aetna

Aetna 1-50

PPO Medical | PA 01/01/2017

Member Benefits

Plan Name	PA Platinum PPO 100/50 200D		PA Gold PPO 100/50 600D		PA Gold PPO 1000 100/50 PA Gold PPO AP 1000 100/50 25		PA Gold PPO 1000 80/50		PA Gold PPO 2000 100/50 PA Gold PPO AP 2000 100/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$0/$0	$5,000/$10,000	$0/$0	$5,000/$10,000	$1,000/$2,000	$5,000/$10,000	$1,000/$2,000	$5,000/$10,000	$2,000/$4,000	$5,000/$10,000
Out-of-pocket limit (Individual/Family)	$5,000/$10,000	$10,000/$20,000	$6,850/$13,700	$10,000/$20,000	$6,850/$13,700	$10,000/$20,000	$5,000/$10,000	$10,000/$20,000	$6,850/$13,700	$10,000/$20,000
Deductible and out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]	
Primary care physician office visit	$20 copay	50% after deductible	$45 copay	50% after deductible	$25 copay; deductible waived	50% after deductible	$25 copay; deductible waived	50% after deductible	$25 copay; deductible waived	50% after deductible
Specialist office visit	$40 copay	50% after deductible	$75 copay	50% after deductible	$50 copay; deductible waived	50% after deductible	$50 copay; deductible waived	50% after deductible	$50 copay; deductible waived	50% after deductible
Walk-in clinics	$20 copay	50% after deductible	$45 copay	50% after deductible	$25 copay; deductible waived	50% after deductible	$25 copay; deductible waived	50% after deductible	$25 copay; deductible waived	50% after deductible
Diagnostic testing: Lab	Covered in full	50% after deductible	$45 copay	50% after deductible	$10 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Diagnostic testing: X-ray	Covered in full	50% after deductible	$75 copay	50% after deductible	$50 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Imaging CT/PET scans MRIs	$200 copay	50% after deductible	$300 copay	50% after deductible	$300 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Inpatient hospital facility	$200/d, days 1-5	50% after deductible	$600/d, days 1-5	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Outpatient surgery	$200 copay	50% after deductible	Covered in full	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Emergency room	$200 copay	Paid as In-Network	$300 copay	Paid as In-Network	$300 copay; deductible waived	Paid as In-Network	$250 copay; deductible waived	Paid as In-Network	$250 copay; deductible waived	Paid as In-Network
Urgent care	$75 copay	50% after deductible	$80 copay	50% after deductible	$75 copay; deductible waived	50% after deductible	$75 copay; deductible waived	50% after deductible	$75 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) [3]	$40 copay	50% after deductible	$75 copay	50% after deductible	$50 copay; deductible waived	50% after deductible	$50 copay; deductible waived	50% after deductible	$50 copay; deductible waived	50% after deductible
Chiropractic [4]	25%	25% after deductible	25%	25% after deductible	25% deductible waived	25% after deductible	20% deductible waived	25% after deductible	25% deductible waived	25% after deductible
Pharmacy [5]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	None	None	None	None	None	None
Preferred generic drugs	Low Cost Generic: $3 copay Generic: $10 copay	Low Cost Generic: 50% Generic: 50%	Low Cost Generic: $3 copay Generic: $10 copay	Low Cost Generic: 50% Generic: 50%	Low Cost Generic: $3 copay Generic: $10 copay	Low Cost Generic: 50% Generic: 50%	Low Cost Generic: $3 copay Generic: $10 copay	Low Cost Generic: 50% Generic: 50%	Low Cost Generic: $3 copay Generic: $10 copay	Low Cost Generic: 50% Generic: 50%
Preferred brand drugs	$35 copay	50%	$50 copay	50%	$35 copay	50%	$50 copay	50%	$35 copay	50%
Nonpreferred drugs	Generic & Brand: $60 copay	Generic & Brand: 50%	Generic & Brand: $100 copay	Generic & Brand: 50%	Generic & Brand: $60 copay	Generic & Brand: 50%	Generic & Brand: $100 copay	Generic & Brand: 50%	Generic & Brand: $60 copay	Generic & Brand: 50%
Specialty drugs	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

