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Your Aetna bronze plan options

Bronze-level plans pay for about 60 percent of the cost for covered health care services. They tend to have lower monthly payments, but you will pay more for your deductible, copayments and coinsurance.

All plans listed include pediatric dental (PD).

Featuring:

- PA Aetna Bronze $20 Copay OAMC PD
- PA Aetna Bronze Deductible Only HSA Eligible OAMC PD
- PA Aetna Bronze $20 Copay HMO PD
- PA Aetna Bronze $15 Copay HMO Savings Plus PD
- PA Aetna Bronze Deductible Only HSA Eligible HMO PD

Form number - 63.06.300.1-PA L (1/15)

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Bronze Aetna Health Plan options in Pennsylvania

Plan	PA Aetna Bronze $20 Copay OAMC PD	
Member benefits	**In network**	**Out of network***
Deductible (ded) individual/family (applies towards out-of-pocket maximum)	$5,750/$11,500[1]	$11,500/$23,000[1]
Member coinsurance	0%	50%
Out-of-pocket maximum individual/family (maximum you will pay for all covered services)	$6,600/$13,200[1]	Unlimited/Unlimited[1]
Primary care visit	$20 copay; ded waived	50% after ded
Specialist visit	$50 copay after ded	50% after ded
Hospital stay	$250 copay per admission after ded	50% after ded
Outpatient surgery (Ambulatory Surgical Center/Hospital)	$250 copay after ded	50% after ded
Emergency room (copay waived if admitted)	$250 copay after ded	$250 copay after ded
Urgent care	$60 copay after ded	50% after ded
Preventive care (Age and/or frequency limits may apply.)	Covered in full	50% after ded, except for routine gyn and well baby/child immunizations, ded waived
Diagnostic lab	Covered in full after ded	50% after ded
Diagnostic X-ray	$100 copay after ded	50% after ded
Imaging (CT/PET scans, MRIs)	$250 copay after ded	50% after ded
Vision		
Pediatric eye exam (1 visit per year)	Covered in full[3]	50% after ded[3]
Pediatric dental		
Dental check-up/preventive dental care (2 visits per year)	Covered in full[3]	30%; ded waived[3]
Basic dental care	30% after ded	50% after ded
Pharmacy		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	$15 copay; ded waived	50% after ded
Preferred brand drugs	$45 copay after ded	50% after ded
Nonpreferred generic and brand drugs	$75 copay after ded	50% after ded
Specialty drugs	Preferred: 40% after ded/ Nonpreferred: 50% after ded	Not covered

*For important information on your costs and how Aetna pays for out-of-network care, read "Costs for out-of-network doctors and hospitals."

[1]The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit. Deductible and/or out-of-pocket limit is separate in and out of network.

[2]The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

[3]Any applicable benefit maximums are combined in and out of network.

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Bronze Aetna Health Plan options in Pennsylvania

(Continued)

PA Aetna Bronze Deductible Only HSA Eligible OAMC PD		PA Aetna Bronze $20 Copay HMO PD
In network	**Out of network***	**In network**
$6,300/$12,600[1]	$12,600/$25,200[1]	$5,750/$11,500[2]
0%	50%	0%
$6,300/$12,600[1]	Unlimited/Unlimited[1]	$6,600/$13,200[2]
Covered in full after ded	50% after ded	$20 copay; ded waived
Covered in full after ded	50% after ded	$50 copay after ded
Covered in full after ded	50% after ded	$250 copay per admission after ded
Covered in full after ded	50% after ded	$250 copay after ded
Covered in full after ded	Covered in full after ded	$250 copay after ded (copay waived if admitted)
Covered in full after ded	50% after ded	$60 copay after ded
Covered in full	50% after ded, except for routine gyn and well baby/child immunizations, ded waived	Covered in full
Covered in full after ded	50% after ded	Covered in full after ded
Covered in full after ded	50% after ded	$100 copay after ded
Covered in full after ded	50% after ded	$250 copay after ded
Covered in full[3]	50% after ded[3]	Covered in full
Covered in full after ded[3]	30% after ded[3]	Covered in full
Covered in full after ded	50% after ded	30% after ded
Integrated with medical ded	Integrated with medical ded	Integrated with medical ded
Covered in full after ded	50% after ded	$15 copay; ded waived
Covered in full after ded	50% after ded	$45 copay after ded
Covered in full after ded	50% after ded	$75 copay after ded
Covered in full after ded	Not covered	Preferred: 40% after ded/Nonpreferred: 50% after ded

