



# Take charge of your health. We're here to help.

AETNA ADVANTAGE PLANS FOR INDIVIDUALS,  
FAMILIES AND THE SELF-EMPLOYED IN PENNSYLVANIA

The information  
you need to choose  
quality and affordable  
health benefits and  
insurance coverage.

# Choose Aetna, choose

1) UNDERSTANDING YOUR  
AETNA ADVANTAGE PLAN CHOICES  
[See what plans are available](#)

2) AETNA ADVANTAGE PLAN DETAILS  
[Choose the health coverages that are right for you](#)

3) MORE VALUE WITH AETNA SPECIAL PROGRAMS  
[Substantial savings on programs to help you stay healthy](#)

4) THINGS YOU NEED TO KNOW  
[Learn more about what's included](#)



Aetna Advantage Plans for Individuals, Families and the Self-Employed in Pennsylvania are underwritten by Aetna Life Insurance Company (Aetna) through a blanket trust in Delaware. This means that the plan benefits are based on Delaware requirements, and benefits and rates are filed with the Delaware Insurance Department. Aetna Advantage Plans (HMO) are underwritten by Aetna Health Inc. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and you may be declined coverage in accordance with your health condition.

# e affordable coverage

Here are our top reasons why the Aetna Advantage Plans for Individuals, Families and the Self-Employed offer some of the best choices and value to help meet your health coverage needs.

## **Affordable quality & choices**

Choose from a wide range of health benefits and insurance plans that offer excellent quality. Our plans are designed for maximum value, with lower monthly premiums, plus benefits for preventive care. You can choose how much to spend in premiums versus out-of-pocket expenses.

## **Robust coverage, competitive costs**

We offer plans with valuable features which may include:

- An excellent combination of quality coverage and competitively priced premiums.
- Coverage for preventive care, prescription drugs, doctor visits, hospitalization and children's immunizations.
- No deductible for well-women exams when you visit a network provider.
- No claim forms to fill out when you use a network provider.
- Aetna's nationwide PPO provider network offers you a vast selection of licensed physicians and hospitals.

## **Family coverage**

Apply for coverage for yourself, your spouse, and children, or even just your children. Coverage can include prescription drugs, doctor visits, hospitalization and preventive care services.

## **Tax advantages**

We also offer High Deductible plans that are compatible with tax-advantaged Health Savings Accounts (HSAs). You can contribute money to your HSA tax-free. That money earns interest tax-free. And qualified withdrawals for medical expenses are tax-free, too.

## **Help with health information**

Need health information fast? We offer secure Internet access to reliable health information tools and resources. Learn more about Aetna's secure member website and the Informed Health® Line in Section 3 - **More Value with Aetna Special Programs.**

## **Coverage when you travel**

Like to travel? PPO members have access to covered services from a nationwide network of doctors and hospitals that accept Aetna's negotiated fees.

## **ENROLL ONLINE OR BY MAIL**

Use this guide to narrow down your plan choices. Then, get a free quote and enroll for a policy either online or by mail.

### **ONLINE:**

1. Visit [www.aetnaindividual.com](http://www.aetnaindividual.com).
2. Choose your state.
3. Choose the best plan for you.
4. Click "Get A Quote."
5. Enroll online and submit an electronic form of payment. (Or mail the enclosed enrollment form with one form of payment selected.)
6. Track the status of your enrollment form by clicking the site's Apps tab.

### **BY MAIL:**

Complete and mail the enrollment form with one form of payment selected.

# 1) Understanding your Aetna Advantage PPO plan choices

Our plans are designed to offer you quality coverage at an excellent value. Coverage can include prescription drugs, doctor visits, hospitalization and preventive care services.

Generally speaking, the lower your “premiums,” or monthly payments, the higher your “deductible,” which is the amount you pay out of pocket before the plan begins paying for covered expenses.

You’ll pay less by using “in-network” doctors, hospitals, pharmacies and other health care providers who participate in Aetna’s nationwide network than by using “out-of-network” providers.

Visit [www.planforyourhealth.com](http://www.planforyourhealth.com) for an in-depth list of terms in this brochure and what they mean.

## About HSAs

Many of our High Deductible plans are Health Savings Account (HSA) Compatible, offering you lower premiums and tax advantaged savings. An HSA is a personal account that lets you pay for qualified medical expenses with tax advantaged funds. You or an eligible family member make contributions to your HSA tax-free, and those dollars earn interest tax-free. Then, when you make withdrawals from your account to pay for qualified health care expenses, they’re tax-free, too.

## It’s easy to establish a Health Savings Account...

Simply enroll in an Aetna HSA Compatible High Deductible Health Plan and you will automatically have an HSA opened through Bank of America. You will also receive a debit card and a welcome package with additional information to get you started.

If you do not wish to set up an HSA, you can opt out by calling Bank of America – or the account will be automatically canceled after 90 days if the debit card is not activated or if you do not enroll online.

## Why choose an Aetna HealthFund HSA?

- No set-up fees
- No monthly administration fee
- No withdrawal forms required
- Convenient access to HSA funds via debit card or online
- Track HSA activity online

## Is your doctor in the Aetna network?

Which local physicians, hospitals, pharmacies and eyewear providers participate in the nationwide Aetna Advantage Plan network? Visit [www.aetna.com/docfind/custom/advplans](http://www.aetna.com/docfind/custom/advplans). Or call **1-800-694-3258** and ask for a directory of providers.

## Get more from your Aetna plan

### Cover just your children

Aetna Advantage Plans are also available for children only, which means you can enroll your child even if no other family member enrolls. Coverage includes immunizations, well-child visits, emergency room and dental preventive services (if a dental plan is selected).

Note: when an HSA Compatible plan is selected for child only enrollment, an HSA account is not available for the child.

### Add Dental PPO Max

With the Aetna Advantage Dental PPO Max insurance plan, you can obtain services from either a participating or non-participating dentist. Participating dentists have agreed to provide services at a negotiated rate for both covered services, as well as non-covered services such as cosmetic tooth whitening and orthodontic care, so you generally pay less out-of-pocket. You also have the flexibility to visit a dentist who does not participate in Aetna’s network, though you will not have access to negotiated fees. Note: Dental coverage is offered only if medical coverage is obtained.



## WHAT DOES THAT MEAN?

Here are a few definitions of terms you'll see throughout this brochure. For a more in-depth list of terms, please visit [www.planforyourhealth.com](http://www.planforyourhealth.com).\*

### AETNA'S PENNSYLVANIA RATINGS AREAS\*

Your rates will depend on the area in which your county is located.

For more information or a quote on what your rate would be, call your broker.