14.02.230.1-PA (8/16)

aetna

Aetna 1-50

PPO Medical | PA 01/01/2017

Member Benefits

Plan Name	PA Gold PPO 2000 100/50 HSA T		PA Gold PPO 2000 80/50		PA Silver PPO 3000 100/50 PA Silver PPO AP 3000 100/50 250A		PA Silver PPO 3000 100/50 HSA E		PA Silver PPO 3000 80/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$2,000/$4,000	$5,000/$10,000	$2,000/$4,000	$5,000/$10,000	$3,000/$6,000	$5,000/$10,000	$3,000/$6,000	$5,000/$10,000	$3,000/$6,000	$5,000/$10,000
Out-of-pocket limit (Individual/Family)	$2,000/$4,000	$10,000/$20,000	$4,000/$8,000	$10,000/$20,000	$6,850/$13,700	$10,000/$20,000	$6,000/$12,000	$10,000/$20,000	$6,850/$13,700	$10,000/$20,000
Deductible and out-of-pocket limit accumulation	TIF [2]		Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]	
Primary care physician office visit	Covered in full after deductible	50% after deductible	20% deductible waived	50% after deductible	$25 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$25 copay; deductible waived	50% after deductible
Specialist office visit	Covered in full after deductible	50% after deductible	20% deductible waived	50% after deductible	$75 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$50 copay; deductible waived	50% after deductible
Walk-in clinics	Covered in full after deductible	50% after deductible	20% deductible waived	50% after deductible	$25 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$25 copay; deductible waived	50% after deductible
Diagnostic testing: Lab	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	$25 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	$75 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	$250 copay after deductible	50% after deductible	$300 copay after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient hospital facility	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	$250 copay per admission after deductible	50% after deductible	$300 copay per admission after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient surgery	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible	$250 copay after deductible	50% after deductible	$300 copay after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency room	Covered in full after deductible	Paid as In-Network	20% deductible waived	Paid as In-Network	$250 copay; deductible waived	Paid as In-Network	$300 copay after deductible	Paid as In-Network	$300 copay; deductible waived	Paid as In-Network
Urgent care	Covered in full after deductible	50% after deductible	20% deductible waived	50% after deductible	$75 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$75 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) [3]	Covered in full after deductible	50% after deductible	20% deductible waived	50% after deductible	$75 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$50 copay; deductible waived	50% after deductible
Chiropractic [4]	Covered in full after deductible	25% after deductible	20% deductible waived	25% after deductible	25% deductible waived	25% after deductible	Covered in full after deductible	25% after deductible	20% deductible waived	25% after deductible
Pharmacy [5]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	None	None	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	None	None
Preferred generic drugs	Generic: Covered in full after deductible	Generic: 50% after deductible	Low Cost Generic: $3 copay Generic: $10 copay	Low Cost Generic: 50% Generic: 50%	Low Cost Generic: $3 copay Generic: $10 copay	Low Cost Generic: 50% Generic: 50%	Low Cost Generic: $3 copay after deductible Generic: $10 copay after deductible	Low Cost Generic: 50% after deductible Generic: 50% after deductible	Low Cost Generic: $3 copay Generic: $10 copay	Low Cost Generic: 50% Generic: 50%
Preferred brand drugs	Covered in full after deductible	50% after deductible	$35 copay	50%	$50 copay	50%	$50 copay after deductible	50% after deductible	$50 copay	50%
Nonpreferred drugs	Generic & Brand: Covered in full after deductible	Generic & Brand: 50% after deductible	Generic & Brand: $60 copay	Generic & Brand: 50%	Generic & Brand: $75 copay	Generic & Brand: 50%	Generic & Brand: $75 copay after deductible	Generic & Brand: 50% after deductible	Generic & Brand: $75 copay	Generic & Brand: 50%
Specialty drugs	Preferred Specialty: Covered in full after deductible Non-Preferred Specialty: Covered in full after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 after deductible Non-Preferred Specialty: 50% up to $1,000 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

14.02.230.1-PA (8/16)

