Aetna 50 & Under
HealthNetworkOnlyOpenAccess
ME 2017

Member benefits

Plan name	ME Gold AWH HNOnly 1000 90/60		ME Gold AWH HNOnly 1500 90/60		ME Silver AWH HNOnly 2500 70/60		ME Silver AWH HNOnly 3000 70/60	
	Designated	Non-Designated	Designated	Non-Designated	Designated	Non-Designated	Designated	Non-Designated
Deductible (Individual/Family)	$1,000/$2,000	$2,000/$4,000	$1,500/$3,000	$3,000/$6,000	$2,500/$5,000	$4,500/$9,000	$3,000/$6,000	$5,000/$10,000
Out-of-pocket limit (Individual/Family)	$3,750/$7,500	$4,000/$8,000	$3,750/$7,500	$5,750/$11,500	$5,500/$11,000	$6,500/$13,000	$5,750/$11,500	$6,500/$13,000
Deductible and out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]	
Primary care physician office visit	$25 copay; deductible waived	40% after deductible	$25 copay; deductible waived	40% after deductible	$30 copay; deductible waived	40% after deductible	$30 copay; deductible waived	40% after deductible
Specialist office visit	$45 copay; deductible waived	40% after deductible	$45 copay; deductible waived	40% after deductible	$50 copay; deductible waived	40% after deductible	$50 copay; deductible waived	40% after deductible
Walk-in clinics	$25 copay; deductible waived	Paid at the designated level	$25 copay; deductible waived	Paid at the designated level	$30 copay; deductible waived	Paid at the designated level	$30 copay; deductible waived	Paid at the designated level
Diagnostic testing: Lab	10% after deductible	Paid at the designated level	10% after deductible	Paid at the designated level	$30 copay after deductible	Paid at the designated level	30% after deductible	Paid at the designated level
Diagnostic testing: X-ray	10% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	40% after deductible
Imaging CT/PET scans MRIs	10% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	40% after deductible
Inpatient hospital facility	10% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	40% after deductible
Outpatient surgery	10% after deductible	40% after deductible	10% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	40% after deductible
Emergency room	$150 copay; deductible waived	Paid at the designated level	$150 copay; deductible waived	Paid at the designated level	$175 copay; deductible waived	Paid at the designated level	$175 copay; deductible waived	Paid at the designated level
Urgent care	$150 copay; deductible waived	40% after deductible	$150 copay; deductible waived	40% after deductible	$175 copay; deductible waived	40% after deductible	$175 copay; deductible waived	40% after deductible
Rehabilitation services (PT/OT/ST)[2]	10% after deductible	Paid at the designated level	10% after deductible	Paid at the designated level	$50 copay after deductible	Paid at the designated level	30% after deductible	Paid at the designated level
Chiropractic [3]	10% after deductible	Paid at the designated level	10% after deductible	Paid at the designated level	$50 copay after deductible	Paid at the designated level	30% after deductible	Paid at the designated level
Pharmacy [4]	In Network		In Network		In Network		In Network	
Pharmacy Deductible	None		None		None		None	
Preferred generic drugs	$10 copay		$10 copay		$10 copay		$10 copay	
Preferred brand drugs	$50 copay		$50 copay		$50 copay		$50 copay	
Nonpreferred drugs	50% up to $500		50% up to $500		50% up to $500		50% up to $500	
Specialty drugs	Preferred: 20% up to $300 Non-Preferred: 50% up to $500		Preferred: 20% up to $300 Non-Preferred: 50% up to $500		Preferred: 20% up to $300 Non-Preferred: 50% up to $500		Preferred: 20% up to $300 Non-Preferred: 50% up to $500	

14.02.237.1-ME (8/16)

