

Aetna's simplified benefits experience - Massachusetts MM 05/01/2021 Marketing Grid

Fast. Simple. Convenient.

¹ The first step toward creating your client's benefit package is to choose a basic plan design. These designs were created to highlight features that have been shown to be most affordable and valued in your state.

Non-Integrated Plans				Participating Providers									
Product Design	Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual (Family 2X)	Coinsurance	PCP Office Visit ¹	Specialist Office Visit ¹	Urgent Care ¹	Walk-in Clinics ^{1,2} (Designated Walk-in Clinics / All Other Network Providers)	Emergency Room ¹	Pharmacy	Lab ¹	X-ray ¹	Inpatient Hospital ¹	Complex Imaging ¹
OAMC 100/80 20/35	\$0	\$2,000	0%	\$20	\$35	\$50	N/A / \$20	\$250	Rx1, Rx2, Rx3 OAMC, Rx4 OAMC	\$20	\$35	\$500	\$100
OAMC 1000 100/80 20/35	\$1,000	\$2,000	0%	\$20 DW	\$35 DW	\$50 DW	N/A / \$20 DW	\$250 DW	Rx1, Rx2, Rx3 OAMC, Rx4 OAMC	0% AD	0% AD	0% AD	0% AD
OAMC 2000 100/80 30/50	\$2,000	\$4,000	0%	\$30 DW	\$50 DW	\$50 DW	N/A / \$30 DW	\$250 DW	Rx1, Rx2, Rx3 OAMC, Rx4 OAMC	0% AD	0% AD	\$0 AD	0% AD
OAMC 2500 100/80 30/60	\$2,500	\$5,000	0%	\$30 DW	\$60 DW	\$50 DW	N/A / \$30 DW	\$250 AD	Rx1, Rx2, Rx3 OAMC, Rx4 OAMC	0% AD	0% AD	\$0 AD	0% AD
OAMC 1500 90/70 25/40	\$1,500	\$3,000	10%	\$25 DW	\$40 DW	\$50 DW	N/A / \$25 DW	\$250 DW	Rx1, Rx2, Rx3 OAMC, Rx4 OAMC	10% AD	10% AD	10% AD	10% AD
OAMC 1500 80/60 25/40	\$1,500	\$3,000	20%	\$25 DW	\$40 DW	\$50 DW	N/A / \$25 DW	\$250 DW	Rx1, Rx2, Rx3 OAMC, Rx4 OAMC	20% AD	20% AD	20% AD	20% AD
OAMC 2500 80/60 30/50	\$2,500	\$5,000	20%	\$30 DW	\$50 DW	\$50 DW	N/A / \$30 DW	\$250 DW	Rx1, Rx2, Rx3 OAMC, Rx4 OAMC	20% AD	20% AD	20% AD	20% AD

Non-Participating Providers		
Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual (Family 2X)	Coinsurance
\$1,500	\$3,000	20%
\$2,000	\$4,000	20%
\$4,000	\$8,000	20%
\$5,000	\$10,000	20%
\$3,000	\$6,000	30%
\$3,000	\$6,000	40%
\$5,000	\$10,000	40%

Integrated Plans				Participating Providers									
Product Design	Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual (Family 2X)	Coinsurance	PCP Office Visit ¹	Specialist Office Visit ¹	Urgent Care ¹	Walk-in Clinics ^{1,2} (Designated Walk-in Clinics / All Other Network Providers)	Emergency Room ¹	Pharmacy	Lab ¹	X-ray ¹	Inpatient Hospital ¹	Complex Imaging ¹
OAMC 2000 100/80 UFA	\$2,000	\$4,000	0%	0% AD	0% AD	0% AD	N/A / 0% AD	0% AD	Rx1	0% AD	0% AD	0% AD	0% AD
OAMC 1500 100/80 HSA TIF ⁴	\$1,500	\$3,000	0%	0% AD	0% AD	0% AD	N/A / 0% AD	0% AD	Rx1, Rx2	0% AD	0% AD	0% AD	0% AD
OAMC 5000 100/80 HSA EMB ³	\$5,000	\$6,900	0%	0% AD	0% AD	0% AD	N/A / 0% AD	0% AD	Rx1, Rx2	0% AD	0% AD	0% AD	0% AD
OAMC 2000 90/70 HSA TIF ⁴	\$2,000	\$4,000	10%	10% AD	10% AD	10% AD	N/A / 10% AD	10% AD	Rx1, Rx2	10% AD	10% AD	10% AD	10% AD
OAMC 3000 90/70 HSA EMB ³	\$3,000	\$6,000	10%	10% AD	10% AD	10% AD	N/A / 10% AD	10% AD	Rx1, Rx2	10% AD	10% AD	10% AD	10% AD

