



**innovation**  
**HEALTH**<sup>SM</sup>  
Aetna | Inova PARTNERSHIP

*Together. Better Health.*

# Choose the right plan for you and your family

Innovation  
Health Leap<sup>SM</sup>  
plan options



# First things first — is my doctor in the plan network?

Use the online provider search tool to find your doctor or hospital

Just visit **innovation-health.com** to search for doctors, hospitals and pharmacies near you.

## Use network pharmacies\*

Your new pharmacy network doesn't include all pharmacies. So it may be smaller than you're used to. But it's designed to help lower costs for drugs you need. And it includes national chains like **CVS/pharmacy®**, **Target®** and **Walmart®** — plus regional chains and independent pharmacies. Using network pharmacies saves you money.

We're here to help.  
Just call us at **1-888-443-1616**.

\*Pharmacy benefits are administered by Aetna.

Individual health insurance plans are underwritten by Innovation Health Insurance Company. Innovation Health Insurance Company (Innovation Health) is an affiliate of Inova and Aetna Life Insurance Company (Aetna) and its affiliates. Aetna and its affiliates provide certain management services for Innovation Health.

Innovation Health does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

# Innovation Health Leap plan options in Northern VA

		BRONZE LEVEL		
Plan name	Innovation Health Leap Catastrophic	Innovation Health Leap Bronze HSA	Innovation Health Leap Bronze Basic	Innovation Health Leap Bronze Plus
<b>In-network deductible and out-of-pocket maximum – individual</b>	\$6,850	\$6,450	\$6,850	\$6,850
<b>In-network deductible and out-of-pocket maximum – family</b>	\$13,700	\$12,900	\$13,700	\$13,700
<b>In-network coinsurance</b>	0%	0%	0%	0%
<b>Out-of-network deductible – individual</b>	\$20,000	\$20,000	\$20,000	\$20,000
<b>Out-of-network deductible – family</b>	\$40,000	\$40,000	\$40,000	\$40,000
<b>Out-of-network out-of-pocket maximum – individual and family</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Out-of-network coinsurance</b>	50%	50%	50%	50%
<b>Primary care physician</b>	\$20 first 3 visits, then deductible applies*	Deductible applies*	Deductible applies*	Deductible applies*
<b>Specialist</b>	Deductible applies*	Deductible applies*	Deductible applies*	Deductible applies*
<b>Specialists for diabetes**</b>	Deductible applies*	Deductible applies*	Deductible applies*	Deductible applies*
<b>Lab</b>	Deductible applies*	Deductible applies*	Deductible applies*	Deductible applies*
<b>Urgent care</b>	Deductible applies*	Deductible applies*	Deductible applies*	\$50
<b>Virtual medicine</b>	Deductible applies*	Deductible applies*	\$15	\$10
<b>Retail clinic</b>	Deductible applies*	Deductible applies*	\$25	\$10
<b>Generic prescriptions</b>	Deductible applies*	Deductible applies*	Deductible applies*	\$10 (\$20 for mail-order delivery)
<b>Brand prescriptions (preferred)</b>	Deductible applies*	Deductible applies*	Deductible applies*	Deductible applies*
<b>Diabetic supplies</b>	Deductible applies*	Deductible applies*	Deductible applies*	Deductible applies*
<b>Preventive care</b>	No charge	No charge	No charge	No charge
<b>All other services, supplies or prescriptions</b>	Deductible applies*	Deductible applies*	Deductible applies*	Deductible applies*
	<a href="#">View SBC</a>	<a href="#">View SBC</a>	<a href="#">View SBC</a>	<a href="#">View SBC</a>

