

# PPO VALUE 2500

## PENNSYLVANIA

### AETNA ADVANTAGE PLAN OPTIONS

MEMBER BENEFITS	In-Network	Out-of-Network*	PHARMACY	In-Network	Out-of-Network*
<b>Deductible</b> Individual Family	\$2,500 \$5,000	\$5,000 \$10,000	<b>Pharmacy Deductible</b> per individual	Not Applicable	Not Applicable
<b>Coinsurance</b> (Member's responsibility)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.	<b>Generic Oral Contraceptives Included</b>	\$20 copay	\$20 copay plus 50%
	<i>\$0 once out-of-pocket max. is satisfied</i>		<b>Preferred Brand Oral Contraceptives Included</b>	Not covered	Not covered
<b>Coinsurance Maximum</b> Individual Family	\$2,500 \$5,000	\$5,000 \$10,000	<b>Non-Preferred Brand Oral Contraceptives Included</b>	Not covered	Not covered
<b>Out-of-Pocket Maximum</b> Individual Family	\$5,000 \$10,000	\$10,000 \$20,000			
	<i>Includes deductible</i>				
<b>Non-Specialist Office Visit</b> General Physician, Family Practitioner, Pediatrician or Internist	Visit 1-5 \$30 copay, deductible waived; Visit 6+ pays 100% Aetna Discount Applies; Aetna pays 100% once out of pocket is met. Spec. & Non-Spec share visit max.	50% after deductible			
<b>Specialist Visit</b>	Visit 1-5 \$50 copay, deductible waived; Visit 6+ pays 100% Aetna Discount Applies; Aetna pays 100% once out of pocket is met. Spec. & Non-Spec share visit max.	50% after deductible			
<b>Hospital Admission</b>	40% after deductible	50% after deductible			
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible			
<b>Urgent Care Facility</b>	\$75 copay deductible waived	50% after deductible			
<b>Emergency Room</b>	\$350 copay** (waived if admitted)				
<b>Annual Routine Gyn Exam</b> <i>No waiting period</i> Annual Pap/Mammogram	\$0 copay deductible waived	50% after deductible			
<b>Maternity</b>	Not covered <i>Except for pregnancy complications</i>				
<b>Preventive Health — Routine Physical</b> <i>No waiting period</i>	\$0 copay deductible waived	50% after deductible			
	<i>Includes lab work and X-rays</i>				
<b>Lab/X-Ray</b> (Non-preventive)	20% after deductible	50% after deductible			
<b>Skilled Nursing</b> — in lieu of hospital <i>30 days per calendar year*</i>	40% after deductible	50% after deductible			
<b>Physical/Occupational Therapy</b>	20% after deductible	50% after deductible			
<b>Home Health Care</b> — in lieu of hospital <i>30 visits per calendar year*</i>	20% after deductible	50% after deductible			
<b>Durable Medical Equipment</b>	40% after deductible	50% 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.

Certain areas in Pennsylvania include the Aetna Performance Network®, which features Aexcel-designated specialists who have demonstrated cost-effectiveness in the delivery of care and met certain clinical performance measures. The Aexcel designation applies to select specialists in 12 specialty areas: Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Obstetrics and Gynecology, Orthopedics, Otolaryngology/ENT, Neurology, Neurosurgery, Plastic Surgery, Urology and Vascular Surgery. **Aetna members in the designated counties must choose Aexcel-designated specialists or they will incur out-of-network charges. There is no additional cost when members use Aexcel specialists.** You can find them by looking for the star next to the doctor's names at [www.aetna.com/docfind/custom/advplans](http://www.aetna.com/docfind/custom/advplans) or in your printed directory.

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.

