

Aetna 51-100

HealthNetworkOnlyOpenAccess | PA 01/01/2018

Member benefits

| Plan Name | PA HNOOnly Uniontown 100% 500D PA HNOOnly Washington 100% 500D PA HNOOnly Butler 100% 500D PA HNOOnly Penn Highlands 100% 500D PA HNOOnly Beaver Valley 100% 500D PA HNOOnly Mon Valley 100% 500D | PA HNOOnly Uniontown 2000 100% \$35 PA HNOOnly Washington 2000 100% \$35 PA HNOOnly Butler 2000 100% \$35 PA HNOOnly Penn Highlands 2000 100% \$35 PA HNOOnly Commonwealth 2000 100% \$35 PA HNOOnly Beaver Valley 2000 100% \$35 PA HNOOnly Mon Valley 2000 100% \$35 | PA HNOOnly Uniontown 3000 100% \$45 PA HNOOnly Washington 3000 100% \$45 PA HNOOnly Butler 3000 100% \$45 PA HNOOnly Penn Highlands 3000 100% \$45 PA HNOOnly Commonwealth 3000 100% \$45 PA HNOOnly Beaver Valley 3000 100% \$45 PA HNOOnly Mon Valley 3000 100% \$45 | PA HNOOnly Washington 1000 100% \$25 PA HNOOnly Butler 1000 100% \$25 PA HNOOnly Penn Highlands 1000 100% \$25 PA HNOOnly Commonwealth 1000 100% \$25 PA HNOOnly Uniontown 1000 100% \$25 PA HNOOnly Beaver Valley 1000 100% \$25 PA HNOOnly Mon Valley 1000 100% \$25 | PA HNOOnly Commonwealth 1500 100% \$30 | PA HNOOnly Uniontown 4000 100% \$30 PA HNOOnly Washington 4000 100% \$30 PA HNOOnly Butler 4000 100% \$30 PA HNOOnly Penn Highlands 4000 100% \$30 PA HNOOnly Beaver Valley 4000 100% \$30 PA HNOOnly Commonwealth 4000 100% \$30 PA HNOOnly Mon Valley 4000 100% \$30 | PA HNOOnly Uniontown 5000 100% \$30 PA HNOOnly Washington 5000 100% \$30 PA HNOOnly Butler 5000 100% \$30 PA HNOOnly Penn Highlands 5000 100% \$30 PA HNOOnly Beaver Valley 5000 100% \$30 PA HNOOnly Commonwealth 5000 100% \$30 PA HNOOnly Mon Valley 5000 100% \$30 |
|--|--|--|--|--|--|--|--|
| | In Network | In Network | In Network | In Network | In Network | In Network | In Network |
| Deductible (Individual/Family) | \$0/\$0 | \$2,000/\$4,000 | \$3,000/\$6,000 | \$1,000/\$2,000 | \$1,500/\$3,000 | \$4,000/\$8,000 | \$5,000/\$10,000 |
| Out-of-pocket limit (Individual/Family) | \$5,000/\$10,000 | \$5,000/\$10,000 | \$6,550/\$13,100 | \$5,000/\$10,000 | \$5,000/\$10,000 | \$6,550/\$13,100 | \$6,550/\$13,100 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | Embedded ¹ | Embedded ¹ | Embedded ¹ | Embedded ¹ | Embedded ¹ | Embedded ¹ |
| Primary care physician office visit | \$40 | \$35 DW | \$45 DW | \$25 DW | \$30 DW | \$30 DW | \$30 DW |
| Specialist office visit | \$60 | \$60 DW | \$75 DW | \$50 DW | \$50 DW | \$50 DW | \$50 DW |
| Walk-in clinics | \$40 | \$35 DW | \$45 DW | \$25 DW | \$30 DW | \$30 DW | \$30 DW |
| Diagnostic testing: Lab | \$40 | \$35 DW | \$45 DW | \$25 DW | \$30 DW | \$30 DW | \$30 DW |
| Diagnostic testing: X-ray | \$60 | \$60 DW | \$75 DW | \$50 DW | \$50 DW | \$50 DW | \$50 DW |
| Imaging CT/PET scans MRIs | \$200 | \$200 DW | \$200 DW | \$200 DW | \$200 DW | \$200 DW | \$200 DW |
| Inpatient hospital facility | \$500 per day to a maximum of \$2,500 per admission | Covered in full AD | Covered in full AD | Covered in full AD | Covered in full AD | \$500 per admission AD | \$500 per admission AD |
| Outpatient surgery | \$500 | \$300 DW | \$300 DW | \$300 DW | \$300 DW | \$300 DW | \$300 DW |
| Emergency room | \$200 | \$200 DW | \$200 DW | \$200 DW | \$200 DW | \$200 DW | \$200 DW |
| Urgent care | \$75 | \$75 DW | \$75 DW | \$75 DW | \$75 DW | \$75 DW | \$75 DW |
| Rehabilitation services (PT/OT/ST) ³ | \$60 | \$60 DW | \$75 DW | \$50 DW | \$50 DW | \$50 DW | \$50 DW |
| Chiropractic ⁴ | 25% | 25% DW | 25% DW | 25% DW | 25% DW | 25% DW | 25% DW |
| Dental and Vision ⁵ | In Network | In Network | In Network | In Network | In Network | In Network | In Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full | Covered in full AD | Covered in full AD | Covered in full AD | Covered in full AD | Covered in full AD | Covered in full AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | In Network | In Network | In Network | In Network | In Network | In Network |
| Pharmacy Deductible | None | None | None | None | None | None | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: \$3 Generic: \$10 |
| Brand (Formulary) drugs | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 |
| Generic and Brand (Non-Formulary) drugs | \$75 | \$75 | \$75 | \$75 | \$75 | \$75 | \$75 |
| Specialty drugs | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 |