Non-Participating Providers		
Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual (Family 2X)	Coinsurance
\$4,000	\$8,000	20%
\$3,000	\$6,000	20%
\$8,000	\$13,000	20%
\$4,000	\$8,000	30%
\$3,000	\$6,000	30%

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products

Non-Integrated HRA Plans																Participating Providers			Non-Participating Providers		
Product Design	Before Fund Deductible Individual (Family 2X)	HRA Fund Individual (Family 2X)	Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual (Family 2X)	Coinsurance	PCP Office Visit ¹	Specialist Office Visit ¹	Urgent Care ¹	Walk-in Clinics ^{1,2} (Designated Walk-in Clinics / All Other Network Providers)	Emergency Room ¹	Pharmacy	Lab ¹	X-ray ¹	Inpatient Hospital ¹	Complex Imaging ¹	Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual (Family 2X)	Coinsurance			
OAMC 1500 100/80 20/40 HYBRID HRA BFD ³	\$750	\$750	\$0	\$3,000	0%	\$20 DW	\$40 DW	\$50 DW	N/A / \$20 DW	\$250 DW	Rx1, Rx2	0% AD	0% AD	0% AD	0% AD	\$0	\$6,000	20%			
OAMC 2000 90/70 30/50 HYBRID HRA BFD ³	\$1,000	\$1,000	\$0	\$4,000	10%	\$30 DW	\$50 DW	\$50 DW	N/A / \$30	\$250 DW	Rx1, Rx2	10% AD	10% AD	10% AD	10% AD	\$0	\$8,000	30%			
OAMC 1500 100/80 20/40 HYBRID HRA EMB ³	N/A	\$750	\$1,500	\$3,000	0%	\$20 DW	\$40 DW	\$50 DW	N/A / \$20 DW	\$250 DW	Rx1, Rx2	0% AD	0% AD	0% AD	0% AD	\$3,000	\$6,000	20%			
OAMC 2000 90/70 30/50 HYBRID HRA EMB ³	N/A	\$1,000	\$2,000	\$4,000	10%	\$30 DW	\$50 DW	\$50 DW	N/A / \$30 DW	\$250 DW	Rx1, Rx2	10% AD	10% AD	10% AD	10% AD	\$4,000	\$8,000	30%			
OAMC 2000 100/80 HRA EMB ³	N/A	\$1,000	\$2,000	\$4,000	0%	0% AD	0% AD	0% AD	N/A / 0% AD	0% AD	Rx1, Rx2	0% AD	0% AD	0% AD	0% AD	\$4,000	\$8,000	20%			
OAMC 2000 90/70 HRA EMB ³	N/A	\$1,000	\$2,000	\$4,000	10%	10% AD	10% AD	10% AD	N/A / 10% AD	10% AD	Rx1, Rx2	10% AD	10% AD	10% AD	10% AD	\$4,000	\$8,000	30%			

