

aetna®





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



Together we do more to engage patients and help providers — our collaboration creates more value

Find

patient and population trends

- Identify more patients earlier
- Aetna and the ACO work together as one care team

Engage

more patients earlier

- Doctor-driven outreach to increase patient engagement
- Population health tools

Help

providers achieve better outcomes

- Providers share risk and reward
- Incentives based on value, not volume of services

Aetna Whole Health[™] – 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



Aetna Whole HealthsM – Valley Preferred network coverage area

♥ 3 Hospitals

277 PCPs/754 Specialists

▼ 150+ Provider office locations

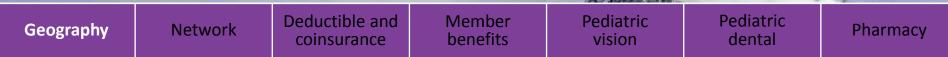
Hospital	City	Address	ZIP
Lehigh Valley Hospital – Cedar Crest	Allentown	Cedar Crest Blvd. and Interstate 78	18103
Lehigh Valley Hospital – 17 th Street	Allentown	17 th and Chew St.	18102
Lehigh Valley Hospital – Muhlenberg	Bethlehem	2545 Schoenersville Rd.	18017

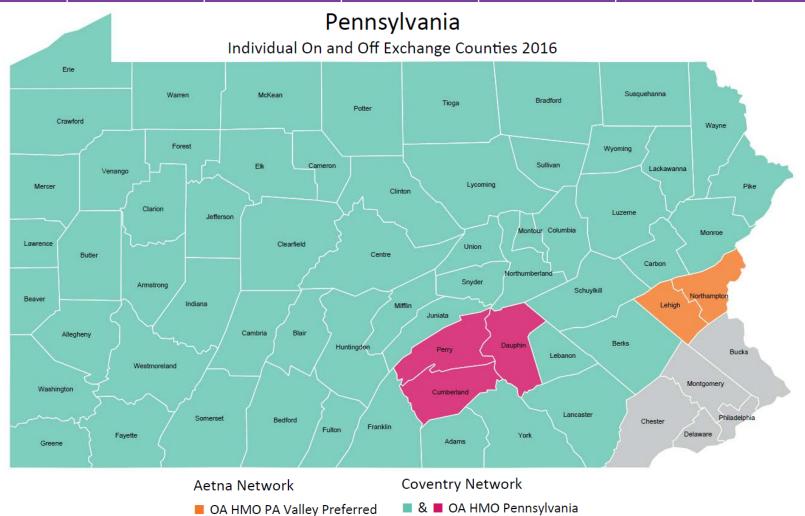


aetna®



Geography





■ HMO PA Pinnacle Health

Network



Geography	Network	Deductible and coinsurance		Pediatric dental	Vision	Pharmacy
-----------	---------	----------------------------	--	---------------------	--------	----------

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
γ*	Υ	1 Tier No OON	НМО	Yes / Yes	Pinnacle Health	Cumberland, Dauphin, Perry (Central PA)

^{*}On exchange plans do not include Pediatric Dental

Network



Geography	Network	Deductible and coinsurance		Pediatric dental	Vision	Pharmacy
-----------	---------	----------------------------	--	---------------------	--------	----------

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
Υ*	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		Pediatric dental	Vision	Pharmacy
-----------	---------	----------------------------	--	---------------------	--------	----------

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
γ*	Y	1 Tier No OON	ОА НМО	Encouraged/ No	Broad	60 counties outside Southeastern PA