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



Aetna 51-100

HealthNetworkOnlyOpenAccess | PA 01/01/2018

Member benefits

| Plan Name | PA HNOnly Uniontown 6000 100% \$40 PA HNOnly Washington 6000 100% \$40 PA HNOnly Butler 6000 100% \$40 PA HNOnly Penn Highlands 6000 100% \$40 PA HNOnly Beaver Valley 6000 100% \$40 PA HNOnly Commonwealth 6000 100% \$40 PA HNOnly Mon Valley 6000 100% \$40 | PA HNOnly Uniontown 5000 100% HSA E PA HNOnly Washington 5000 100% HSA E PA HNOnly Butler 5000 100% HSA E PA HNOnly Penn Highlands 5000 100% HSA E PA HNOnly Beaver Valley 5000 100% HSA E PA HNOnly Mon Valley 5000 100% HSA E | PA HNOnly Commonwealth 3000 100% HSA E PA HNOnly Uniontown 3000 100% HSA E PA HNOnly Washington 3000 100% HSA E PA HNOnly Butler 3000 100% HSA E PA HNOnly Penn Highlands 3000 100% HSA E PA HNOnly Beaver Valley 3000 100% HSA E PA HNOnly Mon Valley 3000 100% HSA E | PA HNOnly Commonwealth 4000 100% HSA E | PA HNOnly Uniontown 1500 90% HSA T PA HNOnly Washington 1500 90% HSA T PA HNOnly Butler 1500 90% HSA T PA HNOnly Penn Highlands 1500 90% HSA T PA HNOnly Beaver Valley 1500 90% HSA T PA HNOnly Commonwealth 1500 90% HSA T PA HNOnly Mon Valley 1500 90% HSA T | PA HNOnly Uniontown 2500 100% HSA T PA HNOnly Washington 2500 100% HSA T PA HNOnly Butler 2500 100% HSA T PA HNOnly Penn Highlands 2500 100% HSA T PA HNOnly Beaver Valley 2500 100% HSA T PA HNOnly Commonwealth 2500 100% HSA T PA HNOnly Mon Valley 2500 100% HSA T |
|--|---|--|--|--|---|--|
| | In Network | In Network | In Network | In Network | In Network | In Network |
| Deductible (Individual/Family) | \$6,000/\$12,000 | \$5,000/\$10,000 | \$3,000/\$6,000 | \$4,000/\$8,000 | \$1,500/\$3,000 | \$2,500/\$5,000 |
| Out-of-pocket limit (Individual/Family) | \$6,550/\$13,100 | \$6,550/\$13,100 | \$6,550/\$13,100 | \$6,550/\$13,100 | \$3,500/\$7,000 | \$6,550/\$7,350 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | Embedded ¹ | Embedded ¹ | Embedded ¹ | TIF ² | TIF ² |
| Primary care physician office visit | \$40 DW | Covered in full AD | Covered in full AD | Covered in full AD | 10% AD | Covered in full AD |
| Specialist office visit | \$70 DW | Covered in full AD | Covered in full AD | Covered in full AD | 10% AD | Covered in full AD |
| Walk-in clinics | \$40 DW | Covered in full AD | Covered in full AD | Covered in full AD | 10% AD | Covered in full AD |
| Diagnostic testing: Lab | \$40 DW | Covered in full AD | Covered in full AD | Covered in full AD | 10% AD | Covered in full AD |
| Diagnostic testing: X-ray | \$70 DW | Covered in full AD | Covered in full AD | Covered in full AD | 10% AD | Covered in full AD |
| Imaging CT/PET scans MRIs | \$200 DW | Covered in full AD | Covered in full AD | Covered in full AD | 10% AD | Covered in full AD |
| Inpatient hospital facility | Covered in full AD | Covered in full AD | Covered in full AD | Covered in full AD | 10% AD | Covered in full AD |
| Outpatient surgery | \$300 DW | Covered in full AD | Covered in full AD | Covered in full AD | 10% AD | Covered in full AD |
| Emergency room | \$200 DW | Covered in full AD | Covered in full AD | Covered in full AD | 10% AD | Covered in full AD |
| Urgent care | \$75 DW | Covered in full AD | Covered in full AD | Covered in full AD | 10% AD | Covered in full AD |
| Rehabilitation services (PT/OT/ST) ³ | \$70 DW | Covered in full AD | Covered in full AD | Covered in full AD | 10% AD | Covered in full AD |
| Chiropractic ⁴ | 25% DW | Covered in full AD | Covered in full AD | Covered in full AD | 10% AD | Covered in full AD |
| Dental and Vision ⁵ | In Network | In Network | In Network | In Network | In Network | In Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | Covered in full AD | Covered in full AD | Covered in full AD | Covered in full AD | Covered in full AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | In Network | In Network | In Network | In Network | In Network |
| Pharmacy Deductible | None | Integrated with Medical Deductible | Integrated with Medical Deductible | Integrated with Medical Deductible | Integrated with Medical Deductible | Integrated with Medical Deductible |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: \$3 AD Generic: \$10 AD |
| Brand (Formulary) drugs | \$50 | \$50 AD | \$50 AD | \$50 AD | \$50 AD | \$50 AD |
| Generic and Brand (Non-Formulary) drugs | \$75 | \$75 AD | \$75 AD | \$75 AD | \$75 AD | \$75 AD |
| Specialty drugs | \$150 | \$150 AD | \$150 AD | \$150 AD | \$150 AD | \$150 AD |

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Aetna 51-100

HealthNetworkOptionOpenAccess | PA 01/01/2018

Member benefits

| Plan Name | PA HNOption WellSpan 100/50 500D PA HNOption Pinnacle 100/50 500D PA HNOption LHVN 100/50 500D | | PA HNOption WellSpan 1000 100/50 \$25 PA HNOption Pinnacle 1000 100/50 \$25 PA HNOption LHVN 1000 100/50 \$25 | | PA HNOption WellSpan 3000 100/50 \$45 PA HNOption Pinnacle 3000 100/50 \$45 PA HNOption LHVN 3000 100/50 \$45 | |
|--|--|--------------------|---|--------------------|---|--------------------|
| | 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 | \$3,000/\$6,000 | \$6,000/\$12,000 |
| Out-of-pocket limit (Individual/Family) | \$5,000/\$10,000 | \$10,000/\$20,000 | \$5,000/\$10,000 | \$10,000/\$20,000 | \$6,550/\$13,100 | \$13,100/\$26,200 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | Embedded ¹ | | Embedded ¹ | |
| Primary care physician office visit | \$40 | 50% AD | \$25 DW | 50% AD | \$45 DW | 50% AD |
| Specialist office visit | \$60 | 50% AD | \$50 DW | 50% AD | \$75 DW | 50% AD |
| Walk-in clinics | \$40 | Not Covered | \$25 DW | Not Covered | \$45 DW | Not Covered |
| Diagnostic testing: Lab | \$40 | 50% AD | \$25 DW | 50% AD | \$45 DW | 50% AD |
| Diagnostic testing: X-ray | \$60 | 50% AD | \$50 DW | 50% AD | \$75 DW | 50% AD |
| Imaging CT/PET scans MRIs | \$200 | 50% AD | \$200 DW | 50% AD | \$200 DW | 50% AD |
| Inpatient hospital facility | \$500 per day to a maximum of \$2,500 per admission | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Outpatient surgery | \$500 | 50% AD | \$300 DW | 50% AD | \$300 DW | 50% AD |
| Emergency room | \$200 | Paid as In-Network | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network |
| Urgent care | \$75 | 50% AD | \$75 DW | 50% AD | \$75 DW | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | \$60 | 50% AD | \$50 DW | 50% AD | \$75 DW | 50% AD |
| Chiropractic ⁴ | 25% | 25% AD | 25% DW | 25% AD | 25% DW | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Pharmacy Deductible | None | None | None | None | None | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Not Covered | Low Cost Generic: \$3 Generic: \$10 | Not Covered | Low Cost Generic: \$3 Generic: \$10 | Not Covered |
| Brand (Formulary) drugs | \$50 | Not Covered | \$50 | Not Covered | \$50 | Not Covered |
| Generic and Brand (Non-Formulary) drugs | \$75 | Not Covered | \$75 | Not Covered | \$75 | Not Covered |
| Specialty drugs | \$150 | Not Covered | \$150 | Not Covered | \$150 | Not Covered |

