

Geography



Geography

Network

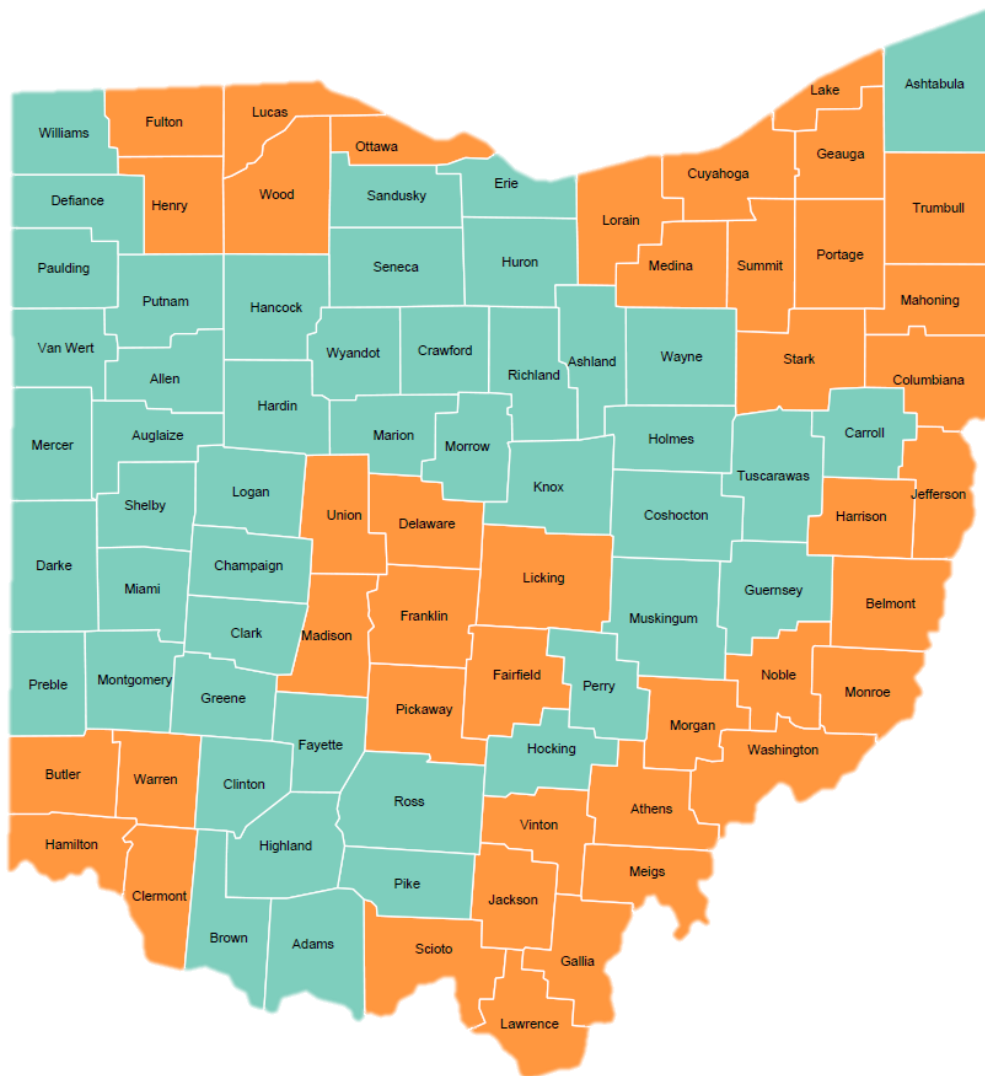
Deductible
coinsurance

Member
benefits

Pediatric
vision

Pediatric
dental

Pharmacy



Ohio

Individual Off Exchange Counties 2016

Aetna Network

■ OAMC Ohio & Broad

■ Broad

Network



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
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Product name:

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

Network within OH

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

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	OAMC	No/No	Broad	Athens, Belmont, Butler, Clermont, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Fulton, Gallia, Geauga, Hamilton, Harrison, Henry, Jackson, Jefferson, Lake, Lawrence, Licking, Lorain, Lucas, Madison, Mahoning, Medina, Meigs, Monroe, Morgan, Noble, Ottawa, Pickaway, Portage, Scioto, Stark, Summit, Trumbull, Union, Vinton, Warren, Washington, Wood

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	OH Aetna Bronze \$15 Copay PD	OH Aetna Bronze Deductible Only HSA Eligible PD		OH Aetna Silver \$10 Copay PD		OH Aetna Gold \$10 Copay PD
	In network you pay	In network you pay		In network you pay		In network you pay
Deductible individual/ family¹ (applies to out-of-pocket maximum)	\$6,850/\$13,700	\$6,450/\$12,900		\$3,500/\$7,000		\$1,400/\$2,800
Member coinsurance	0%	0%		30%		20%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,450/\$12,900		\$6,250/\$12,500		\$5,000/\$10,000

