Aetna medical plans

Marsh & McLennan Companies 2017 Benefits Overview

Presented by: Gretta-lee Flynn, Account Executive

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Our core belief

When employees have access to the very best care available, it will cost you less.

And it grows your company’s productivity, one healthier, happier person at a time.
Today’s agenda:

- Your medical plan options
  - $400 deductible plan
  - $900 deductible plan
  - $1,500 deductible plan
  - $2,850 deductible plan
- The Aetna provider network
- Clinical programs
- Preventive care
- Aetna’s tools and resources
Medical plan options for 2017

The medical plans available effective January 1, 2017:

• Aetna PPO (Choice POS II)
  • $400 deductible plan
  • $900 deductible plan
• Aetna High Deductible Health Plan (HDHP)
  • $1,500 deductible plan
  • $2,850 deductible plan
### Medical plan comparison

<table>
<thead>
<tr>
<th>Plan feature</th>
<th>$400 deductible Plan</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Deductible (individual/family)</td>
<td>$400/$800 (applies to medical only)</td>
<td>$2,500/$5,000 (applies to medical only)</td>
</tr>
<tr>
<td>Office visits</td>
<td>$20 PCP copay / $40 specialist copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Coinsurance*</td>
<td>20% after deductible</td>
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</tr>
<tr>
<td>Out-of-pocket maximum – includes deductible (individual/family)</td>
<td>$2,200/$4,400 (includes medical / prescription copays and coinsurance)</td>
<td>$4,400/$8,800 (includes medical / prescription coinsurance)</td>
</tr>
<tr>
<td>Preventive care</td>
<td>Covered at 100%</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$150 copay then 20% after deductible</td>
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<td>Teladoc® cost share</td>
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<tr>
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# Medical plan: what’s covered

## Aetna PPO (Choice POSII) Plan

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<td>Plan pays 60% after deductible</td>
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<tr>
<td><strong>Maternity care</strong></td>
<td>Plan pays routine prenatal care 100%. Delivery covered at 80% after deductible. The copay applies to visits outside routine prenatal care.</td>
<td>Plan pays 60% after deductible</td>
</tr>
<tr>
<td><strong>Emergency room</strong></td>
<td>Plan pays 80% after deductible</td>
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<tr>
<td><strong>Inpatient hospital</strong></td>
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<tr>
<td><strong>Durable medical equipment</strong></td>
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**Aetna high deductible health plans**

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How a deductible works

The deductible is the amount you pay for covered services before your health plan begins to pay.

Remember

- Preventive care is covered 100 percent in network under your medical plan, and you do not need to meet your deductible first.
- The $1,500 and $2,850 deductible plans includes prescription drug costs in the deductible.

Know your type of deductible

- The $400 and $900 deductible plans includes an individual deductible that is embedded into the family limit. No one person would have to satisfy more than the individual deductible amount.

- The $1,500 Deductible Plan does not have an individual deductible limit for the family plan. The deductible for family coverage is the dollar amount that the family, in the aggregate, must pay out of pocket before the plan pays benefits for any family member. This family deductible can be met by one or any combination of family members.

- The $2,850 Deductible Plan will have an individual deductible that is embedded into the family limit. No one person would have to satisfy more than the individual deductible amount.
How coinsurance works

This is the percentage you pay for medical services or prescriptions after your deductible has been met if you are enrolled in the $900 Deductible Plan.

For example:

Matt has already paid his $900 yearly deductible.
He sees the doctor and is charged $80 for the in-network visit.
Matt’s coinsurance is 20 percent.

This means:
1. Aetna pays 80 percent of the remaining bill: $64
2. Matt will get a bill for the remaining 20 percent: $16

If Matt went to a doctor out of network, he would be responsible for the higher deductible and 40 percent of his bill.
Also, Matt's bill will likely be higher out of network.

Matt would also be responsible for any amounts above the reasonable and customary charges for this service.
How an out-of-pocket maximum works

This is the limit on the total costs you pay for covered services in a year. Includes prescription drugs.

Once you have paid the maximum amount, your plan covers 100 percent of all remaining eligible expenses*.

Know your type of out-of-pocket maximum

- The $400 and $900 deductible plans includes an individual out-of-pocket limit that is embedded into the family limit. No one person would have to satisfy more than the individual out of pocket limit.

- The $1,500 deductible plan does not have an individual out-of-pocket limit for the family plan. The out of pocket for family coverage is the dollar amount that the family, in the aggregate, must pay out of pocket before the plan pays benefits for an family member. The family out of pocket limit can be met by one or any combination of family members.

- The $2,850 deductible plan will include an individual out-of-pocket limit that is embedded into the family limit. No one person would have to satisfy more than the individual out of pocket limit.

