



Accountable Care Organizations (ACO)



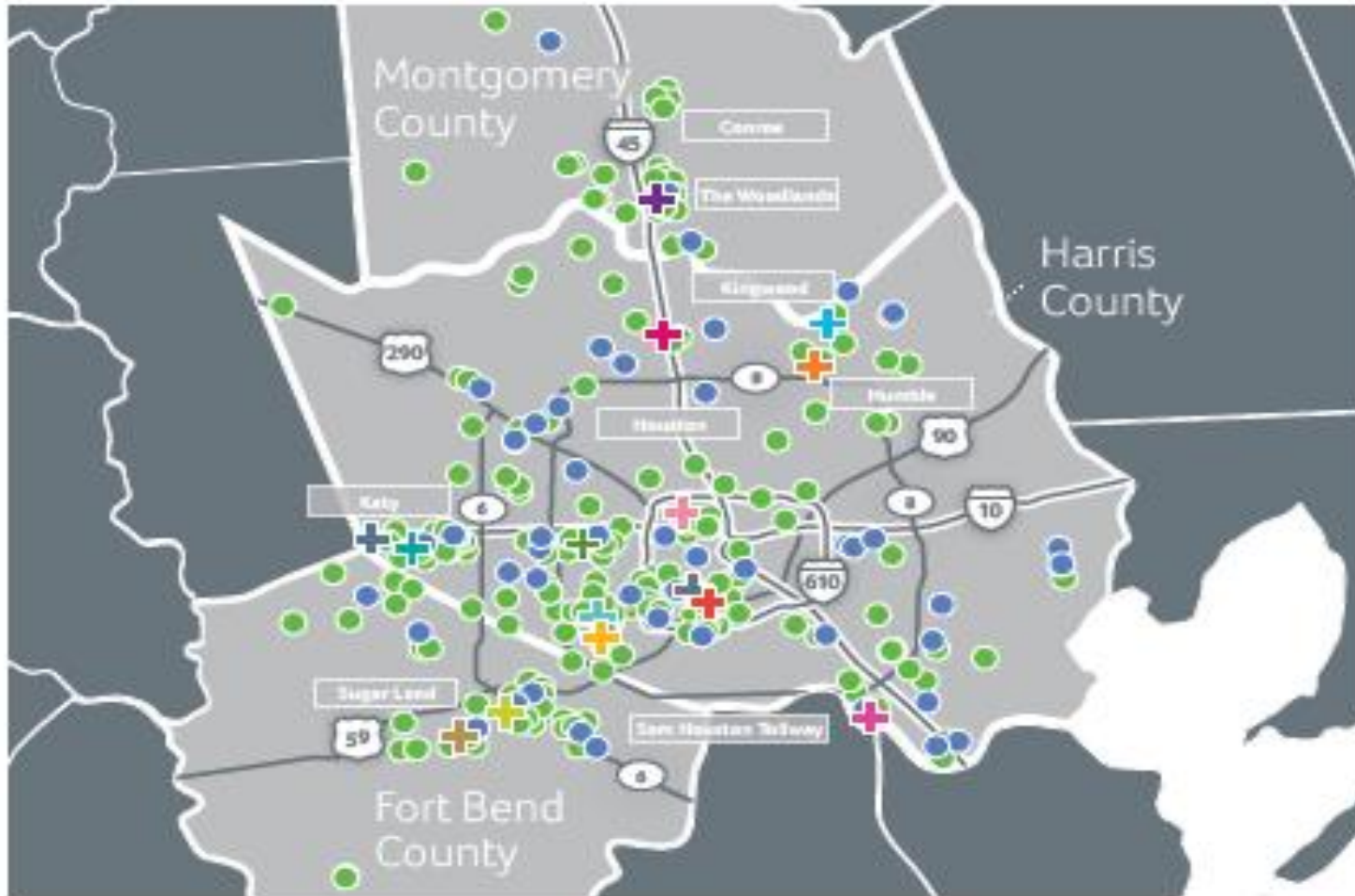
ACOs

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

Memorial Hermann Network – Texas

Aetna Whole HealthSM — Memorial Hermann Accountable Care Network coverage area

