Agenda

1. Welcome
2. Aetna Medical Benefits Overview
3. Express Scripts Pharmacy Benefits Overview
4. Q & A
Marsh & McLennan Companies
2018 Benefits Overview
Presented by:
Gretta-lee Flynn, Account Executive

AETNA / MMC / October 4, 2017
Our core belief

When employees have access to the very best care available, it will cost you less.

And it grows your company’s productivity, one healthier, happier person at a time.
Today’s agenda:

- Your medical plan options
  - $400 deductible plan
  - $900 deductible plan
  - $1,500 deductible plan
  - $2,850 deductible plan
- The Aetna provider network
- Clinical programs
- Transition of Care
- Preventive care
- Aetna’s tools and resources
Medical plan options for 2018

The medical plans available effective January 1, 2018:

• Aetna PPO (Choice POS II)
  • $400 deductible plan
  • $900 deductible plan
• Aetna High Deductible Health Plan (Choice POS II)
  • $1,500 deductible plan
  • $2,850 deductible plan
# Medical plan comparison

<table>
<thead>
<tr>
<th>Plan feature</th>
<th>$400 deductible plan</th>
<th>$900 deductible plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td><strong>Deductible (individual/family)</strong></td>
<td>$400/$800 (applies to medical only)</td>
<td>$2,500/$5,000 (applies to medical only)</td>
</tr>
<tr>
<td><strong>Office visits</strong></td>
<td>$20 PCP copay / $40 specialist copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Coinsurance</strong>*</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum – includes deductible (individual/family)</strong></td>
<td>$2,200/$4,400 (includes medical / prescription copays and coinsurance)</td>
<td>$4,400/$8,800 (includes medical / prescription coinsurance)</td>
</tr>
<tr>
<td><strong>Preventive care</strong></td>
<td>Covered at 100%</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Emergency room</strong></td>
<td>$150 copay then 20% after deductible</td>
<td>$150 copay then 20% after deductible</td>
</tr>
<tr>
<td><strong>Teladoc® cost share</strong></td>
<td>$20 PCP copay</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

*Please note: coinsurance percentages represent the portion of the costs you are responsible for.*
## Medical plan comparison

<table>
<thead>
<tr>
<th>Plan feature</th>
<th>$1,500 Deductible Plan (in-network)</th>
<th>$1,500 Deductible Plan (out-of-network)</th>
<th>$2,850 Deductible Plan (in-network)</th>
<th>$2,850 Deductible Plan (out-of-network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (individual/family)</td>
<td>$1,500/$3,000 (applies to medical and prescription drug)</td>
<td>$3,000/$6,000 (applies to medical and prescription drug)</td>
<td>$2,850/$5,700 (applies to medical and prescription drug)</td>
<td>$5,700/$11,400 (applies to medical and prescription drug)</td>
</tr>
<tr>
<td>Coinsurance*</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Out-of-pocket maximum – includes deductible (individual/family)</td>
<td>$3,000/$6,000 (includes medical and prescription drug coinsurance)</td>
<td>$6,000/$12,000 (includes medical and prescription drug coinsurance)</td>
<td>$5,500/$11,000 (includes medical and prescription drug coinsurance)</td>
<td>$11,000/$22,000 (includes medical and prescription drug coinsurance)</td>
</tr>
<tr>
<td>Preventive care</td>
<td>Covered at 100%</td>
<td>40% after deductible</td>
<td>Covered at 100%</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Teladoc cost share</td>
<td>20% after deductible</td>
<td></td>
<td>30% after deductible</td>
<td></td>
</tr>
</tbody>
</table>

*Please note: coinsurance percentages represent the portion of the costs you are responsible for.
# Medical plan: what’s covered

**Aetna PPO (Choice POSII) Plan**

<table>
<thead>
<tr>
<th></th>
<th><strong>$400 deductible Plan</strong></th>
<th></th>
<th><strong>$900 deductible Plan</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In network</td>
<td>Out of network</td>
<td>In network</td>
<td>Out of network</td>
</tr>
<tr>
<td>Preventive care</td>
<td>Plan pays 100%</td>
<td>Plan pays 60% after</td>
<td>Plan pays 100%</td>
<td>Plan pays 60% after</td>
</tr>
<tr>
<td></td>
<td></td>
<td>deductible</td>
<td></td>
<td>deductible</td>
</tr>
<tr>
<td>Maternity care</td>
<td>Plan pays routine</td>
<td>Plan pays 60% after</td>
<td>Plan pays routine</td>
<td>Plan pays 60% after</td>
</tr>
<tr>
<td></td>
<td>prenatal care at 100%</td>
<td>deductible</td>
<td>prenatal care at 100%</td>
<td>deductible</td>
</tr>
<tr>
<td></td>
<td>Delivery covered at 80%</td>
<td></td>
<td>Delivery and all other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>after deductible</td>
<td></td>
<td>medical services covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The copay applies to</td>
<td></td>
<td>at 80% after deductible.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>visits outside routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>prenatal care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency room</td>
<td>Plan pays 80% after</td>
<td>Plan pays 80% after</td>
<td>Plan pays 80% after</td>
<td>Plan pays 80% after</td>
</tr>
<tr>
<td></td>
<td>$150 per visit copay and</td>
<td>$150 per visit copay</td>
<td>$150 per visit copay and</td>
<td>$150 per visit copay</td>
</tr>
<tr>
<td></td>
<td>plan deductible</td>
<td>and plan deductible</td>
<td>plan deductible</td>
<td>and plan deductible</td>
</tr>
<tr>
<td>Inpatient hospital</td>
<td>Plan pays 80% after</td>
<td>Plan pays 60% after</td>
<td>Plan pays 80% after</td>
<td>Plan pays 60% after</td>
</tr>
<tr>
<td></td>
<td>deductible</td>
<td>deductible</td>
<td>deductible</td>
<td>deductible</td>
</tr>
<tr>
<td>Durable medical</td>
<td>Plan pays 80% after</td>
<td>Plan pays 60% after</td>
<td>Plan pays 80% after</td>
<td>Plan pays 60% after</td>
</tr>
<tr>
<td>equipment</td>
<td>deductible</td>
<td>deductible</td>
<td>deductible</td>
<td>deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>Plan pays 80% after</td>
<td>Plan pays 60% after</td>
<td>Plan pays 80% after</td>
<td>Plan pays 60% after</td>
</tr>
<tr>
<td>facility</td>
<td>deductible</td>
<td>deductible</td>
<td>deductible</td>
<td>deductible</td>
</tr>
</tbody>
</table>
# Medical plan: what’s covered

