



Medical plans for Pennsylvania at-a-glance

Pennsylvania 51 – 100 (Plans effective January 1, 2014)

Product Type	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	100/80 0A	\$0	\$5,000	\$10	\$20	\$50	\$100	\$0	\$20	\$200	\$0/adm	\$0	\$10/\$35/\$60	QPOS HNOption	
	100/70 200D			\$15	\$30		\$200		\$30		\$200/d, 5	\$200			
	100/50 300D			\$20	\$40				\$40		\$300/d, 5	\$300			
	100/50 400D			\$30	\$50				\$50		\$400/d, 5	\$400			
	100/50 500D			\$40	\$60				\$60		\$500/d, 5	\$500	\$10/\$35/\$60 or \$10/\$50/\$75		
Cost-sharing plans	500 100/50 \$20	\$500	\$5,000	\$20	\$40	\$50	\$200	\$0	\$40	\$200	\$0 after deductible		\$10/\$50/\$75		
	1000 100/50 \$25	\$1,000		\$25	\$50				\$50						
	1500 100/50 \$30	\$1,500		\$30	\$50				\$50						
	2000 100/50 \$35	\$2,000	\$6,350	\$35	\$60				\$60						
	2500 100/50 \$40	\$2,500		\$40	\$60				\$60						
	3000 100/50 \$45	\$3,000		\$45	\$65				\$65						
HSA-compatible plans	1500 90/50	\$1,500	\$5,000										10% after deductible	\$10/\$50/\$75	HNOption after deductible
	2500 100/50	\$2,500	\$6,350										0% after deductible		
	2500 90/50	\$2,500											10% after deductible		
	4000 100/50	\$4,000											0% after deductible		
	3000	\$3,000		\$40 after deductible	\$60 after deductible	\$50 after deductible	\$200 after deductible	\$60 after deductible	\$60 after deductible	\$200 after deductible	\$500/d, 5 after deductible	\$500 after deductible			
HRA with Aetna HealthFund®	2500 80/50	\$2,500	\$6,350	\$30 after deductible	\$50 after deductible	30% after deductible	\$50 after deductible	\$50 after deductible	\$200 after deductible		20% after deductible		\$10/\$50/\$75		

Refer to page 3 for important plan provisions.

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Product Type	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	
PPO Traditional copay plans	100/50 200D	\$0	\$5,000	\$15	\$30	\$50	\$200	\$30	\$30	\$200	\$200/d, 5	\$200	\$10/\$35/\$60	
	100/50 300D			\$20	\$40			\$40	\$40		\$300/d, 5	\$300		
	100/50 400D			\$30	\$50			\$50	\$50		\$400/d, 5	\$400		
PPO cost- sharing plans	500 100/50 \$20	\$500	\$5,000	\$20	\$40	\$50	\$200	\$40	\$40	\$200	\$0 after deductible		\$10/\$35/\$60 or \$10/\$50/\$75	
	1000 100/50 \$25	\$1,000		\$25	\$50			\$50	\$50				\$10/\$50/\$75	
	1500 100/50 \$30	\$1,500		\$30	\$50			\$50	\$50				\$10/\$50/\$75	
	2500 100/50 \$40	\$2,500	\$6,350	\$40	\$60			\$60	\$60				\$10/\$50/\$75	
	2000 100/50 \$30	\$2,000	\$6,350	\$30	\$50	\$50	\$200 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$10/\$50/\$75
	2500 100/50 \$30	\$2,500												
	3000 100/50 \$30	\$3,000												
	4000 100/50 \$30	\$4,000												
5000 100/50 \$30	\$5,000													
PPO HSA- compatible plans	1500 90/50	\$1,500	\$5,000					10% after deductible					\$10/\$50/\$75 after deductible	
	2500 100/50	\$2,500	\$6,350					0% after deductible						
	3000	\$3,000		\$40 after deductible	\$60 after deductible	\$50 after deductible	\$200 after deductible	\$60 after deductible	\$60 after deductible	\$200 after deductible	\$500/d, 5 after deductible	\$500 after deductible		
Indemnity	2000 80%	\$2,000	\$6,000					20% after deductible						

Refer to page 3 for important plan provisions.

Important plan provisions

- The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). All plans meet the minimum value standard for the benefits provided.
- 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 plans, except HSA and HRA, have embedded deductibles and out-of-pocket limits.
- 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.

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.

- Member pays the difference in cost between a brand and generic drug plus the applicable cost share if a generic drug is available and a brand-name drug is dispensed unless the physician indicated "Dispense as Written" on the prescription.
- All Rx options are 4 tier.
 - Tier 1 = Preferred generic
 - Tier 2 = Preferred brand
 - Tier 3 = Nonpreferred generic & brand
 - Tier 4 = Specialty preferred & nonpreferred (50% up to \$500)
- The fourth tier of the pharmacy plan includes specialty drugs (for example, self-injectable, infused and oral specialty drugs).

Product information

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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