

# Western Pennsylvania

**PPO Health Insurance Monthly Plan Rates — Area 3 Counties** (Cameron, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Venango, Warren) - Effective 4/1/09\*

PPO First Dollar 25						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$367	\$367	N/A	N/A	N/A	N/A
1	\$220	\$220	N/A	N/A	N/A	N/A
2-18	\$147	\$147	\$294	\$441	\$441	\$588
19-24	\$153	\$221	\$374	\$447	\$515	\$668
25-29	\$177	\$252	\$429	\$471	\$546	\$723
30-34	\$204	\$274	\$478	\$498	\$568	\$772
35-39	\$240	\$290	\$530	\$534	\$584	\$824
40-44	\$286	\$351	\$637	\$580	\$645	\$931
45-49	\$353	\$374	\$727	\$647	\$668	\$1,021
50-54	\$457	\$427	\$884	\$751	\$721	\$1,178
55-59	\$593	\$512	\$1,105	\$887	\$806	\$1,399
60-64	\$833	\$649	\$1,482	\$1,127	\$943	\$1,776
65+***	\$891	\$727	\$1,618	\$1,185	\$1,021	\$1,912

PPO First Dollar 35						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$265	\$265	N/A	N/A	N/A	N/A
1	\$159	\$159	N/A	N/A	N/A	N/A
2-18	\$106	\$106	\$212	\$318	\$318	\$424
19-24	\$112	\$160	\$272	\$324	\$372	\$484
25-29	\$129	\$184	\$313	\$341	\$396	\$525
30-34	\$151	\$201	\$352	\$363	\$413	\$564
35-39	\$178	\$216	\$394	\$390	\$428	\$606
40-44	\$214	\$262	\$476	\$426	\$474	\$688
45-49	\$265	\$281	\$546	\$477	\$493	\$758
50-54	\$344	\$322	\$666	\$556	\$534	\$878
55-59	\$450	\$388	\$838	\$662	\$600	\$1,050
60-64	\$635	\$495	\$1,130	\$847	\$707	\$1,342
65+***	\$679	\$554	\$1,233	\$891	\$766	\$1,445

PPO 1500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$280	\$280	N/A	N/A	N/A	N/A
1	\$169	\$169	N/A	N/A	N/A	N/A
2-18	\$112	\$112	\$224	\$336	\$336	\$448
19-24	\$118	\$169	\$287	\$342	\$393	\$511
25-29	\$138	\$196	\$334	\$362	\$420	\$558
30-34	\$162	\$216	\$378	\$386	\$440	\$602
35-39	\$193	\$233	\$426	\$417	\$457	\$650
40-44	\$232	\$285	\$517	\$456	\$509	\$741
45-49	\$289	\$309	\$598	\$513	\$533	\$822
50-54	\$379	\$355	\$734	\$603	\$579	\$958
55-59	\$497	\$429	\$926	\$721	\$653	\$1,150
60-64	\$705	\$550	\$1,255	\$929	\$774	\$1,479
65+***	\$754	\$615	\$1,369	\$978	\$839	\$1,593

PPO 2500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$198	\$198	N/A	N/A	N/A	N/A
1	\$118	\$118	N/A	N/A	N/A	N/A
2-18	\$79	\$79	\$158	\$237	\$237	\$316
19-24	\$84	\$120	\$204	\$242	\$278	\$362
25-29	\$100	\$141	\$241	\$258	\$299	\$399
30-34	\$118	\$158	\$276	\$276	\$316	\$434
35-39	\$142	\$173	\$315	\$300	\$331	\$473
40-44	\$174	\$214	\$388	\$332	\$372	\$546
45-49	\$219	\$234	\$453	\$377	\$392	\$611
50-54	\$290	\$272	\$562	\$448	\$430	\$720
55-59	\$383	\$331	\$714	\$541	\$489	\$872
60-64	\$548	\$426	\$974	\$706	\$584	\$1,132
65+***	\$586	\$477	\$1,063	\$744	\$635	\$1,221

PPO 5000						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$126	\$126	N/A	N/A	N/A	N/A
1	\$76	\$76	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	\$66	\$93	\$159	\$166	\$193	\$259
30-34	\$80	\$106	\$186	\$180	\$206	\$286
35-39	\$97	\$118	\$215	\$197	\$218	\$315
40-44	\$120	\$148	\$268	\$220	\$248	\$368
45-49	\$154	\$164	\$318	\$254	\$264	\$418
50-54	\$207	\$194	\$401	\$307	\$294	\$501
55-59	\$276	\$239	\$515	\$376	\$339	\$615
60-64	\$397	\$310	\$707	\$497	\$410	\$807
65+***	\$426	\$347	\$773	\$526	\$447	\$873

High Deductible PPO 3000 (HSA Compatible)						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$178	\$178	N/A	N/A	N/A	N/A
1	\$107	\$107	N/A	N/A	N/A	N/A
2-18	\$71	\$71	\$142	\$213	\$213	\$284
19-24	\$76	\$108	\$184	\$218	\$250	\$326
25-29	\$90	\$128	\$218	\$232	\$270	\$360
30-34	\$107	\$142	\$249	\$249	\$284	\$391
35-39	\$130	\$155	\$285	\$272	\$297	\$427
40-44	\$157	\$193	\$350	\$299	\$335	\$492
45-49	\$197	\$210	\$407	\$339	\$352	\$549
50-54	\$261	\$244	\$505	\$403	\$386	\$647
55-59	\$345	\$298	\$643	\$487	\$440	\$785
60-64	\$493	\$384	\$877	\$635	\$526	\$1,019
65+***	\$528	\$430	\$958	\$670	\$572	\$1,100

