Key Medical Plan Features (What You Pay)

Aetna High Deductible Health Plan with HSA*		
	In-Network	**Out-of-Network**
Deductible**	$1,500 individual/$3,000 family	$1,500 individual/$3,000 family
HSA Seed	$1,000 employee/$2,000 family	
Out-of-Pocket Maximum**		
• Copay	N/A	N/A
• Coinsurance and deductible	$3,000 individual/$6,000 family	$3,000 individual/$6,000 family
Maximum Lifetime Benefit***	Unlimited	Unlimited
Doctor's Office Visits		
• Primary care	10% after deductible	40% after deductible
• Specialist	10% after deductible	40% after deductible
Urgent Care Center/Retail Clinic	10% after deductible	40% after deductible
Preventive Screenings		
• Routine physicals	$0 copay	40% after deductible
• Routine eye exams	$0 copay	40% after deductible
• Routine hearing screenings	$0 copay	40% after deductible
• Pediatric immunizations	$0 copay	40% after deductible
• Annual GYN exam/Pap smear	$0 copay	40% after deductible
• Mammography	$0 copay	40% after deductible
Maternity		
• First OB prenatal visit and prenatal care	$0 copay	40% after deductible
• Delivery and hospital inpatient services	10% after deductible	40% after deductible
• In vitro fertilization (limit two cycles per lifetime at HUP only)	10% after deductible	N/A
• Laboratory/pathology	10% after deductible	40% after deductible
• X-rays/radiology	10% after deductible	40% after deductible
Outpatient Services		
• Surgery	10% after deductible	40% after deductible
• Laboratory/pathology	10% after deductible	40% after deductible
• X-rays/radiology	10% after deductible	40% after deductible
Hospitalization (semi-private room, board, surgery**** and anesthesia, specialists' care and diagnostic testing)	10% after deductible	40% after deductible
Emergency Room	10% after deductible	10% after deductible
Ambulance	10% after deductible	40% after deductible
Therapy Services† (physical, speech and occupational; 60 visits per year)	10% after deductible	40% after deductible
Spinal Manipulation† (60 visits per year)	10% after deductible	40% after deductible
Home Health Care†	10% after deductible	40% after deductible
Durable Medical Equipment	10% after deductible	40% after deductible
Behavioral Health and Substance Abuse		
• Providers	Aetna Network	Out-of-Network
• Outpatient	10% after deductible	40% after deductible
• Inpatient	10% after deductible	40% after deductible

* Pre-certification needed for certain services

** Covers medical, behavioral health/substance abuse and prescription drug

*** Covers medical and behavioral health/substance abuse

**** Sexual reassignment surgery coverage available under all plans

† Visit maximums are a combination of in-network and out-of-network services

	PennCare/Personal Choice PPO*		
	PennCare Preferred Providers	Personal Choice Preferred Providers	Non-Preferred Providers (based on reasonable and customary fees)
Deductible**	$150 individual/$450 family	$350 individual/$1,050 family	$500 individual/$1,500 family
HSA Seed	N/A	N/A	N/A
Out-of-Pocket Maximum**			
• Copay, coinsurance, and deductible	$1,000 individual/$3,000 family	$2,500 individual/$7,200 family	$3,500 individual/$10,500 family
Maximum Lifetime Benefit**	Unlimited	Unlimited	Unlimited
Doctor's Office Visits			
• Primary care	$20 copay	$25 copay	40% after deductible
• Specialist	$40 copay	$50 copay	40% after deductible
Retail Clinic	N/A	$30 copay	40% after deductible
Urgent Care Center	N/A	$50 copay	40% after deductible
Preventive Screenings			
• Routine physicals	$0 copay	$0 copay	40% no deductible
• Routine eye exams	N/A	N/A	N/A
• Routine hearing screenings	$0 copay	$0 copay	40% no deductible
• Pediatric immunizations	$0 copay for children under 18	$0 copay for children under 18	40% no deductible for children under 18
• Annual GYN exam/Pap smear	$0 copay	$0 copay	40% no deductible
• Mammography	$0 copay	$0 copay	40% no deductible
Maternity			
• First OB visit	$40 copay	$50 copay	40% after deductible
• Prenatal care	$0 copay	$0 copay	40% after deductible
• Delivery and hospital inpatient services	10% after deductible	20% after deductible	40% after deductible
• Laboratory/pathology	$25 copay	$25 copay	40% after deductible
• X-rays/radiology	10% after deductible	20% after deductible	40% after deductible
• In vitro fertilization (limit two cycles per lifetime at HUP only)*	$40 copay for first visit; then 10% after deductible	Not covered	Not covered
Outpatient Services			
• Surgery	10% after deductible	20% after deductible	40% after deductible
• Laboratory/pathology	$25 copay	$25 copay	40% after deductible
• X-rays/radiology	10% after deductible	20% after deductible	40% after deductible