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Aetna 51-100

HealthNetworkOptionOpenAccess | PA 01/01/2018

Member benefits

| Plan Name | PA HNOption WellSpan 5000 100/50 \$25 PA HNOption Pinnacle 5000 100/50 \$25 PA HNOption LHVN 5000 100/50 \$25 | | PA HNOption WellSpan 2500 100/50 \$30 PA HNOption Pinnacle 2500 100/50 \$30 PA HNOption LHVN 2500 100/50 \$30 | | PA HNOption WellSpan 4500 100/50 \$30 PA HNOption Pinnacle 4500 100/50 \$30 PA HNOption LHVN 4500 100/50 \$30 | |
|--|---|--------------------|---|--------------------|---|--------------------|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Deductible (Individual/Family) | \$5,000/\$10,000 | \$10,000/\$20,000 | \$2,500/\$5,000 | \$5,000/\$10,000 | \$4,500/\$9,000 | \$10,000/\$20,000 |
| Out-of-pocket limit (Individual/Family) | \$6,550/\$13,100 | \$20,000/\$40,000 | \$6,550/\$13,100 | \$13,100/\$26,200 | \$6,550/\$13,100 | \$20,000/\$40,000 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | Embedded ¹ | | Embedded ¹ | |
| Primary care physician office visit | \$25 DW | 50% AD | \$30 DW | 50% AD | \$30 DW | 50% AD |
| Specialist office visit | \$50 DW | 50% AD | \$50 DW | 50% AD | \$50 DW | 50% AD |
| Walk-in clinics | \$25 DW | Not Covered | \$30 DW | Not Covered | \$30 DW | Not Covered |
| Diagnostic testing: Lab | \$25 DW | 50% AD | \$30 DW | 50% AD | \$30 DW | 50% AD |
| Diagnostic testing: X-ray | \$50 DW | 50% AD | \$50 DW | 50% AD | \$50 DW | 50% AD |
| Imaging CT/PET scans MRIs | \$200 DW | 50% AD | \$200 DW | 50% AD | \$200 DW | 50% AD |
| Inpatient hospital facility | Covered in full AD | 50% AD | \$500 per admission AD | 50% AD | \$500 per admission AD | 50% AD |
| Outpatient surgery | \$300 DW | 50% AD | \$300 DW | 50% AD | \$300 DW | 50% AD |
| Emergency room | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network |
| Urgent care | \$75 DW | 50% AD | \$75 DW | 50% AD | \$75 DW | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | \$50 DW | 50% AD | \$50 DW | 50% AD | \$50 DW | 50% AD |
| Chiropractic ⁴ | 25% DW | 25% AD | 25% DW | 25% AD | 25% DW | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Pharmacy Deductible | None | None | None | None | None | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Not Covered | Low Cost Generic: \$3 Generic: \$10 | Not Covered | Low Cost Generic: \$3 Generic: \$10 | Not Covered |
| Brand (Formulary) drugs | \$50 | Not Covered | \$50 | Not Covered | \$50 | Not Covered |
| Generic and Brand (Non-Formulary) drugs | \$75 | Not Covered | \$75 | Not Covered | \$75 | Not Covered |
| Specialty drugs | \$150 | Not Covered | \$150 | Not Covered | \$150 | Not Covered |

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



Aetna 51-100

HealthNetworkOptionOpenAccess | PA 01/01/2018

Member benefits

| Plan Name | PA SP HNOption 1500 70/50/50 ⁷ | | | PA SP HNOption 2500/4500 100/100/50 ⁷ | | |
|--|---|------------------------------|------------------------------|--|------------------------------|------------------------------|
| | In Network | Non-Designated | Out of Network | In Network | Non-Designated | Out of Network |
| Deductible (Individual/Family) | \$1,500/\$3,000 | \$1,500/\$3,000 | \$5,000/\$10,000 | \$2,500/\$5,000 | \$4,500/\$9,000 | \$5,000/\$10,000 |
| Out-of-pocket limit (Individual/Family) | \$6,000/\$12,000 | \$6,000/\$12,000 | \$12,000/\$24,000 | \$6,500/\$13,000 | \$6,500/\$13,000 | \$13,000/\$26,000 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | | Embedded ¹ | | |
| Primary care physician office visit | \$35 DW | 50% AD | 50% AD | \$30 DW | \$50 DW | 50% AD |
| Specialist office visit | \$50 DW | 50% AD | 50% AD | \$60 DW | \$100 DW | 50% AD |
| Walk-in clinics | \$35 DW | Paid at the designated level | Not Covered | \$30 DW | Paid at the designated level | Not Covered |
| Diagnostic testing: Lab | 30% AD | 50% AD | 50% AD | \$30 DW | \$30 DW | 50% AD |
| Diagnostic testing: X-ray | 30% AD | 50% AD | 50% AD | \$60 DW | \$100 DW | 50% AD |
| Imaging CT/PET scans MRIs | 30% AD | 50% AD | 50% AD | \$350 DW | \$500 DW | 50% AD |
| Inpatient hospital facility | 30% AD | 50% AD | 50% AD | Covered in full AD | \$1,000 per admission AD | 50% AD |
| Outpatient surgery | 30% AD | 50% AD | 50% AD | \$300 DW | \$600 DW | 50% AD |
| Emergency room | 30% AD | Paid at the designated level | Paid at the designated level | \$500 DW | Paid at the designated level | Paid at the designated level |
| Urgent care | \$75 DW | 50% AD | 50% AD | \$75 DW | \$100 DW | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | \$50 DW | 50% AD | 50% AD | \$60 DW | \$100 DW | 50% AD |
| Chiropractic ⁴ | 25% DW | 25% DW | 25% AD | 25% DW | 25% DW | 25% AD |
| Dental and Vision ⁵ | In Network | Non-Designated | Out of Network | In Network | Non-Designated | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | Paid at the designated level | 50% AD | Covered in full AD | Paid at the designated level | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | | Out of Network | In Network | | Out of Network |
| Pharmacy Deductible | None | | None | None | | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | | Not Covered | Low Cost Generic: \$3 Generic: \$10 | | Not Covered |
| Brand (Formulary) drugs | \$50 | | Not Covered | \$50 | | Not Covered |
| Generic and Brand (Non-Formulary) drugs | \$75 | | Not Covered | \$75 | | Not Covered |
| Specialty drugs | \$150 | | Not Covered | \$150 | | Not Covered |

