

New for
Pennsylvania



Individual Advantage Plan

Health Care Coverage For You and Your Family

Individual Advantage Plan is underwritten by Aetna Health Inc.



Turning promise into practice™

Why Choose Aetna?

Enjoy the Advantages of the Aetna Individual Plan:

Cost

- Low premiums!
- Coverage for a wide variety of services.
- Coverage for dependents living away from home. This eliminates the high cost of emergency room care for routine visits and reduces the out-of-pocket costs to your son or daughter.

Flexibility

- Choose from three plan options.
- Provider networks offer a wide selection of physicians and hospitals.
- Multi-tiered cost plans allow you to tailor your plan to your specific needs, regardless of your family status.

Technology

- Aetna Navigator™ allows you to order ID cards online, e-mail inquiries to Member Services, and access a vast amount of health information.
- DocFind® allows you to search online for physicians, hospitals, pharmacies and eyewear providers in your area.
- Aetna IntelliHealth™ (www.intelihealth.com), our award-winning health information site for health, wellness and disease-specific information.

Service

- First Claim and First Call Resolution for accurate administration and payment of claims.
- Preventive care reminders sent to members on topics such as cancer screening, immunizations, hypertension and cholesterol management.

Welcome to the Aetna Individual Advantage Plan

We are committed to putting you at the center of everything we do.

Our consumer-friendly health care coverage and related benefit programs are designed to give you the tools and information you need to lead a healthier life.



Regardless of which medical option you select, all Aetna plans feature:

- ▶ Routine checkups and preventive care.
- ▶ Specialty care.
- ▶ Hospitalization and surgery.
- ▶ Diagnostic testing.
- ▶ Emergency care — anytime, anywhere.
(In case of emergency, call 911 or the local emergency hotline.)

Technology Working For You

With the power of Aetna's technology, you can find participating providers, research health conditions, pay your premiums, and discover the many benefits available to you. Through Aetna's website (www.aetna.com), you have access to health information resources and services designed to help you better manage your health care, such as Aetna Navigator and DocFind.

If you do not have access to the Internet or if you want to request a paper directory of providers in your area, please call for assistance.

Aetna's Easy Pay saves you the costs of checks, envelopes and postage and helps you avoid late premium payments. Easy Pay is an electronic fund transfer tool that automatically withdraws your plan premium from your bank account. To apply, simply complete the applicable section of your application.

We look forward to helping you access the quality of care, information and tools you need to take charge of your health care and lead a healthier life.

Aetna Individual Advantage Plan Open Access HMO 10 Rates & Services

With Aetna Open Access®, you never need a referral when you visit a participating specialist for covered services. By eliminating referrals, you have more flexibility in who delivers your care and how you access it. Members are required to obtain covered services within the Pennsylvania HMO service area, except in an emergency or urgent situation.

Services	Open Access HMO 10
Out-of-Pocket Maximum Individual/Family	\$2,000/\$4,000
Primary Care Physician Visit	\$10 Copay
Specialist Visit	\$20 Copay
Hospital Admission	\$100 Copay per day up to 5-day maximum per admission
Outpatient Surgery	\$100 Copay
Emergency Room	\$100 Copay (waived if admitted)
Annual Routine Ob/Gyn Exam	\$20 Copay
Maternity Obstetrician Visits	\$20 Copay for Initial Visit, \$0 thereafter
Hospital (Includes Newborn Services)	\$100 Copay per day up to 5-day maximum per admission
Skilled Nursing	\$100 Copay per day up to 5-day maximum per admission (waived if transferred from hospital to facility); limited to 60 days per calendar year
Outpatient Therapies	\$20 Copay/visit; limited to a 60 consecutive-day period per instance of illness or injury
Outpatient Home Health	\$20 Copay/visit; limited to 60 visits per calendar year
Durable Medical Equipment	50% up to \$1,000 per member per calendar year
Prescription Drugs	
Calendar Year Deductible Individual/Family	\$100/\$300
Copay Generic/Preferred Brand/ Non-Preferred Brand	\$15/\$25/\$35
Calendar Year Maximum Individual/Family	\$2,500/\$5,000