## Aetna high deductible health plans

<table>
<thead>
<tr>
<th></th>
<th><strong>$1,500 deductible Plan</strong></th>
<th></th>
<th><strong>$2,850 deductible Plan</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>In network</strong></td>
<td><strong>Out of network</strong></td>
<td><strong>In network</strong></td>
<td><strong>Out of network</strong></td>
</tr>
<tr>
<td>Preventive care</td>
<td>Plan pays 100%</td>
<td>Plan pays 60% after</td>
<td>Plan pays 100%</td>
<td>Plan pays 50% after</td>
</tr>
<tr>
<td></td>
<td></td>
<td>deductible</td>
<td></td>
<td>deductible</td>
</tr>
<tr>
<td>Maternity care</td>
<td>Plan pays routine prenatal care at 100%. Delivery and all other medical services covered at 80% after deductible.</td>
<td>Plan pays 60% after deductible</td>
<td>Plan pays routine prenatal care at 100%. Delivery and all other medical services covered at 70% after deductible.</td>
<td>Plan pays 50% after deductible</td>
</tr>
<tr>
<td>Emergency room</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after</td>
<td>Plan pays 70% after</td>
<td>Plan pays 70% after</td>
</tr>
<tr>
<td></td>
<td></td>
<td>deductible</td>
<td>deductible</td>
<td>deductible</td>
</tr>
<tr>
<td>Inpatient hospital</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 60% after</td>
<td>Plan pays 70% after</td>
<td>Plan pays 50% after</td>
</tr>
<tr>
<td></td>
<td></td>
<td>deductible</td>
<td>deductible</td>
<td>deductible</td>
</tr>
<tr>
<td>Durable medical</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 60% after</td>
<td>Plan pays 70% after</td>
<td>Plan pays 50% after</td>
</tr>
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<td>equipment</td>
<td></td>
<td>deductible</td>
<td>deductible</td>
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<tr>
<td>Outpatient surgery</td>
<td>Plan pays 80% after deductible</td>
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<td>Plan pays 50% after</td>
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<tr>
<td>facility</td>
<td></td>
<td>deductible</td>
<td>deductible</td>
<td>deductible</td>
</tr>
</tbody>
</table>
How a deductible works

The deductible is the amount you pay for covered services before your health plan begins to pay.

Remember

• Preventive care is covered 100 percent in network under your medical plan, and you do not need to meet your deductible first.

• The $1,500 and $2,850 deductible plans includes prescription drug costs in the deductible.

Know your type of deductible

• The $400 and $900 deductible plans includes an individual deductible that is embedded into the family limit. No one person would have to satisfy more than the individual deductible amount.

• The $1,500 Deductible Plan does not have an individual deductible limit for the family plan. The deductible for family coverage is the dollar amount that the family, in the aggregate, must pay out of pocket before the plan pays benefits for any family member. This family deductible can be met by one or any combination of family members.

• The $2,850 Deductible Plan will have an individual deductible that is embedded into the family limit. No one person would have to satisfy more than the individual deductible amount.
How coinsurance works

This is the percentage you pay for medical services or prescriptions after your deductible has been met if you are enrolled in the $900 Deductible Plan.

For example:

Matt has already paid his $900 yearly deductible.
He sees the doctor and is charged $80 for the in-network visit.
Matt’s coinsurance is 20 percent.

This means:
1. Aetna pays 80 percent of the remaining bill: $64
2. Matt will get a bill for the remaining 20 percent: $16

If Matt went to a doctor out of network, he would be responsible for the higher deductible and 40 percent of his bill.
Also, Matt's bill will likely be higher out of network.

Matt would also be responsible for any amounts above the reasonable and customary charges for this service.
How an out-of-pocket maximum works

This is the limit on the total costs you pay for covered services in a year. Includes prescription drugs.

Once you have paid the maximum amount, your plan covers 100 percent of all remaining eligible expenses*.

Know your type of out-of-pocket maximum

• The $400 and $900 deductible plans includes an individual out-of-pocket limit that is embedded into the family limit. No one person would have to satisfy more than the individual out of pocket limit.

