

HMO 30

PENNSYLVANIA

AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS

Deductible Individual Family	\$0 \$0
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	\$30 copay
Specialist Visit	\$50 copay
Hospital Admission <i>also see Maternity</i>	\$600 copay per day (5 day maximum per admission)
Outpatient Surgery	\$550 copay/visit
Urgent Care Facility	\$200 copay/visit
Emergency Room <i>waived if admitted</i>	\$250 copay/visit
Annual Routine Gyn Exam Annual Pap/Mammogram	\$0 copay (1 visit per 365 consecutive day period)
Maternity Hospital Includes Newborn Services	\$600 copay per day (5 day maximum per admission)
Preventive Health — Routine Physical	\$0 copay
Lab/X-Ray (Non-preventive)	\$50 copay
Complex Imaging Services	\$250 copay
Skilled Nursing <i>60 days per calendar year</i>	\$600 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>	\$50 copay/visit
Home Health Care — <i>60 days per calendar year</i>	\$50 copay/visit
Durable Medical Equipment <i>\$1,000 per calendar year</i>	50% of the contracted rate per item

PHARMACY

Pharmacy Deductible Individual Family	\$550 \$1,500
	<i>Does not apply to generic</i>
Generic <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$15 copay deductible waived
Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$40 copay after deductible
Non-Preferred Brand <i>Oral Contraceptives Included Diabetic Supplies Included</i>	\$60 copay after deductible

- * 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.

This material is for information only. 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. Information is believed to be accurate as of the production date; however, it is subject to change.

Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) through a blanket trust in Delaware. This means that the plan benefits are based on Delaware requirements, and benefits and rates are filed with the Delaware Insurance Department. Aetna Advantage Plans (HMO) are underwritten by Aetna Health Inc. 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.