	SILVER LEVEL		GOLD LEVEL	
Plan name	Innovation Health Leap Silver Basic	Innovation Health Leap Silver Plus	Innovation Health Leap Gold Basic	Innovation Health Leap Gold Diabetes
<b>In-network deductible and out-of-pocket maximum – individual</b>	\$5,250	\$4,510	\$3,500	\$3,500
<b>In-network deductible and out-of-pocket maximum – family</b>	\$10,500	\$9,020	\$7,000	\$7,000
<b>In-network coinsurance</b>	0%	0%	0%	0%
<b>Out-of-network deductible – individual</b>	\$20,000	\$20,000	\$20,000	\$20,000
<b>Out-of-network deductible – family</b>	\$40,000	\$40,000	\$40,000	\$40,000
<b>Out-of-network out-of-pocket maximum – individual and family</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Out-of-network coinsurance</b>	50%	50%	50%	50%
<b>Primary care physician</b>	\$25	\$10	\$10	\$10
<b>Specialist</b>	Deductible applies*	Deductible applies*	\$75	\$100
<b>Specialists for diabetes**</b>	Deductible applies*	Deductible applies*	\$75	\$10
<b>Lab</b>	\$25	\$10	\$10	\$10
<b>Urgent care</b>	\$50	\$50	\$50	\$50
<b>Virtual medicine</b>	\$25	\$10	No charge	No charge
<b>Retail clinic</b>	\$25	\$10	Deductible applies*	Deductible applies*
<b>Generic prescriptions</b>	\$10 (\$20 for mail-order delivery)	\$10 (\$20 for mail-order delivery)	\$5 (\$10 for mail-order delivery)	\$5 (\$10 for mail-order delivery)
<b>Brand prescriptions (preferred)</b>	Deductible applies*	Deductible applies*	\$50 (\$100 for mail-order delivery)	\$50 (\$100 for mail-order delivery)
<b>Diabetic supplies</b>	Deductible applies*	Deductible applies*	Deductible applies*	100%
<b>Preventive care</b>	No charge	No charge	No charge	No charge
<b>All other services, supplies or prescriptions</b>	Deductible applies*	Deductible applies*	Deductible applies*	Deductible applies*
	<a href="#">View SBC</a>	<a href="#">View SBC</a>	<a href="#">View SBC</a>	<a href="#">View SBC</a>

\*“Deductible applies” means that you pay for these services until you reach your deductible. Once you reach the deductible, you have no cost sharing for any covered services — not even a copay.

\*\*Includes ophthalmologists, podiatrists, endocrinologists, dietitians, vascular specialists, psychiatrists and psychologists.

## This plan comparison guide shows in-network benefits only.

To learn more details about specific plans, including whether a plan includes out-of-network benefits, see the plan documents and the Summary of Benefits and Coverage (SBC). The link to the SBC is listed above with the benefits for each plan.

This information is a partial description of the benefits and in no way details all of the benefits, limitations or exclusions of the plan. Please refer to the individual policy, schedule of benefits and applicable riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

# Save money — use our provider network

Maybe you've read that one of the best ways to save on health care costs is to "stay in network." But you're not sure what that means.

You're not alone. Many people find the term confusing. We're here to help you understand what in network means for you.

## How our network helps you save

A network is a group of health care providers. It includes doctors, specialists, dentists, hospitals and other facilities. These health care providers have a contract with us. As part of the contract, they provide services to our members at a lower rate.

This contract rate is usually much lower than what the doctor would charge if you weren't an Innovation Health member. And the network doctor agrees to accept the contract rate as payment. You pay either your copay or toward your deductible.

So what does this all mean? It means you have access to the care you need at a lower price. And the difference in cost can be huge — for the same type of service or procedure.

## How much you can save

You can see detailed examples of how much you might save — on the same service — just by staying in network.

### Example 1

You've been getting care for an ongoing condition from a specialist who isn't in the network. You're thinking about switching to a specialist in the network. This example illustrates what you may save if you switch.

Office visit		In network	Out of network
This example assumes that your in-network and out-of-network deductibles have been met. Your in-network deductible varies by plan but will never exceed \$6,850 for an individual (\$13,700 for family). And once you meet your in-network deductible, your plan pays 100% for all covered services. Your out-of-network deductible is \$20,000 for an individual (\$40,000 for family) with an unlimited maximum out of pocket.			
Doctor bill	Amount billed	\$150	\$150
What your plan pays	Negotiated rate/recognized amount	\$80	\$80
	Percent your plan pays	100%	50%
	Amount of the negotiated rate/recognized amount covered under plan	\$80*	\$40**
What you owe	Your coinsurance responsibility	\$0	\$40
	Amount that can be balance billed to you	\$0	\$70
<b>Your total responsibility</b>		<b>\$0***</b>	<b>\$110***</b>

## Find doctors and hospitals in the network

It's easy to look up network doctors and hospitals using our online provider search tool. It's a good idea to check every time you make an appointment.

Visit [innovation-health.com](http://innovation-health.com). Then select "your primary state of residency." Or call **1-888-443-1616** and ask for provider information.