**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.



# Western Pennsylvania

**PPO Health Insurance Monthly Plan Rates — Area 3 Counties** (Cameron, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Venango, Warren) - Effective 4/1/09\*

High Deductible PPO 5000 (HSA Compatible)						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$130	\$130	N/A	N/A	N/A	N/A
1	\$79	\$79	N/A	N/A	N/A	N/A
2-18	\$53	\$53	\$106	\$159	\$159	\$212
19-24	\$56	\$80	\$136	\$162	\$186	\$242
25-29	\$68	\$96	\$164	\$174	\$202	\$270
30-34	\$83	\$111	\$194	\$189	\$217	\$300
35-39	\$101	\$123	\$224	\$207	\$229	\$330
40-44	\$125	\$153	\$278	\$231	\$259	\$384
45-49	\$160	\$171	\$331	\$266	\$277	\$437
50-54	\$215	\$200	\$415	\$321	\$306	\$521
55-59	\$287	\$247	\$534	\$393	\$353	\$640
60-64	\$413	\$322	\$735	\$519	\$428	\$841
65+***	\$442	\$360	\$802	\$548	\$466	\$908

PPO Value 1500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$178	\$178	N/A	N/A	N/A	N/A
1	\$107	\$107	N/A	N/A	N/A	N/A
2-18	\$71	\$71	\$142	\$213	\$213	\$284
19-24	\$76	\$108	\$184	\$218	\$250	\$326
25-29	\$90	\$127	\$217	\$232	\$269	\$359
30-34	\$107	\$142	\$249	\$249	\$284	\$391
35-39	\$128	\$155	\$283	\$270	\$297	\$425
40-44	\$157	\$192	\$349	\$299	\$334	\$491
45-49	\$197	\$210	\$407	\$339	\$352	\$549
50-54	\$261	\$244	\$505	\$403	\$386	\$647
55-59	\$345	\$298	\$643	\$487	\$440	\$785
60-64	\$493	\$383	\$876	\$635	\$525	\$1,018
65+***	\$527	\$429	\$956	\$669	\$571	\$1,098

PPO Value 2500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$136	\$136	N/A	N/A	N/A	N/A
1	\$82	\$82	N/A	N/A	N/A	N/A
2-18	\$55	\$55	\$110	\$165	\$165	\$220
19-24	\$58	\$83	\$141	\$168	\$193	\$251
25-29	\$71	\$101	\$172	\$181	\$211	\$282
30-34	\$87	\$115	\$202	\$197	\$225	\$312
35-39	\$105	\$128	\$233	\$215	\$238	\$343
40-44	\$130	\$160	\$290	\$240	\$270	\$400
45-49	\$168	\$178	\$346	\$278	\$288	\$456
50-54	\$223	\$209	\$432	\$333	\$319	\$542
55-59	\$299	\$258	\$557	\$409	\$368	\$667
60-64	\$430	\$335	\$765	\$540	\$445	\$875
65+***	\$461	\$376	\$837	\$571	\$486	\$947

Preventative and Hospital Care 1250						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$115	\$115	N/A	N/A	N/A	N/A
1	\$69	\$69	N/A	N/A	N/A	N/A
2-18	\$46	\$46	\$92	\$138	\$138	\$184
19-24	\$50	\$64	\$114	\$142	\$156	\$206
25-29	\$60	\$77	\$137	\$152	\$169	\$229
30-34	\$73	\$90	\$163	\$165	\$182	\$255
35-39	\$90	\$104	\$194	\$182	\$196	\$286
40-44	\$112	\$124	\$236	\$204	\$216	\$328
45-49	\$142	\$137	\$279	\$234	\$229	\$371
50-54	\$191	\$161	\$352	\$283	\$253	\$444
55-59	\$254	\$198	\$452	\$346	\$290	\$544
60-64	\$366	\$258	\$624	\$458	\$350	\$716
65+***	\$391	\$319	\$710	\$483	\$411	\$802

Preventative and Hospital Care 3000 (HSA Compatible)						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$85	\$85	N/A	N/A	N/A	N/A
1	\$51	\$51	N/A	N/A	N/A	N/A
2-18	\$34	\$34	\$68	\$102	\$102	\$136
19-24	\$37	\$47	\$84	\$105	\$115	\$152
25-29	\$45	\$57	\$102	\$113	\$125	\$170
30-34	\$55	\$67	\$122	\$123	\$135	\$190
35-39	\$67	\$77	\$144	\$135	\$145	\$212
40-44	\$82	\$92	\$174	\$150	\$160	\$242
45-49	\$105	\$102	\$207	\$173	\$170	\$275
50-54	\$140	\$119	\$259	\$208	\$187	\$327
55-59	\$188	\$147	\$335	\$256	\$215	\$403
60-64	\$270	\$192	\$462	\$338	\$260	\$530
65+***	\$289	\$235	\$524	\$357	\$303	\$592

Monthly Dental Rates <sup>†</sup>			
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.

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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.