*Out of network – you are still responsible for the amounts above the reasonable and customary charges
The Aetna Choice POSII Network

• Both plans are built on Aetna’s ChoicePOSII Network

• When you use DocFind® choose this Aetna network

• Take advantage of the custom MMC website at the following URL: http://www.aetna.com/docfind/custom/mmc/

• Using in-network doctors saves you time and money
Care Management

Engaging colleagues with personalized care

- Offers high-touch/high-tech care delivered through the innovative Care Management Program
- Delivers customized approach to care management
- Provides excellent service with our concierge-style, single point of contact service model
- Connects members to nurse and or vendor partners as appropriate
NeoCare Solutions℠

How it works

Step 1
- Outreach to the family begins once Aetna hear of a NICU admission

Step 2
- Once the family enrolls in the program, they log in to the NeoApp and connect immediately with their NeoCoach℠
  - NeoCoach offers information specific to the baby’s condition and the family’s situation
  - NeoCoach stays connected with regular coaching sessions making assessments.

Step 3
- NeoCoach stays connected with the family through every milestone along the way to baby’s 1st birthday
Beginning Right® maternity management program components

• Pregnancy risk survey

• Case management

• Member educational materials

• Postpartum outreach calls

• Program rewards for early enrollment and completing postpartum assessment

• Activity report, outcomes report

• Physician communication

• Maternity program education and information on Aetna Navigator® and www.womenshealth.aetna.com
Telemedicine program: Teladoc®

When can I use Teladoc?

- When you need care now
- If your doctor is unavailable
- If you’re considering the emergency room or urgent care center for a nonemergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills
- Teladoc gives you 24/7/365 access to a doctor through the convenience of phone or video consults.
- It's an affordable option for quality medical care.

Teladoc doctors can treat many medical conditions, including:
- Cold & flu symptoms
- Allergies
- Bronchitis
- Skin problems
- Respiratory infection

Contact Teladoc via:
- 1-855-Teladoc (835-2362)
- Teladoc.com/aetna
- Teladoc.com/mobile
How does Teladoc work?

Step 1: Complete medical history
Step 2: Request consult
Step 3: Talk with a physician
Step 4: Resolve the issue
Step 5: Continuity of care
Step 6: Reconcile account

Teladoc.com/aetna
Transition of Care

• This is a form of temporary coverage that allows for in-network benefits to be paid if you are in an active course of treatment with a doctor who is not in the Aetna network.
• To qualify you must have begun a treatment program of planned services with your doctor to correct or treat a diagnosed condition.
• The request for transition of care benefits must be received within 90 days from the date of your enrollment.
• Contact an Aetna Health Concierge at 1-866-210-7858 to request a Transition of Care Request Form that can be reviewed upon enrollment in the plan.

Examples:
• Members enrolled after 20 weeks of pregnancy
• Member is in an ongoing treatment plan such as chemotherapy or radiation therapy
• Members who have recently had surgery
• Members who are receiving outpatient treatment for mental illness or substance abuse
• Members who may need or have had an organ or bone marrow transplant
Take advantage of Informed Health® Line

• **1-800-556-1555**: 24/7 toll-free access to registered nurses for health information

• Access to online health information via: [www.aetnanavigator.com](http://www.aetnanavigator.com)

• Personal follow-up

• Integration
Covered preventive services for adults

Screenings for:
- Abdominal aortic aneurysm (one-time screening for men of specified ages who have ever smoked)
- Alcohol misuse
- Blood pressure
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer (for adults over age 50)
- Depression
- Type 2 diabetes (for adults with high blood pressure)
- Human immunodeficiency virus (HIV)
- Obesity
- Tobacco use
- Lung cancer (for adults age 55 and over with history of smoking), effective January 1, 2015
- Syphilis (for all adults at higher risk)

Counseling for:
- Alcohol misuse
- Diet (for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease)
- Obesity
- Sexually transmitted infection (STI) prevention (for adults at higher risk)
- Tobacco use (including programs to help you stop using tobacco)

Immunizations:
Doses, recommended ages and recommended populations vary
- Diphtheria, pertussis, tetanus (DPT)
- Hepatitis A and B
- Herpes zoster
- Human papillomavirus (HPV)
- Influenza
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)

Please note: Coverage includes regular checkups, and routine gynecological and well-child exams. Aetna follows the recommendations of national medical societies about how often children, men and women need these services. Be sure to talk with your doctor about which services are right for your age, gender and health status.
Covered preventive services for women

**Screenings and counseling for:**
- BRCA (counseling and genetic testing for women of high risk with no personal history of breast and/or ovarian cancer)
- Breast cancer chemoprevention (for women at higher risk)
- Breast cancer (mammography every 1 to 2 years for women over 40)
- Cervical cancer (for sexually active women)
- Chlamydia infection (for younger women and other women at higher risk)
- Gonorrhea (for all women at higher risk)
- Interpersonal or domestic violence
- Osteoporosis (for women over age 60 depending on risk factors)

**Contraceptive products and services:**
- Prescribed FDA-approved female over-the-counter or generic contraceptives when filled at an in-network pharmacy
- Two visits a year for patient education and counseling on contraceptives is also covered under your Aetna medical plan