aetna

Aetna 1-50

PPO Medical | PA 01/01/2017

Member Benefits

Plan Name	PA Silver PPO 4000 100/50 PA Silver PPO AP 4000 100/50 30		PA Silver PPO 5000 100/50		PA Bronze PPO 6550 100/50 HSA E PA Bronze PPO AP 6550 100/50 HSA E		PA Bronze PPO 7000 100/50 Int	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$4,000/$8,000	$10,000/$20,000	$5,000/$10,000	$10,000/$20,000	$6,550/$13,100	$10,000/$20,000	$7,000/$14,000	$14,000/$28,000
Out-of-pocket limit (Individual/Family)	$6,850/$13,700	$20,000/$40,000	$6,850/$13,700	$20,000/$40,000	$6,550/$13,100	$20,000/$40,000	$7,150/$14,300	Unlimited/Unlimited
Deductible and out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		Embedded [1]		Embedded [1]	
Primary care physician office visit	$30 copay; deductible waived	50% after deductible	$25 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$75 copay; deductible waived	50% after deductible
Specialist office visit	$60 copay; deductible waived	50% after deductible	$50 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Walk-in clinics	$30 copay; deductible waived	50% after deductible	$25 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$75 copay; deductible waived	50% after deductible
Diagnostic testing: Lab	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Diagnostic testing: X-ray	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Imaging CT/PET scans MRIs	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Inpatient hospital facility	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Outpatient surgery	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Emergency room	$200 copay; deductible waived	Paid as In-Network	$250 copay; deductible waived	Paid as In-Network	Covered in full after deductible	Paid as In-Network	Covered in full after deductible	Paid as In-Network
Urgent care	$75 copay; deductible waived	50% after deductible	$75 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$150 copay; deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) [3]	$60 copay; deductible waived	50% after deductible	$50 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Chiropractic [4]	25% deductible waived	25% after deductible	25% deductible waived	25% after deductible	Covered in full after deductible	25% after deductible	25% after deductible	25% after deductible
Pharmacy [5]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: $3 copay Generic: $10 copay	Low Cost Generic: 50% Generic: 50%	Low Cost Generic: $3 copay Generic: $10 copay	Low Cost Generic: 50% Generic: 50%	Generic: Covered in full after deductible	Generic: 50% after deductible	Low Cost Generic: $15 copay; deductible waived Generic: $35 copay; deductible waived	Low Cost Generic: 50%; deductible waived Generic: 50%; deductible waived
Preferred brand drugs	$50 copay	50%	$35 copay	50%	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Nonpreferred drugs	Generic & Brand: $75 copay	Generic & Brand: 50%	Generic & Brand: $60 copay	Generic & Brand: 50%	Generic & Brand: Covered in full after deductible	Generic & Brand: 50% after deductible	Generic & Brand: Covered in full after deductible	Generic & Brand: 50% after deductible
Specialty drugs	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: Covered in full after deductible Non-Preferred Specialty: Covered in full after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: Covered in full after deductible Non-Preferred Specialty: Covered in full after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

14.02.230.1-PA (8/16)

aetna®

Aetna 1-50

Health Network Option Open Access

PA 01/01/2017

Member Benefits

Plan Name	PA Platinum HNOption 100/50 200D		PA Gold WellSpan HNOption 1000 100/50 PA Gold LVHN HNOption 1000 100/50 PA Gold Pinnacle HNOption 1000 100/50		PA Gold WellSpan HNOption 2000 100/50 HSA T PA Gold Pinnacle HNOption 2000 100/50 HSA T PA Gold LVHN HNOption 2000 100/50 HSA T		PA Silver Wellspan HNOption 3000 100/50 PA Silver Pinnacle HNOption 3000 100/50 PA Silver LVHN HNOption 3000 100/50		PA Bronze WellSpan HNOption 5550 80/50 HSA E PA Bronze Pinnacle HNOption 5550 80/50 HSA E PA Bronze LVHN HNOption 5550 80/50 HSA E	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$0/$0	$5,000/$10,000	$1,000/$2,000	$5,000/$10,000	$2,000/$4,000	$5,000/$10,000	$3,000/$6,000	$5,000/$10,000	$5,550/$11,100	$10,000/$20,000
Out-of-pocket limit (Individual/Family)	$5,000/$10,000	$10,000/$20,000	$6,850/$13,700	$10,000/$20,000	$2,000/$4,000	$10,000/$20,000	$6,850/$13,700	$10,000/$20,000	$6,550/$13,100	$20,000/$40,000
Deductible and out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		TIF [2]		Embedded [1]		Embedded [1]	
Primary care physician office visit	$20 copay	50% after deductible	$25 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$25 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible
Specialist office visit	$40 copay	50% after deductible	$50 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$75 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible
Walk-in clinics	$20 copay	50% after deductible	$25 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$25 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible
Diagnostic testing: Lab	Covered in full	50% after deductible	$10 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$25 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible
Diagnostic testing: X-ray	Covered in full	50% after deductible	$50 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$75 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible
Imaging CT/PET scans MRIs	$200 copay	50% after deductible	$300 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$250 copay after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient hospital facility	$200/d, days 1-5	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	$250 copay per admission after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient surgery	$200 copay	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	$250 copay after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency room	$200 copay	Paid as In-Network	$300 copay; deductible waived	Paid as In-Network	Covered in full after deductible	Paid as In-Network	$250 copay; deductible waived	Paid as In-Network	20% after deductible	Paid as In-Network
Urgent care	$75 copay	50% after deductible	$75 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$75 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) [3]	$40 copay	50% after deductible	$50 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$75 copay; deductible waived	50% after deductible	20% after deductible	50% after deductible
Chiropractic [4]	25%	25% after deductible	25% deductible waived	25% after deductible	Covered in full after deductible	25% after deductible	25% deductible waived	25% after deductible	20% after deductible	25% after deductible
Pharmacy [5]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: $3 copay Generic: $10 copay	Generic: Not Covered	Low Cost Generic: $3 copay Generic: $10 copay	Generic: Not Covered	Generic: Covered in full after deductible	Generic: Not Covered	Low Cost Generic: $3 copay Generic: $10 copay	Generic: Not Covered	Low Cost Generic: $3 copay after deductible Generic: $10 copay after deductible	Generic: Not Covered
Preferred brand drugs	$35 copay	Not Covered	$35 copay	Not Covered	Covered in full after deductible	Not Covered	$50 copay	Not Covered	$50 copay after deductible	Not Covered
Nonpreferred drugs	Generic & Brand: $60 copay	Generic & Brand: Not Covered	Generic & Brand: $60 copay	Generic & Brand: Not Covered	Generic & Brand: Covered in full after deductible	Generic & Brand: Not Covered	Generic & Brand: $75 copay	Generic & Brand: Not Covered	Generic & Brand: $75 copay after deductible	Generic & Brand: Not Covered
Specialty drugs	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: Covered in full after deductible Non-Preferred Specialty: Covered in full after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 after deductible Non-Preferred Specialty: 50% up to $1,000 after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