^{*}On exchange plans do not include Pediatric Dental

Deductible coinsurance

Geography	Ne	twork	Deductible and coinsurance		Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		PA Aetna Va Bronze \$15	Conay PD	Bronz	Kronzo i idalictinio i iniv HSA		PA Aetna Valley Preferred Silver \$10 Copay PD		PA Aetna Valley Preferred Gold \$10 Copay PD	
		PA Aetna Pi Bronze \$15	nnacleHealth	Rronze Deductible Only HSA		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 n	etwork you pay	
Deductible individual/ family¹ (applies to out-of-pocket maximum) \$6,850/		\$6,850/\$	\$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	Ne	twork	Deductible and coinsurance		Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		PA Aetna Va Bronze \$15	alley Preferred Copay PD	Bronz	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 Pi Bronze \$15	innacleHealth Copay PD	Bronzo Doductible Only HSA		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 n	In network you pay	
Primary care office	visit	\$15 copay; ded waived		Covered in full after ded		\$10 copay; ded waived		\$10	copay; ded waived	
Specialist office visi	t	Covered in full after ded		Covered in full after ded		\$75 copay; ded waived		\$40	copay; ded waived	
Hospital stay		Covered in full after ded		Cove	Covered in full after ded		\$500 copay per admission after ded; then 30%		20% after ded	
Outpatient surgery (Ambulatory Surgical Center/Hospital)		Covered in full after ded		Cove	Covered in full after ded		\$250 copay af 30%	ter ded; then	20% after ded	
Emergency room		Covered in full after ded		Cove	Covered in full after ded		\$500 copay after ded		\$250 copay after ded	
Urgent care		\$100 copa	y; ded waived	Cove	ered in full after ded		\$75 copay; ded waived		\$75 copay; ded waived	

Member benefits

Geography	Geography Netv		work Deductible ar coinsurance		benefits		ediatric vision	Pediatric dental		Pharmacy
		Bronze \$15 (Conav PI)			Aetna Valley Preferred nze Deductible Only H ible PD	I ISA	PA Aetna Vall Silver \$10 Cop	ey Preferred	PA Aetna Valley Preferred Gold \$10 Copay PD	
		PA Aetna PinnacleHealth Bronze \$15 Conay PD		Bro	Aetna PinnacleHealth nze Deductible Only H ible PD	ΙςΔ	PA Aetna Pinr Silver \$10 Cop		PA Aetna PinnacleHealth Gold \$10 Copay PD	
		PA Coventry Bronze \$15 Copay OAHMO PD		De	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		l n	network you pay
Preventive care/screening/imm (age and frequency linapply)		Covered in full; ded waived		Co	vered in full; ded waiv	red	Covered in f	ull; ded waived		overed in full; ded aived
Annual routine GYN (annual pap/mammo		Covered waived	in full; ded	Со	vered in full; ded waiv	ed	Covered in f	ull; ded waived		overed in full; ded aived
Diagnostic lab Diagnostic X-ray		Covered	in full after ded	Со	vered in full after ded		30% after de	ed	20	% after ded
		Covered in full after ded		Со	vered in full after ded		30% after de	ed	20	% after ded
Imaging (CT/PET scar	ns, MRIs)	Covered in full after ded		Со	Covered in full after ded		\$250 copay after ded; then 30%			% after ded

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

Pediatric vision

Geography Net		twork Deductible a coinsurance					Pediatric Pediatric vision dental		С	Pharmacy	
		PA Aetna V Preferred E Copay PD	-	Bronz	etna Valley Preferred ze Deductible Only HS ble PD		PA Aetna Valley Silver \$10 Copa	•	PA Aetna Valley Preferred Gold \$10 Copay PD		
		PA Aetna PinnacleHealth Bronze \$15 Copay PD		Bronz	Bronze Deductible Only HSA			PA Aetna PinnacleHealth Silver \$10 Copay PD		PA Aetna PinnacleHealth Gold \$10 Copay PD	
		PA Coventry Bronze \$15 Copay OAHMO PD		Ded	PA Coventry Bronze Deductible Only HSA Eligible OAHMO PD		PA Coventry Silver \$10 Copay OAHMO PD		PA Coventry Gold \$10 Copay OAHMO PD		
		In networ	rk you pay	In no	etwork you pay		In network you	u pay	In n	etwork you pay	
Pediatric eye exam (1 visit per year)		Covered in full; ded waived		Cov	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)				Cove	Covered in full after ded		Covered in full	l; ded waived	Covered in full; ded waived		