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Aetna 51-100

HealthNetworkOptionOpenAccess | PA 01/01/2018

Member benefits

| Plan Name | PA SP HNOOption 500D/1000D 100/100/50 ⁷ | | | PA SP HNOOption 5000/6250 100/50/50 ⁷ | | |
|--|---|---|------------------------------|--|------------------------------|------------------------------|
| | In Network | Non-Designated | Out of Network | In Network | Non-Designated | Out of Network |
| Deductible (Individual/Family) | \$0/\$0 | \$0/\$0 | \$5,000/\$10,000 | \$5,000/\$10,000 | \$6,250/\$12,500 | \$10,000/\$20,000 |
| Out-of-pocket limit (Individual/Family) | \$6,500/\$13,000 | \$6,500/\$13,000 | \$13,000/\$26,000 | \$6,600/\$13,200 | \$6,600/\$13,200 | \$20,000/\$40,000 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | | Embedded ¹ | | |
| Primary care physician office visit | \$20 | \$45 | 50% AD | \$15 DW | \$50 AD | 50% AD |
| Specialist office visit | \$50 | \$75 | 50% AD | \$50 DW | \$100 AD | 50% AD |
| Walk-in clinics | \$20 | Paid at the designated level | Not Covered | \$15 DW | Paid at the designated level | Not Covered |
| Diagnostic testing: Lab | \$20 | \$20 | 50% AD | \$15 DW | \$50 AD | 50% AD |
| Diagnostic testing: X-ray | \$50 | \$75 | 50% AD | \$100 DW | \$200 AD | 50% AD |
| Imaging CT/PET scans MRIs | \$300 | \$500 | 50% AD | \$250 DW | \$500 AD | 50% AD |
| Inpatient hospital facility | \$500 per day to a maximum of \$2,500 per admission | \$1,000 per day to a maximum of \$5,000 per admission | 50% AD | \$250 per admission AD | \$500 per admission AD | 50% AD |
| Outpatient surgery | \$500 | \$750 | 50% AD | \$300 DW | \$600 AD | 50% AD |
| Emergency room | \$400 | Paid at the designated level | Paid at the designated level | \$250 DW | Paid at the designated level | Paid at the designated level |
| Urgent care | \$75 | \$75 | 50% AD | \$75 DW | \$100 AD | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | \$50 | \$75 | 50% AD | \$50 DW | \$100 AD | 50% AD |
| Chiropractic ⁴ | 25% | 25% | 25% AD | 25% DW | 25% DW | 25% AD |
| Dental and Vision ⁵ | In Network | Non-Designated | Out of Network | In Network | Non-Designated | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full | Paid at the designated level | 50% AD | Covered in full AD | Paid at the designated level | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | | Out of Network | In Network | | Out of Network |
| Pharmacy Deductible | None | | None | None | | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | | Not Covered | Low Cost Generic: \$3 Generic: \$10 | | Not Covered |
| Brand (Formulary) drugs | \$50 | | Not Covered | \$50 | | Not Covered |
| Generic and Brand (Non-Formulary) drugs | \$75 | | Not Covered | \$75 | | Not Covered |
| Specialty drugs | \$150 | | Not Covered | \$150 | | Not Covered |

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



Aetna 51-100

HealthNetworkOptionOpenAccess | PA 01/01/2018

Member benefits

| Plan Name | PA SP HNOption 2500 70/50/50 HSA T ⁷ | | | PA HNOption WellSpan 3000 100/50 HSA E PA HNOption Pinnacle 3000 100/50 HSA E PA HNOption LHVN 3000 100/50 HSA E | | PA HNOption WellSpan 5000 80/50 HSA E PA HNOption Pinnacle 5000 80/50 HSA E PA HNOption LHVN 5000 80/50 HSA E | |
|---|---|------------------------------|------------------------------|--|--------------------|---|--------------------|
| | In Network | Non-Designated | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Deductible (Individual/Family) | \$2,500/\$5,000 | \$2,500/\$5,000 | \$5,000/\$10,000 | \$3,000/\$6,000 | \$6,000/\$12,000 | \$5,000/\$10,000 | \$10,000/\$20,000 |
| Out-of-pocket limit (Individual/Family) | \$6,500/\$7,150 | \$6,500/\$7,150 | \$13,000/\$26,000 | \$6,550/\$13,100 | \$13,100/\$26,200 | \$6,550/\$13,100 | \$13,100/\$26,200 |
| Deductible/out-of-pocket limit accumulation | TIF ² | | | Embedded ¹ | | Embedded ¹ | |
| Primary care physician office visit | \$30 AD | 50% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Specialist office visit | \$50 AD | 50% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Walk-in clinics | \$30 AD | Paid at the designated level | Not Covered | Covered in full AD | Not Covered | 20% AD | Not Covered |
| Diagnostic testing: Lab | 30% AD | 50% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Diagnostic testing: X-ray | 30% AD | 50% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Imaging CT/PET scans MRIs | 30% AD | 50% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Inpatient hospital facility | 30% AD | 50% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Outpatient surgery | 30% AD | 50% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Emergency room | 30% AD | Paid at the designated level | Paid at the designated level | Covered in full AD | Paid as In-Network | 20% AD | Paid as In-Network |
| Urgent care | \$75 AD | 50% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Rehabilitation services (PT/OT/ST)³ | \$50 AD | 50% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Chiropractic⁴ | 25% AD | 25% AD | 25% AD | Covered in full AD | 25% AD | 20% AD | 25% AD |
| Dental and Vision⁵ | In Network | Non-Designated | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | Paid at the designated level | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy⁶ | In Network | | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Pharmacy Deductible | Integrated with Medical Deductible | | None | Integrated with Medical Deductible | | Integrated with Medical Deductible | |
| Generic (Formulary) drugs | Low Cost Generic: \$3 AD | | Not Covered | Low Cost Generic: \$3 AD | | Low Cost Generic: \$3 AD | |
| | Generic: \$10 AD | | | Generic: \$10 AD | | Generic: \$10 AD | |
| Brand (Formulary) drugs | \$50 AD | | Not Covered | \$50 AD | | \$50 AD | |
| Generic and Brand (Non-Formulary) drugs | \$75 AD | | Not Covered | \$75 AD | | \$75 AD | |
| Specialty drugs | \$150 AD | | Not Covered | \$150 AD | | \$150 AD | |

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



Aetna 51-100

PPOMedical | PA 01/01/2018

Member benefits

| Plan Name | PA PPO 100/50 500D | | PA PPO 100/50 750D | | PA PPO 1000 100/50 \$25 | |
|--|---|---------------------------------------|---|---------------------------------------|--|---------------------------------------|
| | 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 |
| Out-of-pocket limit (Individual/Family) | \$5,000/\$10,000 | \$10,000/\$20,000 | \$5,000/\$10,000 | \$10,000/\$20,000 | \$5,000/\$10,000 | \$10,000/\$20,000 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | Embedded ¹ | | Embedded ¹ | |
| Primary care physician office visit | \$40 | 50% AD | \$50 | 50% AD | \$25 DW | 50% AD |
| Specialist office visit | \$60 | 50% AD | \$75 | 50% AD | \$50 DW | 50% AD |
| Walk-in clinics | \$40 | Not Covered | \$50 | Not Covered | \$25 DW | Not Covered |
| Diagnostic testing: Lab | \$40 | 50% AD | \$50 | 50% AD | \$25 DW | 50% AD |
| Diagnostic testing: X-ray | \$60 | 50% AD | \$75 | 50% AD | \$50 DW | 50% AD |
| Imaging CT/PET scans MRIs | \$200 | 50% AD | \$300 | 50% AD | \$200 DW | 50% AD |
| Inpatient hospital facility | \$500 per day to a maximum of \$2,500 per admission | 50% AD | \$750 per day to a maximum of \$3,750 per admission | 50% AD | Covered in full AD | 50% AD |
| Outpatient surgery | \$500 | 50% AD | \$750 | 50% AD | \$300 DW | 50% AD |
| Emergency room | \$200 | Paid as In-Network | \$200 | Paid as In-Network | \$200 DW | Paid as In-Network |
| Urgent care | \$75 | 50% AD | \$75 | 50% AD | \$75 DW | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | \$60 | 50% AD | \$75 | 50% AD | \$50 DW | 50% AD |
| Chiropractic ⁴ | 25% | 25% AD | 25% | 25% AD | 25% DW | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full | 50% AD | Covered in full | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Pharmacy Deductible | None | None | None | None | None | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% |
| Brand (Formulary) drugs | \$50 | 50% | \$50 | 50% | \$50 | 50% |
| Generic and Brand (Non-Formulary) drugs | \$75 | 50% | \$75 | 50% | \$75 | 50% |
| Specialty drugs | \$150 | Not Covered | \$150 | Not Covered | \$150 | Not Covered |