14.02.230.1-PA (8/16)

aetna

Aetna 1-50

Health Network Only Open Access

PA 01/01/2017

Member Benefits

Plan Name	PA Gold Savings Plus HNOnly 500 90	PA Silver Savings Plus HNOnly 2000 80	PA Silver Savings Plus HNOnly 3000 100 HSA E	PA Bronze Savings Plus HNOnly 5550 HSA E
	In Network	In Network	In Network	In Network
Deductible (Individual/Family)	$500/$1,000	$2,000/$4,000	$3,000/$6,000	$5,550/$11,100
Out-of-pocket limit (Individual/Family)	$6,600/$13,200	$6,850/$13,700	$6,550/$13,100	$6,550/$13,100
Deductible and out-of-pocket limit accumulation	Embedded [1]	Embedded [1]	Embedded [1]	Embedded [1]
Primary care physician office visit	$30 copay; deductible waived	$30 copay; deductible waived	Covered in full after deductible	20% after deductible
Specialist office visit	$60 copay; deductible waived	$50 copay; deductible waived	Covered in full after deductible	20% after deductible
Walk-in clinics	$30 copay; deductible waived	$30 copay; deductible waived	Covered in full after deductible	20% after deductible
Diagnostic testing: Lab	10% deductible waived	20% after deductible	Covered in full after deductible	20% after deductible
Diagnostic testing: X-ray	10% after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Imaging CT/PET scans MRIs	10% after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Inpatient hospital facility	10% after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Outpatient surgery	10% after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Emergency room	$500 copay after deductible	20% after deductible	Covered in full after deductible	20% after deductible
Urgent care	$60 copay; deductible waived	$75 copay; deductible waived	Covered in full after deductible	20% after deductible
Rehabilitation services (PT/OT/ST) [3]	$60 copay; deductible waived	$50 copay; deductible waived	Covered in full after deductible	20% after deductible
Chiropractic [4]	25% deductible waived	25% deductible waived	Covered in full after deductible	20% after deductible
Pharmacy [5]	In Network	In Network	In Network	In Network
Pharmacy Deductible	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: $3 copay Generic: $20 copay	Generic: $20 copay	Generic: $10 copay after deductible	Low Cost Generic: $3 copay after deductible Generic: $10 copay after deductible
Preferred brand drugs	$75 copay	$75 copay	$50 copay after deductible	$50 copay after deductible
Nonpreferred drugs	Generic & Brand: $125 copay	Generic & Brand: $125 copay	Generic & Brand: $75 copay after deductible	Generic & Brand: $75 copay after deductible
Specialty drugs	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: 50% up to $500 after deductible Non-Preferred Specialty: 50% up to $1,000 after deductible	Preferred Specialty: 50% up to $500 after deductible Non-Preferred Specialty: 50% up to $1,000 after deductible

14.02.230.1-PA (8/16)