Pediatric dental

Geography	Netv	twork Deductib			Member benefits		Pediatric vision	Pediatric dental	;	Pharmacy		
			Valley Preferred 5 Copay PD	RECORTO INCALICATION CINIVI HEN			PA Aetna Valley Preferred Silver \$10 Copay PD			PA Aetna Valley Preferred Gold \$10 Copay PD		
		PA Aetna PinnacleHealth Bronze \$15 Conay PD			etna PinnacleHealth ze Deductible Only H ble PD	PA Aetna Pinna Silver \$10 Copa		PA Aetna PinnacleHealth Gold \$10 Copay PD				
			ntry Bronze ny OAHMO PD	PA Coventry Bronze Deductible Only HSA Eligible OAHMO PD			PA Coventry S \$10 Copay OA		PA Coventry Gold \$10 Copay OAHMO PD			
		In netwo	In network you pay		etwork you pay	In network yo	u pay	In network you pay				
Dental check-up/prodental care (2 visits per year)	eventive	Covered waived	Covered in full; ded waived		ered in full after ded	Covered in ful	l; 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				
Major dental care		Covered in full after ded		Cov	Covered in full after ded		50% after ded		50% after ded			
Orthodontia (medically necessary	only)	Covered	in full after ded	Cov	Covered in full after ded		50% after ded		50% after ded			

Pharmacy

Geography	Network	Deductik coinsu				Pediatric vision	Pediatr dental	_	Pharmacy	
	PA Aetna Valley Bronze \$15 Cop		1	Valley Preferred Bro le Only HSA Eligible I		PA Aetna Valley I Silver \$10 Copay		PA Aetna Valley Preferred Gold \$10 Copay PD		
	PA Aetna Pinna Bronze \$15 Cop			PinnacleHealth Bror le Only HSA Eligible I	_	PA Aetna Pinnac Silver \$10 Copay		PA Aetna PinnacleHealth Gold \$10 Copay PD		
	PA Coventry B \$15 Copay OA		Only HS	ntry Bronze Deductil A OAHMO PD	ble	PA Coventry Silv \$10 Copay OAH		PA Coventry Gold \$10 Copay OAHMO PD		
	In network you	и рау	In network you pay			In network you	pay	In network you pay		
Pharmacy deductibl	e Integrated with ded	h medical	Integrated with medical ded			\$500 per memb	er	\$250 per member		
Preferred generic dr	Generic: Cover after ded	Generic: Covered in full after ded		: Covered in full after	Low Cost Gener ded waived Generic: \$15 co waived		Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived			
Preferred brand dru	gs Covered in full	after ded	Covered in full after ded			\$40 copay after	ded	\$40 copay after ded		
Non-preferred drug				& Brand: Covered in d	full	Generic & Brand after ded	d: \$75 copay	Generic & Brand: \$70 copay after ded		
Specialty drugs*	P: Covered in f ded NP: Covered in ded		P: Covered in full after ded NP: Covered in full after ded			P: 40% after ded NP: 50% after d	-	P: 40% after ded NP: 50% after ded		

 $\label{eq:preferred} \textit{P=Preferred specialty drugs; NP=non-preferred specialty drugs.}$

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	•\$50 • \$1,200 calendar year max	•\$100 • \$1,000 calendar year max
Diagnostic and preventive	• 100% • No waiting period	•80% • No waiting period
Periodontal maintenance cleanings and denture repair, rebase & relining	80%6-month waiting period	50%6-month waiting period
Fillings, oral surgery, root canals	• 50% • 6-month waiting period	• 50% • 6-month waiting period
Periodontics, crowns, cast restorations, dentures	• 50% • 18-month waiting period	• 50% • 18-month waiting period
ТМЈ	Not covered	Not covered