Form number - 63.06.300.1-PA L (1/15)

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Bronze Aetna Health Plan options in Pennsylvania

	PA Aetna Bronze $15 Copay HMO Savings Plus PD	
Member benefits	**Designated network providers**	**Non-designated network providers**
Deductible (ded) individual/family (applies towards out-of-pocket maximum)	$5,000/$10,000[2]	$6,250/$12,500[2]
Member coinsurance	0%	0%
Out-of-pocket maximum individual/family (maximum you will pay for all covered services)	$6,600/$13,200[2]	$6,600/$13,200[2]
Primary care visit	$15 copay; ded waived	$50 copay after ded
Specialist visit	$50 copay after ded	$100 copay after ded
Hospital stay	$250 copay per admission after ded	$500 copay per admission after ded
Outpatient surgery (Ambulatory Surgical Center/Hospital)	$250 copay after ded	$500 copay after ded
Emergency room	$250 copay after ded (copay waived if admitted)	$500 copay after ded (copay waived if admitted)
Urgent care	$60 copay after ded	$150 copay after ded
Preventive care (Age and/or frequency limits may apply.)	Covered in full	Covered in full
Diagnostic lab	Covered in full after ded	Covered in full after ded
Diagnostic X-ray	$100 copay after ded	$200 copay after ded
Imaging (CT/PET scans, MRIs)	$250 copay after ded	$500 copay after ded
Vision		
Pediatric eye exam (1 visit per year)	Covered in full[3]	Covered in full[3]
Pediatric dental		
Dental check-up/preventive dental care (2 visits per year)	Covered in full[3]	Covered in full[3]
Basic dental care	30% after ded	30% after ded
Pharmacy		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	$20 copay; ded waived	$20 copay; ded waived
Preferred brand drugs	$50 copay after ded	$50 copay after ded
Nonpreferred generic and brand drugs	$75 copay after ded	$75 copay after ded
Specialty drugs	Preferred: 40% after ded/ Nonpreferred: 50% after ded	Preferred: 40% after ded/ Nonpreferred: 50% after ded

[1]The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.
[2]The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit. Deductible and/or out-of-pocket limit are combined for designated and non-designated.
[3]Any applicable benefit maximums are combined designated and non-designated.

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Bronze Aetna Health Plan options in Pennsylvania

(Continued)

PA Aetna Bronze Deductible Only HSA Eligible HMO PD
In network
$6,300/$12,600[1]
0%
$6,300/$12,600[1]
Covered in full after ded
Covered in full after ded
Covered in full after ded
Covered in full after ded
Covered in full after ded
Covered in full after ded
Covered in full
Covered in full after ded
Covered in full after ded
Covered in full after ded
Covered in full
Covered in full after ded
Covered in full after ded
Integrated with medical ded
Covered in full after ded
Covered in full after ded
Covered in full after ded
Covered in full after ded

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Your Aetna silver plan options

Silver-level plans pay for about 70 percent of the cost for covered health care services. They tend to have higher monthly payments compared to bronze plans, but you will pay less for your deductible, copayments and coinsurance.

All plans listed include pediatric dental (PD).

Featuring:

- PA Aetna Silver $5 Copay 2750 OAMC PD
- PA Aetna Silver $10 Copay OAMC PD
- PA Aetna Silver $5 Copay 2750 HMO PD
- PA Aetna Silver $10 Copay HMO PD
- PA Aetna Silver $5 Copay 2500 HMO Savings Plus PD
- PA Aetna Silver $10 Copay HMO Savings Plus PD

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Silver Aetna Health Plan options in Pennsylvania

