

Choose the Right Plan for You

2017–18 Health Plan Options Comparison Guide

ACO

HMO

CDHP

POS

**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)

Network Name

To find doctors and facilities on Aetna's website (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
\$500 individual,
\$1,000 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, \$12,500 fam
Non-network
\$9,000 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.