\*Doctors, hospitals and other health care providers in the network accept our payment rate and agree that you owe only your copay or deductible.

\*\*When you go out of network, the plan determines a recognized amount. You may be responsible for the difference between the billed amount and the recognized amount. See your plan documents for details. Your plan may instead call the recognized amount the recognized charge.

\*\*\*Most plans cap out-of-pocket costs for covered services. The deductible and coinsurance you owe count toward that cap. But when you go outside the network, the difference between the health care provider's bill and the recognized amount does not count toward that cap.

**This example is for illustrative purposes only.**

## Example 2

You need outpatient surgery for a simple procedure and are deciding if you'll have it done by a physician in the network. This example gives you an idea of how much you might owe depending on your choice.

<b>Outpatient surgery</b>		<b>In network</b>	<b>Out of network</b>
This example assumes that your in-network and out-of-network deductibles have been met. Your in-network deductible varies by plan but will never exceed \$6,850 for an individual (\$13,700 for family). And once you meet your in-network deductible, your plan pays 100% for all covered services. Your out-of-network deductible is \$20,000 for an individual (\$40,000 for family) with an unlimited maximum out of pocket.			
Surgery bill*	Amount billed	\$2,000	\$2,000
What your plan pays	Negotiated rate/recognized amount	\$600	\$600
	Percent your plan pays	100%	50%
	Amount of the negotiated rate/recognized amount covered under plan	\$600**	\$300***
What you owe	Your coinsurance responsibility	\$0	\$300
	Amount that can be balance billed to you	\$0	\$1,400
<b>Your total responsibility</b>		<b>\$0†</b>	<b>\$1,700†</b>

## Example 3

You need to go to the hospital, but it's not an emergency. It turns out that you have to stay in the hospital for five days. This example gives you an idea of how much you might owe to the hospital depending on whether it's in the network.

<b>Five-day hospital stay</b>		<b>In network</b>	<b>Out of network</b>
This example assumes that your in-network and out-of-network deductibles have been met. Your in-network deductible varies by plan but will never exceed \$6,850 for an individual (\$13,700 for family). And once you meet your in-network deductible, your plan pays 100% for all covered services. Your out-of-network deductible is \$20,000 for an individual (\$40,000 for family) with an unlimited maximum out of pocket.			
Hospital bill	Amount billed	\$25,000	\$25,000
What your plan pays	Negotiated rate/recognized amount	\$8,750	\$8,750
	Percent your plan pays	100%	50%
	Amount of the negotiated rate/recognized amount covered under plan	\$8,750**	\$4,375***
What you owe	Your coinsurance responsibility	\$0	\$4,375
	Amount that can be balance billed to you	\$0	\$16,250
<b>Your total responsibility</b>		<b>\$0†</b>	<b>\$20,625†</b>

\*You also may be responsible for a portion of fees charged by the facility in which the surgery takes place. The figures in the example do not include those facility fees.

\*\*Doctors, hospitals and other health care providers in the network accept our payment rate and agree that you owe only your copay or deductible.

\*\*\*When you go out of network, the plan determines a recognized amount. You may be responsible for the difference between the billed amount and the recognized amount. See your plan documents for details. Your plan may instead call the recognized amount the recognized charge.

†Most plans cap out-of-pocket costs for covered services. The deductible and coinsurance you owe count toward that cap. But when you go outside the network, the difference between the health care provider's bill and the recognized amount does not count toward that cap.

**These examples are for illustrative purposes only.**

# Costs for out-of-network doctors and hospitals

People pay more of their health care costs these days. It's no wonder there's a lot of interest in keeping these costs down.

A smart way to do this is to avoid using doctors and hospitals that are "out of network." We don't have a contract for reduced rates with an out-of-network doctor or hospital. So you could end up with higher costs and more work.

## Why out of network costs more

There are a few reasons you probably will pay more out of pocket:

- ▶ Your Innovation Health health benefits or insurance plan may pay part of the doctor's bill. But it pays less of the bill when you get care from an out-of-network doctor.
- ▶ Some plans may not pay any benefits if you go out of network. Some plans cover out of network only in an emergency.

## Cost sharing is more

Your coinsurance is 50 percent for out-of-network care after you meet a \$20,000 out-of-network deductible. For example, the plan pays 50 percent of the covered amount, and you pay 50 percent coinsurance.