Open Access HMO 10 Rates for Southeastern PA*						
Age	Single Male	Single Female	Couple**	Male Parent & Child(ren)	Female Parent & Child(ren)	Family**
0 – 18	\$105	\$105	\$210	\$315	\$315	\$ 420
19 – 24	\$110	\$174	\$284	\$320	\$384	\$ 494
25 – 29	\$126	\$198	\$324	\$336	\$408	\$ 534
30 – 34	\$146	\$210	\$356	\$356	\$420	\$ 566
35 – 39	\$170	\$216	\$386	\$380	\$426	\$ 596
40 – 44	\$203	\$221	\$424	\$413	\$431	\$ 634
45 – 49	\$251	\$234	\$485	\$461	\$444	\$ 695
50 – 54	\$324	\$259	\$583	\$534	\$469	\$ 793
55 – 59	\$421	\$305	\$726	\$631	\$515	\$ 936
60 – 64	\$592	\$380	\$972	\$802	\$590	\$1,182

Open Access HMO 10 Rates for Central PA*						
Age	Single Male	Single Female	Couple**	Male Parent & Child(ren)	Female Parent & Child(ren)	Family**
0 – 18	\$101	\$101	\$202	\$303	\$303	\$ 404
19 – 24	\$106	\$168	\$274	\$308	\$370	\$ 476
25 – 29	\$121	\$191	\$312	\$323	\$393	\$ 514
30 – 34	\$140	\$202	\$342	\$342	\$404	\$ 544
35 – 39	\$163	\$211	\$374	\$365	\$413	\$ 576
40 – 44	\$195	\$217	\$412	\$397	\$419	\$ 614
45 – 49	\$241	\$224	\$465	\$443	\$426	\$ 667
50 – 54	\$311	\$251	\$562	\$513	\$453	\$ 764
55 – 59	\$406	\$294	\$700	\$608	\$496	\$ 902
60 – 64	\$569	\$365	\$934	\$771	\$567	\$1,136

Open Access HMO 10 Rates for Western PA*						
Age	Single Male	Single Female	Couple**	Male Parent & Child(ren)	Female Parent & Child(ren)	Family**
0 – 18	\$121	\$121	\$ 242	\$363	\$363	\$ 484
19 – 24	\$128	\$205	\$ 333	\$370	\$447	\$ 575
25 – 29	\$146	\$230	\$ 376	\$388	\$472	\$ 618
30 – 34	\$169	\$243	\$ 412	\$411	\$485	\$ 654
35 – 39	\$197	\$249	\$ 446	\$439	\$491	\$ 688
40 – 44	\$235	\$256	\$ 491	\$477	\$498	\$ 733
45 – 49	\$290	\$270	\$ 560	\$532	\$512	\$ 802
50 – 54	\$375	\$300	\$ 675	\$617	\$542	\$ 917
55 – 59	\$501	\$353	\$ 854	\$743	\$595	\$1,096
60 – 64	\$685	\$439	\$1,124	\$927	\$681	\$1,366

*Rates are subject to increase upon underwriting review.

**Couple and Family contracts are rated based on the age of the oldest spouse.

Aetna Individual Advantage Plans for Pennsylvania are available in the following counties:

Southeastern

Berks, Bucks, Carbon, Chester, Delaware, Lehigh, Monroe, Montgomery, Northampton, Philadelphia

Central

Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry, Schuylkill, York

Western

Allegheny, Armstrong, Beaver, Butler, Erie, Fayette, Greene, Lawrence, Somerset, Washington, Westmoreland

Aetna Individual Advantage Plan HMO 15 Rates & Services

It's easy to use your HMO plan. Begin by selecting a primary care physician (PCP) from our large network of providers. This is the doctor you choose to coordinate your overall health care. Each covered member of your family can choose a PCP. Members are required to select a Pennsylvania PCP and obtain covered services within the PA HMO service area, except in an emergency or urgent situation. You must get a referral from your PCP for any additional services.

