



Accountable Care Organizations (ACO)

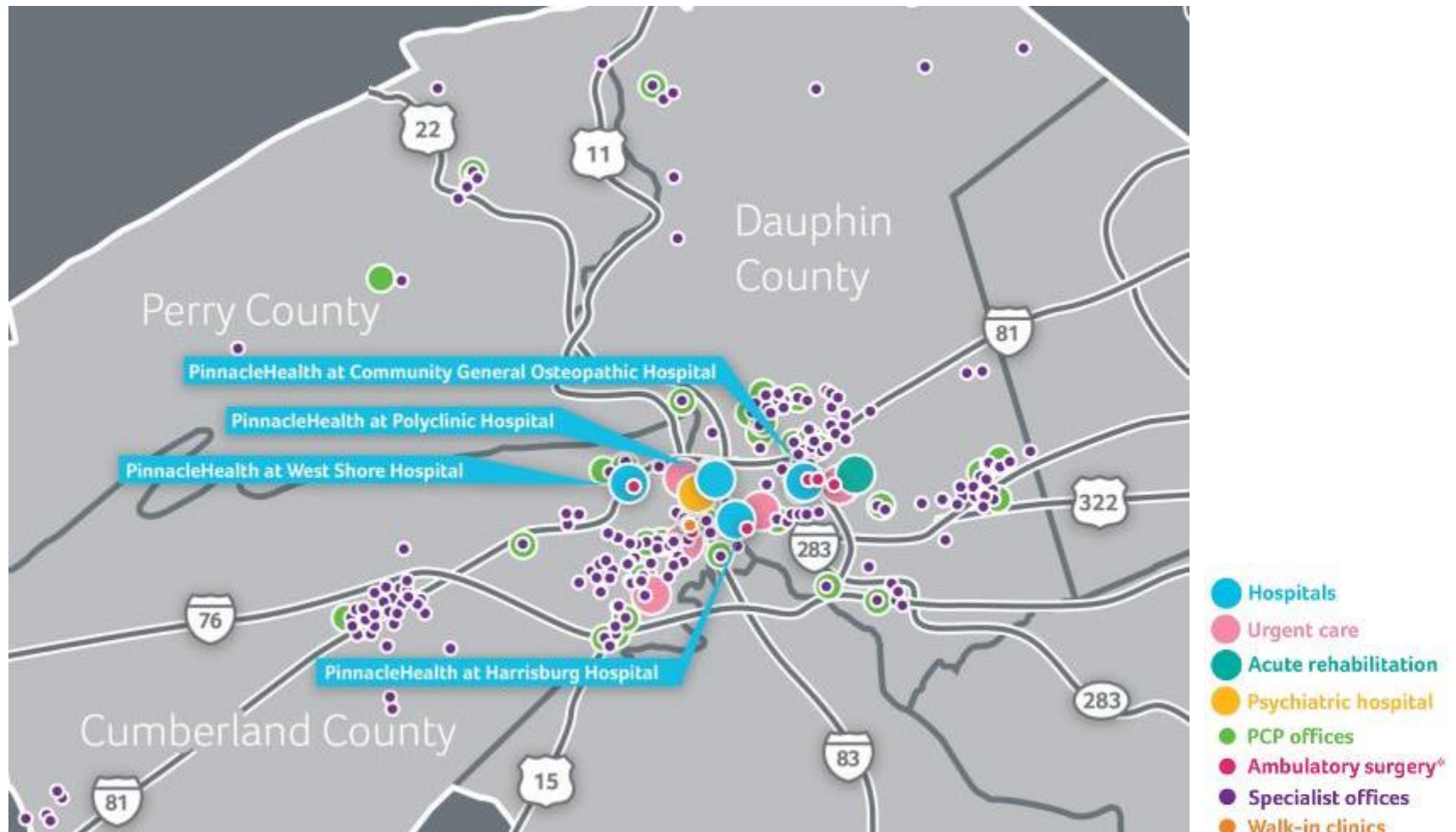


ACOs

A collaboration that improves care, quality, cost and outcomes

- Convenience — Fewer repetitive tests and less hassle
- Better health — Personal care teams working together to keep members healthy
- Affordability — An affordable premium without sacrificing quality care

