


Savings Plus program Q&As

1. What is the Aetna Savings Plus program?

The Aetna Savings Plus program is a unique, market-specific product solution. It gives individuals and plan sponsors options for controlling medical costs and engaging employees in their health care decisions. We accomplish this through a performance hospital and specialist network that the plan design and member engagement strategies support. Members typically pay lower out-of-pocket costs and a lower percentage of coinsurance when using a Savings Plus provider. As of May 2015, Savings Plus is available in 22 markets across 11 states.

2. How will we identify Savings Plus network providers?

When effective in Massachusetts, we'll identify Savings Plus providers in our DocFind® directory with the  icon under the "Best Results for Your Plan" tab. Providers who are eligible for evaluation but don't meet Savings Plus criteria will appear on the "Other Results" tab and won't have the icon.

In our paper directories, the Savings Plus Providers are printed in one section of the directory. The other participating providers in the second tier are in a separate section of the directory. Both sections are clearly labeled to help members easily identify which tier a participating provider is assigned to. Members are entitled to a free copy of the paper directory at any time. Our Member Services Department can help our members receive a free copy.

3. How do we create the Savings Plus network?

Savings Plus is a network of tiered hospitals and physicians. We choose participating hospitals based on certain cost-efficiency and quality criteria. In some cases, we applied other business considerations. We choose physicians who meet certain criteria, have a history of treating patients at Savings Plus hospitals, and specialize in 20 areas of medicine.

4. How do we structure the Savings Plus network and plan design?

The Massachusetts Savings Plus plan design is multi-tier. This has two in-network benefits levels and one out-of-network benefits level. Please review our chart on the last page for information on the provider tiers.

5. How do we tier the Savings Plus hospitals?

We first evaluate participating hospitals in the market based on:

- Adverse events
- Average length of stay
- 30-day re-admission rates
- The Centers for Medicare & Medicaid Services (CMS) index weighted for process of care

We then review hospitals based on the cost-efficiency of inpatient and outpatient cases. We compare cost efficiency with other hospitals in the market. In some cases, we applied other business considerations.

- We measure cost efficiency for inpatient acute procedures, inpatient non-acute procedures and outpatient procedures based on our medical case information.
- We build outpatient medical cases for major and minor procedures.
- We measure a hospital's cost efficiency by comparing its allowed amounts for inpatient and outpatient cases to the expected amounts for these cases.

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- We create expected values at the market level and case-mix adjust these values.
- The variables we use for case-mix adjustment are product, risk, age, DRG for inpatient cases and procedure group for outpatient cases.
- We remove outlier case

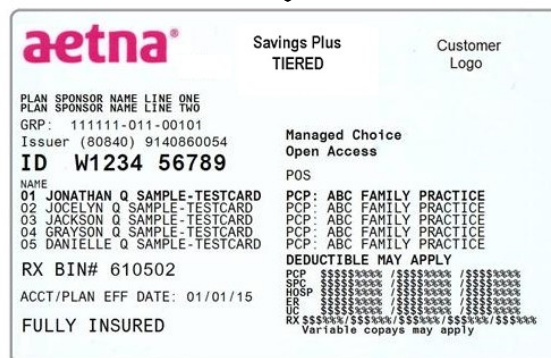
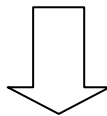
6. How do we tier Savings Plus physicians?

- There are 20 specialties that are tiered in the Savings Plus network. There are 12 Aexcel specialties and 8 additional specialties.
- We start with the specialists who we evaluated on clinical quality and cost-efficiency, and who are designated for our Aexcel network. Those that have at least 25 percent utilization at a designated Tier 1 Savings Plus hospital will be designated for the Savings Plus network. We also include groups who have little (less than \$1,000) or no hospital spend.
- The 12 Aexcel specialties are: cardiology, cardiothoracic surgery, gastroenterology, general surgery, neurology, neurosurgery, obstetrics/gynecology, orthopedic surgery, otolaryngology, plastic surgery, urology and vascular surgery.
- We include providers in 8 additional specialties. We don't select these providers based on clinical quality or cost-efficiency data. We select them solely based on their use of designated Tier 1 Savings Plus hospitals. Providers in one of the 8 specialties that have at least 25 percent utilization at a Savings Plus designated hospital will be a designated Savings Plus provider. We also include groups who have little (less than \$1,000) or no hospital spend.

The 8 additional specialties are: allergy, dermatology, endocrinology, infectious disease, nephrology, ophthalmology, pulmonary disease and rheumatology.

7. How do providers identify Savings Plus members?

You can find these members by the "Savings Plus" logo on the front of the ID card.



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8. How are Advertising Materials created for this plan?

Please follow Aetna's standard process for Advertisements and Marketing Materials. Only Aetna developed marketing material can be used for our products. The creation and use of marketing materials not approved by Aetna is expressly prohibited in our producer agreements. Aetna is required to have state disclosures on all marketing materials explaining the Savings Plus Plan utilizes a tiered provider network and we review all marketing materials for compliance with other state requirements.

9. Provider Tier Changes - how frequently can a provider be moved from one tier to another?

This process is called reclassification of the provider tiers. Aetna may change the tiers our participating providers are assigned to annually. The first tier change is effective January 1, 2019. Members will be notified 30-days in advance of the provider reclassification date.

10. Does member cost-share apply to preventive services for providers in the second tier?

No. Member cost-share does not apply to covered services that are preventive under the Affordable Care Act when received from any participating providers (Maximum and Standard Savings Providers).

11. Is there a benefit differential between the provider tiers?

Yes, our plan designs include a differential but our fully-insured plans cannot vary it by more than 20% between the highest and lowest provider tier.

12. Which Counties is the Savings Plus Plans Available?

The Savings Plus plans are available in the counties of Bristol, Essex, Middlesex, Norfolk, Plymouth and Suffolk.

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<p align="center">Savings Plus (Tier 1) Members pay the lowest percentage of their medical costs.</p>	<p align="center">Savings Plus (Tier 2) Members pay a higher percentage of their medical costs.</p>	<p align="center">Out of network (Tier 3) Members pay the highest percentage of their medical costs vs. any Aetna network provider.</p>
<p>Hospitals who meet certain quality and efficiency criteria <u>and</u> providers in specialty types not subject to tiering.</p> <p>Doctors in 20 specialty types, who meet certain criteria, including a history of treating patients at Savings Plus hospitals. Specialty types:</p> <ul style="list-style-type: none"> · Cardiology* · Gastroenterology* · General Surgery* · Orthopedics* · Neurology* · Neurosurgery* · Obstetrics/Gynecology* · Cardiothoracic Surgery* · Vascular Surgery* · Otolaryngology (ENT)* · Plastic Surgery* · Urology* · Allergy/Immunology · Dermatology · Endocrinology · Infectious Disease · Nephrology · Ophthalmology · Pulmonary Critical Care · Rheumatology <p>*Specialties also met the Aexcel® Performance Network criteria for clinical quality and efficiency criteria in specific geographic locations. Specialty types listed below are not subject to tiering:</p> <ul style="list-style-type: none"> · True emergencies · Behavioral health · All PCPs · All physicians in other specialties · All ancillary providers · All outpatient facilities 	<p>Other in-network hospitals that did not meet the criteria for the Savings Plus network.</p> <p>Doctors in the 20 specialty types that did not meet the criteria for the Savings Plus network.</p>	<p>Out-of-network doctors and hospitals.</p>

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