Pennsylvania Aetna Advantage Plan Options

	PPO 2500	
MEMBER BENEFITS	In-Network	Out-of-Network*
Deductible Individual Family	\$2,500 \$5,000	\$5,000 \$10,000
Coinsurance (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	
Coinsurance Maximum Individual Family	\$2,500 \$5,000	\$5,000 \$10,000
Out-of-Pocket Maximum Individual Family	\$5,000 \$10,000	\$10,000 \$20,000
	Includes deductible	
Lifetime Maximum* per insured Non-Specialist Office Visit	\$5,000,000	
Unlimited visits General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay deductible waived	50% after deductible
Specialist Visit Unlimited visits	\$40 copay deductible waived	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Urgent Care Facility	\$50 copay deductible waived	50% after deductible
Emergency Room	\$100 copay** (waived if admitted) 20% coinsurance after deductible	
Annual Routine Gyn Exam No waiting period, no calendar year max. Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible
Maternity	Not covered Except for pregnancy complications	
Preventive Health — Routine Physical Aetna will pay up to \$200 per exam* No waiting period	\$30 copay deductible waived	50% after deductible
Lab/X-Ray	Includes lab work and X-rays	
	after deductible	after deductible
Skilled Nursing — in lieu of hospital 30 days per calendar year*	20% after deductible	50% after deductible
Physical/Occupational Therapy and Chiropractic Care 24 visits per calendar year*	20% after deductible	50% after deductible
	Aetna will pay a max. of \$25 per visit*	
Home Health Care — in lieu of hospital 30 visits per calendar year*	20% after deductible	50% after deductible
Durable Medical Equipment Aetna will pay up to \$2000 per calendar year*	20% after deductible	50% after deductible
PHARMACY		
Pharmacy Deductible oer individual	\$500	\$500
Generic	Does not apply to generic \$15 copay \$15 copay plus 50%	
Oral Contraceptives Included	deductible waived	\$15 copay plus 50% deductible waived
Preferred Brand Oral Contraceptives Included	\$35 copay after deductible	\$35 copay plus 50% after deductible
Non-Preferred Brand Oral Contraceptives Included	\$50 copay after deductible	\$50 copay plus 50% after deductible
Calendar Year Maximum	\$5,000	\$5,000

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. * Maximum applies to combined in and out-ofnetwork 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-ofnetwork 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.

We want you to know®

per individual*