Aetna 50 & Under
HealthNetworkOnlyOpenAccess
ME 2017

Member benefits

Plan name	ME Silver AWH HNOnly 3500 70/60		ME Silver AWH HNOnly 4000 70/60		ME Silver AWH HNOnly 4500 70/60		ME Silver AWH HNOnly 5000 70/50	
	Designated	Non-Designated	Designated	Non-Designated	Designated	Non-Designated	Designated	Non-Designated
Deductible (Individual/Family)	$3,500/$7,000	$5,500/$11,000	$4,000/$8,000	$6,000/$12,000	$4,500/$9,000	$6,500/$13,000	$5,000/$10,000	$6,500/$13,000
Out-of-pocket limit (Individual/Family)	$6,000/$12,000	$6,750/$13,500	$6,250/$12,500	$7,000/$14,000	$6,500/$13,000	$7,150/$14,300	$6,500/$13,000	$7,150/$14,300
Deductible and out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]	
Primary care physician office visit	$30 copay; deductible waived	40% after deductible	$30 copay; deductible waived	40% after deductible	$30 copay; deductible waived	40% after deductible	$30 copay; deductible waived	50% after deductible
Specialist office visit	$50 copay; deductible waived	40% after deductible	$60 copay; deductible waived	40% after deductible	$60 copay; deductible waived	40% after deductible	$60 copay; deductible waived	50% after deductible
Walk-in clinics	$30 copay; deductible waived	Paid at the designated level	$30 copay; deductible waived	Paid at the designated level	$30 copay; deductible waived	Paid at the designated level	$30 copay; deductible waived	Paid at the designated level
Diagnostic testing: Lab	30% after deductible	Paid at the designated level	30% after deductible	Paid at the designated level	30% after deductible	Paid at the designated level	30% after deductible	Paid at the designated level
Diagnostic testing: X-ray	30% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	50% after deductible
Imaging CT/PET scans MRIs	30% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	50% after deductible
Inpatient hospital facility	30% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient surgery	30% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible	50% after deductible
Emergency room	$200 copay; deductible waived	Paid at the designated level	$200 copay; deductible waived	Paid at the designated level	$200 copay; deductible waived	Paid at the designated level	$200 copay; deductible waived	Paid at the designated level
Urgent care	$200 copay; deductible waived	40% after deductible	$200 copay; deductible waived	40% after deductible	$200 copay; deductible waived	40% after deductible	$200 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST)[2]	30% after deductible	Paid at the designated level	30% after deductible	Paid at the designated level	30% after deductible	Paid at the designated level	30% after deductible	Paid at the designated level
Chiropractic [3]	30% after deductible	Paid at the designated level	30% after deductible	Paid at the designated level	30% after deductible	Paid at the designated level	30% after deductible	Paid at the designated level
Pharmacy [4]	In Network		In Network		In Network		In Network	
Pharmacy Deductible	None		None		None		None	
Preferred generic drugs	$10 copay		$10 copay		$10 copay		$10 copay	
Preferred brand drugs	$50 copay		$50 copay		$50 copay		$50 copay	
Nonpreferred drugs	50% up to $500		50% up to $500		50% up to $500		50% up to $500	
Specialty drugs	Preferred: 20% up to $300 Non-Preferred: 50% up to $500		Preferred: 20% up to $300 Non-Preferred: 50% up to $500		Preferred: 20% up to $300 Non-Preferred: 50% up to $500		Preferred: 20% up to $300 Non-Preferred: 50% up to $500	

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ME 2017

Member benefits

Plan name	ME Silver AWH HNOnly 2800 80/60 HSA		ME Silver AWH HNOnly 3000 80/60 HSA		ME Silver AWH HNOnly 3400 90/60 HSA	
	Designated	Non-Designated	Designated	Non-Designated	Designated	Non-Designated
Deductible (Individual/Family)	$2,800/$5,600	$5,500/$11,000	$3,000/$6,000	$4,750/$9,500	$3,400/$6,800	$5,000/$10,000
Out-of-pocket limit (Individual/Family)	$4,000/$8,000	$6,450/$12,900	$4,500/$9,000	$6,250/$12,500	$4,750/$9,500	$6,350/$12,700
Deductible and out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		Embedded [1]	
Primary care physician office visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Specialist office visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Walk-in clinics	20% after deductible	Paid at the designated level	20% after deductible	Paid at the designated level	10% after deductible	Paid at the designated level
Diagnostic testing: Lab	20% after deductible	Paid at the designated level	20% after deductible	Paid at the designated level	10% after deductible	Paid at the designated level
Diagnostic testing: X-ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Imaging CT/PET scans MRIs	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Inpatient hospital facility	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Outpatient surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Emergency room	20% after deductible	Paid at the designated level	20% after deductible	Paid at the designated level	10% after deductible	Paid at the designated level
Urgent care	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Rehabilitation services (PT/OT/ST)[2]	20% after deductible	Paid at the designated level	20% after deductible	Paid at the designated level	10% after deductible	Paid at the designated level
Chiropractic [3]	20% after deductible	Paid at the designated level	20% after deductible	Paid at the designated level	10% after deductible	Paid at the designated level
Pharmacy [4]	In Network		In Network		In Network	
Pharmacy Deductible	Integrated with Medical Deductible		Integrated with Medical Deductible		Integrated with Medical Deductible	
Preferred generic drugs	$10 copay after deductible		$10 copay after deductible		$10 copay after deductible	
Preferred brand drugs	$50 copay after deductible		$50 copay after deductible		$50 copay after deductible	
Nonpreferred drugs	50% up to $500 after deductible		50% up to $500 after deductible		50% up to $500 after deductible	
Specialty drugs	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible		Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible		Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	