Plan	PA Aetna Silver $5 Copay 2750 OAMC PD	
Member benefits	**In network**	**Out of network***
Deductible (ded) individual/family (applies towards out-of-pocket maximum)	$2,750/$5,500[1]	$7,500/$15,000[1]
Member coinsurance	30%	50%
Out-of-pocket maximum individual/family (maximum you will pay for all covered services)	$6,000/$12,000[1]	Unlimited/Unlimited[1]
Primary care visit	$5 copay; ded waived	50% after ded
Specialist visit	$75 copay; ded waived	50% after ded
Hospital stay	30% after ded	50% after ded
Outpatient surgery (Ambulatory Surgical Center/Hospital)	30% after ded	50% after ded
Emergency room (copay waived if admitted)	$500 copay after ded	$500 copay after ded
Urgent care	$75 copay; ded waived	50% after ded
Preventive care (Age and/or frequency limits may apply.)	Covered in full	50% after ded, except for routine gyn and well baby/child immunizations, ded waived
Diagnostic lab	30% after ded	50% after ded
Diagnostic X-ray	30% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	30% after ded	50% after ded
Vision		
Pediatric eye exam (1 visit per year)	Covered in full[3]	50% after ded[3]
Pediatric dental		
Dental check-up/preventive dental care (2 visits per year)	Covered in full[3]	30%; ded waived[3]
Basic dental care	30% after ded	50% after ded
Pharmacy		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	T1A: $5 copay; ded waived**/ T1: $15 copay; ded waived**	50% after ded**
Preferred brand drugs	$45 copay after ded	50% after ded
Nonpreferred generic and brand drugs	$75 copay after ded	50% after ded
Specialty drugs	Preferred: 40% after ded/ Nonpreferred: 50% after ded	Not covered

*For important information on your costs and how Aetna pays for out-of-network care, read "Costs for out-of-network doctors and hospitals."

**T1A=Value drugs. T1=Preferred generic drugs.

[1]The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit. Deductible and/or out-of-pocket limit is separate in and out of network.

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Silver Aetna Health Plan options in Pennsylvania

(Continued)

PA Aetna Silver $10 Copay OAMC PD		PA Aetna Silver $5 Copay 2750 HMO PD
In network	**Out of network***	**In network**
$3,750/$7,500[1]	$7,500/$15,000[1]	$2,750/$5,500[2]
30%	50%	30%
$6,600/$13,200[1]	Unlimited/Unlimited[1]	$6,000/$12,000[2]
$10 copay; ded waived	50% after ded	$5 copay; ded waived
$75 copay; ded waived	50% after ded	$75 copay; ded waived
$500 copay per admission after ded; then 30%	50% after ded	30% after ded
$250 copay after ded; then 30%	50% after ded	30% after ded
$500 copay after ded	$500 copay after ded	$500 copay after ded
$75 copay; ded waived	50% after ded	$75 copay; ded waived
Covered in full	50% after ded, except for routine gyn and well baby/child immunizations, ded waived	Covered in full
30% after ded	50% after ded	30% after ded
30% after ded	50% after ded	30% after ded
$250 copay after ded; then 30%	50% after ded	30% after ded
Covered in full[3]	50% after ded[3]	Covered in full
Covered in full[3]	30%; ded waived[3]	Covered in full
30% after ded	50% after ded	30% after ded
$500 per member	$1,000 per member	Integrated with medical ded
T1A: $5 copay; ded waived**/ T1: $15 copay; ded waived**	50% after ded**	T1A: $5 copay; ded waived*/T1: $15 copay; ded waived*
$45 copay after ded	50% after ded	$45 copay after ded
$75 copay after ded	50% after ded	$75 copay after ded
Preferred: 40% after ded/ Nonpreferred: 50% after ded	Not covered	Preferred: 40% after ded/Nonpreferred: 50% after ded

[2]The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

[3]Any applicable benefit maximums are combined in and out of network.

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For more information contact your independent broker Total Benefit Solutions Inc (215)355-2121 http://www.totalbenefits.net