Services	HMO 15
Out-of-Pocket Maximum Individual/Family	\$3,000/\$6,000
Primary Care Physician Visit	\$15 Copay
Specialist Visit	\$25 Copay
Hospital Admission	\$200 Copay per day up to 5-day maximum per admission
Outpatient Surgery	\$200 Copay
Emergency Room	\$100 Copay (waived if admitted)
Annual Routine Ob/Gyn Exam	\$25 Copay
Maternity Obstetrician Visits	\$25 Copay for Initial Visit, \$0 thereafter
Hospital (Includes Newborn Services)	\$200 Copay per day up to 5-day maximum per admission
Skilled Nursing	\$200 Copay per day up to 5-day maximum per admission; limited to 60 days per calendar year.
Outpatient Therapies	\$25 Copay/visit; limited to a 60 consecutive-day period per instance of illness or injury
Outpatient Home Health	\$25 Copay/visit; limited to 60 visits per calendar year
Durable Medical Equipment	50% up to \$1,000 per member per calendar year
Prescription Drugs	
Calendar Year Deductible Individual/Family	\$100/\$300
Copay Generic/Preferred Brand/ Non-Preferred Brand	\$15/\$25/\$35
Calendar Year Maximum Individual/Family	\$2,500/\$5,000

HMO 15 Rates for Southeastern PA*						
Age	Single Male	Single Female	Couple**	Male Parent & Child(ren)	Female Parent & Child(ren)	Family**
0 – 18	\$ 94	\$ 94	\$188	\$304	\$304	\$ 398
19 – 24	\$ 99	\$155	\$254	\$287	\$343	\$ 442
25 – 29	\$113	\$177	\$290	\$301	\$365	\$ 478
30 – 34	\$131	\$188	\$319	\$319	\$376	\$ 507
35 – 39	\$152	\$193	\$345	\$340	\$381	\$ 533
40 – 44	\$181	\$198	\$379	\$369	\$386	\$ 567
45 – 49	\$225	\$209	\$434	\$413	\$397	\$ 622
50 – 54	\$290	\$232	\$522	\$478	\$420	\$ 710
55 – 59	\$377	\$273	\$650	\$565	\$461	\$ 838
60 – 64	\$530	\$340	\$870	\$718	\$528	\$1,058

HMO 15 Rates for Central PA*						
Age	Single Male	Single Female	Couple**	Male Parent & Child(ren)	Female Parent & Child(ren)	Family**
0 – 18	\$ 89	\$ 89	\$178	\$291	\$291	\$ 380
19 – 24	\$ 94	\$149	\$243	\$272	\$327	\$ 421
25 – 29	\$108	\$169	\$277	\$286	\$347	\$ 455
30 – 34	\$125	\$179	\$304	\$303	\$357	\$ 482
35 – 39	\$145	\$187	\$332	\$323	\$365	\$ 510
40 – 44	\$173	\$193	\$366	\$351	\$371	\$ 544
45 – 49	\$214	\$199	\$413	\$392	\$377	\$ 591
50 – 54	\$276	\$223	\$499	\$454	\$401	\$ 677
55 – 59	\$360	\$261	\$621	\$538	\$439	\$ 799
60 – 64	\$505	\$324	\$829	\$683	\$502	\$1,007

HMO 15 Rates for Western PA*						
Age	Single Male	Single Female	Couple**	Male Parent & Child(ren)	Female Parent & Child(ren)	Family**
0 – 18	\$111	\$111	\$ 222	\$353	\$353	\$ 464
19 – 24	\$117	\$188	\$ 305	\$339	\$410	\$ 527
25 – 29	\$134	\$211	\$ 345	\$356	\$433	\$ 567
30 – 34	\$155	\$223	\$ 378	\$377	\$445	\$ 600
35 – 39	\$181	\$229	\$ 410	\$403	\$451	\$ 632
40 – 44	\$215	\$235	\$ 450	\$437	\$457	\$ 672
45 – 49	\$266	\$248	\$ 514	\$488	\$470	\$ 736
50 – 54	\$343	\$275	\$ 618	\$565	\$497	\$ 840
55 – 59	\$459	\$324	\$ 783	\$681	\$546	\$1,005
60 – 64	\$628	\$403	\$1,031	\$850	\$625	\$1,253

*Rates are subject to increase upon underwriting review.