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Member benefits

Plan name	ME Gold PPO 1250 90/70		ME Gold PPO 1500 90/70		ME Gold PPO 2000 90/70		ME Gold PPO 2500 90/70	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$1,250/$2,500	$2,750/$5,500	$1,500/$3,000	$3,000/$6,000	$2,000/$4,000	$4,000/$8,000	$2,500/$5,000	$5,000/$10,000
Out-of-pocket limit (Individual/Family)	$3,750/$7,500	$5,500/$11,000	$3,750/$7,500	$6,000/$12,000	$4,000/$8,000	$8,000/$16,000	$3,950/$7,900	$7,900/$15,800
Deductible and out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]	
Primary care physician office visit	$25 copay; deductible waived	30% after deductible	$25 copay; deductible waived	30% after deductible	$25 copay; deductible waived	30% after deductible	$25 copay; deductible waived	30% after deductible
Specialist office visit	$45 copay; deductible waived	30% after deductible	$45 copay; deductible waived	30% after deductible	$45 copay; deductible waived	30% after deductible	$45 copay; deductible waived	30% after deductible
Walk-in clinics	$25 copay; deductible waived	30% after deductible	$25 copay; deductible waived	30% after deductible	$25 copay; deductible waived	30% after deductible	$25 copay; deductible waived	50% after deductible
Diagnostic testing: Lab	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Diagnostic testing: X-ray	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Imaging CT/PET scans MRIs	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Inpatient hospital facility	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Outpatient surgery	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Emergency room	$150 copay; deductible waived	Paid as In-Network	$150 copay; deductible waived	Paid as In-Network	$150 copay; deductible waived	Paid as In-Network	$150 copay; deductible waived	Paid as In-Network
Urgent care	$150 copay; deductible waived	Paid as In-Network	$150 copay; deductible waived	Paid as In-Network	$150 copay; deductible waived	Paid as In-Network	$150 copay; deductible waived	Paid as In-Network
Rehabilitation services (PT/OT/ST) [2]	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Chiropractic [3]	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Pharmacy [4]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None	None	None
Preferred generic drugs	$10 copay	$10 copay plus 30%	$10 copay	$10 copay plus 30%	$10 copay	$10 copay plus 30%	$10 copay	$10 copay plus 30%
Preferred brand drugs	$50 copay	$50 copay plus 30%	$50 copay	$50 copay plus 30%	$50 copay	$50 copay plus 30%	$50 copay	$50 copay plus 30%
Nonpreferred drugs	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500
Specialty drugs	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500

