



Health

Essential Premier Health Insurance



PENNSYLVANIA

		PREVENTIVE AND HOSPITAL CARE \$3000 DEDUCTIBLE 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)		20% after deductible	40% after deductible
Coinsurance Maximum Individual / Family		\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Maximum (Includes Deductible) Individual / Family		\$5,000/\$10,000	\$10,000/\$20,000
Lifetime Maximum* per Insured		\$5,000,000	
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist		Not covered	Not covered
Specialist Visit		Not covered	Not covered
Hospital Admission		20% after deductible	40% after deductible
Outpatient Surgery		20% after deductible	40% after deductible
Emergency Room		\$100 copay** (waived if admitted) 20% 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>		\$35 copay ded. waived	40% after deductible
Lab / X-Ray		20% after ded. preoperative w/covered surgery only	40% after ded.
Skilled Nursing In lieu of hospital <i>30 days per calendar year*</i>		20% after deductible	40% after deductible
Physical / Occupational Therapy <i>24 visits per calendar year*- Aetna will pay a max. of \$25 per visit</i>		Not covered	Not covered
Home Health Care In lieu of hospital <i>30 visits per calendar year*</i>		20% after deductible	40% after deductible
Durable Medical Equipment <i>Aetna will pay up to \$2,000 per calendar year*</i>		Not covered	Not covered
PHARMACY			
Pharmacy Deductible Individual / Family		Not covered***	Not covered***
Generic <i>Oral Contraceptives Included</i>		Not covered***	Not covered***
Preferred Brand <i>Oral Contraceptives Included</i>		Not covered***	Not covered***
Non-Preferred Brand <i>Oral Contraceptives Included</i>		Not covered***	Not covered***
Calendar Year Maximum per Individual*		Not applicable	Not applicable

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

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

*** Aetna discount available.

+ 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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