

# Aetna's simplified benefits experience - Alaska 04/01/2018 (101-300)

## Fast. Simple. Convenient.

<sup>1</sup> 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.

	Participating Providers												Non-Participating Providers			
	Product Design	Deductible <sup>1</sup> Individual (Family 2X)	Out-of-Pocket Limit <sup>1</sup> Individual (Family 2X)	Coinsurance	PCP Office Visit <sup>1</sup>	Specialist Office Visit <sup>1</sup>	Urgent Care <sup>1</sup>	Emergency Room <sup>1</sup>	Pharmacy	Lab <sup>1</sup>	X-ray <sup>1</sup>	Inpatient Hospital <sup>1</sup>	Complex Imaging <sup>1</sup>	Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual (Family 2X)	Coinsurance
Non-Integrated Plans	PPO 500 80/60	\$500	\$4,000	20%	\$20 DW	\$20 DW	\$50 DW	20% after \$150 Copay DW	Rx1 P	20% AD	20% AD	20% AD	20% AD	\$500	\$6,000	40%
	PPO 750 80/60	\$750	\$4,000	20%	\$25 DW	\$35 DW	\$50 DW	20% after \$150 Copay DW	Rx2 VP	20% AD	20% AD	20% AD	20% AD	\$750	\$6,000	40%
	PPO 1000 80/60	\$1,000	\$6,000	20%	\$25 DW	\$40 DW	\$50 DW	20% after \$150 Copay DW	Rx2 VP	20% AD	20% AD	20% AD	20% AD	\$1,000	\$10,000	40%
	PPO 1500 80/60	\$1,500	\$6,000	20%	\$30 DW	\$40 DW	\$50 DW	20% after \$150 Copay DW	Rx3 VP	20% AD	20% AD	20% AD	20% AD	\$1,500	\$10,000	40%
	PPO 2000 80/50	\$2,000	\$6,000	20%	\$30 DW	\$45 DW	\$50 DW	20% after \$150 Copay DW	Rx3 VP	20% AD	20% AD	20% AD	20% AD	\$2,000	\$10,000	50%
	PPO 3000 80/50	\$3,000	\$6,000	20%	\$35 DW	\$45 DW	\$50 DW	20% after \$250 Copay DW	Rx4 VP	20% AD	20% AD	20% AD	20% AD	\$3,000	\$10,000	50%
	PPO 4000 80/50	\$4,000	\$6,000	20%	\$35 DW	\$50 DW	\$75 DW	20% after \$250 Copay DW	Rx4 VP	20% AD	20% AD	20% AD	20% AD	\$4,000	\$10,000	50%
	PPO 5000 70/50	\$5,000	\$6,000	30%	\$40 DW	\$55 DW	\$75 DW	30% after \$250 Copay DW	Rx5 VP	30% AD	30% AD	30% AD	30% AD	\$5,000	\$12,000	50%
	PPO 6000 70/50	\$6,000	\$6,000	30%	\$40 DW	\$60 DW	\$75 DW	30% after \$250 Copay DW	Rx5 VP	30% AD	30% AD	30% AD	30% AD	\$6,000	\$12,000	50%

