Health care 101

Understanding your options just got easier

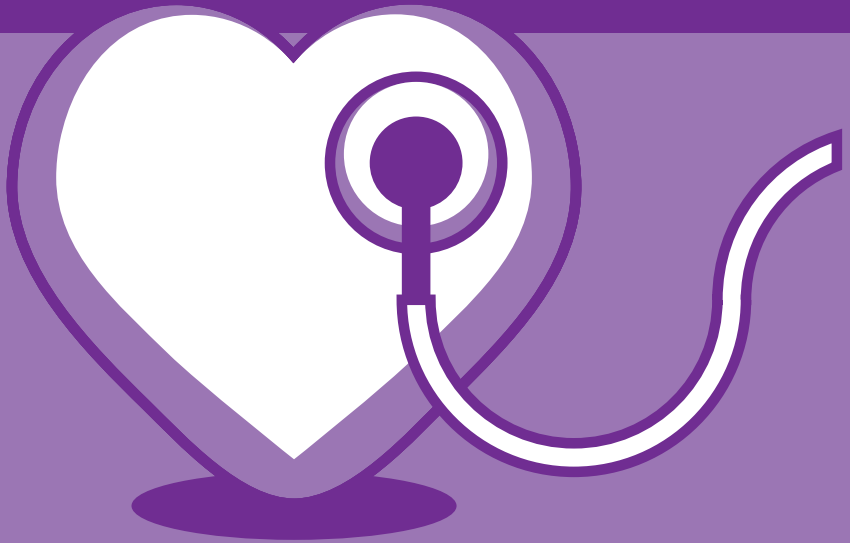
Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

aetna™

95.02.307.1 (7/19)

Medical plans, plain and simple

PPO, HMO, who really knows? If you find health insurance to be confusing, you're not alone. That's why we made this handy guide. No more jargon or complicated descriptions. Just straightforward explanations about plans, payments and ways to save.



Types of health plans

Knowing the differences between these common plans is your first stop. This way, you can feel confident choosing the plan that's right for you. Keep in mind, your actual plan may vary from the descriptions below.

	Preferred provider organization (PPO)	High-deductible health plan (HDHP)	Health maintenance organization (HMO)
Your contributions	Usually higher than HDHPs and HMOs	Usually lower than PPOs and HMOs	Usually lower than PPOs
Deductible	Lower than HDHPs	Higher than PPOs and HMOs	Lower than HDHPs
Primary care physician (PCP)*	You usually don't need to pick a PCP	Depends if plan is a PPO or HMO	You must pick a PCP and funnel your care through them
Referrals	You may see any licensed doctor without a referral	Depends if plan is a PPO or HMO	You'll need a referral from your PCP to see other doctors and specialists
Out-of-network coverage	You're covered outside the network, but you'll usually pay more	You're covered outside the network, but you'll usually pay more	You're not covered outside the network, except for emergency care**

Covered doesn't mean free. A covered health care service is one that your plan recognizes. Your plan only pays for this service after you've met the deductible, coinsurance or copay.
A referral is like a permission slip from your PCP to see a specialist or another provider. Many doctors can send you referrals electronically.
Network providers participate in Aetna's network. They offer special lower rates for Aetna® plan members.

*In Texas, PCP is known as physician (primary care). In the state of Washington, PCP refers to primary care provider. In Missouri, you do not have to choose a PCP on a PPO plan.

**For HMO products in Missouri, you are also covered for two mental health visits.

Who pays what?

You pay

Deductible

Each year, you pay 100% of your covered expenses until you meet your deductible amount.

Eligible preventive care is covered at 100% with no deductible when you use network providers.

You and the plan pay

Cost sharing

Once you meet your deductible, you share the cost with the plan. Your share may be in the form of coinsurance and/or copayments (also called copays).

Coinsurance
A fixed percentage. For example, if your care is $100 and your coinsurance is 20%, you pay $20.

Copay
A fixed dollar amount. For example, you may pay $25 per doctor office visit.

The plan pays

Out-of-pocket maximum

The maximum you pay each year for covered expenses. Once you hit your maximum, the plan pays 100% of covered expenses for the rest of the year.

How to pay for in-network care

Visit your doctor and show your ID card.

There's no need to pay at your visit unless you have a copay. (Out of network, you may need to pay the full amount at your visit.)

Your doctor files your claim. (Out of network, you file your own claims.)

The plan pays your doctor any amount it owes based on the negotiated rate. (Out of network, the plan pays you back what it owes, up to the "reasonable and customary" limit.)

Your doctor bills you for any amount you owe.

5 ways to save

1. Stay in the network

In-network doctors, labs, hospitals and other health care providers charge lower, negotiated rates. Plus, your coinsurance is lower. You can find network providers at **aetna.com**.

2. Get preventive care

Keep up with preventive services to catch problems early. You pay nothing as long as you stay in the network.

3. Pay less for prescriptions

Generic drugs can be just as effective as name-brand, and generics cost less. You can also save by using your plan's home delivery service for regular prescriptions.

4. Compare costs before you go

Use your cost-of-care tools to compare costs before you go to the doctor.

5. Only use the ER for emergencies

Visit an urgent care center or walk-in clinic for non-life-threatening medical issues.

HRA vs. HSA vs. FSA

You may be offered one or more of these tax-free accounts to help pay for qualified health care expenses. Your specific plan may vary, but here are the main differences:

Health reimbursement arrangement (HRA)*	Health savings account (HSA)**	Health care flexible spending account (FSA)
An HRA is part of your medical plan. It automatically pays first for qualified health expenses until the funds run out.	An HSA is a separate account you own and use for qualified health care expenses as you like.	FSA funds can be used for qualified health care expenses up to the amount you select during enrollment.
It usually pairs with an HDHP.	It requires an HDHP.	It pairs with most types of health plans, but a health plan is not required.
Only eligible employers can contribute.	You, your employer or anyone else can contribute.	You and your employer can contribute.
Your balance can carry over as long as you stay in the plan. Your employer may limit how much can carry over.	You can use funds now or save them for later. Plus, you keep your account even if you leave the plan or the company.	You lose funds if you don't use them before the end of the plan year (plus any grace period or carryover, if offered).

*HRAs are currently not available to HMO members in Illinois and Small Group members in Florida.
**HSAs are currently not available to HMO members in California and Illinois.

Know more, get more

Now you know how health plans work. So you can choose confidently and use yours wisely all year long.

There may be fees associated with a Health Savings Account ("HSA"). These are the same types of fees you may pay for checking account transactions. Please see the HSA fee schedule in your HSA enrollment materials for more information.

This material is for information only. It does not contain legal or tax advice. You should contact your legal counsel or your tax adviser if you have any questions or if you need additional information. 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. Health benefits and health insurance plans contain exclusions and limitations. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions. For more information about Aetna plans, refer to **aetna.com**. For more information about PayFlex®, refer to **payflex.com**.

95.02.307.1 (7/19)