New for 2016

- 2016: now \$6,450; 2015: was \$6,300

- 2016: now \$6,450; 2015: was \$6,300

• Maximum out-of-pocket:

				TOTAL N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T-16,
Geography	Network	Deductible coinsurance		Pediatric vision	Pediatric dental	Pharmacy
Aetna in-networ	k plan changes					
Bronze copay plan PCP copay: \$5 - 2016: no Speciali - 2016: no Deductible - 2016: no Maximum - 2016: no Pharmacy: 2 deductible Pharmacy - 2015: wa Pharmacy - 2015: wa Pharma - 2015: Non Pre - 2015: w	lower PCP copay ow \$15; 2015: was \$26 st: ow 0% AD; 2015: was e: ow \$6,850; 2015: was n out-of-pocket: ow \$6,850; 2015: was 016: now all tiers 10 of Generic: as \$15 of Brand: s \$45 AD of Non Preferred: s \$75 AD cy Specialty Preferre was 40% AD Pharma	\$50 AD \$5,750 \$6,600 0% after	ilver copay plan Deductible: - 2016: now - 2015: was • Maximum pocket: - 2016: now 2015: was • Pharmacy B - 2016: now \$ - 2015: was \$	\$3,750 out-of- \$6,250 - \$6,600 rand: \$40 AD	PCP copay - 2016: n - 2015: w Pharmacy E - 2016: n - 2015: w Pharmac - 2016: r - 2016: r	r 1: \$5 higher ow \$10 vas \$5 Brand: ow \$40 vas \$35 y Specialty
Bronze HSA plan • Deductib	le:					

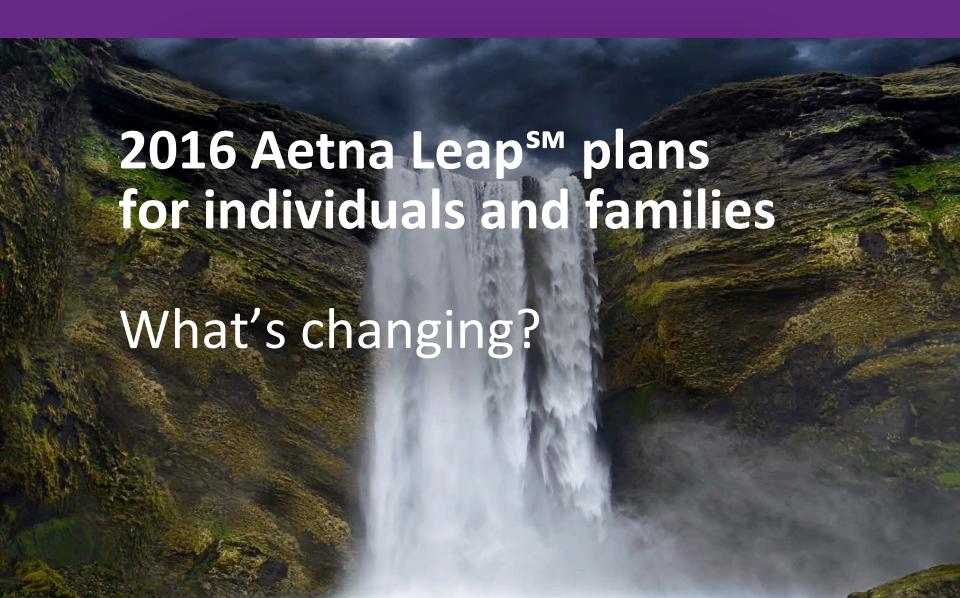
New for 2016 Geography Network Deductible Coinsurance Deductible benefits Pediatric Vision Pharmacy Deductible Coinsurance Deductible Co

- 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

aetna®



What consumers want





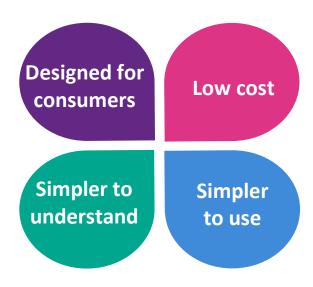




New medical plan designs deliver value

Affordable. Easy to understand. Easy to use.