	Participating Providers												Non-Participating Providers			
	Product Design	Deductible <sup>1</sup> Individual (Family 2X)	Out-of-Pocket Limit <sup>1</sup> Individual	Coinsurance	PCP Office Visit <sup>1</sup>	Specialist Office Visit <sup>1</sup>	Urgent Care <sup>1</sup>	Emergency Room <sup>1</sup>	Pharmacy	Lab <sup>1</sup>	X-ray <sup>1</sup>	Inpatient Hospital <sup>1</sup>	Complex Imaging <sup>1</sup>	Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual	Coinsurance
Integrated Plans	PPO 1500 80/60 HSA TIF <sup>3</sup>	\$1,500	\$2,500 (Family 2X)	20%	20% AD	20% AD	20% AD	20% AD	Rx1 P	20% AD	20% AD	20% AD	20% AD	\$1,500	\$4,000 (Family 2X)	40%
	PPO 2500 80/60 HSA TIF <sup>3</sup>	\$2,500	\$5,000 (Family 1X)	20%	20% AD	20% AD	20% AD	20% AD	Rx2 VP	20% AD	20% AD	20% AD	20% AD	\$2,500	\$6,000 (Family 1X)	40%
	PPO 3000 90/70 HSA EMB <sup>2</sup>	\$3,000	\$6,000 (Family 2X)	10%	10% AD	10% AD	10% AD	10% AD	Rx4 VP	10% AD	10% AD	10% AD	10% AD	\$3,000	\$7,000 (Family 2X)	30%
	PPO 3000 80/60 HSA TIF <sup>3</sup>	\$3,000	\$6,000 (Family 1X)	20%	20% AD	20% AD	20% AD	20% AD	Rx4 VP	20% AD	20% AD	20% AD	20% AD	\$3,000	\$9,000 (Family 1X)	40%
	PPO 5000 80/60 HSA EMB <sup>2</sup>	\$5,000	\$6,000 (Family 2X)	20%	20% AD	20% AD	20% AD	20% AD	Rx5 VP	20% AD	20% AD	20% AD	20% AD	\$5,000	\$10,000 (Family 2X)	40%
	PPO 5000 70/50 HSA EMB <sup>2</sup>	\$5,000	\$6,000 (Family 2X)	30%	30% AD	30% AD	30% AD	30% AD	Rx5 VP	30% AD	30% AD	30% AD	30% AD	\$5,000	\$12,000 (Family 2X)	50%

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).  
47.02.019.1 AK-A (04/18)

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	Participating Providers												Non-Participating Providers			
	Product Design	Deductible <sup>1</sup> Individual (Family 2X)	Out-of-Pocket Limit <sup>1</sup> Individual (Family 2X)	Coinsurance	PCP Office Visit <sup>1</sup>	Specialist Office Visit <sup>1</sup>	Urgent Care <sup>1</sup>	Emergency Room <sup>1</sup>	Pharmacy	Lab <sup>1</sup>	X-ray <sup>1</sup>	Inpatient Hospital <sup>1</sup>	Complex Imaging <sup>1</sup>	Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual (Family 2X)	Coinsurance
Non Integrated Plans	<b>PPO Plus 500</b> 80/60/50	T1 : \$500 T2 : \$500	T1 : \$2,500 T2 : \$2,500	T1 : 20% T2 : 40%	T1 : \$20 DW T2 : \$20 DW	T1 : \$20 DW T2 : \$40 DW	T1 : \$50 DW T2 : \$50 DW	20% after \$150 Copay DW	Rx1 P	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	\$500	\$5,000	50%
	<b>PPO Plus 750</b> 80/60/50	T1 : \$750 T2 : \$750	T1 : \$4,000 T2 : \$4,000	T1 : 20% T2 : 40%	T1 : \$25 DW T2 : \$45 DW	T1 : \$35 DW T2 : \$55 DW	T1 : \$50 DW T2 : \$50 DW	20% after \$150 Copay DW	Rx2 VP	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	\$750	\$6,000	50%
	<b>PPO Plus 1000</b> 80/60/50	T1 : \$1,000 T2 : \$1,000	T1 : \$6,000 T2 : \$6,000	T1 : 20% T2 : 40%	T1 : \$25 DW T2 : \$45 DW	T1 : \$40 DW T2 : \$60 DW	T1 : \$50 DW T2 : \$50 DW	20% after \$150 Copay DW	Rx2 VP	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	\$1,000	\$10,000	50%
	<b>PPO Plus 1500</b> 80/60/50	T1 : \$1,500 T2 : \$1,500	T1 : \$6,000 T2 : \$6,000	T1 : 20% T2 : 40%	T1 : \$30 DW T2 : \$40 DW	T1 : \$40 DW T2 : \$60 DW	T1 : \$50 DW T2 : \$50 DW	20% after \$150 Copay DW	Rx3 VP	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	\$1,500	\$10,000	50%
	<b>PPO Plus 2000</b> 80/60/50	T1 : \$2,000 T2 : \$2,000	T1 : \$6,000 T2 : \$6,000	T1 : 20% T2 : 40%	T1 : \$30 DW T2 : \$50 DW	T1 : \$45 DW T2 : \$65 DW	T1 : \$50 DW T2 : \$50 DW	20% after \$150 Copay DW	Rx3 VP	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	\$2,000	\$10,000	50%
	<b>PPO Plus 3000</b> 80/60/50	T1 : \$3,000 T2 : \$3,000	T1 : \$6,000 T2 : \$6,000	T1 : 20% T2 : 40%	T1 : \$35 DW T2 : \$55 DW	T1 : \$45 DW T2 : \$65 DW	T1 : \$50 DW T2 : \$50 DW	20% after \$250 Copay DW	Rx3 VP	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	\$3,000	\$10,000	50%
	<b>PPO Plus 4000</b> 80/60/50	T1 : \$4,000 T2 : \$4,000	T1 : \$6,000 T2 : \$6,000	T1 : 20% T2 : 40%	T1 : \$35 DW T2 : \$55 DW	T1 : \$50 DW T2 : \$70 DW	T1 : \$75 DW T2 : \$75 DW	20% after \$250 Copay DW	Rx4 VP	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	\$4,000	\$10,000	50%

