

Consumer Decision Support Tools – Medical Services Shopping

SERVICE COMPONENT	AETNA	ANTHEM	CIGNA	HEALTHNET*	KAISER PERMENENTE*	UNITED HEALTHCARE
Shop and/or budget for medical service	MEDIUM: Coverage-customized allowed fees for limited services include information on total cost of care, allowed amount, out-of-pocket estimate, deductible, co-pays, and co-insurance.	HIGH: User accesses a large number of services to view the allowed fee for in-network (costs are presented as regional high and low averages.) Out-of-pocket estimates are customized to local fee schedules and user's coverage.	HIGH: Coverage-specific out-of-pocket allowed fee estimates.	LOW: Three navigational paths for information on plan benefits, costs, and providers.	MEDIUM-LOW: Users can compare fee schedule for 350 medical services. Allowed fees are not customized to coverage.	MEDIUM-HIGH: Allowed fees for a limited number of procedures customized to coverage, deductible, and HSA or FSA funds. Care bundled into episodes with allowed fees for component.
Compare allowed physician fees	HIGH: Physician-specific allowed fees are customized to coverage for in-network doctors. Users can compare more than 10 providers for common office visit services.	Not available: No physician-specific cost information.	MEDIUM: Coverage-specific allowed fees cannot be viewed side by side.	LOW: Users cannot compare allowed fees across different providers but are able to view allowed fees for episode of care components.	Not available	HIGH: Users can compare Individual provider coverage-specific allowed fees, with UHC's regional average cost as a benchmark. Physician cost outliers are highlighted.
Compare allowed inpatient fees	MEDIUM-LOW: Hospital allowed fee estimates are customized to coverage. Estimates limited to 25 procedures.	HIGH: User can compare allowed amounts across hospitals for a wide set of inpatient procedures, and the out-of-pocket estimate is customized to the user's benefits.	HIGH: Coverage-specific allowed fees for episode of care components.	LOW: Allowed fees not coverage-specific. Estimated out-of-pocket allowed fees for an inpatient stay vs. other episode of care components.	Not available	HIGH: Users can compare Individual hospital coverage-specific allowed fees, with UHC's regional average cost as a benchmark.
Compare allowed procedure fees across settings	HIGH: Compares allowed fees across settings for diagnostic services and surgical procedures. Limited number of services and procedures available.	LOW: For the limited set of procedures, the cost varies according to setting where that procedure is provided, but selection is limited to the available procedures.	Not available	Not available	LOW: A limited comparison across settings is possible but requires user initiative.	HIGH: Users can compare allowed procedure fees across settings.
Compare allowed fees for treatment or setting alternatives	LOW: Costs across settings are compared, but treatment alternatives are not available.	Not available: Alternative treatments or settings are not included in the cost comparison tool.	Not available	Not available	Not available	HIGH: Suggestions for alternative treatments and settings and alerts when minimal care may be appropriate.
Shop for medications	HIGH: Out-of-pocket estimates for mail order and retail pharmacy. No comparisons for suggested generic medications.	Not available: No medication cost information is available (with the exception of vaccines.) ¹	HIGH: Coverage-specific lower cost alternatives automatically display.	LOW: Users can only view average costs for generic medications.	LOW: Fee schedule for formulary medications. Generic medications display automatically.	Not available

¹ All pharmacy benefits are managed by Express Scripts, and any inquiry takes the user off Anthem's website to Express Scripts, beyond the scope of this analysis.

* HMO Only plans; out-of-pocket estimates are standard across all plan members.