

Western Pennsylvania Aexcel Network

PPO Health Insurance Monthly Plan Rates — Area 5 Counties (Allegheny, Armstrong, Beaver, Blair, Butler, Cambria, Clarion, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, Westmoreland) - Effective 4/1/09*

PPO First Dollar 25						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$362	\$362	N/A	N/A	N/A	N/A
1	\$218	\$218	N/A	N/A	N/A	N/A
2-18	\$145	\$145	\$290	\$435	\$435	\$580
19-24	\$152	\$219	\$371	\$442	\$509	\$661
25-29	\$176	\$250	\$426	\$466	\$540	\$716
30-34	\$203	\$272	\$475	\$493	\$562	\$765
35-39	\$238	\$288	\$526	\$528	\$578	\$816
40-44	\$283	\$347	\$630	\$573	\$637	\$920
45-49	\$349	\$371	\$720	\$639	\$661	\$1,010
50-54	\$452	\$423	\$875	\$742	\$713	\$1,165
55-59	\$587	\$507	\$1,094	\$877	\$797	\$1,384
60-64	\$826	\$643	\$1,469	\$1,116	\$933	\$1,759
65+***	\$883	\$721	\$1,604	\$1,173	\$1,011	\$1,894

PPO First Dollar 35						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$263	\$263	N/A	N/A	N/A	N/A
1	\$158	\$158	N/A	N/A	N/A	N/A
2-18	\$105	\$105	\$210	\$315	\$315	\$420
19-24	\$111	\$159	\$270	\$321	\$369	\$480
25-29	\$128	\$183	\$311	\$338	\$393	\$521
30-34	\$149	\$199	\$348	\$359	\$409	\$558
35-39	\$176	\$214	\$390	\$386	\$424	\$600
40-44	\$211	\$260	\$471	\$421	\$470	\$681
45-49	\$262	\$279	\$541	\$472	\$489	\$751
50-54	\$341	\$319	\$660	\$551	\$529	\$870
55-59	\$446	\$384	\$830	\$656	\$594	\$1,040
60-64	\$629	\$489	\$1,118	\$839	\$699	\$1,328
65+***	\$672	\$549	\$1,221	\$882	\$759	\$1,431

PPO 1500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$277	\$277	N/A	N/A	N/A	N/A
1	\$166	\$166	N/A	N/A	N/A	N/A
2-18	\$111	\$111	\$222	\$333	\$333	\$444
19-24	\$117	\$168	\$285	\$339	\$390	\$507
25-29	\$137	\$194	\$331	\$359	\$416	\$553
30-34	\$161	\$214	\$375	\$383	\$436	\$597
35-39	\$191	\$231	\$422	\$413	\$453	\$644
40-44	\$230	\$283	\$513	\$452	\$505	\$735
45-49	\$287	\$306	\$593	\$509	\$528	\$815
50-54	\$376	\$350	\$726	\$598	\$572	\$948
55-59	\$493	\$425	\$918	\$715	\$647	\$1,140
60-64	\$699	\$544	\$1,243	\$921	\$766	\$1,465
65+***	\$747	\$609	\$1,356	\$969	\$831	\$1,578

PPO 2500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$196	\$196	N/A	N/A	N/A	N/A
1	\$117	\$117	N/A	N/A	N/A	N/A
2-18	\$79	\$79	\$158	\$237	\$237	\$316
19-24	\$83	\$119	\$202	\$241	\$277	\$360
25-29	\$99	\$140	\$239	\$257	\$298	\$397
30-34	\$117	\$157	\$274	\$275	\$315	\$432
35-39	\$141	\$171	\$312	\$299	\$329	\$470
40-44	\$172	\$211	\$383	\$330	\$369	\$541
45-49	\$217	\$231	\$448	\$375	\$389	\$606
50-54	\$287	\$268	\$555	\$445	\$426	\$713
55-59	\$380	\$327	\$707	\$538	\$485	\$865
60-64	\$542	\$422	\$964	\$700	\$580	\$1,122
65+***	\$579	\$473	\$1,052	\$737	\$631	\$1,210