• The $1,500 deductible plan does not have an individual out of pocket limit for the family plan. The out of pocket for family coverage is the dollar amount that the family, in the aggregate, must pay out of pocket before the plan pays benefits for an family member. The family out of pocket limit can be met by one or any combination of family members.

• The $2,850 deductible plan will include an individual out-of-pocket limit that is embedded into the family limit. No one person would have to satisfy more than the individual out of pocket limit.

*Out of network – you are still responsible for the amounts above the reasonable and customary charges.
Provider Network: Aetna Choice POSII Network

• All plans are built on Aetna’s Choice POSII Network

• When you use DocFind® choose the Choice POSII Network

• Using in-network doctors saves you time and money
Clinical Programs: Care Management
Engaging colleagues with personalized care

• Offers high-touch/high-tech care delivered through the innovative Care Management Program
• Delivers customized approach to care management
• Provides excellent service with our concierge-style, single point of contact service model
• Connects members to nurse and or vendor partners as appropriate
NeoCare Solutions℠

How it works

Step 1
• Outreach to the family begins once Aetna hear of a NICU admission

Step 2
• Once the family enrolls in the program, they log in to the NeoApp and connect immediately with their NeoCoach℠
• NeoCoach offers information specific to the baby’s condition and the family’s situation
• NeoCoach stays connected with regular coaching sessions making assessments.

Step 3
• NeoCoach stays connected with the family through every milestone along the way to baby’s 1st birthday
Beginning Right® maternity management program components

- Pregnancy risk survey
- Case management
- Member educational materials
- Postpartum outreach calls
- Program rewards for early enrollment and completing postpartum assessment
- Activity report, outcomes report
- Physician communication
- Maternity program education and information on Aetna Navigator® and www.womenshealth.aetna.com
When can I use Teladoc?

- When you need care now
- If your doctor is unavailable
- If you’re considering the emergency room or urgent care center for a nonemergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills
- Teladoc gives you 24/7/365 access to a doctor through the convenience of phone or video consults.
- It's an affordable option for quality medical care.

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Skin problems
- Respiratory infection

Contact Teladoc via:

- 1-855-Teladoc (835-2362)
- Teladoc.com/aetna
- Teladoc.com/mobile
How does Teladoc work?

Step 1: Complete medical history

Step 2: Request consult

Step 3: Talk with a physician

Step 4: Resolve the issue

Step 5: Continuity of care

Step 6: Reconcile account

Teladoc.com/aetna
Take advantage of Informed Health® Line

• **1-800-556-1555**: 24/7 toll-free access to registered nurses for health information

• Access to online health information via: [www.aetnanavigator.com](http://www.aetnanavigator.com)

• Personal follow-up

• Integration
Transition of Care

- This is a form of temporary coverage that allows for in-network benefits to be paid if you are in an active course of treatment with a doctor who is not in the Aetna network.
- To qualify you must have begun a treatment program of planned services with your doctor to correct or treat a diagnosed condition.
- The request for transition of care benefits must be received within 90 days from the date of your enrollment.
- Contact an Aetna Health Concierge at 1-866-210-7858 to request a Transition of Care Request Form that can be reviewed upon enrollment in the plan.

Examples:
- Members enrolled after 20 weeks of pregnancy
- Member is in an ongoing treatment plan such as chemotherapy or radiation therapy
- Members who have recently had surgery
- Members who are receiving outpatient treatment for mental illness or substance abuse
- Members who may need or have had an organ or bone marrow transplant
Preventive Services: Covered preventive services for adults

Screenings for:
- Abdominal aortic aneurysm (one-time screening for men of specified ages who have ever smoked)
- Alcohol misuse
- Blood pressure
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer (for adults over age 50)
- Depression
- Type 2 diabetes (for adults with high blood pressure)
- Human immunodeficiency virus (HIV)
- Obesity
- Tobacco use
- Lung cancer (for adults age 55 and over with history of smoking), effective January 1, 2015
- Syphilis (for all adults at higher risk)

Counseling for:
- Alcohol misuse
- Diet (for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease)
- Obesity
- Sexually transmitted infection (STI) prevention (for adults at higher risk)
- Tobacco use (including programs to help you stop using tobacco)

Immunizations:
*Doses, recommended ages and recommended populations vary*
- Diphtheria, pertussis, tetanus (DPT)
- Hepatitis A and B
- Herpes zoster
- Human papillomavirus (HPV)
- Influenza
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)

**Please note:** Coverage includes regular checkups, and routine gynecological and well-child exams. Aetna follows the recommendations of national medical societies about how often children, men and women need these services. Be sure to talk with your doctor about which services are right for your age, gender and health status.
Preventive Services: Covered preventive services for women

Screenings and counseling for:
- BRCA (counseling and genetic testing for women of high risk with no personal history of breast and/or ovarian cancer)
- Breast cancer chemoprevention (for women at higher risk)
- Breast cancer (mammography every 1 to 2 years for women over 40)
- Cervical cancer (for sexually active women)
- Chlamydia infection (for younger women and other women at higher risk)
- Gonorrhea (for all women at higher risk)
- Interpersonal or domestic violence
- Osteoporosis (for women over age 60 depending on risk factors)