## Out-of-network rates are higher

An out-of-network doctor sets the rate to charge you. It's usually higher than the amount your Innovation Health plan "recognizes" or "allows."

An out-of-network doctor can bill you for anything over the amount that we recognize or allow. This is called "balance billing." A network doctor agrees not to do that.

We don't base our payments on what the out-of-network doctor bills you. We don't know in advance what the doctor will charge.

## Deductibles are separate, higher

What you pay when you're balance billed doesn't count toward your deductible. It's also not part of any cap your plan has on how much you have to pay for services.

Plus, these plans have a separate deductible for out-of-network services. They're higher than your in-network deductible. You must meet the out-of-network deductible before we pay out-of-network benefits.

## We cover emergency care

You're covered for emergency care. You have this coverage while you're traveling or at home. This includes students who are away at school. You can find detailed information in the disclosure section of this packet.

# Limitations and exclusions

## Medical

These medical plans don't cover all health care expenses and include limitations and exclusions. Please refer to your plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. **However, your plan documents may contain exceptions to this list based on state mandates, essential health benefits or the plan design.**

### See plan documents for prescription drug coverage limitations and exclusions.

- ▶ All medical and hospital services not specifically covered in, or that are limited or excluded by, your plan documents, including costs of services before coverage begins and after coverage ends
- ▶ Cosmetic surgery
- ▶ Custodial care
- ▶ Dental care and dental X-rays for individuals ages 19 and older
- ▶ Donor egg retrieval
- ▶ Experimental and investigational procedures (except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial)
- ▶ Eyeglass frames, nonprescription lenses and nonprescription contact lenses that are for individuals ages 19 and older or are for cosmetic purposes
- ▶ Home births
- ▶ Immunizations for travel or work
- ▶ Implantable drugs (non-contraceptive related) and certain injectable drugs, including injectable infertility drugs
- ▶ Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents
- ▶ Non-emergency care when traveling outside the U.S.
- ▶ Nonmedically necessary services or supplies
- ▶ Office visits to an ophthalmologist, optometrist or optician related to the fitting of prescription contact lenses
- ▶ Orthotics (nondiabetic related)
- ▶ Radial keratotomy or related procedures
- ▶ Reversal of sterilization
- ▶ Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling
- ▶ Special or private duty nursing
- ▶ Weight-control services including surgical procedures in excess of one procedure in a two-year period, medical treatments, weight-control/loss programs, dietary regimens and supplements, food or food supplements, appetite suppressants and other medications; exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

## Pediatric dental

These medical plans don't cover all pediatric dental care expenses and include limitations and exclusions. Please refer to your plan documents to see which services we cover. The following is a partial list of services and supplies that we generally don't cover.

### **However, your plan documents may have exceptions to this list. We base these documents on state laws, essential health benefits or the plan design.**

- ▶ All pediatric dental services not specifically covered in, or that are limited or excluded by, your plan documents, including costs of services before coverage begins and after coverage ends
- ▶ Instructions for diet, plaque control and oral hygiene
- ▶ Dental services or supplies that you may primarily use to change, improve or enhance appearance
- ▶ Dental implants
- ▶ Experimental or investigational drugs, devices, treatments or procedures
- ▶ Services not necessary for the diagnosis, care or treatment of a condition
- ▶ Orthodontic treatment that isn't medically necessary for a severe or handicapping condition
- ▶ Replacement of lost or stolen appliances
- ▶ Services and supplies provided where there is no evidence of pathology, dysfunction or disease

# Language access services

Kung kailangan ninyo ang tulong sa Tagalog tumawag sa

**1-888-443-1616.**

Dinek'ehgo shika at'ohwol ninisingo, kwijijgo holne'

**1-888-443-1616.**

如果需要中文的帮助，  
请拨打这个号码

**1-888-443-1616.**

Para obtener asistencia  
en Español, llame al

**1-888-443-1616.**

We're here to help

To get help in  
another language,  
call **1-888-443-1616.**

This material is for information only. Plan features and availability may vary by location. Rates and benefits may vary by location. Investment services are independently offered by the HSA administrator. Providers are independent contractors and are not agents of Innovation Health or Aetna. Provider participation may change without notice. Innovation Health or Aetna does not provide care or guarantee access to health services. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of production date.

For more information about Innovation Health plans, refer to [innovation-health.com](http://innovation-health.com).

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