**Couple and Family contracts are rated based on the age of the oldest spouse.

Aetna Individual Advantage Plans for Pennsylvania are available in the following counties:

Southeastern

Berks, Bucks, Carbon, Chester, Delaware, Lehigh, Monroe, Montgomery, Northampton, Philadelphia

Central

Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry, Schuylkill, York

Western

Allegheny, Armstrong, Beaver, Butler, Erie, Fayette, Greene, Lawrence, Somerset, Washington, Westmoreland

Aetna Individual Advantage Plan HMO 20 Rates & Services

It's easy to use your HMO plan. Begin by selecting a primary care physician (PCP) from our large network of providers. This is the doctor you choose to coordinate your overall health care. Each covered member of your family can choose a PCP. Members are required to select a Pennsylvania PCP and obtain covered services within the PA HMO service area, except in an emergency or urgent situation. You must get a referral from your PCP for any additional services.

Services	HMO 20
Out-of-Pocket Maximum Individual/Family	\$4,000/\$8,000
Primary Care Physician Visit	\$20 Copay
Specialist Visit	\$30 Copay
Hospital Admission	\$400 Copay per day up to 5-day maximum per admission
Outpatient Surgery	\$400 Copay
Emergency Room	\$100 Copay (waived if admitted)
Annual Routine Ob/Gyn Exam	\$30 Copay
Maternity Obstetrician Visits	\$30 Copay for Initial Visit, \$0 thereafter
Hospital (Includes Newborn Services)	\$400 Copay per day up to 5-day maximum per admission
Skilled Nursing	\$400 Copay per day up to 5-day maximum per admission; limited to 60 visits per calendar year
Outpatient Therapies	\$30 Copay/visit; limited to a 60 consecutive-day period per instance of illness or injury
Outpatient Home Health	\$30 Copay/visit; limited to 60 visits per calendar year
Durable Medical Equipment	50% up to \$1,000 per member per calendar year
Prescription Drugs	
Calendar Year Deductible Individual/Family	\$250/\$750
Copay Generic/Preferred Brand/ Non-Preferred Brand	\$15/\$25/\$35
Calendar Year Maximum Individual/Family	\$2,500/\$5,000

HMO 20 Rates for Southeastern PA*						
Age	Single Male	Single Female	Couple**	Male Parent & Child(ren)	Female Parent & Child(ren)	Family**
0 – 18	\$ 84	\$ 84	\$168	\$294	\$294	\$378
19 – 24	\$ 88	\$139	\$227	\$256	\$307	\$395
25 – 29	\$101	\$159	\$260	\$269	\$327	\$428
30 – 34	\$117	\$168	\$285	\$285	\$336	\$453
35 – 39	\$137	\$173	\$310	\$305	\$341	\$478
40 – 44	\$163	\$178	\$341	\$331	\$346	\$509
45 – 49	\$201	\$187	\$388	\$369	\$355	\$556
50 – 54	\$260	\$208	\$468	\$428	\$376	\$636
55 – 59	\$338	\$245	\$583	\$506	\$413	\$751
60 – 64	\$475	\$305	\$780	\$643	\$473	\$948