Non-Integrated HNOOnly Plans															Participating Providers			
Product Design	Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual (Family 2X)	Coinsurance	PCP Office Visit ¹	Specialist Office Visit ¹	Urgent Care ¹	Walk-in Clinics ^{1,2} (Designated Walk-in Clinics / All Other Network Providers)	Emergency Room ¹	Pharmacy	Lab ¹	X-ray ¹	Inpatient Hospital ¹	Complex Imaging ¹					
HNOOnly 100 20/35	\$0	\$1,500	0%	\$20	\$35	\$50	N/A / \$20	\$250	Rx1, Rx2, Rx3 HNOOnly, Rx4 HNOOnly	\$35	\$35	\$500	\$100					
HNOOnly 1000 100 20/35	\$1,000	\$2,000	0%	\$20 AD	\$35 AD	\$50 DW	N/A / \$20 AD	\$250 DW	Rx1, Rx2, Rx3 HNOOnly, Rx4 HNOOnly	\$0 AD	\$0 AD	\$0 AD	\$0 AD					
HNOOnly 2000 100 25/40	\$2,000	\$4,000	0%	\$25 DW	\$40 DW	\$50 DW	N/A / \$25 DW	\$250 DW	Rx1, Rx2, Rx3 HNOOnly, Rx4 HNOOnly	\$0 AD	\$0 AD	\$0 AD	\$0 AD					
HNOOnly 1500 90 30/50	\$1,500	\$3,000	10%	\$30 DW	\$50 DW	\$50 DW	N/A / \$30 DW	\$250 DW	Rx1, Rx2, Rx3 HNOOnly, Rx4 HNOOnly	10% AD	10% AD	10% AD	10% AD					
HNOOnly 2000 80 30/50	\$2,000	\$4,000	20%	\$30 DW	\$50 DW	\$50 DW	N/A / \$30 DW	\$250 DW	Rx1, Rx2, Rx3 HNOOnly, Rx4 HNOOnly	20% AD	20% AD	20% AD	20% AD					

Non-Participating Providers		
Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual (Family 2X)	Coinsurance
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

Integrated HNOOnly Plans														Participating Providers		
Product Design	Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual (Family 2X)	Coinsurance	PCP Office Visit ¹	Specialist Office Visit ¹	Urgent Care ¹	Walk-in Clinics ^{1,2} (Designated Walk-in Clinics / All Other Network Providers)	Emergency Room ¹	Pharmacy	Lab ¹	X-ray ¹	Inpatient Hospital ¹	Complex Imaging ¹			
HNOOnly 3000 100 HSA EMB ³	\$3,000	\$6,000	0%	\$0 AD	\$0 AD	\$0 AD	N/A / \$0 AD	\$0 AD	Rx1, Rx2	\$0 AD	\$0 AD	\$0 AD	\$0 AD			

Non-Participating Providers		
Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual (Family 2X)	Coinsurance
N/A	N/A	N/A

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2 Now that you've chosen the foundation of the plan, select the pharmacy benefits that will most suit your client's needs.

Pharmacy Benefits ⁵							
		Pharmacy Deductible	Preferred Generics ¹	Preferred Brand ¹	Non-Preferred Generic/Brand ¹	Preferred Specialty ¹	Non-Preferred Specialty ¹
Non-integrated Pharmacy Options	Rx1	N/A	\$10	\$30	\$60	20% up to \$100	40% up to \$200
	Rx2	N/A	\$10	\$40	\$70	20% up to \$150	40% up to \$250
	Rx3 OAMC	\$100 (Family 2X)	\$10 DW	\$40 AD	\$70 AD	30% up to \$200 AD	30% up to \$200 AD
	Rx3 HNOnly	\$100 (Family 3X)	\$10 DW	\$40 AD	\$70 AD	30% up to \$200 AD	30% up to \$200 AD
	Rx4 OAMC	\$200 (Family 2X)	\$10 DW	\$40 AD	\$60 AD	30% up to \$200 AD	30% up to \$200 AD
	Rx4 HNOnly	\$200 (Family 3X)	\$10 DW	\$40 AD	\$60 AD	30% up to \$200 AD	30% up to \$200 AD
Integrated Pharmacy Options ⁶	Rx1	Integrated with Medical	\$10 AD	\$30 AD	\$60 AD	20% up to \$100 AD	40% up to \$200 AD
	Rx2	Integrated with Medical	\$10 AD	\$40 AD	\$70 AD	20% up to \$150 AD	40% up to \$250 AD

3 Finally, choose the type of product that will provide the level of provider access your client wants.

Product Type	
Product Types	Description
OAMC	Members can access any participating provider for covered services without a referral. Members have the freedom to choose network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs at any time. Members are able to receive emergency services at the in-network coinsurance/copay level.
HNOnly	HNOnly is a health maintenance organization (HMO) that uses a network of participating providers. Each family member is encouraged but not required to select a primary care physician (PCP) participating in the Aetna network to provide routine and preventive care and help coordinate the member's total health care. Members never need a referral when visiting a participating specialist for covered services. Only services rendered by a participating provider are covered, except for emergency or urgently needed care.