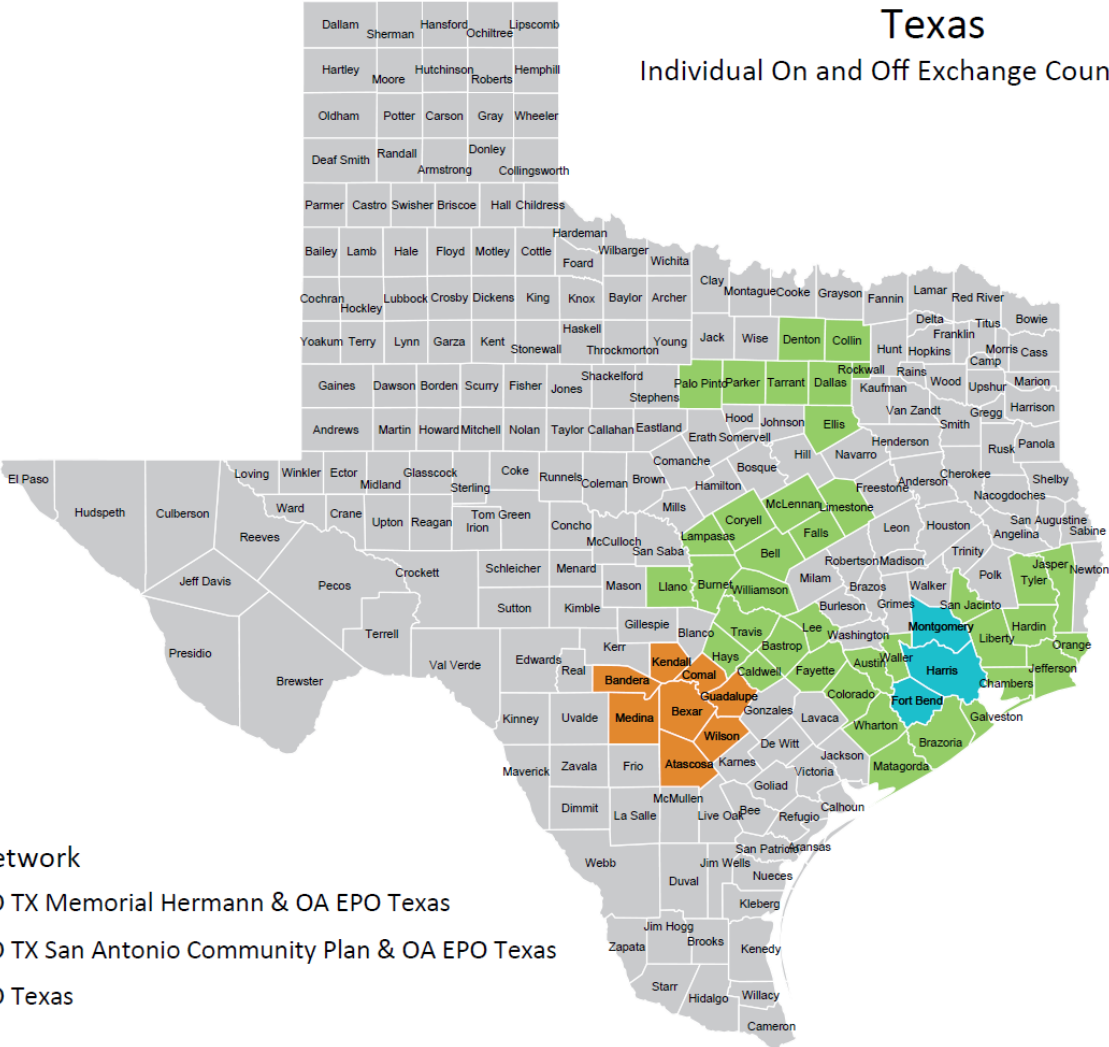


Product

Geography



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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Texas
Individual On and Off Exchange Counties 2016