Aetna Whole HealthSM – PinnacleHealth network coverage area



Aetna Whole HealthSM – PinnacleHealth network coverage area

✔ 3 long-term acute care hospitals

✔ Urgent care locations

✔ 3 walk-in clinics

✔ 8 ambulatory surgery locations*

170+ PCPs/800+ specialists ranging from prenatal to geriatrics

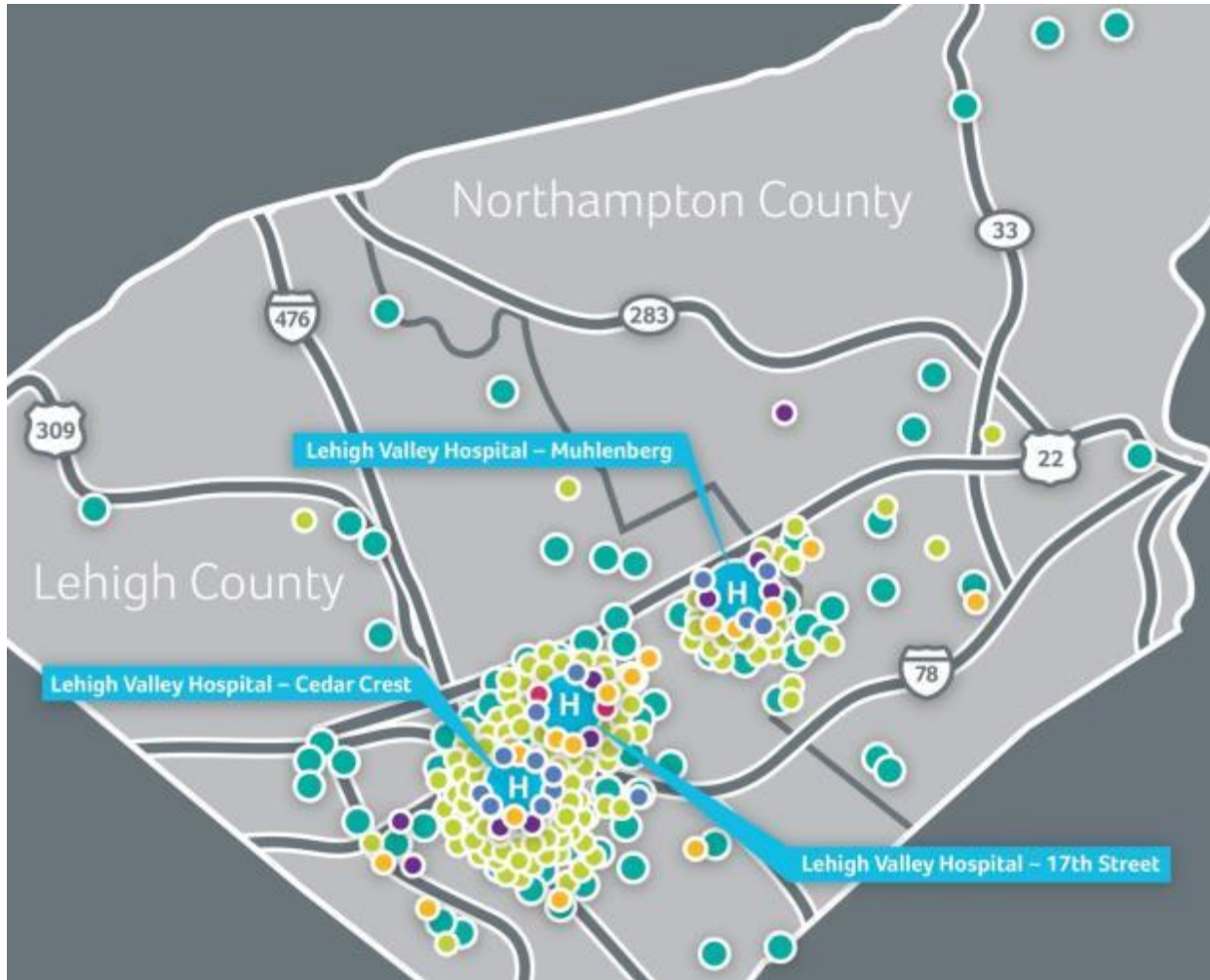
Hospital	City	Address	ZIP
Helen M. Simpson Rehabilitation Hospital	Harrisburg	4300 Londonderry Rd.	17109
Pennsylvania Psychiatric Institute	Harrisburg	2501 N 3rd St.	17110
PinnacleHealth at Community General Osteopathic Hospital	Harrisburg	4300 Londonderry Rd.	17109
PinnacleHealth at Harrisburg Hospital	Harrisburg	111 S Front St.	17101
PinnacleHealth at Polyclinic Hospital	Harrisburg	2501 N 3rd St.	17110
PinnacleHealth at West Shore Hospital	Mechanicsburg	1995 Technology Pkwy.	17050

