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

Medical plans for Pennsylvania at-a-glance

Pennsylvania 51 – 100 (Plans effective January 1, 2015)

Plan type	Plan	Individual deductible (ded)	Individual out-of-pocket limit	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	$0	$5,000	$15	$30	$50	$200	$0	$30	$200	$200/d, 5	$200	$10/$35/$60 or $10/$50/$75	
	100/50 300D	$0	$5,000	$20	$40	$50	$200	$0	$40	$200	$300/d, 5	$300		
	100/50 400D	$0	$5,000	$30	$50	$50	$200	$0	$50	$200	$400/d, 5	$400		
	100/50 500D	$0	$5,000	$40	$60	$50	$200	$0	$60	$200	$500/d, 5	$500	$10/$35/$60 or $10/$50/$75	
	100/50 500D	$0	$5,000	$50	$75	$50	$200	$0	$75	$300	$500/d, 5	$500	$15/$50/$100	
Cost-sharing plans	500 100/50 $20	$500	$5,000	$20	$40	$50	$200	$0	$40	$200	$0 after ded		$10/$35/$60 or $10/$50/$75	QPOS HNOption
	1000 100/50 $25	$1,000	$5,000	$25	$50	$50	$200	$0	$50	$200				
	1500 100/50 $30	$1,500	$5,000	$30	$50	$50	$200	$0	$50	$200				
	2000 100/50 $35	$2,000	$6,350	$35	$60	$50	$200	$0	$60	$200				
	2500 100/50 $40	$ 2,500	$6,350	$40	$60	$50	$200	$0	$60	$200				
	3000 100/50 $45	$3,000	$6,350	$45	$65	$50	$200	$0	$65	$200			$10/$50/$75	
	5000 100/50 $20	$5,000	$6,350	$20	$40	$50	$200	$0	$40	$200				
HSA-compatible plans	1500 90/50	$1,500	$5,000	10% after ded									$10/$50/$75 after ded	HNOption
	2500 100/50	$2,500	$6,350	0% after ded										
	2500 90/50	$2,500	$6,350	10% after ded										
	4000 100/50	$4,000	$6,350	0% after ded										
	5000 100/50	$5,000	$6,450	0% after ded										
	3000	$3,000	$6,350	$40 after ded	$60 after ded	$50 after ded	$200 after ded	$60 after ded	$60 after ded	$200 after ded	$500/d, 5 after ded	$500 after ded		
	4500	$4,500	$6,450	$40 after ded	$60 after ded	$50 after ded	$200 after ded	$60 after ded	$60 after ded	$200 after ded	$500/d, 5 after ded	$500 after ded		

Refer to page 4 for important plan provisions.

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Plan type	Plan	Individual deductible (ded)	Individual out-of-pocket limit	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	100/50 200D	$0	$5,000	$15	$30	$50	$200	$30	$30	$200	$200/d, 5	$200	$10/$35/$60	PPO
	100/50 300D	$0	$5,000	$20	$40	$50	$200	$40	$40	$200	$300/d, 5	$300		
	100/50 400D	$0	$5,000	$30	$50	$50	$200	$50	$50	$200	$400/d, 5	$400		
Cost-sharing plans	500 100/50 $20	$500	$5,000	$20	$40	$50	$200	$40	$40	$200	$0 after ded		$10/$35/$60 or $10/$50/$75	
	1000 100/50 $25	$1,000	$5,000	$25	$50	$50	$200	$50	$50	$200				
	1500 100/50 $30	$1,500	$5,000	$30	$50	$50	$200	$50	$50	$200				
	2500 100/50 $40	$2,500	$6,350	$40	$60	$50	$200	$60	$60	$200			$10/$50/$75	
Deductible plans	2000 100/50 $30	$2,000	$6,350	$30	$50	$50	$200 after ded	$0 after ded					$10/$50/$75	
	2500 100/50 $30	$2,500	$6,350											
	3000 100/50 $30	$3,000	$6,350											
	4000 100/50 $30	$4,000	$6,350											
	5000 100/50 $30	$5,000	$6,350											
HSA-compatible plans	1500 90/50	$1,500	$5,000	10% after ded									$10/$50/$75 after ded	
	2500 100/50	$2,500	$6,350	0% after ded										
	5000 100/50	$5,000	$6,450	0% after ded										
	3000	$3,000	$6,350	$40 after ded	$60 after ded	$50 after ded	$200 after ded	$60 after ded	$60 after ded	$200 after ded	$500/d, 5 after ded	$500 after ded		
	4500	$4,500	$6,450	$40 after ded	$60 after ded	$50 after ded	$200 after ded	$60 after ded	$60 after ded	$200 after ded	$500/d, 5 after ded	$500 after ded		
Indemnity	2000 80%	$2,000	$6,000	20% after ded										Indemnity

Refer to page 4 for important plan provisions.