Aetna standard policies and provisions will apply to all benefits not outlined above.

This material is for information only. Health benefits and health insurance plans contain exclusions and limitations. Plan features and availability may vary by location and group size. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Investment services are independently offered by the HSA Administrator. Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules and are unfunded liabilities of your employer. Fund balances are not vested benefits. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [Aetna.com](https://www.aetna.com).



Exclusions and Limitations

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design purchased.

- All medical or hospital services not specifically covered or which are limited or excluded in the plan documents
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Adult dental care and x-rays
- Donor egg retrieval
- Experimental and investigational procedures
- Immunizations for travel or work
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics except as specified in the plan
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- Special duty nursing
- Weight reduction programs, or dietary supplements

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's network provider is coordinating care, the network provider will obtain the precertification. Precertification requirements may vary.

If your plan covers outpatient prescription drugs, your plan includes a drug formulary (preferred drug list). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change in accordance with applicable state law. For information regarding how medications are reviewed and selected for the formulary, formulary information, and information about other pharmacy programs such as precertification and step therapy, please refer to our website at **Aetna.com**, or the Aetna Medication Formulary Guide. Aetna or its affiliate(s) receives rebates from drug manufacturers. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website. Members should consult with their treating physicians regarding questions about specific medications. Refer to your plan documents or contact Member Services for information regarding the terms and limitations of coverage.



FOOTNOTES

- 1 "AD" indicates after deductible and "DW" indicates deductible waived.
- 2 Walk-in clinics are freestanding health care facilities that (a) may be located in or with a pharmacy, drug store, supermarket or other retail store; and (b) provide limited medical care and services on a scheduled or unscheduled basis. Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices are not considered to be walk-in clinics.
- 3 High Deductible Health Care plans with embedded style deductible
Embedded – No one family member may contribute more than the individual deductible/out-of-pocket limit amount to the family deductible/out-of-pocket limit. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the calendar year.
- 4 High Deductible Health Care plans with true integrated family deductible
TIF (Non-Embedded) - The individual deductible/out-of-pocket limit can only be met when a member is enrolled for self only coverage with no dependent coverage. The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the calendar year.
- 5 The drug formulary includes Precertification, Step therapy and Quantity limits. Mandatory generics applies with Dispense as Written (DAW) override. Members must obtain all specialty medication fills through the Aetna Specialty Pharmacy network. Performance enhancing drugs Include sexual dysfunction for females, and 1 tablet max per day for low dose Cialis and additional 6 tablets per month for males. Oral & Injectable fertility drugs are included. Pharmacy copays stated above are for up to a 30 day supply at Retail. Mail order delivery (MOD) available for 31-90 day supply at 2 times the retail copay.
- 6 The full cost of the drug is applied to the deductible before any benefits are considered for payment under the pharmacy plan.

This is a partial description of benefits available. For more information, refer to the specific Summary of Benefits and Coverage (SBC). The copayment amounts indicate what the member is required to pay. The medical coinsurance percentage amounts indicate what the member is required to pay. Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify, or obtain prior approval for certain services, such as non-emergency hospital care. We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are in-network or out-of-network. We want to help you understand how much Aetna pays for your out-of-network care.

To learn more about how we pay out-of-network benefits visit [Aetna.com](https://www.aetna.com). Type “network care” in the search box. You can avoid these extra costs by getting your care from Aetna’s network of health care providers. Go to [Aetna.com](https://www.aetna.com) and type “Find a Doctor” in the search box. If you are already a member, log in to your member website.

This way of paying out-of-network doctors and hospitals applies when you choose to get care out-of-network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in-network. You pay your plan’s copayments, coinsurance and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments, coinsurance and deductibles.

These plans are all ACA-compliant and include no member cost share for certain services and certain contraceptives as required by law.

