

Benefit Changes 2016 v. 2017	Value of Benefit Change
Spec: \$60 copay TO covered at Deductible with Telemedicine at \$30 copay to 100% and WIC from \$10 copay to \$5 copay	0.5%
Outpatient Surgery: Deductible + \$100 TO Deductible Only	0.5%
ER \$250 after Ded TO Ded only & Urgent Care: \$75 copay TO \$5 copay	1.9%
Non-Designated Providers: Covered to Not Covered	None
Pharmacy: 2016: \$3/\$10/\$40/\$50/40%/50% with \$500 Rx Ded (excl Tier 1) 2017: \$5 formulary generics/Plan Ded only all other Tiers	0.4%

3. The lab copay for the Silver Everyday plan is \$5 on one chart and \$10 on the other chart provided. Please correct and provide a recalculated “Value of Benefit Changes.”

Response: The reference to “\$5 labwork copay” on page 2 of the Mapping Document was a typographical error. It should have read \$10, as it is reflected on Exhibit A to the Mapping Document. The 2.3% “Value of Benefit Changes” on page 2 of the Mapping Document was based on the correct copay amount of \$10 and so the original calculation was correct despite the typographical error.

4. Going from a specialist copay of \$75 on the Bronze plan to meeting the deductible before coverage for the new plan should be a benefit decrease not an increase. A decrease is shown for a similar benefit change for the Silver plan benefit change. Please explain and correct.

Response: The 1.9% benefit increase for “Specialist/PT/OT/ST” reflected on page 2 of the Mapping Document is correct. First, the specialist benefit changed from covered at deductible plus a \$75 copay in 2016 **to** covered at deductible with no copay in 2017. The increase is also based on other benefit changes that fall within the “specialist” scope but were not identified on the chart. Specifically, walk-in clinic is changing from deductible waived with \$35 copay **to** deductible waived with \$10 copay, and specialist telemedicine is changing from deductible plus \$30 copay **to** 100% coverage.

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