

Choose the Right Plan for You

2018–19 Health Plan Options Comparison Guide

ACO

HMO

CDHP

POS

Network Name

Accountable Care Organization

Aetna Whole Health Plans
Memorial Hermann
Accountable Care Network

Health Maintenance Organization

Aetna Standard Plans
Aetna Select

Consumer-Driven Health Plan

Aetna Open Access Plans
Aetna Choice POS II
(Open Access)

Point of Service

Aetna Open Access Plans
Aetna Choice POS II
(Open Access)

To find doctors and facilities on Aetna's website (www.aetna.com/docfind) look for these plan names.

			Network	Non-Network*	Network	Non-Network*
General Plan Provisions						
Deductible						
Individual	None	None	\$2,700	\$7,800	\$500	\$2,000
Family	None	None	\$8,100	\$23,400	\$1,000	\$4,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Out of Pocket Maximum						
Individual	\$1,500	\$3,000	\$5,000	\$9,000	\$4,000	\$6,000
Family	\$3,000	\$6,000	\$12,500	\$27,000	\$8,000	\$18,000
Area Specialists	4,800	10,017	13,280	13,280	13,280	13,280
Do you need a referral to see a specialist?	Yes	Yes	No	No	No	No
Preventative Services	Covered 100%	Covered 100%	Covered 100%	60% after ded. (limits may apply)	Covered 100%	60% after deductible
Physician Services						
Primary Care	\$30 copay	\$35 copay	80% after deductible	60% after deductible	\$40 copay	60% after deductible
Office Visit						
Specialist	\$40 copay	\$45 copay	80% after deductible	60% after deductible	\$50 copay	60% after deductible
Office Visit						
X-Ray & Laboratory at Facility	\$40 copay	\$45 copay w/PCP referral	80% after deductible	60% after deductible	\$50 copay after ded.	60% after deductible
Laboratory at Doctor's Office	Included w/OV copay	Included w/OV copay	80% after deductible	60% after deductible	Included w/OV copay	60% after deductible
Outpatient Physical/Speech/Occupational Therapy	\$40 copay	\$45 copay	80% after deductible	60% after deductible	\$50 copay	60% after deductible
Outpatient Dialysis/Chemotherapy	\$40 copay	\$45 copay	80% after deductible	60% after deductible	\$50 copay after ded.	60% after deductible
Allergy Testing/Treatment	\$40 copay (\$30 for injection at PCP office)	\$45 copay (\$35 for injection at PCP office)	60% after deductible	60% after deductible	\$50 copay (\$40 for injection at PCP office)	60% after deductible
Emergency Services						
Emergency Room	\$200 copay	\$200 copay	80% after deductible	Same as preferred care	\$200 copay	Same as preferred care
Urgent Care	\$50 copay	\$50 copay	80% after deductible	60% after deductible	\$50 copay	60% after deductible
Ambulance	No copay	No copay	80% after deductible	Same as preferred care	No copay after ded.	No copay
Hospital Services						
Inpatient Hosp. Visit (semiprivate room)	\$300 copay	\$350 copay	80% after deductible	60% after deductible	\$450 copay after ded.	60% after deductible
Skilled Nursing Fac. (in lieu of hosp. limits may apply)	\$300 copay	\$350 copay	80% after deductible	60% after deductible	\$450 copay after ded.	60% after deductible

*Applies to usual and customary charges

2018–19 Health Plan Options Comparison Guide, continued



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Network Non-Network• Network Non-Network•

Hospital Services (cont.)

Maternity OB Visit (initial visit)	\$40 copay (initial visit)	\$45 copay (initial visit)	80% after deductible	60% after ded. (initial visit)	\$50 copay after ded.	60% after deductible
Hospital (includes newborn services)	\$300 copay	\$350 copay deductible	80% after deductible	60% after after ded.	\$450 copay deductible	60% after
Outpatient Surgery	\$100 copay	\$175 copay	80% after deductible	60% after deductible	\$200 copay after ded.	60% after deductible
Home Health (outpat.) (limits may apply)	No copay	No copay	80% after deductible	60% after deductible	No copay after ded.	60% after deductible
Hospice (inpatient/ outpatient)	No copay	\$350 copay/ No copay	80% after deductible	60% after deductible	\$450 copay/ No copay after ded.	60% after deductible

•Applies to usual and customary charges

Prescription Drugs Provided by Express Scripts

Retail Form. Generic (30-day supply)	\$10 copay	\$10 copay	\$10 copay	Not covered	\$10 copay after ded.	Not covered
Retail Form. Brand (30-day supply)	\$40 copay	\$40 copay	\$40 copay	Not covered	\$40 copay after ded.	Not covered
Retail Nonform. Brand & Gen. (30-day supply)	\$60 copay	\$60 copay	\$60 copay after ded.	Not covered	\$60 copay	Not covered
Specialty Medications	25% up to \$150	25% up to \$150	25% up to \$150 after ded.	Not covered	25% up to \$150	Not covered
Mail Ord. Form. Gen. (90-day supply)	\$25 copay	\$25 copay	\$25 copay after ded.	Not covered	\$25 copay	Not covered
Mail Ord. Form. Brand (90-day supply)	\$100 copay	\$100 copay	\$100 copay after ded.	Not covered	\$100 copay	Not covered
Mail Ord. Nonform. Brand & Gen. (90-day supply)	\$150 copay	\$150 copay	\$150 copay after ded.	Not covered	\$150 copay	Not covered

•Show your pharmacist the back of your Aetna medical card

Rates for Combined Medical and Pharmacy Coverage

	What You Pay (monthly)	What You Pay (monthly)	What You Pay (monthly)	What You Pay (monthly)
Employee only	\$83	\$101	\$128	\$172
Employee plus spouse/partner	\$318	\$377	\$388	\$611
Employee plus child(ren)	\$277	\$329	\$375	\$537
Employee plus family	\$541	\$642	\$665	\$1,035