Contraceptive products and services:
- Prescribed FDA-approved female over-the-counter or generic contraceptives when filled at an in-network pharmacy
- Two visits a year for patient education and counseling on contraceptives is also covered under your Aetna medical plan

Covered preventive services for pregnant women

- Routine prenatal visits (you pay your normal cost share for delivery, postpartum care, ultrasounds or other maternity procedures, specialist visits and certain lab tests)
- Anemia screenings
- Diabetes screenings
- Bacteriuria urinary tract or other infection screenings
- Rh incompatibility screening, with follow-up testing for women at higher risk
- Hepatitis B counseling (at the first prenatal visit)
- Expanded counseling on tobacco use
- Breastfeeding interventions to support and promote breastfeeding after delivery, including up to six visits with a lactation consultant

Please note: Coverage includes regular checkups, and routine gynecological and well-child exams. Aetna follows the recommendations of national medical societies about how often children, men and women need these services. Be sure to talk with your doctor about which services are right for your age, gender and health status.
Preventive Services: Covered preventive services for children

**Screenings and assessments for:**
- Alcohol and drug use (for adolescents)
- Autism (for children at 18 and 24 months)
- Behavioral issues
- Cervical dysplasia (for sexually active females)
- Congenital hypothyroidism (for newborns)
- Developmental screening (for children under age 3, and surveillance throughout childhood)
- Hearing (for all newborns)
- Height, weight and body mass index measurements
- Lipid disorders (dyslipidemia screening for children at higher risk)
- Hematocrit or hemoglobin
- Hemoglobinopathies or sickle cell (for newborns)
- HIV (for adolescents at higher risk)
- Lead (for children at risk of exposure)
- Medical history
- Obesity
- Oral health (risk assessment for young children)
- Phenylketonuria (PKU) (for newborns)
- Tuberculin testing (for children at higher risk of tuberculosis)
- Vision

**Counseling for:**
- Obesity
- Sexually transmitted infection (STI) prevention (for adolescents at higher risk)

**Immunizations:**
*From birth to age 18 — doses, recommended ages and recommended populations vary*
- Diphtheria, pertussis, tetanus (DPT)
- Haemophilus influenzae type b
- Hepatitis A and B
- Human papillomavirus
- Inactivated poliovirus
- Influenza
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Rotavirus
- Varicella (chickenpox)

**Please note:** Coverage includes regular checkups, and routine gynecological and well-child exams. Aetna follows the recommendations of national medical societies about how often children, men and women need these services. Be sure to talk with your doctor about which services are right for your age, gender and health status.
Aetna’s Tools and Resources

Making confident decisions
• Our online provider directory
• Member Payment Estimator
• Cost and quality-of-care decision-support tools

Taking care of your health
• Simple Steps To A Healthier Life® program
• Health history report
• Personal Health Record

Getting help when you need it
• Member website
• 24-hour phone service
• Member Services
• Informed Health® Line
• Aetna Mobile App
SUBSCRIBER, What do you want to search for near your location?
Change location  Change member, plan

Search for doctors, specialists, facilities:

Enter provider or facility name

OR

Find what you need by category

Medical Doctors & Specialists
Primary care physicians (PCPs), pediatricians,

Urgent Care
Walk-in clinics, urgent care centers, emergency rooms

Dental Care
Dentists, orthodontists, periodontists, oral surgeons, endodontists, others

Hospitals & Facilities
Hospitals, urgent care centers, walk-in clinics, physical therapy centers,

Vision
Routine eye exams, glasses, contact lenses
Teladoc - Telephone Consult
If you need non-emergency urgent care, you have access to U.S. board-certified doctors 24 hours a day, 7 days a week. Have a doctor call you, and get care in the comfort of your home, while traveling or at work. At $40 or less per consultation, it costs less than the emergency room or urgent care visit.

24 x 7 Nurse Line
Talk to Aetna nurse 24 hour through email or phone 1-800-556-1555

In Network Facilities
To change location, select the appropriate category below, then you can start a new search and change location

Walk in Clinics
Walk-in clinics provide care for minor injuries and illnesses like cold symptoms, pink eye or a sore throat. Most walk-in clinics are located inside retail locations and keep the same hours.

The Little Clinic of Tennessee, LLC Clinic
Specialties - Walk In Clinic, Nurse Practitioner

Urgent Care Centers
Urgent care facilities provide care for serious injuries and illnesses. These include symptoms that are not life-threatening but can’t wait for a doctor visit like broken bones, sprains, and flu.

AFC Urgent Care
Specialties - Urgent Care Center
#6108 Kingston Pike, Knoxville, TN - 37919

Emergency Rooms
Emergency rooms provide care for life-threatening injuries or illnesses like chest pain, severe wounds, difficulty breathing or loss of consciousness.

East Tennessee Children’s Hospital
Specialties - Children's Hospital
#2018 West Clinch Avenue, Knoxville, TN -
Member Payment Estimator (MPE)

650+ medical services to choose from

- **Real-time out-of-pocket estimates** for the most common medical, non-emergency health care services, including those that may offer the biggest opportunity to save on health care expenses and allow comparison shopping.

- Lets **members compare costs** for physician office visits, surgical procedures, and diagnostic test and procedures **before** they receive care.

- Allow members to **compare up to ten** in-network providers or facilities **at one time**.