Covered preventive services for pregnant women

**Screenings and counseling for:**
- Routine prenatal visits (you pay your normal cost share for delivery, postpartum care, ultrasounds or other maternity procedures, specialist visits and certain lab tests)
- Anemia screenings
- Diabetes screenings
- Bacteriuria urinary tract or other infection screenings
- Rh incompatibility screening, with follow-up testing for women at higher risk
- Hepatitis B counseling (at the first prenatal visit)
- Expanded counseling on tobacco use
- Breastfeeding interventions to support and promote breastfeeding after delivery, including up to six visits with a lactation consultant

**Please note:** Coverage includes regular checkups, and routine gynecological and well-child exams. Aetna follows the recommendations of national medical societies about how often children, men and women need these services. Be sure to talk with your doctor about which services are right for your age, gender and health status.
Covered preventive services for children

**Screenings and assessments for:**
- Alcohol and drug use (for adolescents)
- Autism (for children at 18 and 24 months)
- Behavioral issues
- Cervical dysplasia (for sexually active females)
- Congenital hypothyroidism (for newborns)
- Developmental screening (for children under age 3, and surveillance throughout childhood)
- Hearing (for all newborns)
- Height, weight and body mass index measurements
- Lipid disorders (dyslipidemia screening for children at higher risk)
- Hematocrit or hemoglobin
- Hemoglobinopathies or sickle cell (for newborns)
- HIV (for adolescents at higher risk)
- Lead (for children at risk of exposure)
- Medical history
- Obesity
- Oral health (risk assessment for young children)
- Phenylketonuria (PKU) (for newborns)
- Tuberculin testing (for children at higher risk of tuberculosis)
- Vision

**Counseling for:**
- Obesity
- Sexually transmitted infection (STI) prevention (for adolescents at higher risk)

**Immunizations:**
*From birth to age 18 — doses, recommended ages and recommended populations vary*
- Diphtheria, pertussis, tetanus (DPT)
- Haemophilus influenzae type b
- Hepatitis A and B
- Human papillomavirus
- Inactivated poliovirus
- Influenza
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Rotavirus
- Varicella (chickenpox)

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Aetna’s tools and resources

Making confident decisions
• Our online provider directory
• Member Payment Estimator
• Cost and quality-of-care decision-support tools
• iTriage® app

Taking care of your health
• Simple Steps To A Healthier Life® program
• Health history report
• Personal Health Record

Getting help when you need it
• Member website
• 24-hour phone service
• Member Services
• Informed Health® Line
• Aetna Mobile App
Know before you go

Our Member Payment Estimator*

Gives you real-time out-of-pocket cost estimates – based on your plan – for common in-network and out-of-network health care services.

And with our other cost-of-care tools, you can:

• Look up doctors’ rates for common medical services**
• Compare cost ranges for common medical procedures done at a health care facility within the local area***
• Check out what prescription drugs may cost at a local pharmacy and estimate the owed amount
• Get information on hospitals, like quality and patient satisfaction, to help you decide where to get care

* Estimated costs not available in all markets. The tool provides an estimate of what would be owed for a particular service based on the plan at that very point in time. Actual costs may differ from an estimate if, for example, claims for other services are processed after the estimate is provided but before the claim for this service is submitted. Or, if the doctor or facility performs a different service at the time of the visit. HMO members can only look up estimated costs for doctor and outpatient facility services.

** Members can only view rates for participating physicians/physician groups. A doctor’s rate represents what a doctor would receive from Aetna as reimbursement for a service.

*** Not all hospitals or facilities will display for a given area due to data and/or contractual limitations. We do not guarantee the accuracy of any particular cost amount.
On duty 24 hours a day

Set more cost and quality information

Estimate Cost of Care

You can compare the costs of a new TV or an airline flight - now, you can compare health care costs, too.

The average costs in your area for office visits, tests, surgeries, and many other services.
All you need to manage your health

Aetna discount programs:

• Enjoy discounts on eye exams and eyewear, hearing aids, vitamins and supplements, weight-loss programs and more.

• Simply show your Aetna ID card to participating vendors.

• The discounts are not insurance—the member is responsible for the entire cost of the service they receive.

• Learn more on your Aetna Navigator secure member site.

URL: www.aetnanavigator.com
Connect with Aetna — when and how it’s best for you

By phone, by email, online — even on the go

- Mobile web is optimized for over 5,000 devices
- Mobile applications provide a more enhanced experience and are available for use with iPad®, iPhone® and iPod touch® mobile digital devices, the Android™ mobile technology platform and the BlackBerry® Curve™ smartphone

We know what you need on the go

- DocFind®
- Claim search
- Urgent care finder
- Member ID card information
- Personal Health Record
- Contact Us capabilities
- User name and password recovery
- Registration

Standard text messaging and other rates from your wireless carrier may apply.

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For self-funded plans, coverage is offered by your employer with administrative services only provided by Aetna Life Insurance Company (Aetna). Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. 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 www.aetna.com.