PPO 5000						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$125	\$125	N/A	N/A	N/A	N/A
1	\$74	\$74	N/A	N/A	N/A	N/A
2-18	\$50	\$50	\$100	\$150	\$150	\$200
19-24	\$54	\$77	\$131	\$154	\$177	\$231
25-29	\$65	\$92	\$157	\$165	\$192	\$257
30-34	\$79	\$105	\$184	\$179	\$205	\$284
35-39	\$96	\$117	\$213	\$196	\$217	\$313
40-44	\$119	\$147	\$266	\$219	\$247	\$366
45-49	\$153	\$163	\$316	\$253	\$263	\$416
50-54	\$205	\$192	\$397	\$305	\$292	\$497
55-59	\$274	\$237	\$511	\$374	\$337	\$611
60-64	\$394	\$307	\$701	\$494	\$407	\$801
65+***	\$422	\$344	\$766	\$522	\$444	\$866

High Deductible PPO 3000 (HSA Compatible)						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$176	\$176	N/A	N/A	N/A	N/A
1	\$106	\$106	N/A	N/A	N/A	N/A
2-18	\$70	\$70	\$140	\$210	\$210	\$280
19-24	\$74	\$107	\$181	\$214	\$247	\$321
25-29	\$89	\$126	\$215	\$229	\$266	\$355
30-34	\$106	\$141	\$247	\$246	\$281	\$387
35-39	\$128	\$154	\$282	\$268	\$294	\$422
40-44	\$155	\$191	\$346	\$295	\$331	\$486
45-49	\$196	\$208	\$404	\$336	\$348	\$544
50-54	\$258	\$242	\$500	\$398	\$382	\$640
55-59	\$342	\$295	\$637	\$482	\$435	\$777
60-64	\$488	\$380	\$868	\$628	\$520	\$1,008
65+***	\$522	\$426	\$948	\$662	\$566	\$1,088

Aetna Advantage Plans for individuals, families and the self-employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out of state blanket trust.

In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and you may be declined coverage in accordance with your health condition.

We want you to know®



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High Deductible PPO 5000 (HSA Compatible)						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$129	\$129	N/A	N/A	N/A	N/A
1	\$78	\$78	N/A	N/A	N/A	N/A
2-18	\$51	\$51	\$102	\$153	\$153	\$204
19-24	\$56	\$79	\$135	\$158	\$181	\$237
25-29	\$67	\$95	\$162	\$169	\$197	\$264
30-34	\$82	\$110	\$192	\$184	\$212	\$294
35-39	\$100	\$122	\$222	\$202	\$224	\$324
40-44	\$124	\$152	\$276	\$226	\$254	\$378
45-49	\$159	\$170	\$329	\$261	\$272	\$431
50-54	\$212	\$199	\$411	\$314	\$301	\$513
55-59	\$284	\$245	\$529	\$386	\$347	\$631
60-64	\$410	\$319	\$729	\$512	\$421	\$831
65+***	\$438	\$357	\$795	\$540	\$459	\$897

PPO Value 1500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$176	\$176	N/A	N/A	N/A	N/A
1	\$106	\$106	N/A	N/A	N/A	N/A
2-18	\$70	\$70	\$140	\$210	\$210	\$280
19-24	\$74	\$107	\$181	\$214	\$247	\$321
25-29	\$89	\$126	\$215	\$229	\$266	\$355
30-34	\$106	\$141	\$247	\$246	\$281	\$387
35-39	\$127	\$154	\$281	\$267	\$294	\$421
40-44	\$154	\$191	\$345	\$294	\$331	\$485
45-49	\$195	\$208	\$403	\$335	\$348	\$543
50-54	\$258	\$241	\$499	\$398	\$381	\$639
55-59	\$342	\$295	\$637	\$482	\$435	\$777
60-64	\$487	\$380	\$867	\$627	\$520	\$1,007
65+***	\$521	\$425	\$946	\$661	\$565	\$1,086