#### Aexcel-Designated Specialists\*\*

The Aetna Performance Network® features Aexcel-designated specialists who have demonstrated cost-effectiveness in the delivery of care and met certain clinical performance measures. The Aexcel designation applies to select specialists in 12 specialty areas: Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Obstetrics and Gynecology, Orthopedics, Otolaryngology/ENT, Neurology, Neurosurgery, Plastic Surgery, Urology, and Vascular Surgery.

**Aetna members in the designated counties must choose Aexcel designated specialists or they will incur out-of-network charges. There is no additional cost when members use Aexcel specialists.** You'll find them by looking for the star next to the doctors' names at [www.aetna.com/docfind/custom/advplans](http://www.aetna.com/docfind/custom/advplans) or in your printed directory.

#### Western

<b>Allegheny**</b> <b>Armstrong**</b> <b>Beaver**</b> <b>Blair**</b> <b>Butler**</b> <b>Cambria**</b> Cameron <b>Clarion**</b>	Clearfield Crawford Elk <b>Erie</b> <b>Fayette**</b> Forest <b>Greene**</b> Indiana**	<b>Jefferson</b> <b>Lawrence**</b> McKean <b>Mercer</b> <b>Somerset**</b> Venango Warren <b>Washington**</b>	<b>Westmoreland**</b> Bolded counties indicate HMO & PPO plans available. Non bolded counties are PPO Only.
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#### Central

<b>Adams</b> Bedford Centre <b>Cumberland</b> <b>Dauphin</b> <b>Franklin</b>	<b>Fulton</b> Huntingdon Juniata <b>Lancaster</b> <b>Lebanon</b> Mifflin	Montour <b>Perry</b> Potter <b>Schuylkill</b> Tioga Union	<b>York</b> Bolded counties indicate HMO & PPO plans available. Non bolded counties are PPO Only.
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#### Southeastern

<b>Berks</b> <b>Bucks</b> <b>Carbon</b>	<b>Chester</b> <b>Delaware</b> <b>Lehigh</b>	<b>Monroe</b> <b>Montgomery</b> <b>Northampton</b>	<b>Philadelphia</b>
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#### Northeastern

<b>Bradford</b> <b>Clinton</b> <b>Columbia</b>	<b>Lackawanna</b> <b>Luzerne</b> <b>Lycoming</b> <b>Northumberland</b>	<b>Pike</b> <b>Snyder</b> <b>Sullivan</b> <b>Susquehanna</b>	<b>Wayne</b> <b>Wyoming</b>
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\* All products not available in all counties. Please refer to the county in which you reside for the available product.

\*\* Aexcel is not available with HMO plans. Aexcel is for PPO Plans Only: The Aetna Performance Network® features Aexcel-designated specialists who have demonstrated cost-effectiveness in the delivery of care and met certain clinical performance measures. The Aexcel designation applies to select specialists in 12 specialty areas: Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Obstetrics and Gynecology, Orthopedics, Otolaryngology/ENT, Neurology, Neurosurgery, Plastic Surgery, Urology, and Vascular Surgery. Aetna members in the designated counties must choose Aexcel designated specialists or they will incur out-of-network charges. There is no additional cost when members use Aexcel specialists. You'll find them by looking for the star next to the doctors' names at [www.aetna.com/docfind/custom/advplans](http://www.aetna.com/docfind/custom/advplans) or in your printed directory.

**Deductible** – A fixed yearly dollar amount you pay before the benefits of the plan policy start.

**Coinsurance** – The dollar amount that the plan and you pay for covered benefits after the deductible is paid.

**Copayment (Copay)** – A fixed dollar amount that you must contribute toward the cost of covered medical services under a health plan. For HSA compatible plans, copayment will apply to your out-of-pocket max.

**Exclusions and Limitations** — Specific conditions or circumstances that are not covered under a plan.

**Lifetime Maximum** – The total dollar amount of benefits you may receive, or the limited number of particular services you may receive, over the term of the policy.

**Out-of-Pocket Maximum** – The amounts such as coinsurance and deductibles that an individual is required to contribute toward the cost of health services covered by the benefits plan.

**Premium** – The amount charged for an insurance policy.

**Pre-existing Condition** – A health condition (other than a pregnancy) or medical problem including the use of prescription drugs that was diagnosed or treated before getting insurance from a new health plan.

\* Plan For Your Health is a public education program from Aetna and the Financial Planning Association.

## 2) Plan Details

### HMO plan options

Members access care through a participating Primary Care Physician, who will coordinate their health care needs

#### Featuring:

- Large provider networks
- No deductibles for generic drug coverage
- No claim forms
- Lower copays for provider visits

#### Plus:

- Coverage for office visits to your primary care physician and specialists
- No claim forms to fill out when you visit a network provider
- No waiting period for routine physical exams
- Coverage for prescription drugs
- 100% coverage for in-network childhood immunizations

\* Maximum applies to combined in and out-of-network benefits.

\*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

+ Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

Members selecting an HMO Plan are required to select a Pennsylvania Participating Primary Care Physician (PCP) and obtain services within the Pennsylvania service area, except in an emergency or urgent situation. Rates are based on the service area of your Pennsylvania PCP. For a full list of benefit coverage and exclusions refer to the plan documents.

	HMO 20	HMO 30
<b>MEMBER BENEFITS</b>		
<b>Deductible</b> Individual Family	\$0 \$0	\$0 \$0
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Non-Specialist Office Visit</b> General Physician, Family Practitioner, Pediatrician or Internist	\$20 copay	\$30 copay
<b>Specialist Visit</b>	\$50 copay	\$50 copay
<b>Hospital Admission</b> <i>also see Maternity</i>	\$500 copay per day (5 day maximum per admission)	\$600 copay per day (5 day maximum per admission)
<b>Outpatient Surgery</b>	\$450 copay/visit	\$550 copay/visit
<b>Urgent Care Facility</b>	\$100 copay/visit	\$200 copay/visit
<b>Emergency Room</b> <i>waived if admitted</i>	\$150 copay/visit	\$250 copay/visit
<b>Annual Routine Gyn Exam</b> Annual Pap/Mammogram	\$50 copay (1 visit per 365 consecutive day period)	\$50 copay (1 visit per 365 consecutive day period)
<b>Maternity Hospital</b> Includes Newborn Services	\$500 copay per day (5 day maximum per admission)	\$600 copay per day (5 day maximum per admission)
<b>Preventive Health — Routine Physical</b>	\$20 copay	\$30 copay
<b>Lab/X-Ray</b>	\$50 copay	\$50 copay
<b>Complex Imaging Services</b>	\$250 copay	\$250 copay
<b>Skilled Nursing</b> <i>60 days per calendar year</i>	\$500 copay per day (5 day maximum per admission) (waived if a member is transferred from a hospital to a skilled nursing facility)	\$600 copay per day (5 day maximum per admission) (waived if a member is transferred from a hospital to a skilled nursing facility)
<b>Outpatient Therapies</b> <i>60 consecutive day period per instance of illness or injury</i>	\$40 copay/visit	\$50 copay/visit
<b>Home Health Care —</b> <i>60 days per calendar year</i>	\$40 copay/visit	\$50 copay/visit
<b>Durable Medical Equipment</b> <i>\$1,000 per calendar year</i>	50% of the contracted rate per item	50% of the contracted rate per item
<b>PHARMACY</b>		
<b>Pharmacy Deductible</b> Individual Family	\$300 \$900	\$550 \$1,500
	Does not apply to generic	Does not apply to generic
<b>Generic</b> <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$15 copay deductible waived	\$15 copay deductible waived
<b>Preferred Brand</b> <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$40 copay after deductible	\$40 copay after deductible
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$60 copay after deductible	\$60 copay after deductible
<b>Calendar Year Maximum</b> Individual Family	\$2,500 \$5,000	\$2,500 \$5,000