- Leverage high-quality, local provider partnerships
- 24/7 access to care by Teladoc
- Designed based on consumer needs and value, including tradeoffs between:
 - Cost
 - Coverage
 - Choice
 - Convenience
- Deductible is also the out-of-pocket maximum. Once you hit your deductible, plan pays 100% in network for covered benefits.
- Flat copays for certain services (without deductible) for covered benefits.
- No out-of-network benefits.
- Elimination of coinsurance.



- Among the lowest price in the markets
- Affordable copays at convenient care settings in many plans provide known costs for the routine care that consumers value most: PCP., Rx, urgent care, labs
- Rewards for engagement and self-care

- No referrals.
- PCP is not required (though recommended for care coordination).

Technology and innovation support a new consumer-friendly experience

FOR MEMBERS



• New and differentiating member portal provides education and self-service tools.

FOR INTERNAL SALES, SERVICE AND ADMINISTRATION



- Tracks prospect and member interactions, questions, and resolutions during calls to sales and service centers.
- Enables analytics to systematically improve consumer experience.



• Next-generation claims administration engine drives speed and accuracy.

FOR AL



- Member engagement platform for education, care management and rewards.
- Care engine drives insights about member's health status, risk level, and gaps-in-care/claim data.
- Provider-oriented utilization and case management platform.



• Streamlined shopping experience for on- and off-exchange consumers if not working with a broker.



• Market leader in public exchange integration will deliver customer service for enrollment and billing.

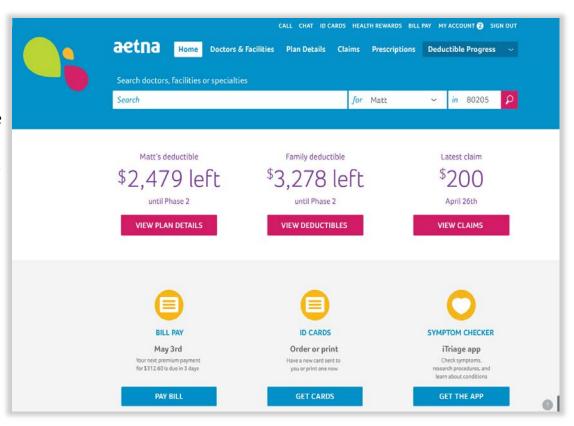
Consumer experience | Secure member portal

Convenient self-service (single sign on):

- Member ID card (digital)
- Plan summary and details
- Plan documents and correspondence
- Provider search
- Real-time tracking of deductible/outpocket maximum and claims detail/status
- Price and order Rx refills
- Price PCP/specialist office visits and procedures
- Pay premiums and manage account profile/preferences
- Rewards information

Mobile access

Educational plan videos



Consumer experience | Service advocates

Most calls routed directly to a service advocate – limited telephone prompts:

- Accelerate new member onboarding and educates on treatment costs, creating cost transparency
- Resolve the MAJORITY of inquiries, and engages specialist when needed
- English and Spanish, plus interpretation capabilities for 130+ other languages

Specialist engagement teams are located together and accessed via warm transfer

Public exchange specialist Claims specialist (CSO)

Rx specialist (CVS)

Clinical specialist (ActiveHealth nurse)

Consumer experience

Wellness, condition management and care coordination

Member health engagement platform

- Rewards members for engaging in simple healthy behaviors
- Delivers digital coaching and condition management tools
- Offers a mobile-optimized health assessment 7 minutes to complete
- Delivers targeted health action plans based on member behavioral and medical data

Consumer experience | Pharmacy

- Delivers
 affordability
 through focused
 network
- Simplified formulary and cost sharing
- Service available by digital tools or by phone, 24 hours a day, 7 days a week

Online and mobile capabilities







Plan benefits changes

Advantages that make these plans attractive to individuals

- Simplified payment structure
- Lower copays for certain services
- One in-network deductible for medical and pharmacy
- No coinsurance

Features that enable lower premiums

- Most deductibles have gone up
- No out-of-network benefits
- Focused pharmacy network

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 innetwork 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.