Health benefits and health insurance plans are offered by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Plans with no group situs or multi-state capabilities

Plan type	Plan	Individual deductible (ded)	Individual out-of-pocket limit	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
Savings Plus	Savings Plus 500D/1000D	L1: $0/ L2: $0	L1/L2: $6,500	L1: $20/ L2: $45	L1: $50/ L2: $75	L1: $50/ L2: $75	L1/L2: $400	L1/L2: $20	L1: $50/ L2: $75	L1: $300/ L2: $500	L1: $500/d, 5 / L2: $1,000/d, 5	L1: $500/ L2: $750	$10/$50/$100	QPOS
	Savings Plus 2500/4500	L1: $2,500/ L2 $4,500	L1/L2: $6,500	L1: $30/ L2: $50	L1: $60/ L2: $100	L1: $60/ L2: $100	L1/L2: $500	L1/L2: $30	L1: $60/ L2: $100	L1: $350/ L2: $500	L1: $0 after ded / L2: $0 after ded	L1: $0 after ded / L2: $0 after ded		
	Savings Plus 1500 70/50	L1/L2: $1,500	L1/L2: $6,000	L1: $35/ L2: 50% after ded	L1: $50/ L2: 50% after ded	L1: $75/ L2: 50% after ded	L1/L2: 30% after ded	L1/L2: $0	L1: 30% after ded/ L2: 50% after ded	L1: 30% after ded/ L2: 50% after ded	L1: 30% after ded/ L2: 50% after ded	L1: 30% after ded/ L2: 50% after ded		
	Savings Plus 1650 70/50 HSA	L1/L2: $1,650	L1/L2: $6,000	L1: $30 after ded/L2: 50% after ded	L1: 30% after ded/ L2: 50% after ded	L1: 30% after ded/ L2: 50% after ded	L1/L2: 30% after ded	L1/L2: $0 after ded	L1: 30% after ded/ L2: 50% after ded	L1: 30% after ded/ L2: 50% after ded	L1: 30% after ded/ L2: 50% after ded	L1: 30% after ded/ L2: 50% after ded	$10/$50/$100 after ded	
	Savings Plus 5000/6000	L1: $5,000/ L2: $6,250	L1/L2: $6,600	L1: $15/L2: 50% after ded	L1: $50 after ded/ L2: $100 after ded	L1: $50 after ded/ L2: $150 after ded	L1/L2: $250 after ded	L1/L2: $0 after ded	L1: $100 after ded/ L2: $200 after ded	L1: $250 after ded/ L2: $500 after ded	L1: $250 after ded/ L2: $500 after ded	L1: $250 after ded/ L2: $500 after ded	$10; ded waived/ $50 after ded/ $75 after ded	

Refer to page 4 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 percent (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, 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.

QPOS / HNOption / PPO plans include out-of-network benefits. Refer to specific Summary of Benefits and Coverage documents at **www.aetna.com**.

Rx (All plans except Indemnity):

Two times the 30-day supply copay applies for 31- to 90-day supply.

Precertification and step therapy 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. The cost difference between the generic and brand does not count toward the out-of-pocket limit.

All Rx options have four tiers.

- Tier 1 = Preferred generic drugs
- Tier 2 = Preferred brand drugs
- Tier 3 = Nonpreferred generic and brand drugs
- Tier 4 = Specialty preferred and nonpreferred drugs (50 percent up to $500)

The fourth tier of the pharmacy plan includes specialty drugs (e.g., self-injectable, infused and oral specialty drugs).

Not all drugs are covered. It is important to look at the Preferred Drug List (Aetna Value Plus Formulary) to understand which drugs are covered.

Product information

Product	PCP Required	Referrals	Network name in DocFind
QPOS	Yes	Yes	QPOS
QPOS Savings Plus	Yes	Yes	Savings Plus of Pennsylvania
Health Network Option (HNOption)	Optional	No	Aetna Health Network Option℠ (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).

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Health benefits and health insurance plans contain exclusions and limitations. If you are in a plan that requires the selection of a primary care physician and your primary care physician is a part of a integrated delivery system, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Investment services are independently offered through HealthEquity, Inc. Not all services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Aetna may receive a percentage of the fee you pay to the discount vendor. Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Investment services are independently offered through HealthEquity, Inc. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.

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