* Pre-certification needed for certain services

** Covers medical and behavioral health/substance abuse

	PennCare/Personal Choice PPO*		
	PennCare Preferred Providers	Personal Choice Preferred Providers	Non-Preferred Providers (based on reasonable and customary fees)
Hospitalization (semi-private room, board, surgery** and anesthesia, specialists' care and diagnostic testing)	10% after deductible	20% after deductible	40% after deductible; limited to 70 days
Emergency Room	$100 copay (waived if admitted)	$100 copay (waived if admitted)	$100 copay (waived if admitted)
Ambulance	$0 copay for emergency; 10% after deductible for non-emergency	$0 copay for emergency; 20% after deductible for non-emergency	$0 copay for emergency; 40% after deductible for non-emergency
Therapy Services*** (physical, speech and occupational; 60 visits per year)	$30 copay	$40 copay	40% after deductible
Spinal Manipulation*** (60 visits per year)	Not available	$50 copay	40% after deductible
Home Health Care*	10% after deductible	20% after deductible	40% after deductible
Durable Medical Equipment	Provider not currently available	20% after deductible	40% after deductible
Behavioral Health and Substance Abuse			
• Providers	In-Network (Penn Behavioral Health Staff)	In-Network (Penn Behavioral Health Regional Network)	Out-of-Network
• Outpatient	$20 copay per visit; unlimited visits if medically necessary	$20 copay per visit; unlimited visits if medically necessary	40% after deductible; unlimited visits if medically necessary
• Inpatient	10% after $150 individual/$450 family deductible; unlimited days if medically necessary	10% after $150 individual/ $450 family deductible; unlimited days if medically necessary	40% after $500 individual/ $1,500 family deductible; unlimited days if medically necessary

* Pre-certification needed for certain services

** Sexual reassignment surgery coverage available under all plans

*** Visit maximums are a combination of in-network and out-of-network services

	Aetna Choice POS II*		Keystone/ AmeriHealth HMO*
	In-Network	Out-of-Network (based on reasonable and customary fees)	In-Network
Deductible**	$300 individual/$900 family	$800 individual/$2,400 family	$100 individual/$200 family
HSA Seed	N/A	N/A	N/A
Out-of-Pocket Maximum**			
• Copay, coinsurance, and deductible	$1,200 individual/$3,600 family	$2,400 individual/$7,200 family	$1,200 individual/$2,400 family
Maximum Lifetime Benefit**	Unlimited	Unlimited	Unlimited
Doctor's Office Visits			
• Primary care	$30 copay	40% after deductible	$25 copay
• Specialist	$50 copay	40% after deductible	$45 copay with referral
Retail Clinic	$30 copay	40% after deductible	$25 copay
Urgent Care Center	$50 copay	40% after deductible	$50 copay
Preventive Screenings			
• Routine physicals	$0 copay	40% after deductible	$0 copay
• Routine eye exams	$0 copay	40% after deductible	$45 copay***
• Routine hearing screenings	$0 copay	40% after deductible	$0 copay for hearing screenings
• Pediatric immunizations	$0 copay	40% after deductible	$0 copay
• Annual GYN exam/Pap smear	$0 copay	40% after deductible	$0 copay
• Mammography	$0 copay	40% after deductible	$0 copay
Maternity			
• First OB prenatal visit	$0 copay	40% after deductible	$35 copay
• Prenatal care	$0 copay	40% after deductible	$0 copay
• Delivery and hospital inpatient services	20% after deductible	40% after deductible	10% after deductible
• In vitro fertilization (limit two cycles per lifetime at HUP only)*	$50 copay for first visit; then 20% after deductible	N/A	$45 copay for first visit; then 10% after deductible
• Laboratory/pathology	$30 copay	40% after deductible	$25 copay
• X-rays/radiology	$50 (routine[1]) or $100 (complex[2])	40% after deductible	$5 (routine[1]) or $100 (complex[2]) copay with referral
Outpatient Services			
• Surgery	20% after deductible	40% after deductible	10% after deductible
• Laboratory/pathology	$30 copay	40% after deductible	$25 copay
• X-rays/radiology	$50 (routine[1]) or $100 (complex[2]) copay with referral	40% after deductible	$45 (routine[1]) or $100 (complex[2]) copay with referral

* Pre-certification needed for certain services and medical devices

** Covers medical and behavioral health/substance abuse

*** $45 allowed for contacts or prescription eyeglasses every two years (Keystone); see member handbook for vision exam benefit schedule

1 Routine radiology procedures are those that do not require prior authorization (e.g., chest x-ray)

2 Complex radiology procedures are those that require prior authorization (e.g., MRI, CT scan, PET scan)

	Aetna Choice POS II*		Keystone/ AmeriHealth HMO*
	In-Network	Out-of-Network (based on reasonable and customary fees)	In-Network
Hospitalization (semi-private room, board, surgery** and anesthesia, specialists' care and diagnostic testing)	20% after deductible	40% after deductible	10% after deductible with referral; no limit if medically necessary
Emergency Room	$150 copay (waived if admitted)	$150 copay (waived if admitted)	$150 copay (waived if admitted)
Ambulance	20% after deductible	40% after deductible	$0 copay for emergencies; 10% after deductible for non-emergencies
Therapy Services* ** (physical, speech and occupational; 60 visits per year)	$40 copay	40% after deductible	$35 copay
Spinal Manipulation* ** (60 visits per year)	$50 copay	40% after deductible	$45 copay
Home Health Care* **	20% after deductible	40% after deductible	10% after deductible with coordination by patient management department
Durable Medical Equipment	20% after deductible	40% after deductible	10% after deductible when medically necessary; pre-approval required
Behavioral Health and Substance Abuse			
• Providers	In-Network (Penn Behavioral Health Regional Network)	Out-of-Network	Keystone HMO providers
• Outpatient	$30 copay per visit; unlimited visits if medically necessary	40% after deductible; unlimited visits if medically necessary	$25 copay per visit; unlimited visits if medically necessary
• Inpatient	20% after deductible; unlimited days if medically necessary	40% after deductible; unlimited days if medically necessary	10% after deductible per admission with referral; unlimited days if medically necessary

* Pre-certification needed for certain services

** Sexual reassignment surgery coverage available under all plans

*** Visit maximums are a combination of in-network and out-of-network services