PPO Value 2500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$135	\$135	N/A	N/A	N/A	N/A
1	\$81	\$81	N/A	N/A	N/A	N/A
2-18	\$54	\$54	\$108	\$162	\$162	\$216
19-24	\$58	\$82	\$140	\$166	\$190	\$248
25-29	\$70	\$100	\$170	\$178	\$208	\$278
30-34	\$85	\$114	\$199	\$193	\$222	\$307
35-39	\$104	\$127	\$231	\$212	\$235	\$339
40-44	\$129	\$159	\$288	\$237	\$267	\$396
45-49	\$165	\$176	\$341	\$273	\$284	\$449
50-54	\$221	\$207	\$428	\$329	\$315	\$536
55-59	\$296	\$255	\$551	\$404	\$363	\$659
60-64	\$427	\$332	\$759	\$535	\$440	\$867
65+***	\$457	\$372	\$829	\$565	\$480	\$937

Preventative and Hospital Care 1250						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$114	\$114	N/A	N/A	N/A	N/A
1	\$68	\$68	N/A	N/A	N/A	N/A
2-18	\$46	\$46	\$92	\$138	\$138	\$184
19-24	\$49	\$62	\$111	\$141	\$154	\$203
25-29	\$60	\$76	\$136	\$152	\$168	\$228
30-34	\$73	\$89	\$162	\$165	\$181	\$254
35-39	\$89	\$103	\$192	\$181	\$195	\$284
40-44	\$111	\$123	\$234	\$203	\$215	\$326
45-49	\$140	\$136	\$276	\$232	\$228	\$368
50-54	\$188	\$160	\$348	\$280	\$252	\$440
55-59	\$252	\$197	\$449	\$344	\$289	\$541
60-64	\$362	\$256	\$618	\$454	\$348	\$710
65+***	\$388	\$315	\$703	\$480	\$407	\$795

Preventative and Hospital Care 3000 (HSA Compatible)						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$84	\$84	N/A	N/A	N/A	N/A
1	\$50	\$50	N/A	N/A	N/A	N/A
2-18	\$34	\$34	\$68	\$102	\$102	\$136
19-24	\$36	\$46	\$82	\$104	\$114	\$150
25-29	\$44	\$56	\$100	\$112	\$124	\$168
30-34	\$54	\$66	\$120	\$122	\$134	\$188
35-39	\$66	\$77	\$143	\$134	\$145	\$211
40-44	\$81	\$91	\$172	\$149	\$159	\$240
45-49	\$104	\$101	\$205	\$172	\$169	\$273
50-54	\$139	\$118	\$257	\$207	\$186	\$325
55-59	\$186	\$146	\$332	\$254	\$214	\$400
60-64	\$268	\$189	\$457	\$336	\$257	\$525
65+***	\$287	\$233	\$520	\$355	\$301	\$588

Monthly Dental Rates [†]			
Single	Couple**	Parent & Child(ren)	Family**
\$12	\$23	\$34	\$45

Your rates are guaranteed not to increase for 12 months from your effective date once you've been accepted for coverage.

- * Rates are subject to increase upon underwriting review.
- † Networks may not be available in all ZIP codes and are subject to change.
- ** Couple and Family rates are based on the age of the oldest spouse
- ***Age 65+ rates are not available to new applicants.
- † Dental is offered only if medical coverage is obtained.

If you need this material translated into another language, please call Member Services at 1-866-565-1236.

Si usted necesita este material en otro lenguaje, por favor llame a Servicios al Miembro al 1-866-565-1236.

Upon request, we will provide you with rates at a different underwriting level.

This material is for information only. Health/Dental insurance plans contain exclusions and limitations. Plans may be subject to medical underwriting or other restrictions. Rates and benefits vary by location.

Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations based on your medical history, Aetna's underwriting guidelines and any optional benefits selected. Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase bank. Information is subject to change.