Long-term acute care hospital	City	Address	ZIP
Select Specialty Hospital – Harrisburg	Harrisburg	100 S 2nd St.	17101

Urgent care	City	Address	ZIP
PH Fast Care	Camp Hill	3301 Trindle Rd.	17011
PH Fast Care	Enola	4510 Marketplace Way	17025
Concentra Health Services	Harrisburg	4200 Union Deposit Rd.	17111
PH Express	Harrisburg	111 S Front St.	17101
Concentra Health Services	Mechanicsburg	4910 Ritter Rd.	17055

*This includes endoscopy, ophthalmology and other specialties.

Aetna Whole HealthSM – Valley Preferred network coverage area



- H Hospitals
- Specialist offices
- Imaging
- Other Specialty
- PCP offices
- Ambulatory Surgery
- Rehabilitation

Aetna Whole HealthSM – Valley Preferred network coverage area

✓ 3 Hospitals

277 PCPs/754 Specialists

✓ 150+ Provider office locations

Hospital	City	Address	ZIP
Lehigh Valley Hospital – Cedar Crest	Allentown	Cedar Crest Blvd. and Interstate 78	18103
Lehigh Valley Hospital – 17 th Street	Allentown	17 th and Chew St.	18102
Lehigh Valley Hospital – Muhlenberg	Bethlehem	2545 Schoenersville Rd.	18017