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
	OH Aetna Bronze \$15 Copay PD	OH Aetna Bronze Deductible Only HSA Eligible PD		OH Aetna Silver \$10 Copay PD		OH Aetna Gold \$10 Copay PD
	In network you pay	In network you pay		In network you pay		In network you pay
Primary care office visit	\$15 copay; ded waived	Covered in full after ded		\$10 copay; ded waived		\$10 copay; ded waived
Specialist office visit	Covered in full after ded	Covered in full after ded		\$75 copay; ded waived		\$40 copay; ded waived
Hospital stay	Covered in full after ded	Covered in full after ded		\$500 copay per admission after ded; then 30%		20% after ded
Outpatient surgery (Ambulatory Surgical Center/Hospital)	Covered in full after ded	Covered in full after ded		\$250 copay after ded; then 30%		20% after ded
Emergency room	Covered in full after ded	Covered in full after ded		\$500 copay after ded		\$250 copay after ded
Urgent care	\$100 copay; ded waived	Covered in full after ded		\$75 copay; ded waived		\$75 copay; ded waived

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Member benefits

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	OH Aetna Bronze \$15 Copay PD	OH Aetna Bronze Deductible Only HSA Eligible PD	OH Aetna Silver \$10 Copay PD	OH Aetna Gold \$10 Copay PD		
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay
Preventive care/screening/immunization (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	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	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Diagnostic lab	Covered in full after ded	Covered in full after ded	30% after ded	20% after ded	20% after ded	20% after ded
Diagnostic X-ray	Covered in full after ded	Covered in full after ded	30% after ded	20% after ded	20% after ded	20% after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded	\$250 copay after ded; then 30%	20% after ded	20% after ded	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 and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	OH Aetna Bronze \$15 Copay PD	OH Aetna Bronze Deductible Only HSA Eligible PD		OH Aetna Silver \$10 Copay PD		OH Aetna Gold \$10 Copay PD
	In network you pay	In network you pay		In network you pay		In network you pay
Pediatric eye exam (1 visit per year)	Covered in full; ded waived	Covered in full; ded waived		Covered in full; ded waived		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 after ded	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 and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	OH Aetna Bronze \$15 Copay PD	OH Aetna Bronze Deductible Only HSA Eligible PD	OH Aetna Silver \$10 Copay PD	OH Aetna Gold \$10 Copay PD		
	In network you pay	In network you pay	In network you pay	In network you pay		
Dental check-up/preventive dental care (2 visits per year)	Covered in full; ded waived	Covered in full after ded	Covered in full; ded waived	Covered in full; ded waived		
Basic dental care	Covered in full after ded	Covered in full after ded	30% after ded	30% after ded		
Major dental care	Covered in full after ded	Covered in full after ded	50% after ded	50% after ded		
Orthodontia (medically necessary only)	Covered in full after ded	Covered in full after ded	50% after ded	50% after ded		

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Pharmacy

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	OH Aetna Bronze \$15 Copay PD	OH Aetna Bronze Deductible Only HSA Eligible PD		OH Aetna Silver \$10 Copay PD		OH Aetna Gold \$10 Copay PD
	In network you pay	In network you pay		In network you pay		In network you pay
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded		\$500 per member		\$250 per member
Preferred generic drugs	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
Preferred brand drugs	Covered in full after ded	Covered in full after ded		\$40 copay after ded		\$40 copay after ded
Non-preferred drugs	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
Specialty drugs*	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=non-preferred specialty drugs.

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New for 2016



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Snapshot of 2016 benefit design changes in Ohio

- Simplified plan design
- Bronze copay plan: copays for PCP visit and urgent care visit; copays removed from all benefits including Rx, except for primary care visits and urgent care
- Office visit copays will include in-office services like lab/radiology
- Out-of-network (OON) benefits include OON deductible and 50% coinsurance
- Advanced imaging in ER included in copay
- Ultrasound maternity care no longer separate cost share

New for 2016



Geography	Network	Deductible coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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Aetna in-network plan changes		
Bronze copay plan <ul style="list-style-type: none"> • \$5 lower PCP copay • deductible now \$6,850 • Maximum out-of-pocket is \$6,850 • Pharmacy: all tiers 100% after deductible 	Silver Copay plan <ul style="list-style-type: none"> • Maximum out-of-pocket now \$6,250 • Deductible now \$3,500 • Pharmacy tier 2 deductible + \$40 	Gold copay plan <ul style="list-style-type: none"> • \$5 higher PCP copay • Pharmacy tier 2 increase to \$50 copay • Pharmacy tier 2 increase to \$40 • Pharmacy Tier 4 preferred increase to 40%
Bronze HSA plan <ul style="list-style-type: none"> • Deductible now \$6,450 		

New for 2016



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Quick highlights of pharmacy changes in Ohio

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