

Exciting plans for Maryland subsidized groups

New Options for Small Businesses in Maryland

For more information on the MHCC program visit <http://mhcc.maryland.gov/partnership/benefits.aspx>

The state of Maryland offers a subsidy program for small group businesses through the Maryland Health Care Commission's Health Insurance Partnership (MHCC). For more information, visit <http://mhcc.maryland.gov/partnership/benefits.aspx>.

Aetna Small Group in Maryland has seven plan offerings that qualify for this program. These health benefits and health insurance plans offer real solutions to rising health care costs.

Plan Options	MD Open Access HMO HSA Compatible Plan 1.5**	MD Open Access HMO HSA Compatible Plan 2.5**	MD Open Access HMO HSA Compatible Plan 3.5**
Member Benefits	In-Network No Referral Needed	In-Network No Referral Needed	In-Network No Referral Needed
Plan Year Deductible**	\$1,500 Individual \$3,000 Family	\$2,000 Individual \$4,000 Family	\$2,500 Individual \$5,000 Family
Preventive Care	\$0 copay, deductible waived	\$0 copay, deductible waived	\$0 copay, deductible waived
Primary Physician Office Visit	\$25 copay after deductible	\$25 copay after deductible	\$30 copay after deductible
Specialist Office Visit	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
Prescription Drugs: 30-day supply	\$15/\$35/\$60 after deductible	\$15/\$35/\$60 after deductible	\$15/\$35/\$60 after deductible

Plan Options	MD Open Access POS HSA Compatible Plan 1.5**	
Member Benefits	In-Network No Referral Needed	Out-of-Network No Referral Needed
Member Coinsurance	N/A	30% after deductible
Plan Year Deductible** (In/Out-of-Network Combined)	\$1,500 Individual / \$3,000 Family	
Preventive Care	\$0 copay, deductible waived	30%, deductible waived
Primary Physician Office Visit	\$25 copay after deductible	30% after deductible
Specialist Office Visit	\$40 copay after deductible	30% after deductible
Prescription Drugs: 30-day supply	\$15/\$35/\$60 after deductible	Not Covered

*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

**"Open Access" Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

**The Individual Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Deductible can be met by a combination of family members or by any single individual within the family. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the plan year.



Inclusive of these benefits plans is access to Simple Steps To A Healthier Life®

Simple Steps To A Healthier Life is an online wellness program that can help your employees take a more active role in managing their health.

Key features

- Secure and HIPAA-compliant online Health Assessment that evaluates many factors of their health
- Personalized action plan
- Printable Health Summary they can share with their doctor



For more information on Simple Steps or Aetna products and services, contact your broker or Aetna at 1-866-71-AETNA (1-866-712-3862).

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

This material is for information only and is not an offer or invitation to contract. An application must be completed in order to obtain coverage. Rates and benefits vary by location. Health benefits and health insurance plans contain exclusions and limitations. Investment services are independently offered through HealthEquity, Inc. The information provided by the Simple Steps To A Healthier Life program is not meant to be either a recommendation for medical treatment or a diagnosis of medical condition. Participants should consult their health care provider for the advice and care appropriate for their specific medical needs. The Health Assessment is used in a variety of ways to support Aetna products and services that help members manage their health. Aetna will use members' Health Assessment information in compliance with all applicable state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules. Information is believed to be accurate as of the production date; however, it is subject to change. For more information on Aetna plans, refer to www.aetna.com.