

The Aetna® simplified benefits experience - Middle Market Washington - Hospitality Health Insurance (HHI) Plan Options 01/01/2024

Fast. Simple. Convenient.

Product design - OAMC	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care physician office visit	Specialist office visit	Walk-in clinics	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy	Pharmacy deductible integration
AWH OAMC 1500 70/50 HHI	\$1,500/\$3,000	\$8,000/\$16,000	70%	\$35 DW	\$60 DW	\$35 DW	\$50 DW	30% after \$250 Copay AD	30% AD/30% AD	30% AD	RX3	Non-Integrated
AWH OAMC 3000 80/50 HHI	\$3,000/\$6,000	\$7,000/\$14,000	80%	\$40 DW	\$65 DW	\$40 DW	\$65 DW	20% after \$300 Copay AD	20% AD/20% AD	20% AD	RX3	Non-Integrated
AWH OAMC 6000 70/50 HHI	\$6,000/\$12,000	\$6,900/\$13,800	70%	\$40 DW	\$60 DW	\$40 DW	\$75 DW	30% after \$300 Copay DW	30% AD/30% AD	30% AD	RX3	Non-Integrated
AWH OAMC QHDHP 2500 80/50 TIF HHI**	\$2,500/\$5,000	\$6,750/\$6,750	80%	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD/20% AD	20% AD	RX7	Integrated HDHP

Product design - PPO	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care physician office visit	Specialist office visit	Walk-in clinics	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy	Pharmacy deductible integration
PPO 1500 80/50	\$1,500/\$3,000	\$6,000/\$12,000	80%	\$30 DW	\$40 DW	\$30 DW	\$50 DW	20% after \$250 Copay DW	20% AD/20% AD	20% AD	RX2	Non-Integrated
PPO 1500 70/50 HHI	\$1,500/\$3,000	\$8,000/\$16,000	70%	\$35 DW	\$60 DW	\$35 DW	\$50 DW	30% after \$250 Copay AD	30% AD/30% AD	30% AD	RX3	Non-Integrated
PPO 2000 80/50 HHI	\$2,000/\$6,000	\$6,000/\$12,000	80%	\$35 DW	\$45 DW	\$35 DW	\$60 DW	20% after \$300 Copay AD	20% AD/20% AD	20% AD	RX4	Non-Integrated
PPO 3000 80/50 HHI	\$3,000/\$6,000	\$7,000/\$14,000	80%	\$40 DW	\$65 DW	\$40 DW	\$65 DW	20% after \$300 Copay AD	20% AD/20% AD	20% AD	RX3	Non-Integrated
PPO 6000 70/50	\$6,000/\$12,000	\$6,900/\$13,800	30%	\$40 DW	\$60 DW	\$40 DW	\$75 DW	30% after \$300 Copay DW	30% AD/30% AD	30% AD	RX3	Non-Integrated
PPO 6000 70/50 ERAD HHI	\$6,000/\$12,000	\$6,900/\$13,800	70%	\$45 DW	\$60 DW	\$45 DW	\$75 DW	30% after \$300 Copay AD	30% AD/30% AD	30% AD	RX4	Non-Integrated
PPO 7700 100/50	\$7,700/\$15,400	\$8,150/\$16,300	0%	\$30 DW	\$60 DW	\$30 DW	\$60 DW	\$100 AD	0% AD/0% AD	0% AD	RX5	Integrated Non-HDHP
PPO 2500 80/50 LXCP	\$2,500/\$5,000	\$6,000/\$12,000	20%	\$30 DW	\$45 DW	\$30 DW	\$60 DW	20% after \$300 Copay AD	\$20 DW/\$20 DW	20% AD	RX3	Non-Integrated
PPO 5000 70/50 LXCP HHI	\$5,000/\$10,000	\$7,000/\$14,000	70%	\$40 DW	\$50 DW	\$40 DW	\$60 DW	30% after \$300 Copay AD	\$35 DW/\$35 DW	30% AD	RX3	Non-Integrated
PPO 3500 90/50 FF	\$3,500/\$7,000	\$7,000/\$14,000	10%	10% AD	10% AD	10% AD	10% AD	10% AD	10% AD/10% AD	10% AD	RX5	Integrated Non-HDHP
PPO 5500 70/50 FF	\$5,500/\$11,000	\$7,500/\$15,000	30%	30% AD	30% AD	30% AD	30% AD	30% AD	30% AD/30% AD	30% AD	RX5	Integrated Non-HDHP
PPO QHDHP 2500 80/50 TIF HHI**	\$2,500/\$5,000	\$6,750/\$6,750	80%	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD/20% AD	20% AD	RX7	Integrated HDHP
PPO QHDHP 5000 70/50 EMB HHI*	\$5,000/\$10,000	\$7,000/\$14,000	70%	30% AD	30% AD	30% AD	30% AD	30% AD	30% AD/30% AD	30% AD	RX8	Integrated HDHP