aetna®

Aetna 1-50

Health Network Only Open Access

PA 01/01/2017

Member Benefits

Plan Name	PA Silver Commonwealth HNOnly 3000 100 PA Silver Penn Highlands HNOnly 3000 100	PA Silver Commonwealth HNOnly 3000 100 HSA E PA Silver Penn Highlands HNOnly 3000 HSA E	PA Silver Commonwealth HNOnly 4000 100 PA Silver Penn Highlands HNOnly 4000 100	PA Bronze Commonwealth HNOnly 6550 HSA E PA Bronze Penn Highlands HNOnly 6550 HSA E
	In Network	In Network	In Network	In Network
Deductible (Individual/Family)	$3,000/$6,000	$3,000/$6,000	$4,000/$8,000	$6,550/$13,100
Out-of-pocket limit (Individual/Family)	$6,850/$13,700	$6,000/$12,000	$6,850/$13,700	$6,550/$13,100
Deductible and out-of-pocket limit accumulation	Embedded [1]	Embedded [1]	Embedded [1]	Embedded [1]
Primary care physician office visit	$25 copay; deductible waived	Covered in full after deductible	$30 copay; deductible waived	Covered in full after deductible
Specialist office visit	$75 copay; deductible waived	Covered in full after deductible	$60 copay; deductible waived	Covered in full after deductible
Walk-in clinics	$25 copay; deductible waived	Covered in full after deductible	$30 copay; deductible waived	Covered in full after deductible
Diagnostic testing: Lab	$25 copay; deductible waived	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Diagnostic testing: X-ray	$75 copay; deductible waived	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Imaging CT/PET scans MRIs	$250 copay after deductible	$300 copay after deductible	Covered in full after deductible	Covered in full after deductible
Inpatient hospital facility	$250 copay per admission after deductible	$300 copay per admission after deductible	Covered in full after deductible	Covered in full after deductible
Outpatient surgery	$250 copay after deductible	$300 copay after deductible	Covered in full after deductible	Covered in full after deductible
Emergency room	$250 copay; deductible waived	$300 copay after deductible	$200 copay; deductible waived	Covered in full after deductible
Urgent care	$75 copay; deductible waived	Covered in full after deductible	$75 copay; deductible waived	Covered in full after deductible
Rehabilitation services (PT/OT/ST) [3]	$75 copay; deductible waived	Covered in full after deductible	$60 copay; deductible waived	Covered in full after deductible
Chiropractic [4]	25% deductible waived	Covered in full after deductible	25% deductible waived	Covered in full after deductible
Pharmacy [5]	In Network	In Network	In Network	In Network
Pharmacy Deductible	None	Integrated with Medical Deductible	None	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: $3 copay Generic: $10 copay	Low Cost Generic: $3 copay after deductible Generic: $10 copay after deductible	Low Cost Generic: $3 copay Generic: $10 copay	Low Cost Generic: Covered in full after deductible Generic: Covered in full after deductible
Preferred brand drugs	$50 copay	$50 copay after deductible	$50 copay	Covered in full after deductible
Nonpreferred drugs	Generic & Brand: $75 copay	Generic & Brand: $75 copay after deductible	Generic & Brand: $75 copay	Generic & Brand: Covered in full after deductible
Specialty drugs	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: 50% up to $500 after deductible Non-Preferred Specialty: 50% up to $1,000 after deductible	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Covered in full after deductible Non-Preferred Specialty: Covered in full after deductible

14.02.230.1-PA (8/16)

aetna

Aetna 1-50
HMO | PA 01/01/2017

Member Benefits

Plan Name	PA Bronze HMO 5550 80 HSA E
	In Network
Deductible (Individual/Family)	$5,550/$11,100
Out-of-pocket limit (Individual/Family)	$6,550/$13,100
Deductible and out-of-pocket limit accumulation	Embedded [1]
Primary care physician office visit	20% after deductible
Specialist office visit	20% after deductible
Walk-in clinics	20% after deductible
Diagnostic testing: Lab	20% after deductible
Diagnostic testing: X-ray	20% after deductible
Imaging CT/PET scans MRIs	20% after deductible
Inpatient hospital facility	20% after deductible
Outpatient surgery	20% after deductible
Emergency room	20% after deductible
Urgent care	20% after deductible
Rehabilitation services (PT/OT/ST) [3]	20% after deductible
Chiropractic [4]	20% after deductible
Pharmacy [5]	In Network
Pharmacy Deductible	Integrated with Medical Deductible
Preferred generic drugs	Low Cost Generic: $3 copay after deductible Generic: $10 copay after deductible
Preferred brand drugs	$50 copay after deductible
Nonpreferred drugs	Generic & Brand: $75 copay after deductible
Specialty drugs	Preferred Specialty: 50% up to $500 after deductible Non-Preferred Specialty: 50% up to $1,000 after deductible

14.02.230.1-PA (8/16)

aetna

Aetna 1-50
Indemnity | PA 01/01/2017

Member Benefits

Plan Name	PA Silver Indemnity 2000 80%	
	Out of Network	
Deductible (Individual/Family)	$2,000/$4,000	
Out-of-pocket limit (Individual/Family)	$6,000/$12,000	
Deductible and out-of-pocket limit accumulation	Embedded [1]	
Primary care physician office visit	20% after deductible	
Specialist office visit	20% after deductible	
Walk-in clinics	20% after deductible	
Diagnostic testing: Lab	20% after deductible	
Diagnostic testing: X-ray	20% after deductible	
Imaging CT/PET scans MRIs	20% after deductible	
Inpatient hospital facility	20% after deductible	
Outpatient surgery	20% after deductible	
Emergency room	20% after deductible	
Urgent care	20% after deductible	
Rehabilitation services (PT/OT/ST) [3]	20% after deductible	
Chiropractic [4]	20% after deductible	
Pharmacy [5]	In Network	Out of Network
Pharmacy Deductible	None	None
Preferred generic drugs	Low Cost Generic: $3 copay Generic: $15 copay	Low Cost Generic: $3 copay Generic: $15 copay
Preferred brand drugs	$50 copay	$50 copay
Nonpreferred drugs	Generic & Brand: $100 copay	Generic & Brand: $100 copay
Specialty drugs	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

