

# Choose the Right Plan for You

## 2016–17 Health Plan Options Comparison Guide

**ACO**

**Accountable Care Organization**

Aetna Whole Health Plans  
Memorial Hermann Accountable Care Network

**HMO**

**Health Maintenance Organization**

Aetna Standard Plans  
Aetna Select

**CDHP**

**Consumer-Driven Health Plan**

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

**POS**

**Point of Service**

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

**Network Name**

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

**Area primary care physicians**

700+

3,525

3,996

3,996

**Area specialists**

4,800

10,355

9,606

9,606

**Coverage outside of Houston area**

Emergency Only

National network access with primary physician referral

**Network**  
Emergency and Aetna network providers  
**Non-network**  
non-Aetna providers

**Network**  
Emergency and Aetna network providers  
**Non-network**  
non-Aetna providers

**Preventative services**

Covered 100%

Covered 100%

Covered 100% in network

Covered 100% in network

**Urgent care**

\$50

\$50

80% in network

\$50

**Emergency room**

\$200

\$200

80% after deductible

\$200

**Deductible**

None

None

**Network**  
\$2,600 individual, \$7,800 family  
**Non-network**  
\$7,800 individual, \$23,400 family

**Network**  
\$250 individual, \$500 family  
**Non-network**  
\$2,000 individual, \$4,000 family

**Out-of-pocket maximum**

\$1,500 individual, \$3,000 family

\$3,000 individual, \$6,000 family

**Network**  
\$5,000 ind, \$9,000 fam  
**Non-network**  
\$12,500 ind, \$27,000 fam

**Network**  
\$4,000 ind, \$8,000 fam  
**Non-network**  
\$6,000 ind, \$18,000 fam

**Do you need a referral to see a specialist?**

Yes

Yes

No

No

**Is the plan managing your care\*\*?**

Yes

Yes

No

Yes (in network)

**Is the plan subject to usual and customary charges\*\*\*?**

No

No

Yes, but only for non-network use

Yes, but only for non-network use

**Is a medical spending account available?**

Yes

Yes

No

Yes

**Is a savings account available?**

No

No

Yes

No

**Retail drug costs (30-day supply)**

\$10/\$40/\$60 (generic/formulary/nonformulary) copay

\$10/\$40/\$60 (generic/formulary/nonformulary) copay

\$10/\$40/\$60 (generic/formulary/nonformulary) copay **after deductible**

\$10/\$40/\$60 (generic/formulary/nonformulary) copay

**Mail-order drug costs (90-day supply)**  
**Retail 90 (90-day supply)**

\$25/\$100/\$150 (generic/formulary/nonformulary)

\$25/\$100/\$150 (generic/formulary/nonformulary)

\$25/\$100/\$150 (generic/formulary/nonformulary) copy **after deductible**

\$25/\$100/\$150 (generic/formulary/nonformulary)

**Specialty drug costs (30-day supply)**

25% up to \$150

25% up to \$150

25% up to \$150 **after deductible**

25% up to \$150

\*\*“Managing your care” may include referrals for specialty care, prior authorization for tests or other programs to make sure you receive the appropriate care.

\*\*\*“Usual and customary charges” are the difference between what the provider may charge (i.e., the “retail” cost) versus what Aetna determines is the “reasonable” fee for such services. You may be responsible for paying these fees, in addition to what you already owe under the plan.