HMO 20 Rates for Central PA*						
Age	Single Male	Single Female	Couple**	Male Parent & Child(ren)	Female Parent & Child(ren)	Family**
0 – 18	\$ 80	\$ 80	\$160	\$282	\$282	\$362
19 – 24	\$ 84	\$133	\$217	\$244	\$293	\$377
25 – 29	\$ 96	\$151	\$247	\$256	\$311	\$407
30 – 34	\$111	\$159	\$270	\$271	\$319	\$430
35 – 39	\$129	\$167	\$296	\$289	\$327	\$456
40 – 44	\$154	\$172	\$326	\$314	\$332	\$486
45 – 49	\$191	\$177	\$368	\$351	\$337	\$528
50 – 54	\$246	\$199	\$445	\$406	\$359	\$605
55 – 59	\$321	\$233	\$554	\$481	\$393	\$714
60 – 64	\$450	\$288	\$738	\$610	\$448	\$898

HMO 20 Rates for Western PA*						
Age	Single Male	Single Female	Couple**	Male Parent & Child(ren)	Female Parent & Child(ren)	Family**
0 – 18	\$103	\$103	\$206	\$345	\$345	\$ 448
19 – 24	\$108	\$174	\$282	\$314	\$380	\$ 488
25 – 29	\$124	\$195	\$319	\$330	\$401	\$ 525
30 – 34	\$143	\$206	\$349	\$349	\$412	\$ 555
35 – 39	\$167	\$211	\$378	\$373	\$417	\$ 584
40 – 44	\$199	\$217	\$416	\$405	\$423	\$ 622
45 – 49	\$246	\$229	\$475	\$452	\$435	\$ 681
50 – 54	\$317	\$254	\$571	\$523	\$460	\$ 777
55 – 59	\$424	\$299	\$723	\$630	\$505	\$ 929
60 – 64	\$580	\$372	\$952	\$786	\$578	\$1,158

*Rates are subject to increase upon underwriting review.

**Couple and Family contracts are rated based on the age of the oldest spouse.

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Pennsylvania Individual Advantage (PAIA) Plan Enrollment Guidelines

To qualify for enrollment you must be:

- ▶ Under age 64 3/4 (applicant and enrolling spouse)
- ▶ Under age 19 (dependent children of applicant or enrolling spouse)
- ▶ Between the ages of 19 and 23 (unmarried dependent children, as defined by the IRS)
- ▶ Permanent, legal residents of the Pennsylvania IAP service area
- ▶ Legal U.S. resident for at least 6 months

Medical Underwriting Requirement

- ▶ The PAIA Plan is not a guaranteed issue plan.
- ▶ All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility and appropriate level of coverage.

Aetna offers various levels of coverage based on the known and predicted medical risk factors of each applicant. A member with minimal health risks should not be required to subsidize the cost of covering a member predicted to require costly care.

Levels of Coverage and Enrollment

- ▶ You may be enrolled in your selected plan at the standard premium charge.
- ▶ You may be enrolled in your selected plan at a higher rate, based on medical findings.
- ▶ You may be declined coverage based on significant medical risk factors.

Duplicate Coverage

- ▶ The PAIA Plan is intended to be the sole carrier.
- ▶ Applicants who are currently covered by another carrier must agree to discontinue the other coverage prior to or on the effective date of this PAIA Plan.

Pre-existing Conditions

- ▶ During the first twelve months following a member's effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition.
- ▶ A pre-existing condition is an illness or injury for which medical advice or treatment was recommended or received within six months preceding the effective date of coverage.

Terms of Coverage

- ▶ Coverage remains in effect as long as the required premium charges are paid on time and as long as you maintain membership eligibility. Coverage will be terminated if you become ineligible due to:
 1. Non-payment of premiums
 2. Residency requirements
 3. Obtaining duplicate coverage

What's Not Covered

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.

