



**Pennsylvania Health Care Reform Plan Option Change Matrix**  
**Aetna Advantage Plans for Individuals and Families and the Self-Employed**  
**For New Benefit Plan Offerings as of 5/1/2012**

Members may request a plan change, in writing, within the first 30 days of initial enrollment without additional underwriting. The 30 day period begins on the Original Effective Date of the plan.

Members are allowed only one plan change in any 12 month period, this includes requests for downgrades \*\*. Underwriting, Member Services and Billing must check for any plan changes within the previous 12 months before processing a request for a Plan Change.

Always refer to state specific plan design brochures for current plan availability on the Producer World website.

After 30 Days of Enrollment: Members requesting to change from one Advantage Plan to another, within the same risk level, will be subject to re-underwriting if the Plan they are requesting to change to is considered an Upgrade. A new application must be submitted to Underwriting for an upgrade. If the Plan they are requesting to change to is considered a Downgrade, they must only submit a written request stating the Plan they wish to change to.	HMO 20	HMO 30	HMO 50	PPO 750	PPO 1500	HMO 1500	PPO 2500	PPO Value 1500	PPO HD 3000 HSA Compatible	PPO 3500	PPO VALUE 2500	PPO 5000	PPO HD 5000 HSA Compatible	PPO 7500 W/UNLIMITED Primary Care Visits plus Dental	Preventive & Hospital Care 3000 HSA Compatible
From HMO 15 (Group US022338)	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
From HMO 15	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
From HMO 20	S	D	D	D	D	D	D	D	D	D	D	D	D	D	D
From First Dollar PPO 25	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D
From HMO 30	U	S	D	D	D	D	D	D	D	D	D	D	D	D	D
From First Dollar PPO 35	U	U	D	D	D	D	D	D	D	D	D	D	D	D	D
From HMO 50	U	U	S	D	D	D	D	D	D	D	D	D	D	D	D
From PPO \$750	U	U	U	S	D	D	D	D	D	D	D	D	D	D	D
From PPO \$1,500	U	U	U	U	S	D	D	U	D	D	D	D	D	D	D
From PPO \$750 w/ Medical 50K CYM	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
From HMO 1,500	U	U	U	U	U	S	D	U	D	D	D	D	D	D	D
From HMO 2,500	U	U	U	U	U	U	U	U	U	D	U	D	D	D	D
From PPO \$1,500 w/ Medical 50K CYM	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
From PPO \$2,500	U	U	U	U	U	U	S	U	U	D	U	D	D	D	D
From HMO 5,000	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
From PPO Value \$1,500	U	U	U	U	U	U	U	S	U	U	D	U	U	U	D
From HDHP \$3,000 (HSA Compatible)	U	U	U	U	U	U	U	U	S	U	U	D	D	D	D
From PPO \$2,500 w/ Medical 50K CYM	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
From PPO \$3,500	U	U	U	U	U	U	U	U	U	S	U	D	D	D	D
From PPO Value \$2,500	U	U	U	U	U	U	U	U	U	U	S	U	U	U	D
From PPO \$5,000	U	U	U	U	U	U	U	U	U	U	U	S	S	D	D
From HDHP \$5,000 (HSA Compatible)	U	U	U	U	U	U	U	U	U	U	U	S	S	D	D
From Prev & Hosp Care \$1,250	U	U	U	U	U	U	U	U	U	U	U	U	U	D	D
From PPO \$7,500 w/ Unlimited PCP Visits	U	U	U	U	U	U	U	U	U	U	U	U	U	S	D
From PPO 7500 W/UNLIMITED Primary Care Visits plus Dental	U	U	U	U	U	U	U	U	U	U	U	U	U	S	D
From PPO \$10,000 w/ Unlimited PCP Visits	U	U	U	U	U	U	U	U	U	U	U	U	U	U	D
From PPO 10000 W/UNLIMITED Primary Care Visits plus Dental	U	U	U	U	U	U	U	U	U	U	U	U	U	U	D
From Prev & Hosp Care \$3,000	U	U	U	U	U	U	U	U	U	U	U	U	U	U	S
From Preventive & Hospital Care 3000 HSA Compatible	U	U	U	U	U	U	U	U	U	U	U	U	U	U	S

**U** = Upgrade - Underwriting Required  
**D** = Downgrade - No Underwriting Required  
**S** = Similar plans may have different benefits. No Underwriting required.

\*\* Downgrades on the effective date of the rate increase are allowed even if a prior change occurred within the last 12 months.

Find the plan the member is currently enrolled in on the left side of the matrix. Then find the plan the member is requesting to change to on the top portion of the matrix. Follow the line over and the column down until the two meet at a box with the letter **U** for Upgrade, the letter **D** for Downgrade or **S** for Similar.

This information is intended for brokers only. Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust. To the extent permitted by law, these plans are medically underwritten and your client may be declined coverage in accordance with their health condition. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.