# HMO

## plan options

Members access care through a participating Primary Care Physician, who will coordinate their health care needs

### Featuring:

- Large provider networks
- No deductibles for generic drug coverage
- No claim forms
- Lower copays for provider visits

### Plus:

- Coverage for office visits to your primary care physician and specialists
- No claim forms to fill out when you visit a network provider
- No waiting period for routine physical exams
- Coverage for prescription drugs
- 100% coverage for in-network childhood immunizations

\* Maximum applies to combined in and out-of-network benefits.

\*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

+ Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

Members selecting an HMO Plan are required to select a Pennsylvania Participating Primary Care Physician (PCP) and obtain services within the Pennsylvania service area, except in an emergency or urgent situation. Rates are based on the service area of your Pennsylvania PCP. For a full list of benefit coverage and exclusions refer to the plan documents.

	HMO 1500	HMO 2500
<b>MEMBER BENEFITS</b>		
<b>Deductible</b> Individual Family	\$1,500 \$3,000	\$2,500 \$5,000
<b>Coinsurance Maximum</b> Individual Family	\$3,500 \$7,000	\$5,000 \$10,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$5,000 \$10,000	\$7,500 \$15,000
	<i>Includes deductible</i>	<i>Includes deductible</i>
<b>Lifetime Maximum</b>	\$5,000,000	\$5,000,000
<b>Non-Specialist Office Visit</b> General Physician, Family Practitioner, Pediatrician or Internist	\$35 copay	\$40 copay
<b>Specialist Visit</b>	\$50 copay	\$50 copay
<b>Hospital Admission</b> <i>also see Maternity</i>	30% after deductible	30% after deductible
<b>Outpatient Surgery</b>	30% after deductible	30% after deductible
<b>Urgent Care Facility</b>	\$50 copay/visit	\$50 copay/visit
<b>Emergency Room</b> <i>waived if admitted</i>	30% after deductible	30% after deductible
<b>Annual Routine Gyn Exam</b> Annual Pap/Mammogram	\$50 copay (1 visit per 365 consecutive day period)	\$50 copay (1 visit per 365 consecutive day period)
<b>Maternity Hospital</b> Includes Newborn Services	30% after deductible	30% after deductible
<b>Preventive Health — Routine Physical</b>	\$35 copay	\$40 copay
<b>Lab/X-Ray</b>	\$50 copay	\$50 copay
<b>Complex Imaging Services</b>	\$250 copay	\$250 copay
<b>Skilled Nursing</b> <i>60 days per calendar year</i>	30% after deductible	30% after deductible
<b>Outpatient Therapies</b> <i>60 consecutive day period per instance of illness or injury</i>	\$50 copay/visit	\$50 copay/visit
<b>Home Health Care —</b> <i>60 days per calendar year</i>	\$35 copay/visit	\$40 copay/visit
<b>Durable Medical Equipment</b> <i>\$1,000 per calendar year</i>	50% of the contract rate per item	50% of the contract rate per item
<b>PHARMACY</b>		
<b>Pharmacy Deductible</b> Individual Family	\$500 \$1,500	\$500 \$1,500
	Does not apply to generic	Does not apply to generic
<b>Generic</b> <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$15 copay deductible waived	\$15 copay deductible waived
<b>Preferred Brand</b> <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$40 copay after deductible	\$40 copay after deductible
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$60 copay after deductible	\$60 copay after deductible
<b>Calendar Year Maximum</b> Individual Family	\$2,500 \$5,000	\$2,500 \$5,000

# PPO plan options

**Robust coverage and lower monthly payments balanced with a deductible...where you don't want to pay a lot for frequent doctor visits**

## Featuring:

- Health insurance coverage with lower monthly premiums and varying deductible levels

## Plus:

- Coverage for office visits to your primary care physician and specialists
- No claim forms to fill out when you visit a network provider
- No referrals required to see a specialist for covered services
- No waiting period for routine physical exams
- 100% annual routine GYN exam coverage — no waiting period, no dollar maximum and no copay or deductible when you visit a network provider
- Coverage for prescription drugs
- Coverage for routine physicals including lab work and X-rays
- 100% coverage for in-network childhood immunizations

- \* Maximum applies to combined in and out-of-network benefits.
- \*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
- + Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