- **Estimates based on members actual benefits plan** (including deductible, coinsurance, copayments, plan limits, Aexcel benefits, Aetna Performance Network benefits, HRA dollars).

- Provides estimates for **“service bundles”**.

- **Helps members understand** the money they can save, without compromising quality of care.

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*Estimated costs not available in all markets. The tool provides an estimate of what would be owed for a particular service based on the plan at that very point in time. Actual costs may differ from an estimate if, for example, claims for other services are processed after the estimate is provided but before the claim for this service is submitted. Or, if the doctor or facility performs a different service at the time of the visit. HMO members can only look up estimated costs for doctor and outpatient facility services.*
### Manage Claims

To view other claims, change the selections below and click "Apply".

<table>
<thead>
<tr>
<th>Member</th>
<th>Claim Type</th>
<th>Dates</th>
<th>Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>All members</td>
<td>Medical</td>
<td>Last 365 days</td>
<td></td>
</tr>
</tbody>
</table>

#### Group by
- Default

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#### Submit a claim
- Download, complete, and send us the claim

#### Download claim(s)

<table>
<thead>
<tr>
<th>Date</th>
<th>Member</th>
<th>Provider</th>
<th>Bill Amount</th>
<th>Plan Paid</th>
<th>Your Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/07/17</td>
<td>SUBSCRIBER (You)</td>
<td>RICHARD THIGPEN</td>
<td>$178.00</td>
<td>$0.00</td>
<td>$97.06 View details</td>
</tr>
<tr>
<td>09/19/17</td>
<td>DEPENDENT1 (Sponsored Male)</td>
<td>WILLIAM MAYS</td>
<td>$99.00</td>
<td>$0.00</td>
<td>$78.36 View details</td>
</tr>
<tr>
<td>09/06/17</td>
<td>DEPENDENT1 (Sponsored Male)</td>
<td>EDWARD BLANCO</td>
<td>$120.00</td>
<td>$0.00</td>
<td>$55.17 View details</td>
</tr>
<tr>
<td></td>
<td>DEPENDENT1</td>
<td></td>
<td></td>
<td></td>
<td>$73.05</td>
</tr>
</tbody>
</table>

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### Aetna Vision Preferred Claims

- [Aetna Vision Preferred Claims](#)

### Medical Balance

- **In-network**
  - Deductible
    - You paid $316.36 of $4,200.00
    - Remaining $3,883.64
- **Claims applied**
  - In-network out-of-pocket limit

---

30 / AETNA / MMC / October 4, 2017
Select member, card type, and click view ID card

Member name

SUBSCRIBER (You)

Card type

☐ Medical  ☐ Dental  ☐ Vision

View ID Card

To make the most of your health plan, be sure your doctor is in network.
Check in Provider Search

More about your ID card
Not all products have a separate card. For example, your pharmacy (Rx) information may be included in your medical card. If you have lost your ID card and need to provide it for care, you can display your card using an electronic device such as your cellphone. You can also show your provider a printed copy.

What if the information on your card is wrong?
If there is incorrect information on your member ID card, and you signed up for insurance through your workplace, your benefit administrator can give us the name change for you. If you did not sign up through your workplace, please call the member services number on the back of the card.
See Coverage & Costs

Financial Overview  Coverage & Benefits  Estimate Costs

Estimate Medical Costs with Member Payment Estimator

Estimate Drug Costs

Estimate Dental Costs

Did you know that medical costs can differ greatly between healthcare providers for the exact same service? It pays to shop.

Member Payment Estimator can help you

- Estimate costs based on your plan
- Compare costs between providers
- Save money on your medical bills

How it works

Top searches in Member Payment Estimator

Colonoscopy  CT Scan  Flu shot  X-ray  Labs  Mammogram

Show more searches for medical estimates

More Cost and Quality Information

Welcome SUBSCRIBER, Log Out

Menu  Home  Messages  Forms  ID Card  Profile  Contact Us
Send a secure message to our Member Services

* Required Information

* Topic

Select

Upload attachment(s)  Select  Add up to 5 files, total of 5 MB

We will reply to the email address below.

If you are submitting a complaint or appeal, we will respond via US Mail.

If this email address is incorrect or you no longer use it, please update it below.

* Email address:

guestemail@aetna.com

* Your message (9599 characters remaining)

Send  Cancel
All you need to manage your health

Aetna discount programs:

• Enjoy discounts on eye exams and eyewear, hearing aids, vitamins and supplements, weight-loss programs and more.

• Simply show your Aetna ID card to participating vendors.

• The discounts are not insurance—the member is responsible for the entire cost of the service they receive.

• Learn more on your Aetna Navigator secure member site.

URL: www.aetnanavigator.com
Connect with Aetna — when and how it’s best for you

By phone at 1-866-210-7858, online at www.aetna.com, and by email — even on the go!

- Mobile web is optimized for over 5,000 devices
- Mobile applications provide a more enhanced experience and are available for use with iPad®, iPhone® and iPod touch® mobile digital devices, the Android™ mobile technology platform and the BlackBerry® Curve™ smartphone

We know what you need on the go
- DocFind®
- Claim search
- Urgent care finder
- Member ID card information
- Personal Health Record
- Contact Us capabilities
- User name and password recovery
- Registration

Standard text messaging and other rates from your wireless carrier may apply.