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).



Pharmacy benefits							
		Pharmacy deductible (individual/family)	Preferred generics	Preferred brand	Non-preferred generic/brand	Preferred specialty	Non-preferred specialty
Non-integrated pharmacy options	RX2	N/A	\$10	\$40	\$70	30% up to \$150	30% up to \$150
	RX3	N/A	\$15	\$45	\$70	30% up to \$150	30% up to \$150
	RX4	\$300	\$15 DW	\$45 AD	\$70 AD	30% up to \$150 AD	30% up to \$150 AD
Integrated Non-HDHP pharmacy options	RX5	Integrated with Medical	\$15 DW	\$45 AD	\$70 AD	30% up to \$150 AD	30% up to \$150 AD
Integrated HDHP pharmacy options	RX7	Integrated with Medical	\$10 AD	\$40 AD	\$70 AD	30% up to \$150 AD	30% up to \$150 AD
	RX8	Integrated with Medical	\$15 AD	\$45 AD	\$80 AD	30% up to \$150 AD	30% up to \$150 AD



Footnotes

"AD" indicates after deductible | "DW" indicates deductible waived | "LXCP " indicates diagnostic lab and x-ray services are a copay | "FF" indicates Aetna Flexible Five Plan™ |

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. This illustration shows in-network benefits only for all products. Your plan may have out-of-network coverage as well, please consult the Summary of Benefits and Coverage (SBC) for additional information.

Walk-in clinics are freestanding health care facilities that (a) may be located in or with a pharmacy, drug store, supermarket or other retail store; and (b) provide limited medical care and services on a scheduled or unscheduled basis. Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices are not considered to be walk-in clinics.

The **drug formulary** includes precertification, step therapy and quantity limits. For specific details, consult the Summary of Benefits and Coverage (SBC).

* High Deductible Health Care plans with embedded style deductible

Embedded – No one family member may contribute more than the individual deductible/out-of-pocket limit amount to the family deductible/out-of-pocket limit. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the year.

** High Deductible Health Care plans with true integrated family deductible

TIF (Non-Embedded) - The individual deductible/out-of-pocket limit can only be met when a member is enrolled for self only coverage with no dependent coverage. The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the year.

Product types	Description
Aetna whole health (AWH)	A network-only managed care product with comprehensive health care benefits. Members are not required to select a PCP to coordinate their care or to obtain referrals for specialty care. Only services rendered by a network provider are covered, except for emergency or urgently needed care.
Aetna Open Access® Managed Choice® (OAMC)	Members can access any participating provider for covered services without a referral. Members have the freedom to choose network providers at lower out-of-pocket costs, or non-network providers at higher out-of-pocket costs at any time. Members are able to receive emergency services at the in-network coinsurance/copay level.
Preferred provider organization (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.

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

This material is for information only. Health insurance plans contain exclusions and limitations. 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. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [Aetna.com](https://www.aetna.com).