	PPO 1500		PPO 2500	
<b>MEMBER BENEFITS</b>	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>Deductible</b> Individual Family	\$1,500 \$3,000	\$3,000 \$6,000	\$2,500 \$5,000	\$5,000 \$10,000
<b>Coinsurance</b> (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied		\$0 once out-of-pocket max. is satisfied	
<b>Coinsurance Maximum</b> Individual Family	\$1,500 \$3,000	\$7,000 \$14,000	\$2,500 \$5,000	\$5,000 \$10,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$3,000 \$6,000	\$10,000 \$20,000	\$5,000 \$10,000	\$10,000 \$20,000
	Includes deductible		Includes deductible	
<b>Lifetime Maximum* per insured</b>	\$5,000,000		\$5,000,000	
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay deductible waived	50% after deductible	\$30 copay deductible waived	50% after deductible
<b>Specialist Visit</b> <i>Unlimited visits</i>	\$35 copay deductible waived	50% after deductible	\$40 copay deductible waived	50% after deductible
<b>Hospital Admission</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Urgent Care Facility</b>	\$50 copay deductible waived	50% after deductible	\$50 copay deductible waived	50% after deductible
<b>Emergency Room</b>	\$350 copay** (waived if admitted)		\$350 copay** (waived if admitted)	
<b>Annual Routine Gyn Exam</b> <i>No waiting period, no calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible	\$0 copay deductible waived	50% after deductible
<b>Maternity</b>	Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>	
<b>Preventive Health — Routine Physical</b> <i>Aetna will pay up to \$250 per exam*</i> <i>No waiting period</i>	\$25 copay deductible waived	50% after deductible	\$30 copay deductible waived	50% after deductible
	Includes lab work and X-rays		Includes lab work and X-rays	
<b>Lab/X-Ray</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Skilled Nursing —</b> in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*		Aetna will pay a max. of \$25 per visit*	
<b>Home Health Care —</b> in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2000 per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>PHARMACY</b>				
<b>Pharmacy Deductible</b> per individual	\$500	\$500	\$500	\$500
	Does not apply to generic		Does not apply to generic	
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible	\$35 copay after deductible	\$35 copay plus 50% after deductible
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$50 copay after deductible	\$50 copay plus 50% after deductible	\$50 copay after deductible	\$50 copay plus 50% after deductible
<b>Self-Injectables</b>	20% after deductible	Not covered	20% after deductible	Not covered
<b>Calendar Year Maximum</b> per individual*	\$5,000	\$5,000	\$5,000	\$5,000

# PPO plan options

**Robust coverage and lower monthly payments balanced with a deductible...where you don't want to pay a lot for frequent doctor visits**

## Featuring:

- Health insurance coverage with lower monthly premiums and varying deductible levels

## Plus:

- Coverage for office visits to your primary care physician and specialists
- No claim forms to fill out when you visit a network provider
- No referrals required to see a specialist for covered services
- No waiting period for routine physical exams
- 100% annual routine GYN exam coverage — no waiting period, no dollar maximum and no copay or deductible when you visit a network provider
- Coverage for prescription drugs
- Coverage for routine physicals including lab work and X-rays
- 100% coverage for in-network childhood immunizations

- \* Maximum applies to combined in and out-of-network benefits.
- \*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
- + Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

	PPO 3500		PPO 5000	
MEMBER BENEFITS	In-Network	Out-of-Network <sup>+</sup>	In-Network	Out-of-Network <sup>+</sup>
<b>Deductible</b> Individual Family	\$3,500 \$7,000	\$7,000 \$14,000	\$5,000 \$10,000	\$10,000 \$20,000
<b>Coinsurance</b> (Member's responsibility)	20% after deductible up to out-of-pocket max.  \$0 once out-of-pocket max. is satisfied	50% after deductible up to out-of-pocket max.	20% after deductible up to out-of-pocket max.  \$0 once out-of-pocket max. is satisfied	50% after deductible up to out-of-pocket max.
<b>Coinsurance Maximum</b> Individual Family	\$4,000 \$8,000	\$5,000 \$11,000	\$2,500 \$5,000	\$2,500 \$5,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$7,500 \$15,000	\$12,500 \$25,000	\$7,500 \$15,000	\$12,500 \$25,000
	Includes deductible		Includes deductible	
<b>Lifetime Maximum* per insured</b>	\$5,000,000		\$5,000,000	
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	\$35 copay deductible waived	50% after deductible	\$40 copay deductible waived	50% after deductible
<b>Specialist Visit</b> <i>Unlimited visits</i>	\$45 copay deductible waived	50% after deductible	\$50 copay deductible waived	50% after deductible
<b>Hospital Admission</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Urgent Care Facility</b>	\$50 copay deductible waived	50% after deductible	\$50 copay deductible waived	50% after deductible
<b>Emergency Room</b>	\$350 copay** (waived if admitted)		\$350 copay** (waived if admitted)	
<b>Annual Routine Gyn Exam</b> <i>No waiting period, no calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible	\$0 copay deductible waived	50% after deductible
<b>Maternity</b>	Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>	
<b>Preventive Health — Routine Physical</b> <i>Aetna will pay up to \$250 per exam*</i> <i>No waiting period</i>	\$35 copay deductible waived	50% after deductible	\$40 copay deductible waived	50% after deductible
	Includes lab work and X-rays		Includes lab work and X-rays	
<b>Lab/X-Ray</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Skilled Nursing —</b> in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*		Aetna will pay a max. of \$25 per visit*	
<b>Home Health Care —</b> in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2000 per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>PHARMACY</b>				
<b>Pharmacy Deductible</b> per individual	\$500	\$500	\$500	\$500
	Does not apply to generic		Does not apply to generic	
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$35 copay after deductible	\$35 copay plus 50% after deductible	\$35 copay after deductible	\$35 copay plus 50% after deductible
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	\$50 copay after deductible	\$50 copay plus 50% after deductible	\$50 copay after deductible	\$50 copay plus 50% after deductible
<b>Self-Injectables</b>	20% after deductible	Not covered	20% after deductible	Not covered
<b>Calendar Year Maximum</b> per individual*	\$5,000	\$5,000	\$5,000	\$5,000

# PPO High Deductible plan options

Lower premium costs...and  
an HSA-compatible plan that  
offers tax advantaged savings

## Featuring:

- 0% coinsurance in network after your deductible is met
- Lower monthly premiums, higher annual deductibles (at least \$3,000 for individuals and \$6,000 for families)
- Can be paired with a tax-advantaged Health Savings Account (HSA)

## Plus:

- Coverage for office visits to your primary care physician and specialists
- No claim forms to fill out when you visit a network provider
- No referrals required to see a specialist for covered services
- No waiting period for routine physical exams
- 100% annual routine GYN exam coverage — no waiting period, no dollar maximum and no copay or deductible when you visit a network provider
- Coverage for prescription drugs
- Coverage for routine physicals including lab work and X-rays
- 100% coverage for in-network childhood immunizations

\* Maximum applies to combined in and out-of-network benefits.