14.02.230.1-PA (8/16)

aetna

Aetna 1-50
QPOS | PA 01/01/2017

Member Benefits

Plan Name	PA Gold QPOS 100/50 600D		PA Gold QPOS 1000 100/50		PA Gold QPOS 2000 100/50 HSA T		PA Gold QPOS 2000 100/50		PA Gold QPOS 2000 80/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$0/$0	$5,000/$10,000	$1,000/$2,000	$5,000/$10,000	$2,000/$4,000	$5,000/$10,000	$2,000/$4,000	$5,000/$10,000	$2,000/$4,000	$5,000/$10,000
Out-of-pocket limit (Individual/Family)	$6,850/$13,700	$10,000/$20,000	$6,850/$13,700	$10,000/$20,000	$2,000/$4,000	$10,000/$20,000	$6,850/$13,700	$10,000/$20,000	$4,000/$8,000	$10,000/$20,000
Deductible and out-of-pocket limit accumulation	Embedded [1]		Embedded [1]		TIF [2]		Embedded [1]		Embedded [1]	
Primary care physician office visit	$45 copay	50% after deductible	$25 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$25 copay; deductible waived	50% after deductible	20% deductible waived	50% after deductible
Specialist office visit	$75 copay	50% after deductible	$50 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$50 copay; deductible waived	50% after deductible	20% deductible waived	50% after deductible
Walk-in clinics	$45 copay	50% after deductible	$25 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$25 copay; deductible waived	50% after deductible	20% deductible waived	50% after deductible
Diagnostic testing: Lab	$45 copay	50% after deductible	$10 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible
Diagnostic testing: X-ray	$75 copay	50% after deductible	$50 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible
Imaging CT/PET scans MRIs	$300 copay	50% after deductible	$300 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient hospital facility	$600/d, days 1-5	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient surgery	Covered in full	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	Covered in full after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency room	$300 copay	Paid as In-Network	$300 copay; deductible waived	Paid as In-Network	Covered in full after deductible	Paid as In-Network	$250 copay; deductible waived	Paid as In-Network	20% deductible waived	Paid as In-Network
Urgent care	$80 copay	50% after deductible	$75 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$75 copay; deductible waived	50% after deductible	20% deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) [3]	$75 copay	50% after deductible	$50 copay; deductible waived	50% after deductible	Covered in full after deductible	50% after deductible	$50 copay; deductible waived	50% after deductible	20% deductible waived	50% after deductible
Chiropractic [4]	25%	25% after deductible	25% deductible waived	25% after deductible	Covered in full after deductible	25% after deductible	25% deductible waived	25% after deductible	20% deductible waived	25% after deductible
Pharmacy [5]	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy Deductible	None	None	None	None	Integrated with Medical Deductible	Integrated with Medical Deductible	None	None	None	None
Preferred generic drugs	Low Cost Generic: $3 copay Generic: $10 copay	Generic: Not Covered	Low Cost Generic: $3 copay Generic: $10 copay	Generic: Not Covered	Generic: Covered in full after deductible	Generic: Not Covered	Low Cost Generic: $3 copay Generic: $10 copay	Generic: Not Covered	Low Cost Generic: $3 copay Generic: $10 copay	Generic: Not Covered
Preferred brand drugs	$50 copay	Not Covered	$35 copay	Not Covered	Covered in full after deductible	Not Covered	$35 copay	Not Covered	$35 copay	Not Covered
Nonpreferred drugs	Generic & Brand: $100 copay	Generic & Brand: Not Covered	Generic & Brand: $60 copay	Generic & Brand: Not Covered	Generic & Brand: Covered in full after deductible	Generic & Brand: Not Covered	Generic & Brand: $60 copay	Generic & Brand: Not Covered	Generic & Brand: $60 copay	Generic & Brand: Not Covered
Specialty drugs	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: Covered in full after deductible Non-Preferred Specialty: Covered in full after deductible	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered	Preferred Specialty: 50% up to $500 Non-Preferred Specialty: 50% up to $1,000	Preferred Specialty: Not Covered Non-Preferred Specialty: Not Covered