	Participating Providers												Non-Participating Providers			
	Product Design	Deductible <sup>1</sup> Individual (Family 2X)	Out-of-Pocket Limit <sup>1</sup> Individual	Coinsurance	PCP Office Visit <sup>1</sup>	Specialist Office Visit <sup>1</sup>	Urgent Care <sup>1</sup>	Emergency Room <sup>1</sup>	Pharmacy	Lab <sup>1</sup>	X-ray <sup>1</sup>	Inpatient Hospital <sup>1</sup>	Complex Imaging <sup>1</sup>	Deductible Individual (Family 2X)	Out-of-Pocket Limit Individual	Coinsurance
Integrated Plans	<b>PPO Plus 1500</b> 80/60/50 HSA TIF <sup>3</sup>	T1 : \$1,500 T2 : \$1,500	T1 : \$2,500 T2 : \$2,500 (Family 2X)	T1 : 20% T2 : 40%	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 20% AD	20% AD	Rx1 P	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	\$1,500	\$4,000 (Family 2X)	50%
	<b>PPO Plus 2500</b> 80/60/50 HSA TIF <sup>3</sup>	T1 : \$2,500 T2 : \$2,500	T1 : \$5,000 T2 : \$5,000 (Family 1X)	T1 : 20% T2 : 40%	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 20% AD	20% AD	Rx2 VP	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	\$2,500	\$5,000 (Family 1X)	50%
	<b>PPO Plus 3000</b> 90/70/50 HSA EMB <sup>2</sup>	T1 : \$3,000 T2 : \$3,000	T1 : \$6,000 T2 : \$6,000 (Family 1X)	T1 : 10% T2 : 30%	T1 : 10% AD T2 : 30% AD	T1 : 10% AD T2 : 30% AD	T1 : 10% AD T2 : 10% AD	10% AD	Rx3 VP	T1 : 10% AD T2 : 30% AD	T1 : 10% AD T2 : 30% AD	T1 : 10% AD T2 : 30% AD	T1 : 10% AD T2 : 30% AD	\$3,000	\$7,000 (Family 1X)	50%
	<b>PPO Plus 3000</b> 80/60/50 HSA TIF <sup>3</sup>	T1 : \$3,000 T2 : \$3,000	T1 : \$6,000 T2 : \$6,000 (Family 1X)	T1 : 20% T2 : 40%	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 20% AD	20% AD	Rx4 VP	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	\$3,000	\$9,000 (Family 1X)	50%
	<b>PPO Plus 5000</b> 80/60/50 HSA EMB <sup>2</sup>	T1 : \$5,000 T2 : \$5,000	T1 : \$6,000 T2 : \$6,000 (Family 2X)	T1 : 20% T2 : 40%	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 20% AD	20% AD	Rx5 VP	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	T1 : 20% AD T2 : 40% AD	\$5,000	\$10,000 (Family 2X)	50%