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Thank you

For self-funded plans, coverage is offered by your employer with administrative services only provided by Aetna Life Insurance Company (Aetna). Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. 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. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. 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.
What You Need to Know About Your 2018 Prescription Drug Benefit Administered by Express Scripts

October 2017
Reminder during today’s webcast

For privacy purposes, please refrain from asking questions that are specific to medications that you or a family member may be taking.
Agenda

• About Your Prescription Drug Benefit administered by Express Scripts
• The Features of Your Prescription Drug Benefit
• Information You Need to Know About Your Plan’s Prescription Drug Coverage
• Making the Best Use of Your Benefit
• We’re Here to Help Answer Your Questions and Address Your Concerns
About Your Prescription Drug Benefit Administered by Express Scripts
Your prescription drug benefit is administered by Express Scripts.

- 2018 new enrollees will receive a Welcome Package containing plan summary information and a prescription ID card.

- In the event you do not have your ID cards
  - Call Member Services at 1-800-987-8360 to request an ID card or
  - Register at Express-Scripts.com to print a temporary ID card or
  - Download the Express Scripts™ Mobile App to display a virtual ID card to your local pharmacist.
About Your Prescription Drug Benefit

• You automatically receive prescription drug coverage when you elect medical coverage under the $400/$900 Deductible Plans and the $1,500/$2,850 High Deductible Plans.
  • Coverage includes the option to purchase medications from a retail pharmacy and from the Express Scripts® mail-order service.

  Note: For all maintenance prescription drugs, after the first three fills at a retail pharmacy, if you choose to continue to fill the prescription at a retail pharmacy, you will pay 100% of the price for all subsequent fills.

• Your prescription drug costs will vary based on whether the medication is a generic, formulary brand-name, or non-formulary brand name.

• If you have questions or need further information to better understand your prescription drug plan:
  • Call Member Services at 1-800-987-8360 24 hours a day, 7 days a week except Thanksgiving and Christmas.
  • Log on to Express-Scripts.com
The Features of Your Prescription Drug Benefit
Your Plan’s Drug Coverage

Your plan covers a broad range of medications that fall into three categories:

- **Generic medications** (Tier 1)
  - May cost you less than plan-preferred and non-preferred medications.

- **Formulary brand-name medications** (Tier 2)
  - A broad list of brand-name drugs. Drugs on this list may cost you less than non-formulary brand-name medications.

- **Non-formulary brand-name medications** (Tier 3)
  - Brand-name drugs that are not included on the plan-preferred list. You may pay the most toward the cost of these drugs.

Your plan encourages you to choose generics and formulary brand-name medications. Unless your physician specifically prescribes a brand-name medication without substitution, prescriptions will be filled with the generic equivalent when allowed by state law.

If you or your physician requests the brand-name prescription drug when a generic prescription drug is available and there is no medical reason for the brand-name prescription drug, you pay your share of the cost for the generic drug in addition to the difference between the brand-name prescription drug and generic prescription drug gross cost.

Please note, that some drugs may not be covered under your prescription benefit when there are similar safe and effective alternatives.
How much you will pay toward your prescriptions under the $400 or $900 Deductible Plans*:

<table>
<thead>
<tr>
<th>Participating Retail Pharmacies (30 day supply)</th>
<th>Retail Generic</th>
<th>Retail Preferred</th>
<th>Retail Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>$400 Deductible Plan</td>
<td>$10</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td>$900 Deductible Plan</td>
<td>30% (min. $10/ max. $20)</td>
<td>30% (min. $25/ max. $50)</td>
<td>45% (min. $40/max. $80)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Express Scripts Mail Order Pharmacy (up to a 90 day supply)</th>
<th>Mail Generic</th>
<th>Mail Preferred</th>
<th>Mail Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>$400 Deductible Plan</td>
<td>$25</td>
<td>$75</td>
<td>$150</td>
</tr>
<tr>
<td>$900 Deductible Plan</td>
<td>30% (min. $25/max. $50)</td>
<td>30% (min. $62.50/max. $125)</td>
<td>45% (min. $100/max. $200)</td>
</tr>
</tbody>
</table>

Note: For all maintenance prescription drugs, after the first three fills at a retail pharmacy, if you choose to continue to fill the prescription at a retail pharmacy, you will pay 100% of the price for all subsequent fills.

*The deductible does not apply to prescriptions for the $400 and $900 plans.*
Maximum Out of Pocket

- The $400 and $900 Deductible Plans will have a yearly Maximum Out of Pocket in conjunction with your medical carrier.
- Express Scripts will share claims with your medical carrier and track yearly spending – this will reset every year on January 1.
- Once maximum out of pocket is met, your copay will be $0 for prescriptions (excluding applicable penalties).

<table>
<thead>
<tr>
<th>Plan</th>
<th>IN NETWORK</th>
<th>OUT OF NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single / Family OOP amounts</td>
<td>Single / Family OOP amounts</td>
</tr>
<tr>
<td>$400 Deductible Plan</td>
<td>Single - $2,200</td>
<td>Single - $4,400</td>
</tr>
<tr>
<td></td>
<td>Family - $4,400</td>
<td>Family - $8,800</td>
</tr>
<tr>
<td>$900 Deductible Plan</td>
<td>Single - $3,000</td>
<td>Single - $6,000</td>
</tr>
<tr>
<td></td>
<td>Family - $6,000</td>
<td>Family - $12,000</td>
</tr>
</tbody>
</table>
High deductible Plans (HDHP) Options ($1,500 and $2,850):

• The HDHP health plan is your combined medical and prescription drug benefit. You may make pre-tax contributions to your HSA and use all the funds in your HSA to help pay for medical and prescription drug expenses.