\*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

+ Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

## PPO High Deductible 3000 (HSA Compatible)

## PPO High Deductible 5000 (HSA Compatible)

MEMBER BENEFITS	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>Deductible</b> Individual Family	\$3,000 \$6,000	\$6,000 \$12,000	\$5,000 \$10,000	\$10,000 \$20,000
<b>Coinsurance</b> (Member's responsibility)	0% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.	0% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied		\$0 once out-of-pocket max. is satisfied	
<b>Coinsurance Maximum</b> Individual Family	\$0 \$0	\$6,500 \$13,000	\$0 \$0	\$2,500 \$5,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$3,000 \$6,000	\$12,500 \$25,000	\$5,000 \$10,000	\$12,500 \$25,000
	Includes deductible		Includes deductible	
<b>Lifetime Maximum* per insured</b>	\$5,000,000		\$5,000,000	
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Specialist Visit</b> <i>Unlimited visits</i>	0% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Hospital Admission</b>	0% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Outpatient Surgery</b>	0% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Urgent Care Facility</b>	0% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Emergency Room</b>	\$0 copay after deductible		\$0 copay after deductible	
<b>Annual Routine Gyn Exam</b> <i>No waiting period, no calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible	\$0 copay deductible waived	50% after deductible
<b>Maternity</b>	Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>	
<b>Preventive Health — Routine Physical</b> <i>Aetna will pay up to \$250 per exam* No waiting period</i>	\$20 copay deductible waived	50% after deductible	\$25 copay deductible waived	50% after deductible
	Includes lab work and X-rays		Includes lab work and X-rays	
<b>Lab/X-Ray</b>	0% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Skilled Nursing —</b> in lieu of hospital <i>30 days per calendar year*</i>	0% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> <i>24 visits per calendar year*</i>	0% after deductible	50% after deductible	0% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*		Aetna will pay a max. of \$25 per visit*	
<b>Home Health Care —</b> in lieu of hospital <i>30 visits per calendar year*</i>	0% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2000 per calendar year*</i>	0% after deductible	50% after deductible	0% after deductible	50% after deductible

## PHARMACY

Pharmacy Deductible per individual	Integrated Medical/Rx Deductible		Integrated Medical/Rx Deductible	
<b>Generic</b> <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible	0% after Medical/Rx deductible	50% after Medical/Rx deductible
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible	0% after Medical/Rx deductible	50% after Medical/Rx deductible
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	0% after Medical/Rx deductible	50% after Medical/Rx deductible	0% after Medical/Rx deductible	50% after Medical/Rx deductible
<b>Self-Injectables</b>	0% after Medical / Rx deductible	Not covered	0% after Medical/Rx deductible	Not covered
<b>Calendar Year Maximum</b> per individual*	\$5,000	\$5,000	\$5,000	\$5,000

# PPO Value plan options

**Affordability — a balance of lower monthly premiums and quality coverage...**  
where you want to cap the amount you'll spend on total medical expenses each year

## Featuring:

- Lower monthly premiums (that's the "Value" part)
- No deductible for generic prescription drugs

## Plus:

- Coverage for office visits to your primary care physician and specialists
- No claim forms to fill out when you visit a network provider
- No referrals required to see a specialist for covered services
- No waiting period for routine physical exams
- 100% annual routine GYN exam coverage — no waiting period, no dollar maximum and no copay or deductible when you visit a network provider
- Coverage for prescription drugs
- Coverage for routine physicals including lab work and X-rays
- 100% coverage for in-network childhood immunizations

- \* Maximum applies to combined in and out-of-network benefits.
- \*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
- \*\*\* Brokers: please see broker information about commissions for these plans.
- + Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

	PPO Value 1500***		PPO Value 2500***	
MEMBER BENEFITS	In-Network	Out-of-Network*	In-Network	Out-of-Network*
<b>Deductible</b> Individual Family	\$1,500 \$3,000	\$3,000 \$6,000	\$2,500 \$5,000	\$5,000 \$10,000
<b>Coinsurance</b> (Member's responsibility)	20% after deductible up to out-of-pocket max. \$0 once out-of-pocket max. is satisfied	50% after deductible up to out-of-pocket max. \$0 once out-of-pocket max. is satisfied	20% after deductible up to out-of-pocket max. \$0 once out-of-pocket max. is satisfied	50% after deductible up to out-of-pocket max. \$0 once out-of-pocket max. is satisfied
<b>Coinsurance Maximum</b> Individual Family	\$1,500 \$3,000	\$7,000 \$14,000	\$2,500 \$5,000	\$5,000 \$10,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$3,000 \$6,000	\$10,000 \$20,000	\$5,000 \$10,000	\$10,000 \$20,000
	Includes deductible		Includes deductible	
<b>Lifetime Maximum* per insured</b>	\$1,000,000		\$1,000,000	
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Visit 1-5 \$30 copay, deductible waived; Visit 6+ pays 100% Aetna Discount Applies; Aetna pays 100% once out of pocket is met. Spec. & Non-Spec share visit max.	50% after deductible	Visit 1-5 \$30 copay, deductible waived; Visit 6+ pays 100% Aetna Discount Applies; Aetna pays 100% once out of pocket is met. Spec. & Non-Spec share visit max.	50% after deductible
<b>Specialist Visit</b> <i>Unlimited visits</i>	Visit 1-5 \$50 copay, deductible waived; Visit 6+ pays 100% Aetna Discount Applies; Aetna pays 100% once out of pocket is met. Spec. & Non-Spec share visit max.	50% after deductible	Visit 1-5 \$50 copay, deductible waived; Visit 6+ pays 100% Aetna Discount Applies; Aetna pays 100% once out of pocket is met. Spec. & Non-Spec share visit max.	50% after deductible
<b>Hospital Admission</b>	40% after deductible	50% after deductible	40% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Urgent Care Facility</b>	\$75 copay deductible waived	50% after deductible	\$75 copay deductible waived	50% after deductible
<b>Emergency Room</b>	\$350 copay** (waived if admitted)		\$350 copay** (waived if admitted)	
<b>Annual Routine Gyn Exam</b> <i>No waiting period, no calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible	\$0 copay deductible waived	50% after deductible
<b>Maternity</b>	Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>	
<b>Preventive Health — Routine Physical</b> <i>Aetna will pay up to \$250 per exam* No waiting period</i>	\$40 copay deductible waived	50% after deductible	\$50 copay deductible waived	50% after deductible
	Includes lab work and X-rays		Includes lab work and X-rays	
<b>Lab/X-Ray</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Skilled Nursing —</b> in lieu of hospital <i>30 days per calendar year*</i>	40% after deductible	50% after deductible	40% after deductible	50% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*		Aetna will pay a max. of \$25 per visit*	
<b>Home Health Care —</b> in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2000 per calendar year*</i>	40% after deductible	50% after deductible	40% after deductible	50% after deductible
<b>PHARMACY</b>				
<b>Pharmacy Deductible</b> per individual	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$20 copay	\$20 copay plus 50%	\$20 copay	\$20 copay plus 50%
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered	Not covered	Not covered	Not covered
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered	Not covered	Not covered	Not covered
<b>Calendar Year Maximum</b> per individual*	\$5,000	\$5,000	\$5,000	\$5,000

# Preventive and Hospital Care plan options

Affordability is one of your top priorities and you use only basic health care services... and want to keep your monthly premiums lower

## Featuring:

- Health insurance coverage with lower monthly premiums and varying deductible levels.