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



Aetna 51-100

PPOMedical | PA 01/01/2018

Member benefits

| Plan Name | PA PPO 1500 100/50 \$30 | | PA PPO 2000 100/50 \$35 | | PA PPO 3000 100/50 \$45 | |
|--|--|---------------------------------------|--|---------------------------------------|--|---------------------------------------|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Deductible (Individual/Family) | \$1,500/\$3,000 | \$5,000/\$10,000 | \$2,000/\$4,000 | \$5,000/\$10,000 | \$3,000/\$6,000 | \$6,000/\$12,000 |
| Out-of-pocket limit (Individual/Family) | \$5,000/\$10,000 | \$10,000/\$20,000 | \$5,000/\$10,000 | \$10,000/\$20,000 | \$6,550/\$13,100 | \$13,100/\$26,200 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | Embedded ¹ | | Embedded ¹ | |
| Primary care physician office visit | \$30 DW | 50% AD | \$35 DW | 50% AD | \$45 DW | 50% AD |
| Specialist office visit | \$50 DW | 50% AD | \$60 DW | 50% AD | \$75 DW | 50% AD |
| Walk-in clinics | \$30 DW | Not Covered | \$35 DW | Not Covered | \$45 DW | Not Covered |
| Diagnostic testing: Lab | \$30 DW | 50% AD | \$35 DW | 50% AD | \$45 DW | 50% AD |
| Diagnostic testing: X-ray | \$50 DW | 50% AD | \$60 DW | 50% AD | \$75 DW | 50% AD |
| Imaging CT/PET scans MRIs | \$200 DW | 50% AD | \$200 DW | 50% AD | \$200 DW | 50% AD |
| Inpatient hospital facility | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Outpatient surgery | \$300 DW | 50% AD | \$300 DW | 50% AD | \$300 DW | 50% AD |
| Emergency room | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network |
| Urgent care | \$75 DW | 50% AD | \$75 DW | 50% AD | \$75 DW | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | \$50 DW | 50% AD | \$60 DW | 50% AD | \$75 DW | 50% AD |
| Chiropractic ⁴ | 25% DW | 25% AD | 25% DW | 25% AD | 25% DW | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Pharmacy Deductible | None | None | None | None | None | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% |
| Brand (Formulary) drugs | \$50 | 50% | \$50 | 50% | \$50 | 50% |
| Generic and Brand (Non-Formulary) drugs | \$75 | 50% | \$75 | 50% | \$75 | 50% |
| Specialty drugs | \$150 | Not Covered | \$150 | Not Covered | \$150 | Not Covered |

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



Aetna 51-100

PPOMedical | PA 01/01/2018

Member benefits

| Plan Name | PA PPO 5000 100/50 \$25 | | PA PPO 6000 100/50 \$40 | | PA PPO 2500 100/50 \$40 | |
|--|--|---------------------------------------|--|---------------------------------------|--|---------------------------------------|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Deductible (Individual/Family) | \$5,000/\$10,000 | \$10,000/\$20,000 | \$6,000/\$12,000 | \$12,000/\$24,000 | \$2,500/\$5,000 | \$5,000/\$10,000 |
| Out-of-pocket limit (Individual/Family) | \$6,550/\$13,100 | \$20,000/\$40,000 | \$6,550/\$13,100 | \$24,000/\$48,000 | \$6,550/\$13,100 | \$13,100/\$26,200 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | Embedded ¹ | | Embedded ¹ | |
| Primary care physician office visit | \$25 DW | 50% AD | \$40 DW | 50% AD | \$40 DW | 50% AD |
| Specialist office visit | \$50 DW | 50% AD | \$70 DW | 50% AD | \$70 DW | 50% AD |
| Walk-in clinics | \$25 DW | Not Covered | \$40 DW | Not Covered | \$40 DW | Not Covered |
| Diagnostic testing: Lab | \$25 DW | 50% AD | \$40 DW | 50% AD | \$40 DW | 50% AD |
| Diagnostic testing: X-ray | \$50 DW | 50% AD | \$70 DW | 50% AD | \$70 DW | 50% AD |
| Imaging CT/PET scans MRIs | \$200 DW | 50% AD | \$200 DW | 50% AD | \$200 DW | 50% AD |
| Inpatient hospital facility | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Outpatient surgery | \$300 DW | 50% AD | \$300 DW | 50% AD | \$300 DW | 50% AD |
| Emergency room | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network |
| Urgent care | \$75 DW | 50% AD | \$75 DW | 50% AD | \$75 DW | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | \$50 DW | 50% AD | \$70 DW | 50% AD | \$70 DW | 50% AD |
| Chiropractic ⁴ | 25% DW | 25% AD | 25% DW | 25% AD | 25% DW | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Pharmacy Deductible | None | None | None | None | None | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% |
| Brand (Formulary) drugs | \$50 | 50% | \$50 | 50% | \$50 | 50% |
| Generic and Brand (Non-Formulary) drugs | \$75 | 50% | \$75 | 50% | \$75 | 50% |
| Specialty drugs | \$150 | Not Covered | \$150 | Not Covered | \$150 | Not Covered |

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



Aetna 51-100

PPOMedical | PA 01/01/2018

Member benefits

| Plan Name | PA PPO 3500 100/50 \$45 | | PA PPO 4000 100/50 \$45 | | PA PPO 4500 100/50 \$45 | |
|--|--|---------------------------------------|--|---------------------------------------|--|---------------------------------------|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Deductible (Individual/Family) | \$3,500/\$7,000 | \$7,000/\$14,000 | \$4,000/\$8,000 | \$10,000/\$20,000 | \$4,500/\$9,000 | \$10,000/\$20,000 |
| Out-of-pocket limit (Individual/Family) | \$6,550/\$13,100 | \$13,100/\$26,200 | \$6,550/\$13,100 | \$20,000/\$40,000 | \$6,550/\$13,100 | \$20,000/\$40,000 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | Embedded ¹ | | Embedded ¹ | |
| Primary care physician office visit | \$45 DW | 50% AD | \$45 DW | 50% AD | \$45 DW | 50% AD |
| Specialist office visit | \$75 DW | 50% AD | \$75 DW | 50% AD | \$75 DW | 50% AD |
| Walk-in clinics | \$45 DW | Not Covered | \$45 DW | Not Covered | \$45 DW | Not Covered |
| Diagnostic testing: Lab | \$45 DW | 50% AD | \$45 DW | 50% AD | \$45 DW | 50% AD |
| Diagnostic testing: X-ray | \$75 DW | 50% AD | \$75 DW | 50% AD | \$75 DW | 50% AD |
| Imaging CT/PET scans MRIs | \$200 DW | 50% AD | \$200 DW | 50% AD | \$200 DW | 50% AD |
| Inpatient hospital facility | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Outpatient surgery | \$300 DW | 50% AD | \$300 DW | 50% AD | \$300 DW | 50% AD |
| Emergency room | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network |
| Urgent care | \$75 DW | 50% AD | \$75 DW | 50% AD | \$75 DW | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | \$75 DW | 50% AD | \$75 DW | 50% AD | \$75 DW | 50% AD |
| Chiropractic ⁴ | 25% DW | 25% AD | 25% DW | 25% AD | 25% DW | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Pharmacy Deductible | None | None | None | None | None | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% |
| Brand (Formulary) drugs | \$50 | 50% | \$50 | 50% | \$50 | 50% |
| Generic and Brand (Non-Formulary) drugs | \$75 | 50% | \$75 | 50% | \$75 | 50% |
| Specialty drugs | \$150 | Not Covered | \$150 | Not Covered | \$150 | Not Covered |