Product

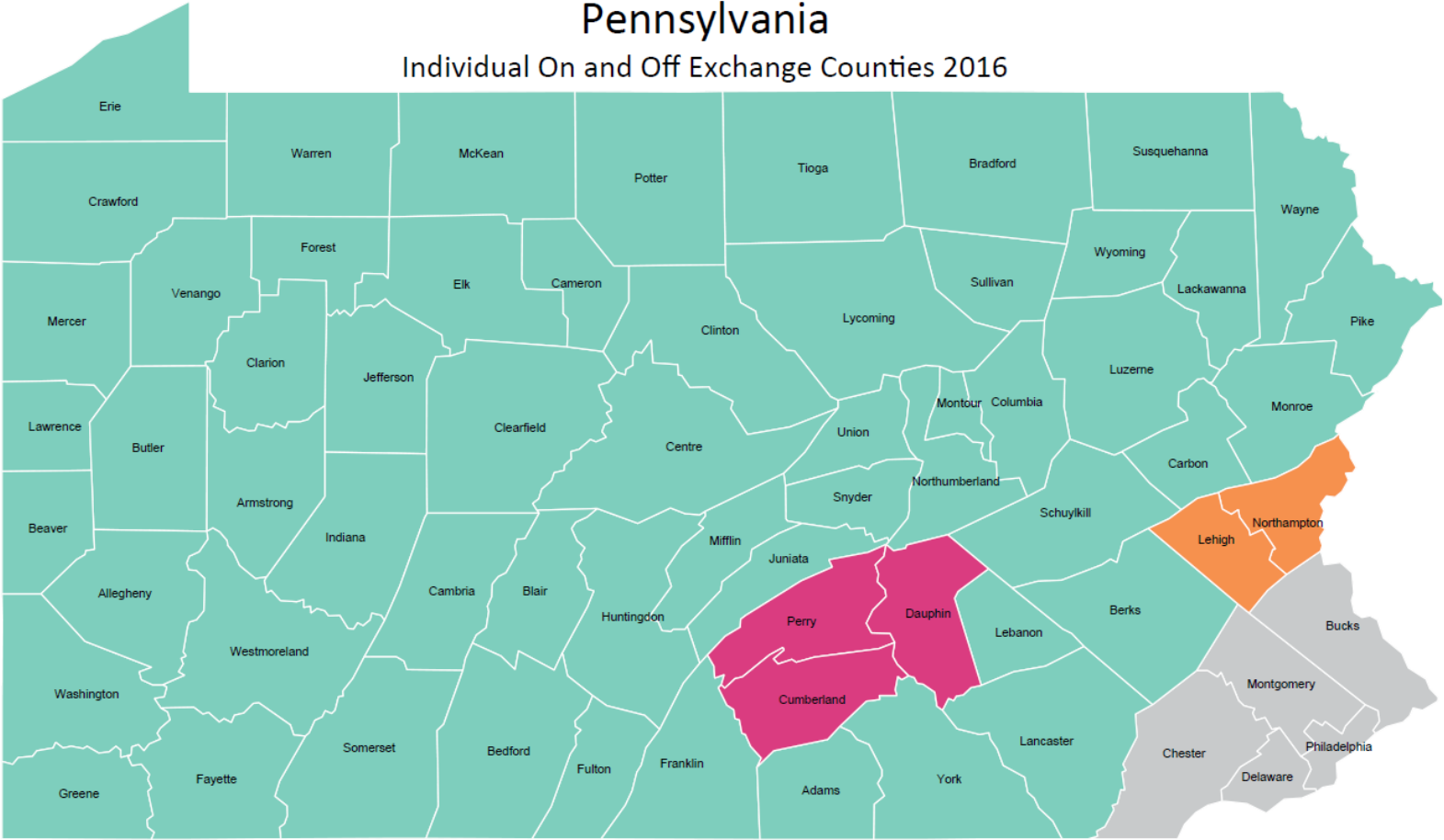
Geography



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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Pennsylvania

Individual On and Off Exchange Counties 2016



- Aetna Network
- Coventry Network
- OA HMO PA Valley Preferred
 - & ■ OA HMO Pennsylvania
 - HMO PA Pinnacle Health

Network



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
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Product name:

- Aetna PinnacleHealth Gold \$10 Copay PD
- Aetna PinnacleHealth Silver \$10 Copay PD
- Aetna PinnacleHealth Bronze \$15 Copay PD
- Aetna PinnacleHealth Bronze Deductible Only HSA Eligible PD

Network within PA

- Number of providers: [Enter info]
- Major hospitals: [Enter info]
- Reciprocity: None

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y*	Y	1 Tier No OON	HMO	Yes / Yes	Pinnacle Health	Cumberland, Dauphin, Perry (Central PA)

*On exchange plans do not include Pediatric Dental

Network



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
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Product name:

- Aetna Valley Preferred Gold \$10 Copay PD
- Aetna Valley Preferred Silver \$10 Copay PD
- Aetna Valley Preferred Bronze \$15 Copay PD
- Aetna Valley Preferred Bronze Deductible Only HSA Eligible PD

Network within PA

- Number of providers: [Enter info]
- Major hospitals: [Enter info]
- Reciprocity: None

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y*	Y	1 Tier No OON	HNOnly	Encouraged/ No	Valley Preferred	Lehigh, Northampton

*On exchange plans do not include Pediatric Dental

Network



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
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Product name:

- Coventry Gold \$10 Copay OAHMO PD
- Coventry Silver \$10 Copay OAHMO PD
- Coventry Bronze \$15 Copay OAHMO PD
- Coventry Bronze Deductible Only HSA Eligible OAHMO PD

Network within PA

- Number of providers: [Enter info]
- Major hospitals: [Enter info]
- Reciprocity: Coventry National Network

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y*	Y	1 Tier No OON	OA HMO	Encouraged/ No	Broad	60 counties outside Southeastern PA

*On exchange plans do not include Pediatric Dental

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	PA Aetna Valley Preferred Bronze \$15 Copay PD	PA Aetna Valley Preferred Bronze Deductible Only HSA Eligible PD	PA Aetna Valley Preferred Silver \$10 Copay PD	PA Aetna Valley Preferred Gold \$10 Copay PD		
	PA Aetna PinnacleHealth Bronze \$15 Copay PD	PA Aetna PinnacleHealth Bronze Deductible Only HSA Eligible PD	PA Aetna PinnacleHealth Silver \$10 Copay PD	PA Aetna PinnacleHealth Gold \$10 Copay PD		
	PA Coventry Bronze \$15 Copay OAHMO PD	PA Coventry Bronze Deductible Only HSA Eligible OAHMO PD	PA Coventry Silver \$10 Copay OAHMO PD	PA Coventry Gold \$10 Copay OAHMO PD		
	In network you pay	In network you pay	In network you pay	In network you pay		
Deductible individual/family¹ (applies to out-of-pocket maximum)	\$6,850/\$13,700	\$6,450/\$12,900	\$3,500/\$7,000	\$1,400/\$2,800		
Member coinsurance	0%	0%	30%	20%		
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,450/\$12,900	\$6,250/\$12,500	\$5,000/\$10,000		

¹ The 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.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