## Plus:

- No claim forms to fill out when you visit a network provider
- No waiting period for routine physical exams
- 100% annual routine GYN exam coverage — no waiting period, no dollar maximum and no copay or deductible when you visit a network provider
- Coverage for routine physicals including lab work and X-rays
- 100% coverage for in-network childhood immunizations

- \* Maximum applies to combined in and out-of-network benefits.
- \*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.
- \*\*\* Brokers: please see broker information about commissions for this plan.
- + Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.
- ++ Coverage is provided for expenses for scalp hair prosthesis worn for hair loss resulting from alopecia areata, due to an autoimmune disease.

## Preventive and Hospital Care 3000 (HSA Compatible)\*\*\*

MEMBER BENEFITS	In-Network	Out-of-Network <sup>+</sup>
<b>Deductible</b> Individual Family	\$3,000 \$6,000	\$6,000 \$12,000
<b>Coinsurance</b> (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied	
<b>Coinsurance Maximum</b> Individual Family	\$2,000 \$4,000	\$4,000 \$8,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$5,000 \$10,000	\$10,000 \$20,000
	Includes deductible	
<b>Lifetime Maximum* per insured</b>	\$1,000,000	
<b>Non-Specialist Office Visit</b> <i>Unlimited visits</i> General Physician, Family Practitioner, Pediatrician or Internist	Not covered	Not covered
<b>Specialist Visit</b> <i>Unlimited visits</i>	Not covered	Not covered
<b>Hospital Admission</b>	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible
<b>Urgent Care Facility</b>	Not covered	Not covered
<b>Emergency Room</b>	\$350 copay** (waived if admitted)	
<b>Annual Routine Gyn Exam</b> <i>No waiting period, no calendar year max.</i> Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
<b>Maternity</b>	Not covered Except for pregnancy complications	
<b>Preventive Health — Routine Physical</b> <i>Aetna will pay up to \$250 per exam* No waiting period</i>	\$35 copay deductible waived	50% after deductible
	Includes lab work and X-rays	
<b>Lab/X-Ray</b>	Not covered	Not covered
<b>Skilled Nursing</b> — in lieu of hospital <i>30 days per calendar year*</i>	20% after deductible	50% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> <i>24 visits per calendar year*</i>	Not covered	Not covered
<b>Home Health Care</b> — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2000 per calendar year*</i>	Not covered**	Not covered**
<b>PHARMACY</b>		
<b>Pharmacy Deductible</b> per individual	Not Applicable	Not Applicable
<b>Generic</b> <i>Oral Contraceptives Included</i>	Not covered	Not covered
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered	Not covered
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered	Not covered
<b>Self-Injectables</b>	Not covered	Not covered
<b>Calendar Year Maximum</b> per individual*	Not Applicable	Not Applicable

# Aetna Advantage Plan options

## Individual Dental PPO Max plan

MEMBER BENEFITS	Preferred	NonPreferred
Annual Deductible per Member (Does not apply to Diagnostic and Preventive Services)	\$25; \$75 family maximum	\$25; \$75 family maximum
Annual Maximum Benefit	Unlimited	Unlimited
DIAGNOSTIC SERVICES		
Oral exams		
Periodic oral exam	100% deductible waived	50% deductible waived
Comprehensive oral exam	100% deductible waived	50% deductible waived
Problem-focused oral exam	100% deductible waived	50% deductible waived
X-rays		
Bitewing — single film	100% deductible waived	50% deductible waived
Complete series	100% deductible waived	50% deductible waived
PREVENTIVE SERVICES		
Adult cleaning	100% deductible waived	50% deductible waived
Child cleaning	100% deductible waived	50% deductible waived
Sealants — per tooth	Discount	Not covered
Fluoride application — with cleaning	100% deductible waived	50% deductible waived
Space maintainers	Discount	Not covered
BASIC SERVICES		
Amalgam fillings — 2 surfaces	100% after deductible	50% after deductible
Resin fillings — 2 surfaces	Discount	Not covered
Oral Surgery		
Extraction — exposed root or erupted tooth	Discount	Not covered
Extraction of impacted tooth — soft tissue	Discount	Not covered
MAJOR SERVICES		
Complete upper denture	Discount	Not covered
Partial upper denture (resin based)	Discount	Not covered
Crown — Porcelain with noble metal	Discount	Not covered
Pontic — Porcelain with noble metal	Discount	Not covered
Inlay — Metallic (3 or more surfaces)	Discount	Not covered
Oral Surgery		
Removal of impacted tooth — partially bony	Discount	Not covered
Endodontic Services		
Bicuspid root canal therapy	Discount	Not covered
Molar root canal therapy	Discount	Not covered
Periodontic Services		
Scaling & root planing — per quadrant	Discount	Not covered
Osseous surgery — per quadrant	Discount	Not covered
ORTHODONTIC SERVICES	Discount	Not covered

**Access to negotiated discounts: members are eligible to receive non-covered services, including cosmetic services such as tooth whitening, at the PPO negotiated rate when visiting a participating PPO dentist.**

Nonpreferred (Out-of-Network) Coverage is limited to a maximum of the Plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Above list of covered services is representative. A summary of exclusions is listed later in this brochure. For a full list of benefit coverage and exclusions refer to the plan documents.

All products not available in all counties.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract.

# Unlimited Primary Care Visits plus Dental plan options

Medical and dental coverage; and vision discounts bundled together...at a reasonable cost

## Featuring:

- One monthly premium for medical and dental coverage; and vision discounts
- Lower monthly premiums, higher annual deductibles (at least \$7,500 for individuals and \$15,000 for families)
- 100% coverage for diagnostic and preventive dental services from an Aetna preferred provider

## Plus:

- Coverage for office visits to your primary care physician and specialists
- No claim forms to fill out when you visit a network provider
- No referrals required to see a specialist for covered services
- No waiting period for routine physical exams
- 100% annual routine GYN exam coverage — no waiting period, no dollar maximum and no copay or deductible when you visit a network provider
- Coverage for prescription drugs
- Coverage for routine physicals including lab work and X-rays
- 100% coverage for in-network childhood immunizations

\* Maximum applies to combined in and out-of-network benefits.

\*\* Copay is billed separately and not due at time of service. Copay does not count towards coinsurance or out-of-pocket maximum.

+ Payment for out-of-network facility covered expenses is determined based on Aetna's Market Fee Schedule. Payment for out-of-network non-facility covered expenses is determined based on the negotiated charge that would apply if such services were received from a Network Provider.