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



Aetna 51-100

PPOMedical | PA 01/01/2018

Member benefits

| Plan Name | PA PPO 2000 100/50 \$30 | | PA PPO 3000 100/50 \$30 | | PA PPO 3500 100/50 \$30 | |
|--|--|---------------------------------------|--|---------------------------------------|--|---------------------------------------|
| | 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 | \$3,000/\$6,000 | \$6,000/\$12,000 | \$3,500/\$7,000 | \$7,000/\$14,000 |
| Out-of-pocket limit (Individual/Family) | \$5,000/\$10,000 | \$10,000/\$20,000 | \$6,550/\$13,100 | \$13,100/\$26,200 | \$6,550/\$13,100 | \$13,100/\$26,200 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | Embedded ¹ | | Embedded ¹ | |
| Primary care physician office visit | \$30 DW | 50% AD | \$30 DW | 50% AD | \$30 DW | 50% AD |
| Specialist office visit | \$50 DW | 50% AD | \$50 DW | 50% AD | \$50 DW | 50% AD |
| Walk-in clinics | \$30 DW | Not Covered | \$30 DW | Not Covered | \$30 DW | Not Covered |
| Diagnostic testing: Lab | \$30 DW | 50% AD | \$30 DW | 50% AD | \$30 DW | 50% AD |
| Diagnostic testing: X-ray | \$50 DW | 50% AD | \$50 DW | 50% AD | \$50 DW | 50% AD |
| Imaging CT/PET scans MRIs | \$200 DW | 50% AD | \$200 DW | 50% AD | \$200 DW | 50% AD |
| Inpatient hospital facility | \$500 per admission AD | 50% AD | \$500 per admission AD | 50% AD | \$500 per admission AD | 50% AD |
| Outpatient surgery | \$300 DW | 50% AD | \$300 DW | 50% AD | \$300 DW | 50% AD |
| Emergency room | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network |
| Urgent care | \$75 DW | 50% AD | \$75 DW | 50% AD | \$75 DW | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | \$50 DW | 50% AD | \$50 DW | 50% AD | \$50 DW | 50% AD |
| Chiropractic ⁴ | 25% DW | 25% AD | 25% DW | 25% AD | 25% DW | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Pharmacy Deductible | None | None | None | None | None | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% |
| Brand (Formulary) drugs | \$50 | 50% | \$50 | 50% | \$50 | 50% |
| Generic and Brand (Non-Formulary) drugs | \$75 | 50% | \$75 | 50% | \$75 | 50% |
| Specialty drugs | \$150 | Not Covered | \$150 | Not Covered | \$150 | Not Covered |

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



Aetna 51-100

PPOMedical | PA 01/01/2018

Member benefits

| Plan Name | PA PPO 4000 100/50 \$30 | | PA PPO 5000 100/50 \$30 | | PA PPO 4500 100/50 \$30 | |
|--|--|---------------------------------------|--|---------------------------------------|--|---------------------------------------|
| | 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 | \$4,500/\$9,000 | \$10,000/\$20,000 |
| Out-of-pocket limit (Individual/Family) | \$6,550/\$13,100 | \$20,000/\$40,000 | \$6,550/\$13,100 | \$20,000/\$40,000 | \$6,550/\$13,100 | \$20,000/\$40,000 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | Embedded ¹ | | Embedded ¹ | |
| Primary care physician office visit | \$30 DW | 50% AD | \$30 DW | 50% AD | \$30 DW | 50% AD |
| Specialist office visit | \$50 DW | 50% AD | \$50 DW | 50% AD | \$50 DW | 50% AD |
| Walk-in clinics | \$30 DW | Not Covered | \$30 DW | Not Covered | \$30 DW | Not Covered |
| Diagnostic testing: Lab | \$30 DW | 50% AD | \$30 DW | 50% AD | \$30 DW | 50% AD |
| Diagnostic testing: X-ray | \$50 DW | 50% AD | \$50 DW | 50% AD | \$50 DW | 50% AD |
| Imaging CT/PET scans MRIs | \$200 DW | 50% AD | \$200 DW | 50% AD | \$200 DW | 50% AD |
| Inpatient hospital facility | \$500 per admission AD | 50% AD | \$500 per admission AD | 50% AD | \$500 per admission AD | 50% AD |
| Outpatient surgery | \$300 DW | 50% AD | \$300 DW | 50% AD | \$300 DW | 50% AD |
| Emergency room | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network | \$200 DW | Paid as In-Network |
| Urgent care | \$75 DW | 50% AD | \$75 DW | 50% AD | \$75 DW | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | \$50 DW | 50% AD | \$50 DW | 50% AD | \$50 DW | 50% AD |
| Chiropractic ⁴ | 25% DW | 25% AD | 25% DW | 25% AD | 25% DW | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Pharmacy Deductible | None | None | None | None | None | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% |
| Brand (Formulary) drugs | \$50 | 50% | \$50 | 50% | \$50 | 50% |
| Generic and Brand (Non-Formulary) drugs | \$75 | 50% | \$75 | 50% | \$75 | 50% |
| Specialty drugs | \$150 | Not Covered | \$150 | Not Covered | \$150 | Not Covered |

