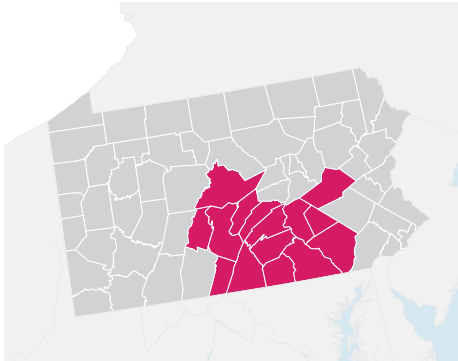


Harrisburg & State College



Number of Medicare eligibles

Harrisburg & State College: 508,938

Service area

Pennsylvania: Adams, Blair, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, Schuylkill, York

Market highlights

- The only \$0 premium MAPD in the market with a broad network platform.
- Silver PPO plan a huge presence in this region. 13th year in a row at \$0 premium.
- Stability. We have been offering MAPD in this market for 21 years.
- All plans offer preferred RX cost shares. CVS pharmacy™, Weis Markets and Walmart®.
- Welcome & onboarding of members. Aetna Resources for Living™ (all plans). Explorer product. Maintained stability with limited benefit changes year over year.
- Neighborhood health plans offer best in class products tied to two of the most prominent health systems in the market - Pinnacle Health System (Central PA) and Mount Nittany Health System (Penn State/State College).

Why sell our plans

The Advantra product continues to drive growth and stability in this market. These plans deliver the strongest mix in the area of medical, hospital and prescription drug coverage.

This market also is on the cutting edge of MAPD plan creation with the Aetna PinnacleSM Prime Medicare Plan and the Advantra Mt. Nittany Prime — giving best in class benefits, tied to the most prominent health system in the market - with a \$0 premium.

Strong network

No referrals needed for the Advantra HMO plans. Strongest network offering in the market amongst our peers including all hospitals in the market, other than Geisinger Health System.

Harrisburg & State College

Pennsylvania: Adams, Blair, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, Schuylkill, York

	Advantra Gold (PPO) (H5522-002) ★★★★	Advantra Silver Plus (HMO) (H3959-039) ★★★★
Monthly premium	\$139	\$39
PCP in network	\$5	\$10
Specialist in network	\$40	\$45
Inpatient hospital in network	\$300 per stay	\$195 per day, days 1-7; \$0 per day, days 8-90
Out-of-pocket maximum in network	\$6,700	\$6,700
Out-of-pocket maximum combined	\$10,000	N/A
Deductible	\$750 per year for out-of-network services	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.		
Prescription deductible	\$0	\$95
Tier 1 — Preferred generic	\$0/\$10	\$2/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100
Tier 5 — Specialty	33%/33%	31%/31%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Harrisburg & State College

Pennsylvania: Adams, Blair, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Mifflin, Perry, Schuylkill, York

AdvantraOne (PPO) (H5522-017) ★★★★★	
Monthly premium	\$19
PCP in network	\$35
Specialist in network	\$50
Inpatient hospital in network	\$360 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$1,600 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$195
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	29%/29%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Harrisburg & State College

Pennsylvania: Blair, Centre, Huntingdon, Juniata, Mifflin, Schuylkill

Advantra Northern Pennsylvania Gold (HMO) (H3959-037)



Monthly premium	\$0
PCP in network	\$10
Specialist in network	\$40
Inpatient hospital in network	\$195 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Harrisburg & State College

Pennsylvania: **Centre**

Advantira Mt. Nittany Prime (HMO) (H3959-048)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$35
Inpatient hospital in network	\$385 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Harrisburg & State College

Pennsylvania: Cumberland, Dauphin

Aetna Medicare PinnacleHealth Prime Plan (HMO) (H3931-091)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$30
Inpatient hospital in network	\$190 per day, days 1-8; \$0 per day, days 9-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Harrisburg & State College

Pennsylvania: Lancaster, Lebanon, Schuylkill

Aetna Medicare Premier Plan (PPO) (H5521-012)



Monthly premium	\$129
PCP in network	\$10
Specialist in network	\$40
Inpatient hospital in network	\$195 per day, days 1-8; \$0 per day, days 9-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$250 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Harrisburg & State College

Pennsylvania: Adams, Blair, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, Schuylkill, York

