



## Medical plans at-a-glance

### Pennsylvania 1 – 50 (Plans effective January 1, 2015)

Plan type	Metal tier	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
<b>Traditional copay plans</b>	Platinum	150D \$20	\$0	Medical: \$2,000; Rx: \$4,600	\$20	\$40	\$75	\$125	\$0	\$0	\$150	\$150/d, 5	\$125	\$3/\$10/\$40/\$70	HMO QPOS HNOOption PPO
	Gold	500D \$25	\$0	\$5,000	\$25	\$50	\$75	\$250	\$15	\$50	\$250	\$500/d, 5	\$500	\$3/\$10/\$50/\$125	
	Gold	600D \$35	\$0	\$5,000	\$35	\$60	\$75	\$300	\$15	\$60	\$300	\$600/d, 5	\$600		
	Gold	750D \$45	\$0	\$6,000	\$45	\$65	\$75	\$300	\$10	\$65	\$300	\$750/d, 5	\$750		
<b>Cost-sharing plans</b>	Gold	1000 100%	\$1,000	\$5,000	\$25	\$50	\$75	\$300	\$10	\$50	\$300	\$0 after ded		\$3/\$10/\$50/\$125	
	Silver	2000 100%	\$2,000	\$6,350	\$45	\$75	\$75	\$350	\$25	\$75	\$350	\$0 after ded			
	Silver	5000 100%	\$5,000	\$6,600	\$20	\$40	\$75	\$350	\$20	\$40	\$350	\$0 after ded			
<b>Deductible plans</b>	Gold	1000 80%	\$1,000	\$5,000	\$25	\$50	\$75	\$250	10% after ded		20% after ded			\$3/\$10/\$50/\$125	
	Silver	1500 100%	\$1,500	\$6,350	\$35 after ded	\$60 after ded	\$75 after ded	\$350 after ded	\$20 after ded	\$60 after ded	\$350 after ded	\$0 after ded			
	Silver	1500 50%	\$1,500	\$5,000					50% after ded						
	Silver	2000 50%	\$2,000	\$5,000					50% after ded						
	Silver	2250 100% \$500	\$2,250	\$6,350	\$30	\$60 after ded	\$75 after ded	\$300 after ded	20% after ded		\$300 after ded	\$500 after ded	\$300 after ded	\$3; ded waived/\$10; ded waived/\$50 after ded/\$125 after ded	
<b>HSA-compatible plans</b>	Silver	2250 100%	\$2,250	\$6,450					0% after ded					\$3/\$10/\$50/\$125 after ded	HMO HNOOption PPO
	Silver	2000 90%	\$2,000	\$6,450					10% after ded						
	Silver	2700 100%	\$2,700	\$6,450					0% after ded						
	Bronze	4500 100%	\$4,500	\$6,450					0% after ded						
	Bronze	3000	\$3,000	\$6,450	\$40 after ded	\$60 after ded	\$75 after ded	\$300 after ded	\$20 after ded	\$60 after ded	\$300 after ded	\$500/d after ded, 5-day max	\$500 after ded		
	Bronze	5700 100%	\$5,700	\$5,700					0% after ded					0% after ded	
<b>Indemnity</b>	Silver	2000 80%	\$2,000	\$6,000						20% after ded					Indemnity

See page 3 for important plan provisions.

14.02.175.1-PA C (11/14)

For more information contact your independent broker  
Plans with no group situs or multi-state capabilities

Total Benefit Solutions Inc

(215)355-2121 <http://www.totalbenefits.net>

Plan type	Metal tier	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
<b>Savings Plus</b>	Gold	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	\$3/\$10/ \$50/\$125	HMO
	Silver	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		
	Silver	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	\$3/\$20/50% up to \$75/50% up to \$125	
	Silver	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	\$3/\$10/ \$40/50% up to \$125 after ded	
	Bronze	Savings Plus 5000/6250	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	\$3; ded waived/\$10; ded waived/ \$50 after ded/\$75 after ded	

See page 3 for important plan provisions.

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). Each insurer has sole financial responsibility for its own products.

# Important plan provisions

- 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 non-HSA plans have embedded deductibles/ out-of-pocket limits. No one family member may contribute more than the individual deductible/ out-of-pocket limit amount to the family deductible/ out-of-pocket limit. Once the family deductible/ out-of-pocket limit is met, all family members will be considered as having met their deductible/ out-of-pocket limit for the remainder of the plan year.

All HSA plans have non-embedded deductibles/ out-of-pocket limits. The individual deductible/ out-of-pocket limit can only be met when a member is enrolled for self-only coverage with no dependent coverage. The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. Once the family deductible/out-of-pocket limit is met, all

family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the plan year.

- 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 out-of-network cost sharing: Refer to specific Summary of Benefits and Coverage documents at [www.aetna.com](http://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.
- If the physician prescribes or the member requests a covered brand-name prescription drug when a generic prescription drug equivalent is available,

the member will pay the difference in cost between the brand-name prescription drug and the generic prescription drug equivalent plus the applicable cost sharing. The cost difference between the generic and brand does not count toward the out-of-pocket limit.

- All Rx options have five tiers.
  - Tier 1 has two tiers – T1A = Value drugs/ T1 = Preferred generic drugs
  - Tier 2 = Preferred brand drugs
  - Tier 3 = Nonpreferred generic and brand drugs
  - Tier 4 = Specialty preferred drugs (50% up to \$500)
  - Tier 5 = Specialty nonpreferred drugs (50% up to \$1,000)
- The fourth (preferred) and fifth (nonpreferred) tiers of the pharmacy plan include 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
HMO	Yes	Yes	HMO
HMO Savings Plus	Yes	Yes	Savings Plus of Pennsylvania
QPOS	Yes	Yes	QPOS
Health Network Option (HNOption)	Optional	No	Aetna Health Network Option <sup>SM</sup> (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. 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. 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. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. 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](http://www.aetna.com)**.

**[www.aetna.com](http://www.aetna.com)**

©2014 Aetna Inc.  
14.02.175.1-PA C (11/14)

**aetna<sup>®</sup>**