• You pay 100% of your medical and prescription drug expenses until you meet your annual deductible.
  • The Plan will bypass your deductible on certain preventive drugs. Preventive drug expenses are not subject to a deductible but you will still be responsible for the co-payment / coinsurance. To find out if your medication is considered preventive – price your medication on express-scripts.com.

• Once you have met your deductible, you pay the copayment / coinsurance amounts until you reach your out-of-pocket maximum.

• Once you have reached your out-of-pocket maximum, including your deductible, your plan pays 100% of eligible medical and prescription drug expenses for the remainder of the benefit year.

• Under the Affordable Care Act (ACA) certain medications will be covered at 100% and are not subject to deductible or copayment. Please note that over the counter (OTC) drugs under ACA require a prescription to be covered at 100%.
How much you will pay toward your prescriptions under the $1,500 or $2,850 High Deductible Plans:

<table>
<thead>
<tr>
<th>Participating Retail Pharmacies (up to a 30 day supply) and Express Scripts Mail Order Pharmacy (up to a 90 day supply)</th>
<th>Retail Generic</th>
<th>Retail Preferred</th>
<th>Retail Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500 Deductible Plan</td>
<td>20%, after deductible</td>
<td>20%, after deductible</td>
<td>20%, after deductible</td>
</tr>
<tr>
<td>$2,850 Deductible Plan</td>
<td>30%, after deductible</td>
<td>30%, after deductible</td>
<td>30%, after deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Retail Pharmacies (up to a 30 day supply) and Express Scripts Mail Order Pharmacy (up to a 90 day supply)</th>
<th>IN NETWORK Single / Family DED amounts</th>
<th>OUT OF NETWORK Single / Family DED amounts</th>
<th>IN NETWORK Single / Family OOP amounts</th>
<th>OUT OF NETWORK Single / Family OOP amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500 Deductible Plan</td>
<td>Single-$1,500 / Family-$3,000</td>
<td>Single-$3,000 / Family-$6,000</td>
<td>Single-$3,000 / Family-$6,000</td>
<td>Single-$6,000 / Family-$12,000</td>
</tr>
<tr>
<td>$2,850 Deductible Plan</td>
<td>Single-$2,850 / Family-$5,700</td>
<td>Single-$5,700 / Family-$11,400</td>
<td>Single-$5,500 / Family-$11,000</td>
<td>Single-$11,000 / Family-$22,000</td>
</tr>
</tbody>
</table>

Note: For all maintenance prescription drugs, after the first three fills at a retail pharmacy, if you choose to continue to fill the prescription at a retail pharmacy, you will pay 100% of the price for all subsequent fills.
Information You Need to Know About Your Plan’s Prescription Drug Coverage
Information You Need to Know About Your Plan’s Prescription Drug Coverage

• Your plan covers a broad range of medications. You may be subject to several different types of drug management programs. These include quantity management, prior authorization and qualification by history or step therapy.

• Some medications **may not be covered** by your plan unless you receive approval through a coverage review (prior authorization).
  • This review helps ensure a particular drug is being prescribed appropriately and in accordance with your plan’s coverage.
  • The review uses plan rules that are based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective.
  • Some covered medications **may also have limits** (for example, only for a certain amount or for certain uses) unless you receive approval through a review.

• **Specialty medications must be filled through Accredo**. Accredo, an Express Scripts specialty pharmacy, is your plans preferred source for direct delivery of specialty medications. (Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis.)

• As new drugs become available or new indications are approved for already available drugs, **the drugs that require prior authorization may be modified**. To obtain prior authorization for coverage ask your doctor to call Express Scripts at 1 800-753-2851. After Express Scripts receives the necessary information, you and your doctor will be notified confirming whether or not coverage has been approved.
Making the Best Use of Your Benefit
Using Your Prescription ID Card at a Participating Retail Pharmacy
This is a separate card in addition to your medical plan’s card

- A retail pharmacy is a perfect choice for medications to treat an acute or temporary condition, such as antibiotics for an infection.
- There is a network of participating retail pharmacies associated with this Plan. The Plan generally pays higher benefits if you use an in-network retail pharmacy.
- If you use a non-participating pharmacy, in addition to your coinsurance/copayment, you will be responsible for the cost above the Plan’s discounted price.
- To locate a participating retail pharmacy:
  - Go to Express-Scripts.com and select “Locate a Pharmacy” or
  - Check on the mobile app or
  - Call Member Services at 1-800-987-8360.
- Temporary ID cards can be printed from the Express Scripts member website or via the Express Scripts mobile app.
Using the Express Scripts Mail Order Pharmacy

• A convenient, safe, and less costly way to have certain medications delivered right to you.
• You can receive up to a 90 day supply of your ongoing medications.
• The perfect choice for medications you take on an ongoing basis, such as those used to treat:
  • High blood pressure
  • High cholesterol
  • Diabetes
• To learn more about how to get started:
  • Go to Express-Scripts.com or
  • Call Member Services at 1-800-987-8360.
Getting Started with the Express Scripts Pharmacy

- Ask your doctor to fax or submit your prescription electronically. Prescriptions are processed and delivered within 5 to 8 calendar days (after receipt of your prescription).
- Mail in your prescription.
  