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Member benefits

Plan name	ME Silver PPO 2500 UFD 30		ME Silver PPO 2750 60/50		ME Silver PPO 3000 UFD 30		ME Silver PPO 3500 60/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$2,500/$5,000	$5,000/$10,000	$2,750/$5,500	$5,500/$11,000	$3,000/$6,000	$6,000/$12,000	$3,500/$7,000	$7,000/$14,000
Out-of-pocket limit (Individual/Family)	$5,500/$11,000	$11,000/$22,000	$6,300/$12,600	$12,600/$25,200	$6,000/$12,000	$12,000/$24,000	$5,800/$11,600	$11,600/$23,200
Deductible and out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]	
Primary care physician office visit	$30 copay; deductible waived	50% after deductible	$30 copay; deductible waived	50% after deductible	$30 copay; deductible waived	50% after deductible	$30 copay; deductible waived	50% after deductible
Specialist office visit	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	$50 copay; deductible waived	50% after deductible
Walk-in clinics	$30 copay; deductible waived	50% after deductible	$30 copay; deductible waived	50% after deductible	$30 copay; deductible waived	50% after deductible	$30 copay; deductible waived	50% after deductible
Diagnostic testing: Lab	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible
Diagnostic testing: X-ray	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible
Imaging CT/PET scans MRIs	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible
Inpatient hospital facility	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient surgery	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible
Emergency room	30% after deductible	Paid as In-Network	40% after deductible	Paid as In-Network	30% after deductible	Paid as In-Network	$200 copay; deductible waived	Paid as In-Network
Urgent care	30% after deductible	Paid as In-Network	40% after deductible	Paid as In-Network	30% after deductible	Paid as In-Network	$200 copay; deductible waived	Paid as In-Network
Rehabilitation services (PT/OT/ST) [2]	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible
Chiropractic [3]	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible
Pharmacy [4]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None	None	None
Preferred generic drugs	$10 copay	$10 copay plus 30%	$10 copay	$10 copay plus 30%	$10 copay	$10 copay plus 30%	$10 copay	$10 copay plus 30%
Preferred brand drugs	$50 copay	$50 copay plus 30%	$50 copay	$50 copay plus 30%	$50 copay	$50 copay plus 30%	$50 copay	$50 copay plus 30%
Nonpreferred drugs	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500
Specialty drugs	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred Specialty: 20% up to $300 Non-Preferred Specialty: 50% up to $500	Preferred Specialty: 20% up to $300 Non-Preferred Specialty: 50% up to $500

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Member benefits

Plan name	ME Silver PPO 3500 UFD 30		ME Silver PPO 4000 80/60		ME Silver PPO 4500 80/60		ME Silver PPO 5000 70/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$3,500/$7,000	$7,000/$14,000	$4,000/$8,000	$8,000/$16,000	$4,500/$9,000	$9,000/$18,000	$5,000/$10,000	$10,000/$20,000
Out-of-pocket limit (Individual/Family)	$6,500/$13,000	$13,000/$26,000	$6,000/$12,000	$16,000/$32,000	$6,250/$12,500	$12,500/$25,000	$6,500/$13,000	$13,000/$26,000
Deductible and out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]	
Primary care physician office visit	$30 copay; deductible waived	50% after deductible	$30 copay; deductible waived	40% after deductible	$30 copay; deductible waived	40% after deductible	$30 copay; deductible waived	50% after deductible
Specialist office visit	30% after deductible	50% after deductible	$50 copay; deductible waived	40% after deductible	$55 copay; deductible waived	40% after deductible	$60 copay; deductible waived	50% after deductible
Walk-in clinics	$30 copay; deductible waived	50% after deductible	$30 copay; deductible waived	40% after deductible	$30 copay; deductible waived	40% after deductible	$30 copay; deductible waived	50% after deductible
Diagnostic testing: Lab	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Diagnostic testing: X-ray	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Imaging CT/PET scans MRIs	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Inpatient hospital facility	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient surgery	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Emergency room	30% after deductible	Paid as In-Network	$200 copay; deductible waived	Paid as In-Network	$200 copay; deductible waived	Paid as In-Network	$200 copay; deductible waived	Paid as In-Network
Urgent care	30% after deductible	Paid as In-Network	$200 copay; deductible waived	Paid as In-Network	$200 copay; deductible waived	Paid as In-Network	$200 copay; deductible waived	Paid as In-Network
Rehabilitation services (PT/OT/ST) [2]	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Chiropractic [3]	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Pharmacy [4]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None	None	None
Preferred generic drugs	$10 copay	$10 copay plus 30%	$10 copay	$10 copay plus 30%	$10 copay	$10 copay plus 30%	$10 copay	$10 copay plus 30%
Preferred brand drugs	$50 copay	$50 copay plus 30%	$50 copay	$50 copay plus 30%	$50 copay	$50 copay plus 30%	$50 copay	$50 copay plus 30%
Nonpreferred drugs	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500
Specialty drugs	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500

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Aetna 50 & Under
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Member benefits