PPO 7500 with  
Unlimited Primary Care  
Visits plus Dental

PPO 10000 with  
Unlimited Primary Care  
Visits plus Dental

MEMBER BENEFITS	In-Network	Out-of-Network <sup>+</sup>	In-Network	Out-of-Network <sup>+</sup>
<b>Deductible</b> Individual Family	\$7,500 \$15,000	\$10,000 \$20,000	\$10,000 \$20,000	\$10,000 \$20,000
<b>Coinsurance</b> (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
	\$0 once out-of-pocket max. is satisfied		\$0 once out-of-pocket max. is satisfied	
<b>Coinsurance Maximum</b> Individual Family	\$2,500 \$5,000	\$2,500 \$5,000	\$2,500 \$5,000	\$2,500 \$5,000
<b>Out-of-Pocket Maximum</b> Individual Family	\$10,000 \$20,000	\$12,500 \$25,000	\$12,500 \$25,000	\$12,500 \$25,000
	Includes deductible		Includes deductible	
<b>Lifetime Maximum* per insured</b>	\$5,000,000		\$5,000,000	
<b>Non-Specialist Office Visit</b> General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	50% after deductible	\$40 copay deductible waived	50% after deductible
<b>Specialist Visit</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Hospital Admission</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Urgent Care Facility</b>	\$50 copay deductible waived	50% after deductible	\$50 copay deductible waived	50% after deductible
<b>Emergency Room</b>	\$350 copay** (waived if admitted)		\$350 copay** (waived if admitted)	
<b>Annual Routine Gyn Exam</b> <i>No waiting period, no calendar year max. Annual Pap/Mammogram</i>	\$0 copay deductible waived	50% after deductible	\$0 copay deductible waived	50% after deductible
<b>Maternity</b>	Not covered <i>Except for pregnancy complications</i>		Not covered <i>Except for pregnancy complications</i>	
<b>Preventive Health — Routine Physical</b> <i>Aetna will pay up to \$250 per exam*</i>	\$30 copay deductible waived	50% after deductible	\$40 copay deductible waived	50% after deductible
	Includes lab and X-rays		Includes lab and X-rays	
<b>Lab/X-Ray</b>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Skilled Nursing —</b> <i>instead of hospital 30 days per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Physical/Occupational Therapy and Chiropractic Care</b> <i>24 visits per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*		Aetna will pay a max. of \$25 per visit*	
<b>Home Health Care —</b> <i>instead of hospital 30 visits per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Durable Medical Equipment</b> <i>Aetna will pay up to \$2,000 per calendar year*</i>	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>PHARMACY</b>				
<b>Pharmacy Deductible</b> per individual	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Generic</b> <i>Oral Contraceptives Included</i>	\$15 copay deductible waived	\$15 copay plus 50% deductible waived	\$15 copay deductible waived	\$15 copay plus 50% deductible waived
<b>Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered	Not covered	Not covered	Not covered
<b>Non-Preferred Brand</b> <i>Oral Contraceptives Included</i>	Not covered	Not covered	Not covered	Not covered
<b>Self-Injectables</b>	Not covered	Not covered	Not covered	Not covered
<b>Calendar Year Maximum</b> per individual*	Unlimited	Unlimited	Unlimited	Unlimited

# 3) More value with Aetna special programs



Aetna Advantage Plans include special programs<sup>1</sup> to complement our health insurance coverage. These programs include health information programs and tools, and offer you access to substantial savings on products to help you stay healthy. These programs are offered in addition to your Aetna Advantage Plan and are NOT insurance.

**For more information on any of these programs, please visit us online at [www.aetna.com](http://www.aetna.com).**

<b>Aetna Vision<sup>SM</sup> Discount Program</b>	Aetna Vision <sup>SM</sup> discount program offers special savings on eye exams, contact lenses, frames, lenses, LASIK eye surgery, and eye care accessories.
<b>Aetna Natural Products and Services<sup>SM</sup> Discount Program</b>	Eligible Aetna members and their families can access complementary health care products and services at reduced rates through the Aetna Natural Products and Services discount program. Members can save on acupuncture, chiropractic care, massage therapy and dietetic counseling as well as on over-the-counter vitamins, herbal and nutritional supplements and other health-related products.
<b>Aetna Fitness<sup>SM</sup> Discount Program</b>	Eligible Aetna members and their families can access the GlobalFit <sup>TM</sup> national network of nearly 10,000 fitness clubs, in the United States and Canada, at preferred rates*. In addition, members can access other programs such as at-home weight loss programs, home fitness options and even one-on-one health coaching** services.
<b>Aetna Weight Management<sup>SM</sup> Discount Program</b>	The Weight Management <sup>SM</sup> discount program can help you achieve your weight loss goals by providing you with a sensible weight loss plan and balanced nutrition guide to fit your lifestyle. This program provides Aetna members and their eligible family members access to discounts on Jenny Craig <sup>®</sup> weight loss programs and products.
<b>Aetna Hearing<sup>SM</sup> Discount Program</b>	Aetna's Hearing <sup>SM</sup> discount program helps Aetna members and their families save on hearing exams, hearing services and hearing aids.
<b>Aetna Rx Home Delivery<sup>®</sup></b>	With this mail order prescription drug program, order prescription medications through our convenient and easy-to-use mail order pharmacy. To learn more or obtain order forms, visit <a href="http://www.AetnaRxHomeDelivery.com">www.AetnaRxHomeDelivery.com</a> .
<b>Informed Health<sup>®</sup> Line</b>	Our 24-hour toll-free number that puts you in touch with experienced registered nurses and an audio library for information on thousands of health topics.
<b>Aetna's Secure Member Website</b>	Register and log on to Aetna's secure member website to check claims status, contact Aetna Member Services, estimate the costs of health care services, and more. Aetna's secure member website provides a starting point to find answers about health care, types of treatment, cost of services and more to help members make more informed decisions. Plus, members have access to their own Personal Health Record***, a single, secure place where they can view their medical history and add other health information.

Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services.

<sup>1</sup> Availability varies by plan. Talk with your Aetna representative for details.

\* At some clubs, participation in this program may be restricted to new club members.

\*\* Provided by WellCall, Inc. through GlobalFit.

\*\*\* The Aetna Personal Health Record should not be used as the sole source of information about your health conditions or medical treatment.

# 4) Things you need to know

## EASY-PAY

### Simple Automatic Payments via Electronic Funds Transfer (EFT)

**Registration:** Complete the payment section of the Aetna Advantage Plans enrollment form. Select the EFT option to approve the automatic withdrawal of your initial premium and all subsequent premium payments.