Services and supplies that are generally not covered include, but are not limited to:

- All medical and hospital services not specifically covered in, or which are limited or excluded by, your plan documents;
- Cosmetic surgery, including breast reduction;
- Custodial care;
- Dental care and dental X-rays;
- Donor egg retrieval;
- Experimental and investigational procedures;
- Hearing aids;
- Home births;
- Immunizations for travel or work;
- Implantable drugs and certain injectable drugs, including injectable infertility drugs;
- Infertility treatment, including artificial insemination and advanced reproductive technologies, such as IVF, ZIFT, GIFT, ICSI and other related services;
- Long-term rehabilitation therapy;
- Mental health and substance abuse services;
- Nonmedically necessary services or supplies;
- Orthotics;
- Over-the-counter medications and supplies;
- Radial keratotomy or related procedures;
- Reversal of voluntary sterilization;
- Routine eye exam;
- Routine hearing exam;
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling or prescription drugs;
- Special duty nursing, private duty nursing;
- Therapy or rehabilitation other than those listed as covered; and
- Treatment of behavioral disorders.

Individual Advantage Plan Programs to Help You Take Control of Your Health

You also have access to special programs and discounts:

- Reminders for important checkups, immunizations and preventive care screenings.
- Ongoing education and support for chronic conditions, such as low back pain, asthma, heart failure and diabetes.
- Age-appropriate cancer screenings for age-eligible members.
- Programs that support women's unique health care needs.
- Moms-to-Babies™ Maternity Management Program.
- The 24-hour, toll-free Informed Health® Line that links you to a team of experienced registered nurses who can provide information on a variety of health issues.*
- Vision One®** program for discounts on eyeglasses, contact lenses, Lasik surgery and nonprescription eyewear.
- Alternative health care programs for savings on a variety of health products and services. In addition, the Natural Alternatives program offers savings on visits to acupuncturists, chiropractors, massage therapists and nutritional counselors.***
- Fitness program for savings on health club memberships and home exercise equipment through GlobalFit.

*Informed Health Line nurses can only provide basic medical resource information. They cannot diagnose, prescribe or give medical advice. Members should contact their physicians first with any questions or concerns regarding their health care needs.

**Vision One is a registered trademark of Cole Managed Vision.

***Availability varies by site.

www.aetna.com

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

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 any results or outcomes. Consult the plan documents (Schedule of Benefits and Certificate of Coverage) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of a plan or program may vary by geographic service area. Participating providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Certain primary care providers are affiliated with integrated delivery systems or other provider groups (such as independent practice associations and physician-hospital organizations), and members who select these providers will generally be referred to specialists and hospitals within those systems or groups. However, if a system or group does not include a provider qualified to meet member's medical needs, member may request to have services provided by non-system or non-group providers. Member's request will be reviewed and will require prior authorization from the system or group and/or Aetna to be a covered benefit.

Aetna assumes no responsibility for any circumstance arising out of the use, misuse, interpretation or application of any information supplied by Aetna IntelliHealth. Information supplied by Aetna IntelliHealth is for informational purposes only, is not medical advice and is not intended to be a substitute for proper medical care provided by a physician. Informed Health Line nurses cannot diagnose, prescribe or give medical advice. Specific questions should be addressed by your doctor. Alternative health care programs, Vision One and the fitness program are rate-access programs and may be in addition to any plan benefits. Program providers are solely responsible for the products and services provided thereunder. Aetna does not endorse any vendor, product or service associated with these programs. Discounts offered hereunder are not insurance.

Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain prior approval of coverage for certain services, such as non-emergency inpatient hospital care. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available at the highest copay under plans with an open formulary or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary. They may also be subject to precertification or step therapy. Nonprescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after enrollment) are not covered, and medical exceptions are not available for them. **This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. For more information on what is covered and excluded, please call 1-800-IAP-5939.**

QUESTIONS?

Call your broker
for assistance

10-day Right to Review

Do not cancel your current insurance until you are notified that you have been accepted for coverage.

We'll review your application to determine if you meet underwriting requirements. If denied, you'll be notified by mail. If approved, you'll be sent an Individual Advantage Plan contract and ID card.

If, after reviewing the contract, you find that you're not satisfied for any reason, return the contract to us within 10 days. We will refund any premium paid (including any contract fees or other charges, if any) less the cost of any services paid on behalf of the Subscriber or any covered dependent.