14.02.230.1-PA (8/16)

aetna

Aetna pediatric dental & vision

PA 01/01/2017

Pediatric Dental Plans	PA Platinum HNOption 100/50 200D PA Platinum PPO 100/50 200D PA Gold PPO 100/50 600D PA Gold QPOS 100/50 600D		PA Gold WellSpan HNOption 1000 100/50 PA Gold Pinnacle HNOption 1000 100/50 PA Gold LVHN HNOption 1000 100/50 PA Silver Wellspan HNOption 3000 100/50 PA Silver Pinnacle HNOption 3000 100/50 PA Silver LVHN HNOption 3000 100/50 PA Gold PPO 1000 100/50 PA Gold PPO AP 1000 100/50 25 PA Gold PPO 1000 80/50 PA Gold PPO 2000 100/50 PA Gold PPO AP 2000 100/50 PA Gold PPO 2000 80/50 PA Silver PPO 3000 100/50 PA Silver PPO AP 3000 100/50 250A PA Silver PPO 3000 80/50 PA Silver PPO 4000 100/50 PA Silver PPO AP 4000 100/50 30 PA Silver PPO 5000 100/50 PA Bronze PPO 7000 100/50 Int PA Gold QPOS 1000 100/50 PA Gold QPOS 2000 100/50 PA Gold QPOS 2000 80/50		PA Gold WellSpan HNOption 2000 100/50 HSA T PA Gold Pinnacle HNOption 2000 100/50 HSA T PA Gold LVHN HNOption 2000 100/50 HSA T PA Gold PPO 2000 100/50 HSA T PA Bronze PPO 6550 100/50 HSA E PA Bronze PPO AP 6550 100/50 HSA E PA Gold QPOS 2000 100/50 HSA T		PA Bronze WellSpan HNOption 5550 80/50 HSA E PA Bronze Pinnacle HNOption 5550 80/50 HSA E PA Bronze LVHN HNOption 5550 80/50 HSA E PA Silver PPO 3000 100/50 HSA E		PA Gold Savings Plus HNOnly 500 90 PA Silver Savings Plus HNOnly 2000 80 PA Silver Commonwealth HNOnly 3000 100 PA Silver Penn Highlands HNOnly 3000 100 PA Silver Commonwealth HNOnly 4000 100 PA Silver Penn Highlands HNOnly 4000 100	PA Silver Savings Plus HNOnly 3000 100 HSA E PA Silver Commonwealth HNOnly 3000 100 HSA E PA Silver Penn Highlands HNOnly 3000 HSA E PA Bronze Savings Plus HNOnly 5550 HSA E PA Bronze HMO 5550 80 HSA E	PA Bronze Commonwealth HNOnly 6550 HSA E PA Bronze Penn Highlands HNOnly 6550 HSA E	PA Silver Indemnity 2000 80%
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	In Network	In Network	Out of Network
Dental Check-Up (aka preventive/diagnostic)	Covered in full	30% after deductible	Covered in full; deductible waived	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full after deductible	30% after deductible	Covered in full; deductible waived	Covered in full after deductible	Covered in full after deductible	Covered in full; deductible waived
Dental Basic	30%	50% after deductible	30% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	30% after deductible	Covered in full after deductible	30% after deductible
Dental Major	50%	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	50% after deductible
Dental Ortho	50%	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Covered in full after deductible	50% after deductible

Pediatric Vision Plans	PA Platinum HNOption 100/50 200D PA Platinum PPO 100/50 200D PA Gold PPO 100/50 600D PA Gold QPOS 100/50 600D		PA Gold WellSpan HNOption 1000 100/50 PA Gold Pinnacle HNOption 1000 100/50 PA Gold LVHN HNOption 1000 100/50 PA Silver Wellspan HNOption 3000 100/50 PA Silver Pinnacle HNOption 3000 100/50 PA Silver LVHN HNOption 3000 100/50 PA Gold PPO 1000 100/50 PA Gold PPO AP 1000 100/50 25 PA Gold PPO 1000 80/50 PA Gold PPO 2000 100/50 PA Gold PPO AP 2000 100/50 PA Gold PPO 2000 80/50 PA Silver PPO 3000 100/50 PA Silver PPO AP 3000 100/50 250A PA Silver PPO 3000 80/50 PA Silver PPO 4000 100/50 PA Silver PPO AP 4000 100/50 30 PA Silver PPO 5000 100/50 PA Bronze PPO 7000 100/50 Int PA Gold QPOS 1000 100/50 PA Gold QPOS 2000 100/50 PA Gold QPOS 2000 80/50		PA Gold WellSpan HNOption 2000 100/50 HSA T PA Gold Pinnacle HNOption 2000 100/50 HSA T PA Gold LVHN HNOption 2000 100/50 HSA T PA Bronze WellSpan HNOption 5550 80/50 HSA E PA Bronze Pinnacle HNOption 5550 80/50 HSA E PA Bronze LVHN HNOption 5550 80/50 HSA E PA Gold PPO 2000 100/50 HSA T PA Silver PPO 3000 100/50 HSA E PA Bronze PPO 6550 100/50 HSA E PA Bronze PPO AP 6550 100/50 HSA E PA Gold QPOS 2000 100/50 HSA T		PA Gold Savings Plus HNOnly 500 90 PA Silver Savings Plus HNOnly 2000 80 PA Silver Commonwealth HNOnly 3000 100 PA Silver Penn Highlands HNOnly 3000 100 PA Silver Commonwealth HNOnly 4000 100 PA Silver Penn Highlands HNOnly 4000 100	PA Silver Savings Plus HNOnly 3000 100 HSA E PA Silver Commonwealth HNOnly 3000 100 HSA E PA Silver Penn Highlands HNOnly 3000 HSA E PA Bronze Savings Plus HNOnly 5550 HSA E PA Bronze Commonwealth HNOnly 6550 HSA E PA Bronze Penn Highlands HNOnly 6550 HSA E PA Bronze HMO 5550 80 HSA E	PA Silver Indemnity 2000 80%
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	In Network	Out of Network		
Vision Exam **(1 exam per 12 months)**	Covered in full	50% after deductible	Covered in full; deductible waived	50% after deductible	Covered in full; deductible waived	50% after deductible	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived		
Pediatric Vision Hardware	Covered in full	Not covered	Covered in full; deductible waived	Not covered	Covered in full after deductible	Not covered	Covered in full; deductible waived	Covered in full after deductible	Covered in full; deductible waived		