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47.02.019.1 AK-A (04/18)

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						
		Preferred Generics <sup>1</sup>	Preferred Brand <sup>1</sup>	Non-Preferred Generic/ Brand <sup>1</sup>	Preferred Specialty <sup>1</sup>	Non-Preferred Specialty <sup>1</sup>
Non-integrated Pharmacy Options	Rx1 P <sup>5</sup> Rx2 VP <sup>4</sup>	\$15 DW	\$25 DW	\$40 DW	\$25 DW	\$40 DW
	Rx3 VP <sup>4</sup>	\$10 DW	\$30 DW	\$60 DW	\$30 DW	\$60 DW
	Rx4 VP <sup>4</sup>	\$15 DW	\$35 DW	\$60 DW	\$35 DW	\$60 DW
	Rx5 VP <sup>4</sup>	\$15 DW	\$45 DW	\$95 DW	\$45 DW	\$95 DW
Integrated Pharmacy Options <sup>6</sup>	Rx1 P <sup>5</sup> Rx2 VP <sup>4</sup>	\$15 AD	\$25 AD	\$40 AD	\$25 AD	\$40 AD
	Rx3 VP <sup>4</sup>	\$10 AD	\$30 AD	\$60 AD	\$30 AD	\$60 AD
	Rx4 VP <sup>4</sup>	\$15 AD	\$35 AD	\$60 AD	\$35 AD	\$60 AD
	Rx5 VP <sup>4</sup>	\$15 AD	\$45 AD	\$95 AD	\$45 AD	\$95 AD

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

Product Type	
Product Types	Description
PPO	Members can access any participating provider for covered services without a referral. When members seek health care, they have the freedom to choose either network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs. Members are able to receive emergency services at the in-network coinsurance/copay level.

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

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. 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. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Investment services are independently offered through the HSA Administrator. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. 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](http://www.aetna.com).

# Limitations and Exceptions

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 in 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 limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. 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 preferred provider is coordinating care, the preferred 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 [www.aetna.com](http://www.aetna.com), or the Aetna Medication Formulary Guide. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. In addition, in circumstances where your prescription plan uses copayments or coinsurance calculated on a percentage basis or a deductible, use of formulary drugs may not necessarily result in lower costs for the member. 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.

Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna, Inc., that is a licensed pharmacy providing mail-order pharmacy services. Aetna's negotiated charge with Aetna Rx Home Delivery may be higher than Aetna Rx Home Delivery's cost of purchasing drugs and providing mail-order pharmacy services.



## FOOTNOTES

1 "AD"Indicates after deductible and "DW" Indicates Deductible waived.

High Deductible Health Care plans with embedded style deductible

2 HSA plans have embedded deductibles. **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. 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 year.

High Deductible Health Care plans with true integrated family deductible

3 **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.

4 The Value Plus formulary includes Precertification, Step therapy and Quantity limits with Transition fill. No Mandatory Generics Applies. Members may obtain specialty medication fills through the Aetna Specialty Pharmacy network. Performance enhancing drugs are excluded and Oral Fertility drugs are included. Pharmacy copays stated above are for up to a 30 days supply at Retail. Mail order delivery (MOD) available for 31-90 day supply at 2 times the retail copay.

5 The Premier Plus formulary includes Precertification and Quantity limits with Transition fill. Step therapy is excluded. No Mandatory Generics Applies. Members may obtain specialty medication fills through the Aetna Specialty Pharmacy network. Performance enhancing drugs are excluded and Oral Fertility drugs are included. Pharmacy copays stated above are for up to a 30 days 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 [www.aetna.com](http://www.aetna.com). Type "how Aetna pays" in the search box. You can avoid these extra costs by getting your care from Aetna's network of health care providers. Go to [www.aetna.com](http://www.aetna.com) and click on "Find a Doctor" under "Menu." If you are already a member, log in to your Aetna Navigator® member site.

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.