Aetna Leap plans

Plans offer convenience, flexibility and rewards:

- Telemedicine (Teladoc), retail clinics and urgent care clinics provide convenient and low cost care when an emergency room is not needed.
- Rewards (gift cards) for healthy behaviors in most plans.









We're going digital

Carry your ID card on your mobile device.

Never lose your ID card again.

You don't have to carry a physical ID card everywhere anymore. Now you can access your information digitally — from anywhere, anytime!

Two ways to access your card:

- Online
- From your smartphone

You can still print your ID card from your secure member website or receive a plastic card if you prefer. You just need to call 1-844-241-0208.



Aetna Leap plans

Digital health tools

- **Secure online access** lets members find network providers and pharmacies.
- **iTriage app** lets members find information about symptoms or conditions, find nearby doctors or check wait times at emergency rooms.
- Members receive personalized support to manage chronic conditions.
- When more support is needed, service advocates will be able to resolve many questions on the first call.



Aetna Leap plans

The name

- Aetna Leap is fresh and different and positions Aetna as a provider that is forward thinking and forward moving.
- Consumers had positive reactions to Aetna Leap name – more so than to any of the other 20 names that were tested.
- Consumers noted key strengths: simple, straightforward, easy to remember.



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 Basic			Leap sic	Aetna Leap Basic Plus		Aetna Ever		Aetna Leap Everyday Plus		Aetna Leap Specialty		Aetna Leap Diabetes		
Monthly premium	TBD		TBD		TE	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	Dedu	ctible	Deductible		Deductible		\$25	\$50	\$10	\$30	\$10	\$30	\$10	\$50	
Specialist	Deductible		Dedu	ctible			Dedu	Deductible		Deductible		\$150	\$10* / \$100	\$50* / \$200	
Lab	Dedu	ctible	Deductible		Dedu	ctible	\$25	\$50	\$10	\$30	\$10	\$30	\$10	\$50	
Urgent Care	Deductible		Deductible		\$10		\$25	\$50	\$10	\$30	\$10	\$30	\$10	\$50	
Virtual Medicine	Dedu	ctible	\$1	15	\$1	10	\$25 \$10		10	Free		Free			
Retail Clinic	Dedu	ctible	\$25		\$1	10	\$25	\$50	\$10	\$30	Dedu	ctible	Dedu	ctible	
Rx Generic – Retail Rx Generic – By Mail	Dedu	ctible	Dedu	ctible	\$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		Dedu	ctible	Deductible		Deductible		Deductible		\$50/30 days \$100/90 days		\$50/30 days \$100/90 days		
Diabetic Supplies Deductib		ctible	Dedu	ctible	Dedu	ctible	Deductible		Deductible		Deductible		Free		
Everything else	Dedu	ctible	Dedu	ctible	Dedu	ctible	Dedu	ctible	Deductible		Deductible		Deductible		
Rewards (age 18 and over)	Up to	\$40	Up to	\$40	Up to	\$40	Up to	\$60	Up to	o \$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%		Everyday Everyday Everyday Everyday P			ay Plus	•			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			Deduc	tible			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			\$2	5			\$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						Dark satisfic					
Rx Preferred Brand – By Mail			Deduc	tible			Deductible						
Diabetic Supplies			Deductible										
Everything else			Deduc	tible			Deductible						
Rewards (age 18 and over)			Up to	\$60					Up to	\$60			