Member benefits

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	PA Aetna Valley Preferred Bronze \$15 Copay PD	PA Aetna Valley Preferred Bronze Deductible Only HSA Eligible PD	PA Aetna Valley Preferred Bronze Deductible Only HSA Eligible PD	PA Aetna Valley Preferred Silver \$10 Copay PD	PA Aetna Valley Preferred Gold \$10 Copay PD	PA Aetna Valley Preferred Gold \$10 Copay PD
	PA Aetna PinnacleHealth Bronze \$15 Copay PD	PA Aetna PinnacleHealth Bronze Deductible Only HSA Eligible PD	PA Aetna PinnacleHealth Bronze Deductible Only HSA Eligible PD	PA Aetna PinnacleHealth Silver \$10 Copay PD	PA Aetna PinnacleHealth Gold \$10 Copay PD	PA Aetna PinnacleHealth Gold \$10 Copay PD
	PA Coventry Bronze \$15 Copay OAHMO PD	PA Coventry Bronze Deductible Only HSA Eligible OAHMO PD	PA Coventry Bronze Deductible Only HSA Eligible OAHMO PD	PA Coventry Silver \$10 Copay OAHMO PD	PA Coventry Gold \$10 Copay OAHMO PD	PA Coventry Gold \$10 Copay OAHMO PD
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay
Primary care office visit	\$15 copay; ded waived	Covered in full after ded	Covered in full after ded	\$10 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived
Specialist office visit	Covered in full after ded	Covered in full after ded	Covered in full after ded	\$75 copay; ded waived	\$40 copay; ded waived	\$40 copay; ded waived
Hospital stay	Covered in full after ded	Covered in full after ded	Covered in full after ded	\$500 copay per admission after ded; then 30%	20% after ded	20% after ded
Outpatient surgery (Ambulatory Surgical Center/Hospital)	Covered in full after ded	Covered in full after ded	Covered in full after ded	\$250 copay after ded; then 30%	20% after ded	20% after ded
Emergency room	Covered in full after ded	Covered in full after ded	Covered in full after ded	\$500 copay after ded	\$250 copay after ded	\$250 copay after ded
Urgent care	\$100 copay; ded waived	Covered in full after ded	Covered in full after ded	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

Member benefits

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	PA Aetna Valley Preferred Bronze \$15 Copay PD	PA Aetna Valley Preferred Bronze Deductible Only HSA Eligible PD	PA Aetna Valley Preferred Silver \$10 Copay PD	PA Aetna Valley Preferred Gold \$10 Copay PD		
	PA Aetna PinnacleHealth Bronze \$15 Copay PD	PA Aetna PinnacleHealth Bronze Deductible Only HSA Eligible PD	PA Aetna PinnacleHealth Silver \$10 Copay PD	PA Aetna PinnacleHealth Gold \$10 Copay PD		
	PA Coventry Bronze \$15 Copay OAHMO PD	PA Coventry Bronze Deductible Only HSA Eligible OAHMO PD	PA Coventry Silver \$10 Copay OAHMO PD	PA Coventry Gold \$10 Copay OAHMO PD		
	In network you pay	In network you pay	In network you pay	In network you pay		
Preventive care/screening/immunization (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	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	Covered in full; ded waived	Covered in full; ded waived		Covered in full; ded waived
Diagnostic lab	Covered in full after ded	Covered in full after ded	30% after ded	20% after ded		20% after ded
Diagnostic X-ray	Covered in full after ded	Covered in full after ded	30% after ded	20% after ded		20% after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded	\$250 copay after ded; then 30%	20% after ded		20% after ded

