

Pennsylvania Aetna Advantage Plan Options

HMO 20

MEMBER BENEFITS	
Deductible Individual Family	\$0 \$0
Lifetime Maximum	Unlimited
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	\$20 copay
Specialist Visit	\$35 copay
Hospital Admission <i>also see Maternity</i>	\$450 copay per day (5 day maximum per admission)
Outpatient Surgery	\$400 copay/visit
Urgent Care Facility	\$100 copay/visit
Emergency Room <i>waived if admitted</i>	\$150 copay/visit
Annual Routine Gyn Exam Annual Pap/Mammogram	\$30 copay (1 visit per 365 consecutive day period)
Maternity Hospital Includes Newborn Services	\$450 copay per day (5 day maximum per admission)
Preventive Health — Routine Physical	\$20 copay
Lab/X-Ray	\$30 copay
Complex Imaging Services	\$150 copay
Skilled Nursing <i>60 days per calendar year</i>	\$450 copay per day (5 day maximum per admission) (waived if a member is transferred from a hospital to a skilled nursing facility)
Outpatient Therapies <i>60 consecutive day period per instance of illness or injury</i>	\$30 copay/visit
Home Health Care — <i>60 days per calendar year</i>	\$30 copay/visit
Durable Medical Equipment <i>\$1,000 per calendar year</i>	50% of the contracted rate per item
PHARMACY	
Pharmacy Deductible Individual Family	\$250 \$750 Does not apply to generic
Generic <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$15 copay deductible waived
Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$25 copay after deductible
Non-Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$35 copay after deductible
Calendar Year Maximum Individual Family	\$2,500 \$5,000

* 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.

A summary of exclusions is listed in the Aetna Advantage Plan brochure. For a full list of benefit coverage and exclusions refer to the plan documents. Plans may be subject to medical underwriting or other restrictions. Rates and benefits vary by location. 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 insurance plans contain exclusions and limitations. Material subject to change.

Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out-of-state blanket trust. 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. These managed care plans 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 1-800-My-Health (1-800-694-3258).