



Health

Essential Premier Health Insurance

insured by 

PENNSYLVANIA

	HIGH DEDUCTIBLE \$3000 PLAN (HSA COMPATIBLE)	
MEMBER BENEFITS	In-Network	Out-of-Network ⁺
Deductible Individual / Family	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance (Member's Responsibility)	0% after deductible	40% after deductible
Coinsurance Maximum Individual / Family	\$0/\$0	\$6,500/\$13,000
Out-of-Pocket Maximum (Includes Deductible) Individual / Family	\$3,000/\$6,000	\$12,500/\$25,000
Lifetime Maximum* per Insured	\$5,000,000	
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	0% after deductible	40% after deductible
Specialist Visit	0% after deductible	40% after deductible
Hospital Admission	0% after deductible	40% after deductible
Outpatient Surgery	0% after deductible	40% after deductible
Emergency Room	\$0 copay after deductible	\$0 copay after deductible
Annual Routine GYN Exam Annual Pap	\$0 copay ded. waived	40% after deductible
Maternity	Not covered <i>Except for pregnancy complications</i>	
Preventive Health Routine Physical <i>Aetna will pay up to \$200.</i>	\$20 copay ded. waived	40% after deductible
Lab / X-Ray	0% after deductible	40% after deductible
Skilled Nursing In lieu of hospital <i>30 days per calendar year*</i>	0% after deductible	40% after deductible
Physical / Occupational Therapy <i>24 visits per calendar year* - Aetna will pay a max. of \$25 per visit</i>	0% after deductible	40% after deductible
Home Health Care In lieu of hospital <i>30 visits per calendar year*</i>	0% after deductible	40% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2,000 per calendar year*</i>	0% after deductible	40% after deductible
PHARMACY		
Pharmacy Deductible Individual / Family	Integrated Medical/Rx Deductible	
Generic <i>Oral Contraceptives Included</i>	\$0 copay after medical ded.	40% after med. ded.
Preferred Brand <i>Oral Contraceptives Included</i>	\$0 copay after medical ded.	40% after med. ded.
Non-Preferred Brand <i>Oral Contraceptives Included</i>	\$0 copay after medical ded.	40% after med. ded.
Calendar Year Maximum per Individual*	\$5,000	

* Maximum applies to combined in-and out-of-network benefits. For a full list of benefit coverage and exclusions refer to plan documents.

+ Payment for out-of-network facility care is determined based upon Aetna's Allowable Fee Schedule. Payment for other out-of-network facility care is determined based upon the negotiated charge that would apply if such services or supplies were received from a Preferred Provider.

AARP Essential Premier Health Insurance Plan is the brand name used for products and services provided for AARP members by Aetna Life Insurance Company through an Association Group Agreement. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.

Health insurance plans contain exclusions and limitations. 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.

Investment services are independently offered. Providers are independent contractors and are not agents of Aetna.

For a full and complete list of benefit coverage and exclusions refer to the plan documents.

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