**Invoices:** You will not receive a paper invoice when you are enrolled in EFT. Payments will appear on your bank statement as "Aetna Autodebit Coverage."

**Terminating:** To terminate EFT, you will need to provide Aetna with 10 days written notice prior to the date your next EFT payment will be deducted. Without this written notice, your bank account may be debited for the next month's premium. You will then need to contact Aetna to have funds placed back in the checking account.

**Refunds:** To process an EFT refund (placing money back in member's checking account), Aetna will require at least five days after the withdrawal was made to ensure valid payment.

**Rejected transactions:** If the EFT payment rejects for any reason, Aetna will automatically terminate the EFT and send you a letter saying you will receive paper invoices. Processing time to reinstate EFT will be 30–60 days. If an EFT payment is rejected, you will need to pay that payment by paper check or credit card.

**Timing:** Payments for Cycle 1 accounts (1st of the month effective date) will be taken from your bank account between the 3rd and the 10th of the month the premium is due. Payments for Cycle 2 accounts (15th of the month effective date) will be taken from your bank account between the 18th and 23rd of the month the premium is due.

## To qualify for an Aetna Advantage Plan, you must be:

- Under age 64 3/4 (If applying as a couple, both you and your spouse must be under 64 3/4)
- Dependent children up to age 24
- Legal residents in a state with products offered by the Aetna Advantage Plans
- Legal U.S. residents for at least six continuous months

## Your premium payments

*Your rates for HMO and PPO are guaranteed not to increase for 12 months from your effective date once you've been accepted for coverage. After that, your premiums may change. Final rates are subject to underwriting review.*

## Your coverage

Your coverage remains in effect as long as you pay the required premium charges on time, and as long as you maintain eligibility in the plan. Coverage will be terminated if you become ineligible due to any of the following circumstances:

- Non-payment of premiums
- Becoming a resident of a state or location in which Aetna Advantage Plans are not available
- Obtaining duplicate coverage
- For other reasons permissible by law

## Levels of coverage & enrollment

Based on medical underwriting:

- You may be enrolled in your selected plan at the premium charge.
- *You may be enrolled in your selected plan at a higher premium.*
- You may be declined coverage.

## Medical underwriting requirements

The Aetna Advantage Plans are not guaranteed issue plans and require medical underwriting. Some individuals may qualify as federally eligible under the Health Insurance Portability Accountability Act (HIPAA) for special guaranteed issue plans under Pennsylvania laws and regulations.

All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility and appropriate premium rate level.

We offer various premium rate levels based on the medical underwriting of each applicant.

## 10-day right to review

Do not cancel your current insurance until you are notified that you have been accepted for coverage. We'll review your enrollment form to determine if you meet underwriting requirements. If you're denied, you'll be notified by mail. If you're approved, you'll be notified by mail and sent an Aetna Advantage Plan contract and ID card.

If, after reviewing the contract, you find that you're not satisfied for any reason, simply return the contract to us within 10 days. We will refund any premium you've paid (including any contract fees or other charges) less the cost of any services paid on behalf of you or any covered dependent.

## Duplicate coverage

If you are currently covered by another carrier, you must agree to discontinue the other coverage before or on the effective date of the Aetna Advantage Plan. However, do not cancel your current insurance until you are notified that you have been accepted for coverage and are certain that you are keeping your Aetna Advantage Plan coverage.

# Limitations & exclusions

## Medical

These medical plans do not cover all health care expenses and include exclusions and limitations. You should 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 or the plan design or rider(s). Services and supplies that are generally not covered include, but are not limited to:

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates
- Ambulance coverage is limited to \$1,000 per trip
- Cosmetic surgery
- Custodial care
- Donor egg retrieval
- Weight control services including surgical procedures for the treatment of obesity, medical treatment, and weight control/loss programs
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial)
- For PPO plans: charges in connection with pregnancy care other than for pregnancy complications
- Immunizations for travel or work
- Implantable drugs 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





## PRE-EXISTING CONDITIONS

During the first 12 months following your effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition unless you have prior creditable coverage.

A pre-existing condition is an illness, disease, physical condition, or injury for which medical advice, or treatment was recommended or received and/or the use of prescription drugs of any kind within six months preceding the effective date of coverage. Services or supplies for the treatment of a pre-existing condition are not covered for the first 12 months after the member's effective date. If the member had continuous prior creditable coverage within the 63 days immediately preceding the signature on the application and meets certain other requirements, then the pre-existing condition exclusion of 12 months may not apply.

- Non-medically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- 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
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Mental health in-network services for HMO is not covered. Mental health in-network services for PPO plans is not covered, except for severe biologically based mental or nervous disorders

## Dental

Listed below are some of the charges and services for which these dental plans do not provide coverage. For a complete list of exclusions and limitations, refer to plan documents.

- Dental Services or supplies that are primarily used to alter, improve or enhance appearance. *Negotiated rates for cosmetic procedures available when a participating dentist is accessed.*
- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder
- Replacement of lost or stolen appliances and certain damaged appliances
- Services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved
- All other limitations and exclusions in your plan documents



# Want to save on dental expenses?

Vital Savings by Aetna® is a discount program that provides you with dental savings. This is not insurance. Enrolling in the program will give you access to a network of providers who have agreed to accept discounted rates for services. To sign up today, visit [www.vitalsavings.com](http://www.vitalsavings.com) or call 1-877-698-4825.

**This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. To contact the plan if you are a member, call the number on your ID card; all others, call 1-888-98-AETNA (1-888-982-3862).**

**If you need this material translated into another language, please call Member Services at 1-866-565-1236.**

Si usted necesita este material en otro lenguaje, por favor llame a Servicios al Miembro al 1-866-565-1236.

This material is for information only and is not an offer or invitation to contract. Plan features and availability may vary by location. Plans may be subject to medical underwriting or other restrictions. Rates and benefits may vary by location. Health/Dental benefits and insurance plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. 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. Not all health services are covered. See health insurance 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 makers 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. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Plan for Your Health is a public education program from Aetna and The Financial Planning Association. Information is believed to be accurate as of production date, however, it is subject to change.

The Vital Savings by Aetna® program (the "Program") is not insurance. The Program provides Members with access to discounted fees pursuant to schedules negotiated by Aetna Life Insurance Company for the Vital Savings by Aetna® discount program. The Program does not make payments directly to the providers participating in the Program. Each Member is obligated to pay for all services or products but will receive a discount from the providers who have contracted with the Discount Medical Plan Organization to participate in the Program. Aetna may receive a percentage of the fee you pay to the discount vendor. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-877-698-4825, is the Discount Medical Plan Organization.

For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

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