

# Choose the Right Plan for You

## 2019–20 Health Plan Options Comparison Guide

### ACO

### HMO

### CDHP

### POS

#### Network Name

Aetna Whole Health Plans  
Memorial Hermann  
Accountable Care Network  
-Elect Choice

Aetna Standard Plans  
Aetna Select

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

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

To find doctors and facilities on Aetna's website ([www.aetna.com/docfind](http://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	6,028	12,346	12,551		12,551	
Do you need a referral to see a specialist?	Yes	Yes	No	No	No	No

#### Physician Services

Preventive Services	Covered 100%	Covered 100%	Covered 100%	60% after ded. (limits may apply)	Covered 100%	60% after deductible
Primary Care						
Office Visit	\$30 copay	\$35 copay	80% after deductible	60% after deductible	\$40 copay	60% after deductible
Specialist						
Office Visit	\$40 copay	\$45 copay	80% after deductible	60% after deductible	\$50 copay	60% after deductible
X-Ray & Laboratory at Facility						
Laboratory						
at Doctor's Office	Included	Included	80% after deductible	60% after deductible	Included	60% after deductible
Outpatient Physical/Speech/Occupational Therapy	w/OV copay	w/OV copay	80% after deductible	60% after deductible	w/OV copay	60% after deductible
Outpatient Dialysis/Chemotherapy	\$40 copay	\$45 copay	80% after deductible	60% after deductible	\$50 copay	60% after deductible
Allergy Testing/Treatment	\$40 copay (\$30 for injection at PCP office)	\$45 copay (\$35 for injection at PCP office)	80% after deductible	60% after deductible	\$50 copay after ded. (\$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

## 2019–20 Health Plan Options Comparison Guide, continued

	ACO	HMO	CDHP	POS		
<b>Network Name</b>	Aetna Whole Health Plans Memorial Hermann Accountable Care Network	Aetna Standard Plans Aetna Select	Aetna Open Access Plans Aetna Choice POS II (Open Access)	Aetna Open Access Plans Aetna Choice POS II (Open Access)		
To find doctors and facilities on Aetna's website ( <a href="http://www.aetna.com/docfind">www.aetna.com/docfind</a> ) look for these plan names.						
			Network	Non-Network*	Network	Non-Network*
<b>Hospital Services (cont.)</b>						
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	80% after deductible	60% after after ded.	\$450 copay deductible	60% after after ded.
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
					<i>*Applies to usual and customary charges</i>	
<b>Prescription Drugs Provided by Express Scripts</b>						
Retail Form. Generic (30-day supply)	\$10 copay	\$10 copay	\$10 copay after ded.	Not covered	\$10 copay after ded.	Not covered
Retail Form. Brand (30-day supply)	\$40 copay	\$40 copay	\$40 copay after ded.	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 after ded.	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
					<i>*Show your pharmacist the back of your Aetna medical card</i>	
<b>Rates for Combined Medical and Pharmacy Coverage</b>	<b>What You Pay (monthly)</b>	<b>What You Pay (monthly)</b>	<b>What You Pay (monthly)</b>		<b>What You Pay (monthly)</b>	
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	