Plan name	ME Silver PPO 5500 80/60		ME Silver PPO 6000 80/60		ME Silver PPO 2800 70/50 HSA w/PRx		ME Silver PPO 3000 80/60 HSA w/PRx	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$5,500/$11,000	$11,000/$22,000	$6,000/$12,000	$12,000/$24,000	$2,800/$5,600	$5,600/$11,200	$3,000/$6,000	$6,000/$12,000
Out-of-pocket limit (Individual/Family)	$6,750/$13,500	$13,500/$27,000	$7,150/$14,300	$14,300/$28,600	$4,000/$8,000	$8,000/$16,000	$4,500/$9,000	$9,000/$18,000
Deductible and out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]	
Primary care physician office visit	$30 copay; deductible waived	40% after deductible	$25 copay; deductible waived	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Specialist office visit	$60 copay; deductible waived	40% after deductible	$55 copay; deductible waived	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Walk-in clinics	$30 copay; deductible waived	40% after deductible	$25 copay; deductible waived	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Diagnostic testing: Lab	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Diagnostic testing: X-ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Imaging CT/PET scans MRIs	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Inpatient hospital facility	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Outpatient surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Emergency room	$200 copay; deductible waived	Paid as In-Network	$200 copay; deductible waived	Paid as In-Network	30% after deductible	Paid as In-Network	20% after deductible	Paid as In-Network
Urgent care	$200 copay; deductible waived	Paid as In-Network	20% after deductible	Paid as In-Network	30% after deductible	Paid as In-Network	20% after deductible	Paid as In-Network
Rehabilitation services (PT/OT/ST) [2]	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Chiropractic [3]	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Pharmacy [4]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	$10 copay	$10 copay plus 30%	$10 copay	$10 copay plus 30%	$10 copay after deductible	$10 copay plus 30% after deductible	$10 copay after deductible	$10 copay plus 30% after deductible
Preferred brand drugs	$50 copay	$50 copay plus 30%	$50 copay	$50 copay plus 30%	$50 copay after deductible	$50 copay plus 30% after deductible	$50 copay after deductible	$50 copay plus 30% after deductible
Nonpreferred drugs	50% up to $500	50% up to $500	50% up to $500	50% up to $500	50% up to $500 after deductible	50% up to $500 after deductible	50% up to $500 after deductible	50% up to $500 after deductible
Specialty drugs	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible

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Aetna 50 & Under

PPOMedical | ME 2017

Member benefits

Plan name	ME Silver PPO 3250 80/60 HSA w/PRx		ME Silver PPO 3750 90/70 HSA w/PRx		ME Bronze PPO 5250 70/50 HSA no PRx		ME Bronze PPO 5750 70/50 HSA no PRx	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$3,250/$6,500	$6,500/$13,000	$3,750/$7,500	$7,500/$15,000	$5,250/$10,500	$10,500/$21,000	$5,750/$11,500	$11,500/$23,000
Out-of-pocket limit (Individual/Family)	$4,500/$9,000	$9,000/$18,000	$4,900/$9,800	$9,800/$19,600	$6,550/$13,100	$13,100/$26,200	$6,550/$13,100	$13,100/$26,200
Deductible and out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]	
Primary care physician office visit	20% after deductible	40% after deductible	10% after deductible	30% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Specialist office visit	20% after deductible	40% after deductible	10% after deductible	30% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Walk-in clinics	20% after deductible	40% after deductible	10% after deductible	30% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Diagnostic testing: Lab	20% after deductible	40% after deductible	10% after deductible	30% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Diagnostic testing: X-ray	20% after deductible	40% after deductible	10% after deductible	30% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Imaging CT/PET scans MRIs	20% after deductible	40% after deductible	10% after deductible	30% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Inpatient hospital facility	20% after deductible	40% after deductible	10% after deductible	30% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient surgery	20% after deductible	40% after deductible	10% after deductible	30% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Emergency room	20% after deductible	Paid as In-Network	10% after deductible	Paid as In-Network	30% after deductible	Paid as In-Network	30% after deductible	Paid as In-Network
Urgent care	20% after deductible	Paid as In-Network	10% after deductible	Paid as In-Network	30% after deductible	Paid as In-Network	30% after deductible	Paid as In-Network
Rehabilitation services (PT/OT/ST) [2]	20% after deductible	40% after deductible	10% after deductible	30% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Chiropractic [3]	20% after deductible	40% after deductible	10% after deductible	30% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Pharmacy [4]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	$10 copay after deductible	$10 copay plus 30% after deductible	$10 copay after deductible	$10 copay plus 30% after deductible	$10 copay after deductible	$10 copay plus 30% after deductible	$10 copay after deductible	$10 copay plus 30% after deductible
Preferred brand drugs	$50 copay after deductible	$50 copay plus 30% after deductible	$50 copay after deductible	$50 copay plus 30% after deductible	$50 copay after deductible	$50 copay plus 30% after deductible	$50 copay after deductible	$50 copay plus 30% after deductible
Nonpreferred drugs	50% up to $500 after deductible	50% up to $500 after deductible	50% up to $500 after deductible	50% up to $500 after deductible	50% up to $500 after deductible	50% up to $500 after deductible	50% up to $500 after deductible	50% up to $500 after deductible
Specialty drugs	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible

Aetna 50 & Under
PPOMedical | ME 2017

Member benefits

Plan name	ME Bronze PPO 6300 100/80 HSA w/PRx	
	In Network	Out of Network
Deductible (Individual/Family)	$6,300/$12,600	$12,600/$25,200
Out-of-pocket limit (Individual/Family)	$6,500/$13,000	$13,000/$26,000
Deductible and out-of-pocket limit accumulation	Embedded [1]	
Primary care physician office visit	Covered in full after deductible	20% after deductible
Specialist office visit	Covered in full after deductible	20% after deductible
Walk-in clinics	Covered in full after deductible	20% after deductible
Diagnostic testing: Lab	Covered in full after deductible	20% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	20% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	20% after deductible
Inpatient hospital facility	Covered in full after deductible	20% after deductible
Outpatient surgery	Covered in full after deductible	20% after deductible
Emergency room	Covered in full after deductible	Paid as In-Network
Urgent care	Covered in full after deductible	Paid as In-Network
Rehabilitation services (PT/OT/ST) [2]	Covered in full after deductible	20% after deductible
Chiropractic [3]	Covered in full after deductible	20% after deductible
Pharmacy [4]	In Network	Out of Network
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	$10 copay after deductible	$10 copay plus 30% after deductible
Preferred brand drugs	$50 copay after deductible	$50 copay plus 30% after deductible
Nonpreferred drugs	50% up to $500 after deductible	50% up to $500 after deductible
Specialty drugs	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible	Preferred: 20% up to $300 after deductible Non-Preferred: 50% up to $500 after deductible

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Aetna 50 & Under
Indemnity | ME 2017

Member benefits

Plan name	ME Silver Indemnity 2500 80%	
	Out of Network	
Deductible (Individual/Family)	$2,500/$5,000	
Out-of-pocket limit (Individual/Family)	$5,000/$10,000	
Deductible and out-of-pocket limit accumulation	Embedded [1]	
Primary care physician office visit	20% after deductible	
Specialist office visit	20% after deductible	
Walk-in clinics	20% after deductible	
Diagnostic testing: Lab	20% after deductible	
Diagnostic testing: X-ray	20% after deductible	
Imaging CT/PET scans MRIs	20% after deductible	
Inpatient hospital facility	20% after deductible	
Outpatient surgery	20% after deductible	
Emergency room	20% after deductible	
Urgent care	20% after deductible	
Rehabilitation services (PT/OT/ST) [2]	20% after deductible	
Chiropractic [3]	20% after deductible	
Pharmacy [4]	In Network	Out of Network
Pharmacy Deductible	None	None
Preferred generic drugs	$10 copay	$10 copay
Preferred brand drugs	$50 copay	$50 copay
Nonpreferred drugs	50% up to $500	50% up to $500
Specialty drugs	Preferred: 20% up to $300 Non-Preferred: 50% up to $500	Preferred: 20% up to $300 Non-Preferred: 50% up to $500

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Aetna pediatric dental & vision

ME 2017

Pediatric dental plans	AWH HNOnly Plans	HSA Compatible AWH HNOnly Plans	Standard PPO Plans		HSA Compatible PPO Plans		Indemnity Plan
	In Network	In Network	In Network	Out of Network	In Network	Out of Network	Out of Network
Dental Check-Up (aka preventive/diagnostic)	Covered in full; deductible waived	Covered in full after deductible	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full after deductible	Covered in full after deductible	Covered in full; deductible waived
Dental Basic	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Dental Major	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Dental Ortho	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