Silver Aetna Health Plan options in Pennsylvania

Plan	PA Aetna Silver $10 Copay HMO PD
Member benefits	**In network**
Deductible (ded) individual/family (applies towards out-of-pocket maximum)	$3,750/$7,500[1]
Member coinsurance	30%
Out-of-pocket maximum individual/family (maximum you will pay for all covered services)	$6,600/$13,200[1]
Primary care visit	$10 copay; ded waived
Specialist visit	$75 copay; ded waived
Hospital stay	$500 copay per admission after ded; then 30%
Outpatient surgery (Ambulatory Surgical Center/Hospital)	$250 copay after ded; then 30%
Emergency room (copay waived if admitted)	$500 copay after ded
Urgent care	$75 copay; ded waived
Preventive care (Age and/or frequency limits may apply.)	Covered in full
Diagnostic lab	30% after ded
Diagnostic X-ray	30% after ded
Imaging (CT/PET scans, MRIs)	$250 copay after ded; then 30%
Vision	
Pediatric eye exam (1 visit per year)	Covered in full
Pediatric dental	
Dental check-up/preventive dental care (2 visits per year)	Covered in full
Basic dental care	30% after ded
Pharmacy	
Pharmacy deductible	$500 per member
Preferred generic drugs	T1A: $5 copay; ded waived*/T1: $15 copay; ded waived*
Preferred brand drugs	$45 copay after ded
Nonpreferred generic and brand drugs	$75 copay after ded
Specialty drugs	Preferred: 40% after ded/Nonpreferred: 50% after ded

*T1A=Value drugs. T1=Preferred generic drugs.

[1]The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

[2]The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit. Deductible and/or out-of-pocket limit are combined for designated and non-designated.

[3]Any applicable benefit maximums are combined designated and non-designated.

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Silver Aetna Health Plan options in Pennsylvania

(Continued)

PA Aetna Silver $5 Copay 2500 HMO Savings Plus PD		PA Aetna Silver $10 Copay HMO Savings Plus PD	
Designated network providers	**Non-designated network providers**	**Designated network providers**	**Non-designated network providers**
$2,500/$5,000[2]	$5,750/$11,500[2]	$3,750/$7,500[2]	$6,000/$12,000[2]
30%	40%	30%	40%
$5,500/$11,000[2]	$6,600/$13,200[2]	$6,250/$12,500[2]	$6,600/$13,200[2]
$5 copay; ded waived	$50 copay after ded	$10 copay; ded waived	$50 copay after ded
$50 copay; ded waived	$75 copay after ded	$60 copay; ded waived	$75 copay after ded
30% after ded	$500 copay per admission after ded; then 40%	$250 copay per admission after ded; then 30%	$500 copay per admission after ded; then 40%
30% after ded	$250 copay after ded; then 40%	$250 copay after ded; then 30%	$500 copay after ded; then 40%
$250 copay after ded	$500 copay after ded	$250 copay after ded	$500 copay after ded
$75 copay; ded waived	40% after ded	$75 copay; ded waived	40% after ded
Covered in full	Covered in full	Covered in full	Covered in full
30% after ded	30% after ded	30% after ded	30% after ded
30% after ded	40% after ded	30% after ded	40% after ded
30% after ded	$250 copay after ded; then 40%	$250 copay after ded; then 30%	$500 copay after ded; then 40%
Covered in full[3]	Covered in full[3]	Covered in full[3]	Covered in full[3]
Covered in full[3]	Covered in full[3]	Covered in full[3]	Covered in full[3]
30% after ded	30% after ded	30% after ded	30% after ded
Integrated with medical ded	Integrated with medical ded	$500 per member	$500 per member
T1A: $5 copay; ded waived*/ T1: $15 copay; ded waived*	T1A: $5 copay; ded waived*/ T1: $15 copay; ded waived*	T1A: $3 copay; ded waived*/ T1: $15 copay; ded waived*	T1A: $3 copay; ded waived*/ T1: $15 copay; ded waived*
$40 copay after ded	$40 copay after ded	$40 copay after ded	$40 copay after ded
$75 copay after ded	$75 copay after ded	$70 copay after ded	$70 copay after ded
Preferred: 40% after ded/ Nonpreferred: 50% after ded	Preferred: 40% after ded/ Nonpreferred: 50% after ded	Preferred: 40% after ded/ Nonpreferred: 50% after ded	Preferred: 40% after ded/ Nonpreferred: 50% after ded

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Your Aetna gold plan options

Gold-level plans pay for about 80 percent of the cost of covered health care services. They tend to have higher monthly payments but you will pay less for your deductible, copayments and coinsurance.

All plans listed include pediatric dental (PD).