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	PA Aetna Valley Preferred Bronze \$15 Copay PD	PA Aetna Valley Preferred Bronze Deductible Only HSA Eligible PD	PA Aetna Valley Preferred Bronze Deductible Only HSA Eligible PD	PA Aetna Valley Preferred Silver \$10 Copay PD	PA Aetna Valley Preferred Gold \$10 Copay PD	PA Aetna Valley Preferred Gold \$10 Copay PD
	PA Aetna PinnacleHealth Bronze \$15 Copay PD	PA Aetna PinnacleHealth Bronze Deductible Only HSA Eligible PD	PA Aetna PinnacleHealth Bronze Deductible Only HSA Eligible PD	PA Aetna PinnacleHealth Silver \$10 Copay PD	PA Aetna PinnacleHealth Gold \$10 Copay PD	PA Aetna PinnacleHealth Gold \$10 Copay PD
	PA Coventry Bronze \$15 Copay OAHMO PD	PA Coventry Bronze Deductible Only HSA Eligible OAHMO PD	PA Coventry Bronze Deductible Only HSA Eligible OAHMO PD	PA Coventry Silver \$10 Copay OAHMO PD	PA Coventry Gold \$10 Copay OAHMO PD	PA Coventry Gold \$10 Copay OAHMO PD
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay
Pediatric eye exam (1 visit per year)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	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 after ded	Covered in full after ded	Covered in full after ded	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	PA Aetna Valley Preferred Bronze \$15 Copay PD	PA Aetna Valley Preferred Bronze Deductible Only HSA Eligible PD	PA Aetna Valley Preferred Silver \$10 Copay PD	PA Aetna Valley Preferred Gold \$10 Copay PD		
	PA Aetna PinnacleHealth Bronze \$15 Copay PD	PA Aetna PinnacleHealth Bronze Deductible Only HSA Eligible PD	PA Aetna PinnacleHealth Silver \$10 Copay PD	PA Aetna PinnacleHealth Gold \$10 Copay PD		
	PA Coventry Bronze \$15 Copay OAHMO PD	PA Coventry Bronze Deductible Only HSA Eligible OAHMO PD	PA Coventry Silver \$10 Copay OAHMO PD	PA Coventry Gold \$10 Copay OAHMO PD		
	In network you pay	In network you pay	In network you pay	In network you pay		
Dental check-up/preventive dental care (2 visits per year)	Covered in full; ded waived	Covered in full after ded	Covered in full; ded waived	Covered in full; ded waived		Covered in full; ded waived
Basic dental care	Covered in full after ded	Covered in full after ded	30% after ded	30% after ded		30% after ded
Major dental care	Covered in full after ded	Covered in full after ded	50% after ded	50% after ded		50% after ded
Orthodontia (medically necessary only)	Covered in full after ded	Covered in full after ded	50% after ded	50% after ded		50% after ded

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

Pharmacy

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	PA Aetna Valley Preferred Bronze \$15 Copay PD	PA Aetna Valley Preferred Bronze Deductible Only HSA Eligible PD	PA Aetna Valley Preferred Silver \$10 Copay PD	PA Aetna Valley Preferred Gold \$10 Copay PD		
	PA Aetna PinnacleHealth Bronze \$15 Copay PD	PA Aetna PinnacleHealth Bronze Deductible Only HSA Eligible PD	PA Aetna PinnacleHealth Silver \$10 Copay PD	PA Aetna PinnacleHealth Gold \$10 Copay PD		
	PA Coventry Bronze \$15 Copay OAHMO PD	PA Coventry Bronze Deductible Only HSA Eligible OAHMO PD	PA Coventry Silver \$10 Copay OAHMO PD	PA Coventry Gold \$10 Copay OAHMO PD		
	In network you pay	In network you pay	In network you pay	In network you pay		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded	\$500 per member	\$250 per member		
Preferred generic drugs	Generic: Covered in full after ded	Generic: Covered in full after ded	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived		
Preferred brand drugs	Covered in full after ded	Covered in full after ded	\$40 copay after ded	\$40 copay after ded		
Non-preferred drugs	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded	Generic & Brand: \$75 copay after ded	Generic & Brand: \$70 copay 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	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded		

P=Preferred specialty drugs; NP=non-preferred specialty drugs.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

Aetna stand-alone dental plan



	PPO Plus Plan	PPO Plan
Calendar year deductible	<ul style="list-style-type: none"> • \$50 • \$1,200 calendar year max 	<ul style="list-style-type: none"> • \$100 • \$1,000 calendar year max
Diagnostic and preventive	<ul style="list-style-type: none"> • 100% • No waiting period 	<ul style="list-style-type: none"> • 80% • No waiting period
Periodontal maintenance cleanings and denture repair, rebase & relining	<ul style="list-style-type: none"> • 80% • 6-month waiting period 	<ul style="list-style-type: none"> • 50% • 6-month waiting period
Fillings, oral surgery, root canals	<ul style="list-style-type: none"> • 50% • 6-month waiting period 	<ul style="list-style-type: none"> • 50% • 6-month waiting period
Periodontics, crowns, cast restorations, dentures	<ul style="list-style-type: none"> • 50% • 18-month waiting period 	<ul style="list-style-type: none"> • 50% • 18-month waiting period
TMJ	<ul style="list-style-type: none"> • Not covered 	<ul style="list-style-type: none"> • Not covered

New for 2016



Geography	Network	Deductible coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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Aetna in-network plan changes