Pediatric vision plans*	AWH HNOnly Plans	HSACompatible AWH HNOnly Plans	Standard PPO Plans		HSA Compatible PPO Plans		Indemnity Plan
	In Network	In Network	In Network	Out of Network	In Network	Out of Network	Out of Network
Vision exam (1 exam per 12 months)	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived	30% or 50% after deductible	Covered in full; deductible waived	20%, 30%, 40% or 50% after deductible	Covered in full; deductible waived
Pediatric Vision Hardware	Covered in full; deductible waived	Covered in full after deductible	Covered in full; deductible waived	Not covered	Covered in full; deductible waived	Not covered	Covered in full; deductible waived

Notes

These plans do not cover all dental and vision expenses and have exclusions and limitations. Members should refer to their plan documents to determine which services are covered and to what extent.

*This vision plan will cover the following:

– One set of eyeglass frames per 24 months.

– One pair of prescription lenses per 24 months.

– Prescription contact lenses maximum per 24 months: daily disposables (up to three-month supply), extended wear disposable (up to six-month supply) and nondisposable lenses (one set).

– Important Notes: This plan coverage is limited to one set of frames and one set of contact lenses or eyeglass lenses per 24 months.

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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

Limitations and Exceptions

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, 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.

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Footnotes

All services are subject to the deductible unless noted otherwise. Some benefits are subject to age and frequency schedules, limitations or visit maximums. Members or Providers may be required to precertify or obtain approval for certain services.

Note: Please refer to Aetna's Producer World® web site at **www.aetna.com** for specific Summary of Benefits and Coverage documents. Or for more information, please contact your licensed agent or Aetna Sales Representative.
Deductibles, copays and coinsurance apply to the out-of-pocket maximum (OOP). After the out of pocket maximum is met, members continue to be responsible for any applicable premiums, penalties for failure to precertify (where applicable) and services not covered by Aetna.

[1] **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.

[2] **Rehabilitation services -** Covered is limited to 20 visits per year PT/OT combined and 20 visits per year ST, rehabilitation & habilitation separate.

[3] **Chiropractic/subluxation** services have a limit of 40 visits per calendar year.

[4] **Pharmacy**
Choose Generic applies - Member pays the difference in cost between a brand and generic drug plus the applicable cost share if a generic drug is available and a brand-name drug is dispensed unless the physician indicates "Dispense as Written" on the prescription. The cost difference between the generic and brand does not count toward the Out of Pocket Limit. Not all drugs are covered. It is important to look at the Drug List (Aetna Value Plus Formulary) to understand which drugs are covered.

Network
How out-of-network care is reimbursed: We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help the member understand how much Aetna pays for out-of-network care. At the same time, we want to make it clear how much more the member will need to pay for this "out-of-network" care. The member may choose a provider (doctor or hospital) in our network. The member may choose to visit an out-of-network provider. If the member chooses a doctor who is out of network, the Aetna health plan may pay some of that doctor's bill. Most of the time, the member will pay a lot more money out of pocket to use an out-of-network doctor or hospital. When the member chooses out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount.

PPO Plans:
Professional Services: 105% of Medicare
Facility Services: 140% of Medicare
Indemnity Plan:
Professional Services: Fair Health 80%
Facility Services: 300% of Medicare

Footnotes

Doctor set their own rate to charge members. It may be higher – sometimes much higher – than what the Aetna plan "recognizes." Doctors may bill members for the dollar amount that their plan doesn't "recognize." Members must also pay any copayments, coinsurance and deductibles under their plan. No dollar amount above the "recognized charge" counts toward the member's deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box. To avoid these extra costs members can get care from Aetna's broad network of health care providers. Go to **www.aetna.com** and click on "Find a Doctor" on the left side of the page. Members can sign on to your Aetna Navigator member site.

This applies when members choose to get care out of network. When members have no choice (usually, for emergency services), some of our plans pay the bill as if you got care in network. For those plans, members pay cost sharing and deductibles based on their in-network level of benefits. Members do not have to pay anything else. Other plans pay the bill differently. And, under those plans, members may be responsible for more than your in-network cost sharing. The additional amounts could be very large. Members can look at their plan or contact us to find out more about how their plan pays for emergency services.

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/dental benefits and health/dental insurance and plans contain exclusions and limitations. Plan features and availability may vary by location and group size. Investment services are independently offered through PayFlex. 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 and dental 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. 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**.

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