Featuring:

- PA Aetna Gold $5 Copay OAMC PD
- PA Aetna Gold $5 Copay HMO PD
- PA Aetna Gold $0 Copay HMO Savings Plus PD

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Gold Aetna Health Plan options in Pennsylvania

Plan	PA Aetna Gold $5 Copay OAMC PD	
Member benefits	**In network**	**Out of network***
Deductible (ded) individual/family (applies towards out-of-pocket maximum)	$1,400/$2,800[1]	$6,750/$13,500[1]
Member coinsurance	20%	50%
Out-of-pocket maximum individual/family (maximum you will pay for all covered services)	$5,000/$10,000[1]	Unlimited/Unlimited[1]
Primary care visit	$5 copay; ded waived	50% after ded
Specialist visit	$40 copay; ded waived	50% after ded
Hospital stay	20% after ded	50% after ded
Outpatient surgery (Ambulatory Surgical Center/Hospital)	20% after ded	50% after ded
Emergency room (copay waived if admitted)	$250 copay after ded	$250 copay after ded
Urgent care	$75 copay; ded waived	50% after ded
Preventive care (Age and/or frequency limits may apply.)	Covered in full	50% after ded, except for routine gyn and well baby/child immunizations, ded waived
Diagnostic lab	20% after ded	50% after ded
Diagnostic X-ray	20% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	20% after ded	50% after ded
Vision		
Pediatric eye exam (1 visit per year)	Covered in full[4]	50% after ded[4]
Pediatric dental		
Dental check-up/preventive dental care (2 visits per year)	Covered in full[4]	30%; ded waive[4]
Basic dental care	30% after ded	50% after ded
Pharmacy		
Pharmacy deductible	$250 per member	$500 per member
Preferred generic drugs	T1A: $3 copay; ded waived**/ T1: $10 copay; ded waived**	50% after ded**
Preferred brand drugs	$35 copay after ded	50% after ded
Nonpreferred generic and brand drugs	$70 copay after ded	50% after ded
Specialty drugs	Preferred: 30% after ded/ Nonpreferred: 50% after ded	Not covered

*For important information on your costs and how Aetna pays for out-of-network care, read "Costs for out-of-network doctors and hospitals."

**T1A=Value drugs. T1=Preferred generic drugs.

[1]The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit. Deductible and/or out-of-pocket limit is separate in and out of network.

[2]The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

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PA Aetna Gold $5 Copay HMO PD	PA Aetna Gold $0 Copay HMO Savings Plus PD	
In network	**Designated network providers**	**Non-designated network providers**
$1,400/$2,800[2]	$1,250/$2,500[3]	$3,500/$7,000[3]
20%	20%	40%
$5,000/$10,000[2]	$4,250/$8,500[3]	$6,000/$12,000[3]
$5 copay; ded waived	Covered in full	$25 copay; ded waived
$40 copay; ded waived	$40 copay; ded waived	$75 copay after ded
20% after ded	20% after ded	$250 copay per admission after ded; then 40%
20% after ded	20% after ded	40% after ded
$250 copay after ded	$250 copay after ded	$500 copay after ded
$75 copay; ded waived	$75 copay; ded waived	$150 copay; ded waived
Covered in full	Covered in full	Covered in full
20% after ded	20% after ded	20% after ded
20% after ded	20% after ded	40% after ded
20% after ded	20% after ded	40% after ded
Covered in full	Covered in full[5]	Covered in full[5]
Covered in full	Covered in full[5]	Covered in full[5]
30% after ded	30% after ded	30% after ded
$250 per member	None	None
T1A: $3 copay; ded waived**/ T1: $10 copay; ded waived**	T1A: $3 copay**/ T1: $10 copay**	T1A: $3 copay**/ T1: $10 copay**
$35 copay after ded	$30 copay	$30 copay
$70 copay after ded	$55 copay	$55 copay
Preferred: 30% after ded/ Nonpreferred: 50% after ded	Preferred: 30%/ Nonpreferred: 50%	Preferred: 30%/ Nonpreferred: 50%

[3]The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit. Deductible and/or out-of-pocket limit are combined for designated and non-designated.
[4]Any applicable benefit maximums are combined in and out of network.
[5]Any applicable benefit maximums are combined Designated and Non-Designated.

This material is for information only. A summary of exclusions is listed in the Aetna Health Plan brochure. For a full list of benefits coverage and exclusions refer to the plan documents. 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 benefits and health insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change.

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