- Aetna Network
- OA EPO TX Memorial Hermann & OA EPO Texas
 - OA EPO TX San Antonio Community Plan & OA EPO Texas
 - OA EPO Texas

Network



Geography

Network

Deductible and
coinsurance

Member
benefits

Pediatric
dental

Vision

Pharmacy

Product name:

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

Network within TX

Number of providers: [Enter info]

Major hospitals:

- **Austin:** Cornerstone Hospital of Austin, Coryell County Memorial, Falls Community Hospital and Clinic, Limestone Medical, Seton Hospitals
- **Dallas:** Centennial Medical Center, Dallas Medical Center, Doctor's Hospital of Dallas, Los Colinas Medical Center, Medical Center of Arlington, Lewisville, McKinney, Plano, Medical City Dallas Hospital, North Hills Hospital, Methodist Dallas Medical Center
- **Houston:** Bayshore Medical Center, Bayside Community Hospital, Ben Taub General Hospital, Conroe Regional medical Center, Gulf Coast Medical Center, Harris County Hospital District, Lyndon B. Johnson General Hospital, Memorial Hermann Baptist, Memorial Hermann Baptist Orange Hospital, Rice Medical Center

Reciprocity: With other EPO networks both in and outside Texas

Network



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
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On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y*	Y	1 Tier No OON	Elect Choice OA	No	Broad	Atascosa, Austin, Bandera, Bastrop, Bell, Bexar, Brazoria, Burnet, Caldwell, Chambers, Collin, Colorado, Comal, Coryell, Dallas, Denton, Ellis, Falls, Fayette, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Jasper, Jefferson, Kendall, Lampasas, Lee, Liberty, Limestone, Llano, Matagorda, McLennan, Medina, Montgomery, Orange, Palo Pinto, Parker, Rockwell, San Jacinto, Tarrant, Travis, Tyler, Waller, Wharton, Williamson, Wilson

*On exchange plans do not include Pediatric Dental.

Network



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

Aetna Gold \$10 Copay Memorial Hermann PD
 Aetna Silver \$10 Copay Memorial Hermann PD
 Aetna Bronze \$15 Copay Memorial Hermann PD
 Aetna Memorial Hermann Bronze HSA Eligible PD

Network within TX:

Number of providers: [Enter info]

Reciprocity: No

Major hospitals:

- Aspire Hospital
- Children’s Memorial Hermann
- Katy Hospital
- City Hospital
- Northeast, Northwest, Southeast, Southwest Hospitals
- Specialty Hospital
- Sugarland Hospital
- The Woodlands
- TOPS Surgical Specialty Hospital

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y*	Y	1 Tier No OON	Elect Choice OA	No	Memorial Hermann	Fort Bend, Harris, Montgomery

*On exchange plans do not include Pediatric Dental.

Network



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

Aetna Gold \$10 Copay San Antonio
Community Plan PD
Aetna Silver \$10 Copay San Antonio
Community Plan PD
Aetna Bronze \$15 Copay San Antonio
Community Plan PD
Aetna Bronze HSA Eligible San Antonio
Community Plan PD

Network within TX:

Number of providers: [Enter info]
Reciprocity:
Major hospitals: No

- HealthSouth Rehabilitation Institute
- Median Regional Hospital
- Nix Health Care System
- University Health System
- Methodist Ambulatory Surgery Hospital
- Children’s Hospital of S TX
- Specialty and Transplant Hospital
- Stone Oak Hospital
- Texsan Hospital
- Methodist Hospital
- Northeast Methodist Hospital

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y*	Y	1 Tier No OON	Elect Choice OA	No	Community plan	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson

*On exchange plans do not include Pediatric Dental.

