\$100 copay after ded	

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			ME Aetna Whole Health Silver \$10 Copay PD			
				Designated you pay	Non-designated you pay	
			Preventive care/screening/immunization (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived	
			Annual routine GYN exam (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived	
			Diagnostic lab	20% after ded	Paid at the designated level	
			Diagnostic X-ray	20% after ded	40% after ded	
			Imaging (CT/PET scans, MRIs)	\$100 copay after ded; then 20%	\$500 copay after ded; then 40%	

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			ME Aetna Whole Health Gold \$5 Copay PD			
				Designated you pay	Non-designated you pay	
			Preventive care/screening/immunization (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived	
			Annual routine GYN exam (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived	
			Diagnostic lab	20% after ded	Paid at the designated level	
			Diagnostic X-ray	20% after ded	40% after ded	
			Imaging (CT/PET scans, MRIs)	20% after ded	\$100 copay after ded; then 40%	

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

Pediatric vision



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

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

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			ME Aetna Whole Health Silver \$10 Copay PD			
			Designated you pay		Non-designated you pay	
Pediatric eye exam (1 visit per year)			Covered in full; ded waived		Paid at the designated level	
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	

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

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			ME Aetna Whole Health Gold \$5 Copay PD			
			Designated you pay		Non-designated you pay	
Pediatric eye exam (1 visit per year)	Covered in full; ded waived		Paid at the designated level			
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			

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

Pediatric dental



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

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

Pediatric dental



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

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

Pediatric dental



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

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

Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		ME Aetna Whole Health Bronze \$35 Copay PD				
		Designated you pay		Non-designated you pay		
Pharmacy deductible		Integrated with medical ded		Integrated with medical ded		
Preferred generic drugs		Generic: \$20 copay after ded		Generic: \$20 copay after ded		
Preferred brand drugs		\$50 copay after ded		\$50 copay after ded		
Non-preferred drugs		Generic & Brand: 40% after ded		Generic & Brand: 40% after ded		
Specialty drugs		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. On exchange mirrors off without PD.

Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		ME Aetna Whole Health Silver \$10 Copay PD				
		Designated you pay		Non-designated you pay		
Pharmacy deductible		\$500 per member		\$500 per member		
Preferred generic drugs		Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived		Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived		
Preferred brand drugs		\$40 copay after ded		\$40 copay after ded		
Non-preferred drugs		Generic & Brand: \$50 copay after ded		Generic & Brand: \$50 copay after ded		
Specialty drugs		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. On exchange mirrors off without PD.

Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		ME Aetna Whole Health Gold \$5 Copay PD				
		Designated you pay		Non-designated you pay		
Pharmacy deductible		\$0 per member		\$0 per member		
Preferred generic drugs		Low Cost Generic: \$3 copay Generic: \$10 copay		Low Cost Generic: \$3 copay Generic: \$10 copay		
Preferred brand drugs		\$30 copay		\$30 copay		
Non-preferred drugs		Generic & Brand: \$50 copay		Generic & Brand: \$50 copay		
Specialty drugs		P: 40% NP: 50%		P: 40% NP: 50%		

P=Preferred specialty drugs; NP=Non-preferred specialty drugs.

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

New for 2016



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

Topline changes for Maine

- Maine plans are offered on and off exchange for 2016
- New for ON Exchange:
 - **ME Aetna Whole Health Bronze \$35 Copay**
 - **ME Aetna Whole Health Gold \$5 Copay**
 - **ME Aetna Whole Health Silver \$10 Copay**
- Silver Integrated **ME Aetna Whole Health Silver \$5 Copay 2500 PD** plan was removed

New for 2016



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Snapshot of 2016 benefit design changes in Maine

- 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

Overview: Maine benefit changes from 2015-2016

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:** \$5 lower PCP copay
 - 2016: now \$15
 - 2015: was \$20
- **Deductible Tier 1:**
 - 2016: now \$6,350
 - 2015: was \$5,000
- **Deductible Tier 2:**
 - 2016: now \$6,750
 - 2015: was \$6,250
- **Maximum out-of-pocket:**
 - 2016: \$6,850
 - 2015: was \$6,600
- **Pharmacy Brand:**
 - 2016: now \$50
 - 2015: was \$40.
- **Pharmacy Non Preferred:**
 - 2016: 40% AD
 - 2015: \$50 AD

Silver AWH

- **Deductible Tier 1:**
 - 2016: now \$4,000
 - 2015: was \$3,750
- **Deductible Tier 2:**
 - 2016: now \$5,750
 - 2015: was \$6,600
- **Maximum out-of-pocket Tier 1:**
 - 2016: now \$6,000
 - 2015: was \$6,250
- **Maximum out-of-pocket Tier 2:**
 - 2016: now \$6,850
 - 2015: was \$6,600
- **Pharmacy Generic:** 2016: now \$10
- 2015: was \$15

Gold AWH

- **PCP copay Tier 1:** \$5 higher PCP copay
 - 2016: now \$5
 - 2015: was \$0
- **PCP copay Tier 2:** \$5 higher PCP copay
 - 2016: now \$30
 - 2015: was \$25
- **Deductible Tier 1:**
 - 2016: now \$1,500
 - 2015: was \$1,250
- **Deductible Tier 2:**
 - 2016: now \$3,750
 - 2015: was \$3,500
- **Pharmacy Brand:**
 - 2016: now \$40
 - 2015: was \$35
- **Pharmacy Tier 4 Specialty Preferred :**
 - 2016: 40%
 - 2015: 30%

New for 2016



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Quick highlights of pharmacy changes in Maine

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