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



Aetna 51-100

PPOMedical | PA 01/01/2018

Member benefits

| Plan Name | PA PPO 2500 100/50 \$30 | | PA PPO 2500 100/50 HSA T | | PA PPO 2500 80/50 HSA T | |
|--|--|---------------------------------------|--|---|--|---|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Deductible (Individual/Family) | \$2,500/\$5,000 | \$5,000/\$10,000 | \$2,500/\$5,000 | \$5,000/\$10,000 | \$2,500/\$5,000 | \$5,000/\$10,000 |
| Out-of-pocket limit (Individual/Family) | \$6,550/\$13,100 | \$13,100/\$26,200 | \$6,550/\$7,150 | \$13,100/\$26,200 | \$6,550/\$7,150 | \$13,100/\$26,200 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | TIF ² | | TIF ² | |
| Primary care physician office visit | \$30 DW | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Specialist office visit | \$50 DW | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Walk-in clinics | \$30 DW | Not Covered | Covered in full AD | Not Covered | 20% AD | Not Covered |
| Diagnostic testing: Lab | \$30 DW | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Diagnostic testing: X-ray | \$50 DW | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Imaging CT/PET scans MRIs | \$200 DW | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Inpatient hospital facility | \$500 per admission AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Outpatient surgery | \$300 DW | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Emergency room | \$200 DW | Paid as In-Network | Covered in full AD | Paid as In-Network | 20% AD | Paid as In-Network |
| Urgent care | \$75 DW | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | \$50 DW | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Chiropractic ⁴ | 25% DW | 25% AD | Covered in full AD | 25% AD | 20% AD | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Pharmacy Deductible | None | None | Integrated with Medical Deductible | Integrated with Medical Deductible | Integrated with Medical Deductible | Integrated with Medical Deductible |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: 50% AD Generic: 50% AD | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: 50% AD Generic: 50% AD |
| Brand (Formulary) drugs | \$50 | 50% | \$50 AD | 50% AD | \$50 AD | 50% AD |
| Generic and Brand (Non-Formulary) drugs | \$75 | 50% | \$75 AD | 50% AD | \$75 AD | 50% AD |
| Specialty drugs | \$150 | Not Covered | \$150 AD | Not Covered | \$150 AD | Not Covered |

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Aetna 51-100

PPOMedical | PA 01/01/2018

Member benefits

| Plan Name | PA PPO 3000 100/50 HSA E | | PA PPO 3000 80/50 HSA E | | PA PPO 4000 100/50 HSA E | |
|--|--|---|--|---|--|---|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Deductible (Individual/Family) | \$3,000/\$6,000 | \$6,000/\$12,000 | \$3,000/\$6,000 | \$6,000/\$12,000 | \$4,000/\$8,000 | \$8,000/\$16,000 |
| Out-of-pocket limit (Individual/Family) | \$6,550/\$13,100 | \$13,100/\$26,200 | \$6,550/\$13,100 | \$13,100/\$26,200 | \$6,550/\$13,100 | \$13,100/\$26,200 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | Embedded ¹ | | Embedded ¹ | |
| Primary care physician office visit | Covered in full AD | 50% AD | 20% AD | 50% AD | Covered in full AD | 50% AD |
| Specialist office visit | Covered in full AD | 50% AD | 20% AD | 50% AD | Covered in full AD | 50% AD |
| Walk-in clinics | Covered in full AD | Not Covered | 20% AD | Not Covered | Covered in full AD | Not Covered |
| Diagnostic testing: Lab | Covered in full AD | 50% AD | 20% AD | 50% AD | Covered in full AD | 50% AD |
| Diagnostic testing: X-ray | Covered in full AD | 50% AD | 20% AD | 50% AD | Covered in full AD | 50% AD |
| Imaging CT/PET scans MRIs | Covered in full AD | 50% AD | 20% AD | 50% AD | Covered in full AD | 50% AD |
| Inpatient hospital facility | Covered in full AD | 50% AD | 20% AD | 50% AD | Covered in full AD | 50% AD |
| Outpatient surgery | Covered in full AD | 50% AD | 20% AD | 50% AD | Covered in full AD | 50% AD |
| Emergency room | Covered in full AD | Paid as In-Network | 20% AD | Paid as In-Network | Covered in full AD | Paid as In-Network |
| Urgent care | Covered in full AD | 50% AD | 20% AD | 50% AD | Covered in full AD | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | Covered in full AD | 50% AD | 20% AD | 50% AD | Covered in full AD | 50% AD |
| Chiropractic ⁴ | Covered in full AD | 25% AD | 20% AD | 25% AD | Covered in full AD | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | 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 | Integrated with Medical Deductible | Integrated with Medical Deductible | Integrated with Medical Deductible | Integrated with Medical Deductible |
| Generic (Formulary) drugs | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: 50% AD Generic: 50% AD | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: 50% AD Generic: 50% AD | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: 50% AD Generic: 50% AD |
| Brand (Formulary) drugs | \$50 AD | 50% AD | \$50 AD | 50% AD | \$50 AD | 50% AD |
| Generic and Brand (Non-Formulary) drugs | \$75 AD | 50% AD | \$75 AD | 50% AD | \$75 AD | 50% AD |
| Specialty drugs | \$150 AD | Not Covered | \$150 AD | Not Covered | \$150 AD | Not Covered |

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Aetna 51-100

PPOMedical | PA 01/01/2018

Member benefits

| Plan Name | PA PPO 4000 80/50 HSA E | | PA PPO 5000 100/50 HSA E | | PA PPO 5000 80/50 HSA E | |
|--|--|---|--|---|--|---|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Deductible (Individual/Family) | \$4,000/\$8,000 | \$8,000/\$16,000 | \$5,000/\$10,000 | \$10,000/\$20,000 | \$5,000/\$10,000 | \$10,000/\$20,000 |
| Out-of-pocket limit (Individual/Family) | \$6,550/\$13,100 | \$13,100/\$26,200 | \$6,550/\$13,100 | \$13,100/\$26,200 | \$6,550/\$13,100 | \$13,100/\$26,200 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | Embedded ¹ | | Embedded ¹ | |
| Primary care physician office visit | 20% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Specialist office visit | 20% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Walk-in clinics | 20% AD | Not Covered | Covered in full AD | Not Covered | 20% AD | Not Covered |
| Diagnostic testing: Lab | 20% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Diagnostic testing: X-ray | 20% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Imaging CT/PET scans MRIs | 20% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Inpatient hospital facility | 20% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Outpatient surgery | 20% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Emergency room | 20% AD | Paid as In-Network | Covered in full AD | Paid as In-Network | 20% AD | Paid as In-Network |
| Urgent care | 20% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | 20% AD | 50% AD | Covered in full AD | 50% AD | 20% AD | 50% AD |
| Chiropractic ⁴ | 20% AD | 25% AD | Covered in full AD | 25% AD | 20% AD | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | 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 | Integrated with Medical Deductible | Integrated with Medical Deductible | Integrated with Medical Deductible | Integrated with Medical Deductible |
| Generic (Formulary) drugs | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: 50% AD Generic: 50% AD | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: 50% AD Generic: 50% AD | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: 50% AD Generic: 50% AD |
| Brand (Formulary) drugs | \$50 AD | 50% AD | \$50 AD | 50% AD | \$50 AD | 50% AD |
| Generic and Brand (Non-Formulary) drugs | \$75 AD | 50% AD | \$75 AD | 50% AD | \$75 AD | 50% AD |
| Specialty drugs | \$150 AD | Not Covered | \$150 AD | Not Covered | \$150 AD | Not Covered |