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	TX Aetna Bronze \$15 Copay PD TX Aetna Bronze \$15 Copay Memorial Hermann PD TX Aetna Bronze \$15 Copay San Antonio Community Plan PD	TX Aetna Bronze HSA Eligible PD TX Aetna Memorial Hermann Bronze HSA Eligible PD TX Aetna Bronze HSA Eligible San Antonio Community Plan PD		TX Aetna Silver \$10 Copay PD TX Aetna Silver \$10 Copay Memorial Hermann PD TX Aetna Silver \$10 Copay San Antonio Community Plan PD		TX Aetna Gold \$10 Copay PD TX Aetna Gold \$10 Copay Memorial Hermann PD TX Aetna Gold \$10 Copay San Antonio Community Plan 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.

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	TX Aetna Bronze \$15 Copay PD TX Aetna Bronze \$15 Copay Memorial Hermann PD TX Aetna Bronze \$15 Copay San Antonio Community Plan PD	TX Aetna Bronze HSA Eligible PD TX Aetna Memorial Hermann Bronze HSA Eligible PD TX Aetna Bronze HSA Eligible San Antonio Community Plan PD		TX Aetna Silver \$10 Copay PD TX Aetna Silver \$10 Copay Memorial Hermann PD TX Aetna Silver \$10 Copay San Antonio Community Plan PD	TX Aetna Gold \$10 Copay PD TX Aetna Gold \$10 Copay Memorial Hermann PD TX Aetna Gold \$10 Copay San Antonio Community Plan 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	

Member benefits

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	TX Aetna Bronze \$15 Copay PD TX Aetna Bronze \$15 Copay Memorial Hermann PD TX Aetna Bronze \$15 Copay San Antonio Community Plan PD	TX Aetna Bronze HSA Eligible PD TX Aetna Memorial Hermann Bronze HSA Eligible PD TX Aetna Bronze HSA Eligible San Antonio Community Plan PD	TX Aetna Silver \$10 Copay PD TX Aetna Silver \$10 Copay Memorial Hermann PD TX Aetna Silver \$10 Copay San Antonio Community Plan PD	TX Aetna Gold \$10 Copay PD TX Aetna Gold \$10 Copay Memorial Hermann PD TX Aetna Gold \$10 Copay San Antonio Community Plan PD	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	
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	
Diagnostic lab	Covered in full after ded	Covered in full after ded	30% after ded	20% after ded		
Diagnostic X-ray	Covered in full after ded	Covered in full after ded	30% 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		

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy		
	TX Aetna Bronze \$15 Copay PD TX Aetna Bronze \$15 Copay Memorial Hermann PD TX Aetna Bronze \$15 Copay San Antonio Community Plan PD	TX Aetna Bronze HSA Eligible PD TX Aetna Memorial Hermann Bronze HSA Eligible PD TX Aetna Bronze HSA Eligible San Antonio Community Plan PD	TX Aetna Silver \$10 Copay PD TX Aetna Silver \$10 Copay Memorial Hermann PD TX Aetna Silver \$10 Copay San Antonio Community Plan PD	TX Aetna Gold \$10 Copay PD TX Aetna Gold \$10 Copay Memorial Hermann PD TX Aetna Gold \$10 Copay San Antonio Community Plan 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	Covered in full after ded	Covered in full after ded	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				

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	TX Aetna Bronze \$15 Copay PD TX Aetna Bronze \$15 Copay Memorial Hermann PD TX Aetna Bronze \$15 Copay San Antonio Community Plan PD	TX Aetna Bronze HSA Eligible PD TX Aetna Memorial Hermann Bronze HSA Eligible PD TX Aetna Bronze HSA Eligible San Antonio Community Plan PD	TX Aetna Silver \$10 Copay PD TX Aetna Silver \$10 Copay Memorial Hermann PD TX Aetna Silver \$10 Copay San Antonio Community Plan PD	TX Aetna Gold \$10 Copay PD TX Aetna Gold \$10 Copay Memorial Hermann PD TX Aetna Gold \$10 Copay San Antonio Community Plan 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
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	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	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	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	50% after ded	50% after ded

Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	TX Aetna Bronze \$15 Copay PD TX Aetna Bronze \$15 Copay Memorial Hermann PD TX Aetna Bronze \$15 Copay San Antonio Community Plan PD	TX Aetna Bronze HSA Eligible PD TX Aetna Memorial Hermann Bronze HSA Eligible PD TX Aetna Bronze HSA Eligible San Antonio Community Plan PD	TX Aetna Silver \$10 Copay PD TX Aetna Silver \$10 Copay Memorial Hermann PD TX Aetna Silver \$10 Copay San Antonio Community Plan PD	TX Aetna Gold \$10 Copay PD TX Aetna Gold \$10 Copay Memorial Hermann PD TX Aetna Gold \$10 Copay San Antonio Community Plan PD		
	In network you pay	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.

New for 2016



Geography

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vision

Pediatric
dental

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

Topline changes for Texas

- Austin Community Plans will not be offered for 2016.
- TX Aetna Silver \$5 Copay 2750 not be offered for 2016.
- TX changed from an OAMC Network in 2015 to an EPO Open Access for 2016.
 - With the change from OAMC to EPO, the plans for 2016 will no longer have out of network benefits.
 - PCP Selection and Referrals are still NOT required for 2016.

New for 2016



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Snapshot of 2016 benefit design changes in Texas

- 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
- Added coverage for Pediatric Dental OON benefits to match INN Pediatric Dental benefits.

New for 2016



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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Aetna in-network plan changes

Bronze copay plan	Silver copay plan	Gold copay plan
<ul style="list-style-type: none"> • PCP copay: \$5 lower PCP copay <ul style="list-style-type: none"> - 2016: now \$15; 2015: was \$20 • Specialist: <ul style="list-style-type: none"> - 2016: now 0% AD; 2015: was \$50 AD • Deductible: <ul style="list-style-type: none"> - 2016: now \$6,850; 2015: was \$5,750 • Maximum out-of-pocket: <ul style="list-style-type: none"> - 2016: now \$6,850; 2015: was \$6,600 <p>Pharmacy: 2016: now all tiers 100% after deductible</p> <ul style="list-style-type: none"> • Pharmacy Generic: <ul style="list-style-type: none"> - 2015: was \$15 • Pharmacy Brand: <ul style="list-style-type: none"> - 2015: was \$45 AD • Pharmacy Non Preferred: <ul style="list-style-type: none"> - 2015: was \$75 AD • Pharmacy Specialty Preferred: <ul style="list-style-type: none"> - 2015: was 40% AD • Pharmacy Specialty Non Preferred: <ul style="list-style-type: none"> - 2015: was 50% AD 	<p>Deductible:</p> <ul style="list-style-type: none"> - 2016: now \$3,500 - 2015: was \$3,750 <ul style="list-style-type: none"> • Maximum out-of-pocket: <ul style="list-style-type: none"> - 2016: now \$6,250 - 2015: was \$6,600 • Pharmacy Brand: <ul style="list-style-type: none"> - 2016: now \$40 AD - 2015: was \$45 AD 	<ul style="list-style-type: none"> • PCP copay Tier 1: \$5 higher PCP copay <ul style="list-style-type: none"> - 2016: now \$10 - 2015: was \$5 <p>Pharmacy Brand:</p> <ul style="list-style-type: none"> - 2016: now \$40 - 2015: was \$35 <ul style="list-style-type: none"> • Pharmacy Specialty Preferred: <ul style="list-style-type: none"> - 2016: now 40% AD - 2015: was 30% AD
<p>Bronze HSA plan</p> <ul style="list-style-type: none"> • Deductible: <ul style="list-style-type: none"> - 2016: now \$6,450; 2015: was \$6,300 • Maximum out-of-pocket: <ul style="list-style-type: none"> - 2016: now \$6,450; 2015: was \$6,300 		

New for 2016



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Pediatric
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Quick highlights of pharmacy changes in Texas

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