Notes

These plans do not cover all dental and vision expenses and have exclusions and limitations. Members should refer to their plan documents to determine which services are covered and to what extent.

*This vision plan will cover the following:

-Coverage is limited to one set of frames and 1 set of contact lenses or eyeglass lenses every 12 months age 0-19.

Limitations and Exceptions

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered.
However, your plan documents may contain exceptions to this list based on state mandates or the plan design purchased.

- All medical or hospital services not specifically covered in or which are limited or excluded in the plan documents
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Adult dental care and x-rays
- Donor egg retrieval
- Experimental and investigational procedures
- Immunizations for travel or work
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics except as specified in the plan
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- Special duty nursing
- Weight reduction programs, or dietary supplements

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc.

The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation).

When the Member’s preferred provider is coordinating care, the preferred provider will obtain the precertification. Precertification requirements may vary.

If your plan covers outpatient prescription drugs, your plan includes a drug formulary (preferred drug list). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions.

Your pharmacy benefit is generally limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change in accordance with applicable state law.

For information regarding how medications are reviewed and selected for the formulary, formulary information, and information about other pharmacy programs such as precertification and step therapy, please refer to our website at www.aetna.com, or the Aetna Medication Formulary Guide.
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. In addition, in circumstances where your prescription plan uses copayments or coinsurance calculated on a percentage basis or a deductible, use of formulary drugs may not necessarily result in lower costs for the member.

Members should consult with their treating physicians regarding questions about specific medications. Refer to your plan documents or contact Member Services for information regarding the terms and limitations of coverage.

Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna, Inc., that is a licensed pharmacy providing mail-order pharmacy services. Aetna's negotiated charge with Aetna Rx Home Delivery may be higher than Aetna Rx Home Delivery's cost of purchasing drugs and providing mail-order pharmacy services.

14.02.230.1-PA (8/16)

Footnotes

All services are subject to the deductible unless noted otherwise. Some benefits are subject to age and frequency schedules, limitations or visit maximums. Members or Providers may be required to precertify or obtain approval for certain services.

Note: Please refer to Aetna's Producer World® web site at **www.aetna.com** for specific Summary of Benefits and Coverage documents. Or for more information, please contact your licensed agent or Aetna Sales Representative.

Deductibles, copays and coinsurance apply to the out-of-pocket maximum (OOP). After the out of pocket maximum is met, members continue to be responsible for any applicable premiums, penalties for failure to precertify (where applicable) and services not covered by Aetna.

[1] **Embedded –** 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 calendar year.

[2] **TIF (Non-Embedded) -** 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 calendar year.

[3] **Rehabilitation services -** Coverage is limited to 30 visits per plan year PT/OT combined, rehabilitation and habilitation separate.

[4] **Chiropractic/subluxation** services have a limit of 20 visits per plan year.

[5] **Pharmacy**

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

Network

How your out-of-network care is reimbursed: We cover the cost of services based on whether doctors are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care. You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital. When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount.

Footnotes

PPO, HNOption, QPOS Plans:
Professional Services: 90% of Medicare
Facility Services: 90% of Medicare

Indemnity Plan:
OON Prof Reimburse: Fair Health 80%
OON Facility Reimburse: 300% of Medicare

Your doctor sets his or her own rate to charge you. It may be higher – sometimes much higher – than what your Aetna plan "recognizes." Your doctor may bill you for the dollar amount that your plan doesn't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box. You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to **www.aetna.com** and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This applies when you choose to get care out of network. When you have no choice (usually, for emergency services), some of our plans pay the bill as if you got care in network. For those plans, you pay cost sharing and deductibles based on your in-network level of benefits. You do not have to pay anything else. Other plans pay the bill differently. And, under those plans, you may be responsible for more than your in-network cost sharing. The additional amounts could be very large. Look at your plan or contact us to find out more about how your plan pays for emergency services.

14.02.230.1-PA (8/16)