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Aetna 51-100

PPOMedical | PA 01/01/2018

Member benefits

| Plan Name | PA PPO 6550 100/50 HSA E | | PA PPO 1500 90/50 HSA T | | PA PPO 3000 100/50 \$35 | |
|--|--|---|--|---|--|---------------------------------------|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Deductible (Individual/Family) | \$6,550/\$13,100 | \$13,100/\$26,200 | \$1,500/\$3,000 | \$5,000/\$10,000 | \$3,000/\$6,000 | \$6,000/\$12,000 |
| Out-of-pocket limit (Individual/Family) | \$6,650/\$13,300 | \$20,000/\$40,000 | \$3,500/\$7,000 | \$10,000/\$20,000 | \$6,550/\$13,100 | \$13,100/\$26,200 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | | TIF ² | | Embedded ¹ | |
| Primary care physician office visit | Covered in full AD | 50% AD | 10% AD | 50% AD | \$35 DW | 50% AD |
| Specialist office visit | Covered in full AD | 50% AD | 10% AD | 50% AD | \$60 DW | 50% AD |
| Walk-in clinics | Covered in full AD | Not Covered | 10% AD | Not Covered | \$35 DW | Not Covered |
| Diagnostic testing: Lab | Covered in full AD | 50% AD | 10% AD | 50% AD | Covered in full DW | 50% AD |
| Diagnostic testing: X-ray | Covered in full AD | 50% AD | 10% AD | 50% AD | Covered in full DW | 50% AD |
| Imaging CT/PET scans MRIs | Covered in full AD | 50% AD | 10% AD | 50% AD | Covered in full DW | 50% AD |
| Inpatient hospital facility | Covered in full AD | 50% AD | 10% AD | 50% AD | Covered in full AD | 50% AD |
| Outpatient surgery | Covered in full AD | 50% AD | 10% AD | 50% AD | Covered in full DW | 50% AD |
| Emergency room | Covered in full AD | Paid as In-Network | 10% AD | Paid as In-Network | \$200 DW | Paid as In-Network |
| Urgent care | Covered in full AD | 50% AD | 10% AD | 50% AD | \$75 DW | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | Covered in full AD | 50% AD | 10% AD | 50% AD | \$60 DW | 50% AD |
| Chiropractic ⁴ | Covered in full AD | 25% AD | 10% AD | 25% AD | 25% DW | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | 50% AD | Covered in full AD | 50% AD | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Pharmacy ⁶ | 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 | Integrated with Medical Deductible | Integrated with Medical Deductible | None | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: 50% AD Generic: 50% AD | Low Cost Generic: \$3 AD Generic: \$10 AD | Low Cost Generic: 50% AD Generic: 50% AD | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% |
| Brand (Formulary) drugs | \$50 AD | 50% AD | \$50 AD | 50% AD | \$50 | 50% |
| Generic and Brand (Non-Formulary) drugs | \$75 AD | 50% AD | \$75 AD | 50% AD | \$75 | 50% |
| Specialty drugs | \$150 AD | Not Covered | \$150 AD | Not Covered | \$150 | Not Covered |

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Aetna 51-100

PPOMedical | PA 01/01/2018

Member benefits

| Plan Name | PA PPO 5000 100/50 \$35 | |
|--|--|---------------------------------------|
| | In Network | Out of Network |
| Deductible (Individual/Family) | \$5,000/\$10,000 | \$10,000/\$20,000 |
| Out-of-pocket limit (Individual/Family) | \$6,550/\$13,100 | \$20,000/\$40,000 |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | |
| Primary care physician office visit | \$35 DW | 50% AD |
| Specialist office visit | \$60 DW | 50% AD |
| Walk-in clinics | \$35 DW | Not Covered |
| Diagnostic testing: Lab | Covered in full DW | 50% AD |
| Diagnostic testing: X-ray | Covered in full DW | 50% AD |
| Imaging CT/PET scans MRIs | Covered in full DW | 50% AD |
| Inpatient hospital facility | Covered in full AD | 50% AD |
| Outpatient surgery | Covered in full DW | 50% AD |
| Emergency room | \$200 DW | Paid as In-Network |
| Urgent care | \$75 DW | 50% AD |
| Rehabilitation services (PT/OT/ST) ³ | \$60 DW | 50% AD |
| Chiropractic ⁴ | 25% DW | 25% AD |
| Dental and Vision ⁵ | In Network | Out of Network |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | Not Covered |
| Dental Basic | Not Covered | Not Covered |
| Dental Major | Not Covered | Not Covered |
| Dental Ortho | Not Covered | Not Covered |
| Vision exam (1 exam per 12 months) | Covered in full AD | 50% AD |
| Vision Hardware | Not covered | Not covered |
| Pharmacy ⁶ | In Network | Out of Network |
| Pharmacy Deductible | None | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: 50% Generic: 50% |
| Brand (Formulary) drugs | \$50 | 50% |
| Generic and Brand (Non-Formulary) drugs | \$75 | 50% |
| Specialty drugs | \$150 | Not Covered |

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



Aetna 51-100

Indemnity | PA 01/01/2018

Member benefits

| | | |
|--|--|--|
| Plan Name | PA Indemnity 2000 80% | |
| | Out of Network | |
| Deductible (Individual/Family) | \$2,000/\$4,000 | |
| Out-of-pocket limit (Individual/Family) | \$6,000/\$12,000 | |
| Deductible/out-of-pocket limit accumulation | Embedded ¹ | |
| Primary care physician office visit | 20% AD | |
| Specialist office visit | 20% AD | |
| Walk-in clinics | 20% AD | |
| Diagnostic testing: Lab | 20% AD | |
| Diagnostic testing: X-ray | 20% AD | |
| Imaging CT/PET scans MRIs | 20% AD | |
| Inpatient hospital facility | 20% AD | |
| Outpatient surgery | 20% AD | |
| Emergency room | 20% AD | |
| Urgent care | 20% AD | |
| Rehabilitation services (PT/OT/ST) ³ | 20% AD | |
| Chiropractic ⁴ | 20% AD | |
| Dental and Vision ⁵ | Out of Network | |
| Dental Check-Up (aka preventive/diagnostic) | Not Covered | |
| Dental Basic | Not Covered | |
| Dental Major | Not Covered | |
| Dental Ortho | Not Covered | |
| Vision exam (1 exam per 12 months) | Covered in full AD | |
| Vision Hardware | Not covered | |
| Pharmacy ⁶ | In Network | Out of Network |
| Pharmacy Deductible | None | None |
| Generic (Formulary) drugs | Low Cost Generic: \$3 Generic: \$10 | Low Cost Generic: \$3 Generic: \$10 |
| Brand (Formulary) drugs | \$50 | \$50 |
| Generic and Brand (Non-Formulary) drugs | \$75 | \$75 |
| Specialty drugs | \$150 | Not Covered |

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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.



Footnotes

"AD" indicates after deductible and "DW" indicates Deductible waived

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** combined visits per plan year for Physical Therapy/Occupational Therapy combined and **30** visits for Speech Therapy per plan year.

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

⁵ **Vision services** - These plans do not cover all vision expenses and have exclusions and limitations. Members should refer to their plan documents to determine which services are covered and to what extent.

⁶ **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.

⁷ **Aetna Savings Plus** – Network: Savings Plus of Southeast Pennsylvania

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.

Professional Services: **PPO/HNOption** - 90% of Medicare, **Indemnity**- Fair Health 80%

Facility Services: **PPO/HNOption** - 90% of Medicare, **Indemnity**- 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.

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 may vary by location. Health/dental benefits and health/dental insurance plans contain exclusions and limitations. Plan features and availability may vary by location and group size. Investment services are independently offered through PayFlex. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health and dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. 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. 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.

