

PENNSYLVANIA AETNA ADVANTAGE PLAN OPTIONS

HMO 1500	
MEMBER BENEFITS	In-Network
Deductible Individual Family	\$1,500 \$3,000
Out-of-Pocket Maximum Individual Family (deductible included)	\$5,000 \$10,000
Lifetime Maximum	\$5,000,000
Non-Specialist Office Visit General Physician, Family Practitioner, Pediatrician or Internist	\$25 copay
Specialist Visit	\$50 copay
Hospital Admission	30% after deductible
Outpatient Surgery	30% after deductible
Urgent Care Facility	\$50 copay/visit
Emergency Room	30% after deductible
Annual Routine Gyn Exam Annual Pap/Mammogram	\$50 copay (1 visit per 365 consecutive day period)
Maternity Hospital	30% after deductible
Preventive Health — Routine Physical	\$25 copay
Lab/X-ray	\$25 copay
Complex Imaging Services	\$150 copay
Skilled Nursing <i>60 days per calendar year</i>	30% after deductible
Outpatient Therapies <i>60 consecutive day period per instance of illness or injury</i>	\$50 copay/visit
Home Health Care <i>60 visits per calendar year</i>	\$25 copay/visit
Durable Medical Equipment <i>\$1,000 per calendar year</i>	50% of the contract rate per item
PHARMACY	
Pharmacy Deductible Individual / Family	\$500/\$1,500 (does not apply to generic)
Generic <i>Oral Contraceptives included</i>	\$15 copay deductible waived
Preferred Brand Name <i>Oral Contraceptive Included</i>	\$40 copay after deductible
Non-Preferred Brand <i>Oral Contraceptive Included</i>	\$60 copay after deductible
Calendar Year Maximum Individual/Family	\$2,500/\$5,000

Aetna Advantage Plans for individual, families and the self employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust and 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. These managed care plans 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 1-800-My-Health (1-800-694-3258).

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A summary of exclusions is listed in the Aetna Advantage 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 benefits plans contain exclusions and limitations. Material subject to change.