<p>Bronze copay plan</p> <ul style="list-style-type: none"> • PCP copay: \$5 lower PCP copay <ul style="list-style-type: none"> - 2016: now \$15; 2015: was \$20 • Specialist: <ul style="list-style-type: none"> - 2016: now 0% AD; 2015: was \$50 AD • Deductible: <ul style="list-style-type: none"> - 2016: now \$6,850; 2015: was \$5,750 • Maximum out-of-pocket: <ul style="list-style-type: none"> - 2016: now \$6,850; 2015: was \$6,600 <p>Pharmacy: 2016: now all tiers 100% after deductible</p> <ul style="list-style-type: none"> • Pharmacy Generic: <ul style="list-style-type: none"> - 2015: was \$15 • Pharmacy Brand: <ul style="list-style-type: none"> - 2015: was \$45 AD • Pharmacy Non Preferred: <ul style="list-style-type: none"> - 2015: was \$75 AD • Pharmacy Specialty Preferred: <ul style="list-style-type: none"> - 2015: was 40% AD • Pharmacy Specialty Non Preferred: <ul style="list-style-type: none"> - 2015: was 50% AD 	<p>Silver copay plan</p> <p>Deductible:</p> <ul style="list-style-type: none"> - 2016: now \$3,500 - 2015: was \$3,750 <ul style="list-style-type: none"> • Maximum out-of-pocket: <ul style="list-style-type: none"> - 2016: now \$6,250 - 2015: was \$6,600 • Pharmacy Brand: <ul style="list-style-type: none"> - 2016: now \$40 AD - 2015: was \$45 AD 	<p>Gold copay plan</p> <ul style="list-style-type: none"> • PCP copay Tier 1: \$5 higher PCP copay <ul style="list-style-type: none"> - 2016: now \$10 - 2015: was \$5 <p>Pharmacy Brand:</p> <ul style="list-style-type: none"> - 2016: now \$40 - 2015: was \$35 <ul style="list-style-type: none"> • Pharmacy Specialty Preferred: <ul style="list-style-type: none"> - 2016: now 40% AD - 2015: was 30% AD
<p>Bronze HSA plan</p> <ul style="list-style-type: none"> • Deductible: <ul style="list-style-type: none"> - 2016: now \$6,450; 2015: was \$6,300 • Maximum out-of-pocket: <ul style="list-style-type: none"> - 2016: now \$6,450; 2015: was \$6,300 		

New for 2016



Geography

Network

Deductible
coinsurance

Member
benefits

Pediatric
vision

Pediatric
dental

Pharmacy

- 2015 ManagedChoiceOpenAccess plans are moving to HMO products under the new PinnacleHealth ACO for 2016.
 - PCP Selection and Referrals will be required with these plans for 2016.
- 2015 HMO plans moving to HealthNetworkOnlyOpenAccess products under the new Aetna Valley Preferred ACO for 2016.
 - PCP and Referrals will no longer be required on these plans for 2016.
- 2015 HMO, Savings Plus and Managed Choice Open Access Plans in counties of Bucks, Chester, Delaware, Montgomery and Philadelphia will be offered under the “Leap” plans for 2016.


Please note, these plans will no longer be offered in 2016:

- PA Aetna Silver \$5 Copay 2750 OAMC plan will no longer be offered in 2016.
- PA Aetna Silver \$5 Copay 2750 HMO Silver Integrated will no longer be offered in 2016.
- PA Coventry Silver \$5 Copay 2750 HMO

A large waterfall cascades down a rocky, moss-covered cliff in a valley. The water is white and frothy, creating a misty spray at the base. The surrounding landscape is rugged and green, with dark, overcast clouds in the background.

2016 Aetna LeapSM plans for individuals and families

What's changing?



Aetna LeapSM plans

Unique plan designs that make health plans simpler for our members

Simplified product portfolio with bronze, silver, and gold plans that are affordable, easy to understand and easy to use:

- **Low copayments** for routine care and other services in most plans.
- **No coinsurance** — plans pays 100% after copayment or deductible for covered in-network benefits.
- **Only one deductible** for medical and pharmacy. Deductible is also the out-of-pocket maximum for in-network covered services. Once a member meets the deductible, the plan pays 100% for covered services from network providers.
- **No referrals required.** We encourage members to have a primary care physician to coordinate any complex care, but it is not required.

Aetna Leap plans



Unique plan designs that make health plans simpler for our members

- **Using network providers and pharmacies** is the easiest way to save money.
 - Aetna Leap plans do not provide benefits when you use doctors, hospitals or pharmacies that are not in the network.
 - Our pharmacy network has changed for 2016. Before you fill a prescription, find a pharmacy in our local network.
 - Starting November 1, you can browse through our updated directory or look up pharmacies using our provider search tool – just like you’d look for a doctor or hospital. This is an important step because your pharmacy may no longer be a part of the local network.

