

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



Your plan options

Plans are grouped in three types: Bronze, Silver and Gold. The plan type lets you know how much you pay for premiums and out-of-pocket costs. Generally, the more you pay for your premium, the less you pay for your doctor visits and other care.

Plan type	Monthly premium	Costs you pay out of pocket
Bronze	\$	\$\$\$
Silver	\$\$	\$\$
Gold	\$\$\$	\$

Note: Not all plan types are available in every state. Check the plans on the following pages for what's available in your state. If you are under 30 years old or have a very low income, you might be able to buy what's called a "catastrophic plan." These are not available in all states.

Aetna Health Plan options in Pennsylvania

Aetna is a Qualified Health Plan issuer in the Pennsylvania Health Insurance Exchange.

**PA Aetna Valley Preferred
Bronze \$15 Copay**

**PA Aetna PinnacleHealth
Bronze \$15 Copay**

**PA Aetna Valley Preferred
Bronze Deductible Only
HSA Eligible**

**PA Aetna PinnacleHealth
Bronze Deductible Only
HSA Eligible**

Member benefits	In network you pay	In network you pay
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$6,850/\$13,700	\$6,450/\$12,900
Member coinsurance	0%	0%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,450/\$12,900
Primary care visit	\$15 copay; ded waived	Covered in full after ded
Specialist visit	Covered in full after ded	Covered in full after ded
Hospital stay	Covered in full after ded	Covered in full after ded
Outpatient surgery (ambulatory surgical center/hospital)	Covered in full after ded	Covered in full after ded
Emergency room	Covered in full after ded	Covered in full after ded
Urgent care	\$100 copay; ded waived	Covered in full after ded
Preventive care/screening/immunization (age and frequency visit limits apply)	Covered in full; ded waived	Covered in full; ded waived
Annual routine gyn exam (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived
Diagnostic lab	Covered in full after ded	Covered in full after ded
Diagnostic X-ray	Covered in full after ded	Covered in full after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded
Vision		
Pediatric eye exam (1 visit per year)	Covered in full; ded waived	Covered in full; ded waived
Pediatric glasses/contacts (coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; ded waived	Covered in full after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)	Not covered	Not covered
Basic dental care	Not covered	Not covered
Major dental care	Not covered	Not covered
Orthodontia (medically necessary only)	Not covered	Not covered
Pharmacy		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	Generic: Covered in full after ded	Generic: Covered in full after ded
Preferred brand drugs	Covered in full after ded	Covered in full after ded
Nonpreferred drugs	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded
Specialty drugs*	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded

¹The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

*P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

Aetna individual health benefits plans are underwritten by Aetna Health Inc. (Aetna).

PA Aetna Valley Preferred Silver \$10 Copay

PA Aetna PinnacleHealth Silver \$10 Copay

PA Aetna Valley Preferred Gold \$10 Copay

PA Aetna PinnacleHealth Gold \$10 Copay

In network you pay	In network you pay
\$3,500/\$7,000	\$1,400/\$2,800
30%	20%
\$6,250/\$12,500	\$5,000/\$10,000
\$10 copay; ded waived	\$10 copay; ded waived
\$75 copay; ded waived	\$40 copay; ded waived
\$500 copay per admission after ded; then 30%	20% after ded
\$250 copay after ded; then 30%	20% after ded
\$500 copay after ded	\$250 copay after ded
\$75 copay; ded waived	\$75 copay; ded waived
Covered in full; ded waived	Covered in full; ded waived
Covered in full; ded waived	Covered in full; ded waived
30% after ded	20% after ded
30% after ded	20% after ded
\$250 copay after ded; then 30%	20% after ded
Covered in full; ded waived	Covered in full; ded waived
Covered in full; ded waived	Covered in full; ded waived
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
\$500 per member	\$250 per member
Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived
\$40 copay after ded	\$40 copay after ded
Generic & Brand: \$75 copay after ded	Generic & Brand: \$70 copay after ded
P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

This plan comparison guide shows in-network benefits only

Out-of-network benefits are not available for HMO plans, except in an emergency.

Out-of-network benefits are available for Point of Service (POS) and Preferred Provider Organization (PPO) plans.

To learn more details about specific plans, including whether a plan includes out-of-network benefits, see the Summary of Benefits and Coverage at <https://www.aetna.com/sbcsearch/home>. Then,

- Choose Aetna under “Select a Carrier”
- Click the “General Search” tab
- Fill out the required fields (choose “Individual and Family” Group Size)
- Click “Submit”
- Select a plan (or plans) and click “Download”
- Open the SBC you selected

This information is a partial description of the benefits and in no way details all of the benefits, limitations, or exclusions of the plan. Please refer to the individual policy, schedule of benefits, and applicable riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

This material is for information only. A summary of exclusions is listed in the Aetna Health Plan brochure. For a full list of benefits coverage and exclusions refer to the plan documents. 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. Investment services are independently offered by the HSA Administrator. Information is believed to be accurate as of the production date; however, it is subject to change.

Things to think about when choosing your 2016 health benefits plan*:

How your health care needs may be changing. Maybe you're planning to add to your family. Or maybe you had major surgery this year and expect next year to be less eventful. Planning ahead can help you find the right balance between your monthly payment and what you'll pay out of pocket.

The total cost for your plan. When comparing your plan options, make sure you're looking at more than just the monthly payment (also called premium). Take a close look at the plan benefits too. Look for terms like "copay" and "deductible." These will tell you what you could pay for your care when you go to the doctor, pick up a prescription, or have a hospital stay.

Who is in your plan's network. Networks can be different depending on the plan you pick. Even plans offered by the same insurance company could have different networks with different hospitals and doctors. Check that all your doctors are in your plan's network before choosing a plan.

*For 2016, your insurance company may automatically enroll you in the same or a similar plan. You can change your plan during Open Enrollment.

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).