  - Print a mail-order form.
  
  - Mail prescription and completed order form to the Express Scripts Pharmacy.
  
  - First-time orders will usually be delivered within 8 to 11 calendar days after we receive your order.

Its easy to get started with mail service

<table>
<thead>
<tr>
<th>ePrescribe</th>
<th>Web/Mobile App</th>
<th>Member Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians can ePrescribe prescriptions directly to the Express Scripts Pharmacy</td>
<td>Savings opportunities called out on the dashboard</td>
<td>Member services can transfer an existing prescription</td>
</tr>
<tr>
<td>Patients can request prescription transfers with a click of a button</td>
<td>Mail in your prescription</td>
<td></td>
</tr>
</tbody>
</table>
Refilling Prescriptions at the Express Scripts Pharmacy

- When you have a 14-day supply of your medication remaining, you can order refills:
  - Online at Express-Scripts.com
  - By phone: Call us toll-free at 1-800-987-8360
  - By mail: Mail in your refill slip (*included with your last prescription order*)
  - Express Scripts Mobile app
- Have some of your prescriptions refilled and sent automatically - sign up for automatic refills
- Refills are processed and delivered within 3 to 5 calendar days (online or phone orders) or 6 to 9 calendar days (mailed-in orders) after receipt of your order

**TIP**
Refills for long-term prescriptions filled at retail can be transferred to the Express Scripts Pharmacy at Express-Scripts.com
Have a question about a medication?
Call to speak to a pharmacist

You can call one of our pharmacists for general counseling—or an Express Scripts Specialist Pharmacist for complex concerns.

Each Express Scripts Specialist Pharmacist has had specialized training in the medications used to treat a specific condition, such as:

- High cholesterol
- High blood pressure
- Depression
- Diabetes
- Asthma
- Osteoporosis
- Cancer

You can call an Express Scripts Specialist Pharmacist 24/7 to ask questions about:

- Drug interactions
- Side effects
- Risks and benefits of your medication
- The challenges of taking your medication as prescribed—one of the best ways to help maintain or improve your health

To speak to a pharmacist, call Member Services at 1-800-987-8360
Facts About Generic Drugs*

- Generics are commonly used:
  - Eight out of 10 prescriptions filled in the United States are for generic drugs.

- FDA-approved generic drugs are as safe and effective as their brand-name counterparts:
  - The FDA requires generic drugs to have the same quality and performance as their brand-name counterparts.
  - Generic drugs are chemically equivalent to their brand-name counterparts.

- Generics cost less:
  - On average, the cost of a generic drug is 80% to 85% lower than the brand-name product. Actual member savings will depend on the specific prescription plan.

Ask Your Doctor if a Generic Medication Will Work for You

When you receive a prescription from your doctor, or if you are taking brand-name drugs today, ask:

• If a generic version of the medication is available.

• If generic medications are right for you.

• If there are any risks if you change from a brand-name drug to a generic drug.
Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with express-scripts.com and the Express Scripts mobile app

Register now so you can experience:

- **More savings.**
  Compare prices of medicines at multiple pharmacies. Get free standard shipping* from the Express Scripts Pharmacysm.

- **More convenience.**
  Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.

- **More confidence.**
  Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.

- **More flexibility.**
  Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

* Standard shipping costs are included as part of your prescription plan benefit.
Pharmacy That Goes Farther

Get Started Today!

• Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

• Go to express-scripts.com, select Register Now or download the Express Scripts Mobile App for free from your mobile device’s app store and select Register Now

• Complete the information requested, including personal information and member ID number or Social Security Number (SSN), create your user name and password, along with security information in case you ever forget your password

• Click Register now and you’re registered !!

• On the final page, you can set preferences** now, or later in My Account on express-scripts.com

• Click Continue

Members who have Apple’s touch ID authentication on their iPhone or iPad devices can enable it to login to their Express Scripts account on the mobile app, if desired.

** Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

All covered adults (aged 18+) in the household need to register separately.

When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, Android, Windows Phone®, Amazon, and Blackberry® mobile devices.
An app that drives better decisions and healthier outcomes for members on the go

**Convenience**
- Easy-order refills and up-to-the-minute order status lets members avoid trips to their local pharmacy

**Simplicity**
- One swipe of the finger is all it takes to stay on track with medications

**Peace of Mind**
- Reminders and a drug interaction checker help keep members traveling on the road to good health

**Versatility**
- Flexibility that fits members’ lives, delivering personalized prescription information – whenever & wherever they need it
We’re here to help answer your questions and address your concerns
We’re here to help answer your questions and address your concerns

• Visit Express-Scripts.com.
  • Information you will need to complete registration can be found on your prescription drug ID card.
  • To get the most from your online account, you’ll also need a recent prescription number to view your personalized information.*

• Call Express Scripts Member Services at 1-800-987-8360, 24 hours a day, 7 days a week except Thanksgiving and Christmas.

Visit www.express-scripts.com/mm during annual enrollment, to compare drug prices within the different plans as well as see details of each plan.

*A prescription number is not required to register on this site.
For privacy purposes, please refrain from asking questions that are specific to medications that you or a family member may be taking.