

Quality health plans & benefits
 Healthier living
 Financial well-being
 Intelligent solutions



Medical plans for Pennsylvania at-a-glance

Pennsylvania 2 – 50 (Plans effective January 1, 2014)

Product Type	Metal Tier	Plan	Deductible (Individual)	Out-of-Pocket Limit (Individual)	PCP Office Visit	Specialist Office Visit	Urgent Care	Emergency Room	Lab	X-Ray	Complex Imaging	Inpatient Hospital	Outpatient Surgery	Prescription Drugs (30-day supply)	Product Availability
Traditional copay plans	Gold	500D \$25	\$0	\$5,000	\$25	\$50	\$75	\$250	\$15	\$50	\$250	\$500/d, 5	\$500	\$10/ \$50/ \$125 Rx	HMO HNOOnly QPOS HNOOption PPO
	Gold	600D \$35			\$35	\$60		\$300		\$60	\$300	\$600/d, 5	\$600		
	Gold	600D \$45			\$45	\$65		\$350		\$65	\$350				
Cost-sharing plans	Gold	1000 100%	\$1,000	\$5,000	\$25	\$50	\$75	\$300	\$10	\$50	\$300	\$0 after deductible			
	Silver	2000 100%	\$2,000	\$6,350	\$45	\$75		\$350	\$25	\$75	\$350	\$0 after deductible			
	Silver	1000 60%	\$1,000	\$5,000								40% after deductible			
	Silver	1500 50%	\$1,500									50% after deductible			
	Silver	2000 50%	\$2,000												
HSA-compatible plans	Silver	2000 100%	\$2,000	\$6,350								0% after deductible		\$10/ \$50/ \$125 Rx	HMO HNOOption PPO
	Silver	2000 90%										10% after deductible			
	Bronze	3000	\$3,000		\$40 after deductible	\$60 after deductible	\$75 after deductible	\$300 after deductible	\$15 after deductible	\$60 after deductible	\$300 after deductible	\$500/d after deductible, 5 day max	\$500 after deductible		
	Bronze	4500 100%	\$4,500									0% after deductible			
	Bronze	6300 100%	\$6,300	\$6,300								0% after deductible		0% after deductible	
Indemnity	Silver	2000 80%	\$2,000	\$6,000							20% after deductible			Indemnity	

See reverse for important plan provisions.

Important plan provisions

- All plans are administered on a plan-year basis. Plan-year plans do not include deductible credit.
- Family deductibles and out-of-pocket limits are two times the individual amounts.
- All deductibles and out-of-pocket limits are not embedded. The individual deductible/out-of-pocket limit can only be met when a member is enrolled for self-only coverage with no dependent coverage.
- The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the plan year.
- All covered expenses accumulate separately toward the in-network and out-of-network deductibles and out-of-pocket limits.
- All amounts paid as deductible, copayment and coinsurance for covered medical services and supplies and prescription drugs apply toward the out-of-pocket limit.
- PPO, HNOption and QPOS plans include out-of-network benefits. Please refer to plan guide for details.
- If the physician prescribes or the member requests a covered brand-name prescription drug when a generic prescription drug equivalent is available, the member will pay the difference in cost between the brand-name prescription drug and the generic prescription drug equivalent plus the applicable copayment.
- All Rx options are 5 tier.
 - Tier 1 = Preferred generic
 - Tier 2 = Preferred brand
 - Tier 3 = Nonpreferred generic & brand
 - Tier 4 = Speciality preferred (50% up to \$500)
 - Tier 5 = Speciality nonpreferred (50% up to \$1,000)
- The fourth (preferred) and fifth (nonpreferred) tiers of the pharmacy plan include specialty drugs (for example, self-injectable, infused and oral specialty drugs).

Rx (All plans except Indemnity):

- Two times the 30-day supply copay applies for 31- to 90-day supply.
- Precertification and step therapy with 90-day transition of care applies.

Product information

Product	PCP Required	Referrals	Network name in DocFind
HMO	Yes	Yes	HMO
Health Network Only (HNOOnly)	Optional	No	Aetna Health Network Only SM (Open Access)

Product	PCP Required	Referrals	Network name in DocFind
QPOS	Yes	Yes	QPOS
Health Network Option (HNOption)	Optional	No	Aetna Health Network Option SM (Open Access)
PPO	No	No	Open Choice PPO

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).

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna).

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