Southeastern PA – Base Portfolio

NETWORK: Savings Plus

- IN NETWORK – Plan covers 100% after you pay your co-pay (where applicable) or meet your deductible
- OUT OF NETWORK – No benefits, except treatment for a true medical emergency

	Aetna Leap Basic HSA		Aetna Leap Basic		Aetna Leap Basic Plus		Aetna Leap Everyday		Aetna Leap Everyday Plus		Aetna Leap Specialty		Aetna Leap Diabetes	
Monthly premium	TBD		TBD		TBD		TBD		TBD		TBD		TBD	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
Deductible/Max you pay	\$5,825	\$6,450	\$6,450	\$6,850	\$6,500	\$6,850	\$5,000	\$6,850	\$4,210	\$6,850	\$3,000	\$6,850	\$3,200	\$6,850
Primary Care Physician	Deductible		Deductible		Deductible		\$25	\$50	\$10	\$30	\$10	\$30	\$10	\$50
Specialist	Deductible		Deductible		Deductible		Deductible		Deductible		\$75	\$150	\$10* / \$100	\$50* / \$200
Lab	Deductible		Deductible		Deductible		\$25	\$50	\$10	\$30	\$10	\$30	\$10	\$50
Urgent Care	Deductible		Deductible		\$10		\$25	\$50	\$10	\$30	\$10	\$30	\$10	\$50
Virtual Medicine	Deductible		\$15		\$10		\$25		\$10		Free		Free	
Retail Clinic	Deductible		\$25		\$10		\$25	\$50	\$10	\$30	Deductible		Deductible	
Rx Generic – Retail Rx Generic – By Mail	Deductible		Deductible		\$10/30 days \$20/90 days		\$10/30 days \$20/90 days		\$10/30 days \$20/90 days		\$5/30 days \$10/90 days		\$5/30 days \$10/90 days	
Rx Preferred Brand – Retail Rx Preferred Brand – By Mail	Deductible		Deductible		Deductible		Deductible		Deductible		\$50/30 days \$100/90 days		\$50/30 days \$100/90 days	
Diabetic Supplies	Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Free	
Everything else	Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible	
Rewards (age 18 and over)	Up to \$40		Up to \$40		Up to \$40		Up to \$60		Up to \$60		n/a		Up to \$150	

* Includes Ophthalmologists, Podiatrists, Endocrinologists, Dieticians, Vascular Specialists, Psychiatrists, and Psychologists

Southeastern PA – CSR Variants (Silver)

Only differences in variant plans are the premium and the in-network deductible

NETWORK: Savings Plus

- IN NETWORK – Plan covers 100% after you pay your co-pay (where applicable) or meet your deductible
- OUT OF NETWORK – No benefits, except treatment for a true medical emergency

	Aetna Leap Everyday 73%		Aetna Leap Everyday 84%		Aetna Leap Everyday 97%		Aetna Leap Everyday Plus 73%		Aetna Leap Everyday Plus 84%		Aetna Leap Everyday Plus 97%	
Monthly premium	TBD		TBD		TBD		TBD		TBD		TBD	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
Deductible/Max you pay	\$4,000	\$5,350	\$1,400	\$2,250	\$550	\$1,300	\$3,800	\$5,450	\$1,475	\$2,250	\$570	\$1,325
Primary Care Physician	\$25	\$50	\$25	\$50	\$25	\$50	\$10	\$30	\$10	\$30	\$10	\$30
Specialist	Deductible						Deductible					
Lab	\$25	\$50	\$25	\$50	\$25	\$50	\$10	\$30	\$10	\$30	\$10	\$30
Urgent Care	\$25	\$50	\$25	\$50	\$25	\$50	\$10	\$30	\$10	\$30	\$10	\$30
Virtual Medicine	\$25						\$10					
Retail Clinic	\$25	\$50	\$25	\$50	\$25	\$50	\$10	\$30	\$10	\$30	\$10	\$30
Rx Generic – Retail	\$10/30 days						\$10/30 days					
Rx Generic – By Mail	\$20/90 days						\$20/90 days					
Rx Preferred Brand – Retail	Deductible						Deductible					
Rx Preferred Brand – By Mail	Deductible						Deductible					
Diabetic Supplies	Deductible						Deductible					
Everything else	Deductible						Deductible					
Rewards (age 18 and over)	Up to \$60						Up to \$60					