	Advantra Basic Medical (HMO) (H3959-041) ★★★★★	Aetna Medicare Gold Plan (PPO) (H5521-122) ★★★★★	Aetna Medicare Silver Plan (HMO) (H3931-070) ★★★★★
Monthly premium	\$0	\$159	\$59
PCP in network	\$0	\$5	\$5
Specialist in network	\$35	\$25	\$35
Inpatient hospital in network	\$150 per day, days 1-5; \$0 per day, days 6-90	\$300 per stay	\$195 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$6,700	\$4,500	\$6,700
Out-of-pocket maximum combined	N/A	\$7,500	N/A
Deductible	\$0	\$500 per year for out-of-network services	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.			
Prescription deductible	N/A	\$0	\$0
Tier 1 — Preferred generic	N/A/N/A	\$2/\$10	\$0/\$10
Tier 2 — Generic	N/A/N/A	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	N/A/N/A	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	N/A/N/A	\$100/\$100	\$100/\$100
Tier 5 — Specialty	N/A/N/A	33%/33%	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Harrisburg & State College

Pennsylvania: Centre, Cumberland, Dauphin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York

Advantra Silver Plus (PPO) (H5522-013)



Monthly premium	\$89
PCP in network	\$5
Specialist in network	\$30
Inpatient hospital in network	\$400 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$750 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

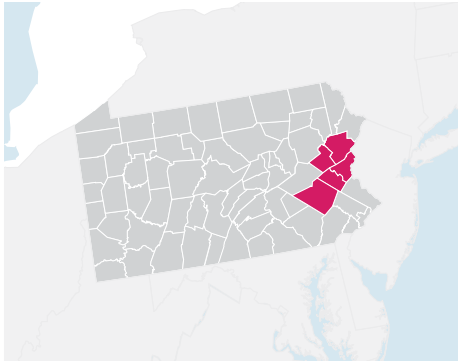
Harrisburg & State College

Pennsylvania: Adams, Blair, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Perry, Schuylkill, York

Advantra Silver (PPO) (H5522-004) ★★★★★	
Monthly premium	\$0
PCP in network	\$10
Specialist in network	\$35
Inpatient hospital in network	\$185 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Lehigh Valley



Number of Medicare eligibles

PA Lehigh Valley: 263,603

Service area

Pennsylvania: Berks, Carbon, Lehigh, Monroe, Northampton

Market highlights

- \$0 premium Aetna Choice® Plan. Only \$0 premium plan with broad network access - strongest network in the market.
- Silver PPO plan a huge presence in this region. 13th year in a row at \$0 premium.
- Welcome & onboarding of members. Aetna Resources for LivingSM (all plans). Explorer product. Maintained stability with limited benefit changes year over year.
- The mix of Aetna and Advantra products give this geographic area a strong mix of options in low cost, mid-level cost and value options.
- Dual Eligible Special Needs Plans available in this market - Berks, Lehigh and Northampton counties.

Why sell our plans

The Advantra product has traditionally driven growth and stability in this market. But our new Aetna offerings have driven new growth year to date 2017 and need to be recognized for the upcoming AEP. This combination of Aetna and Advantra plans deliver the strongest mix in the area of medical, hospital and prescription drug coverage.

Strong network

No referrals needed for Advantra HMO plans. Aetna plans include all health systems in the area - both St. Lukes and Lehigh Valley Health System - offering the strongest network amongst our MAPD competitors.

PA Lehigh Valley

Pennsylvania: **Berks, Carbon, Lehigh**

Advantra Silver Plus (PPO) (H5522-013)



Monthly premium	\$89
PCP in network	\$5
Specialist in network	\$30
Inpatient hospital in network	\$400 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$750 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Lehigh Valley

Pennsylvania: Berks, Carbon, Lehigh, Monroe, Northampton

	Advantra Basic Medical (HMO) (H3959-041) ★★★★★	Advantra Silver (PPO) (H5522-004) ★★★★★	Aetna Medicare Premier Plan (PPO) (H5521-012) ★★★★★
Monthly premium	\$0	\$0	\$129
PCP in network	\$0	\$10	\$10
Specialist in network	\$35	\$35	\$40
Inpatient hospital in network	\$150 per day, days 1-5; \$0 per day, days 6-90	\$185 per day, days 1-9; \$0 per day, days 10-90	\$195 per day, days 1-8; \$0 per day, days 9-90
Out-of-pocket maximum in network	\$6,700	\$6,700	\$6,700
Out-of-pocket maximum combined	N/A	\$10,000	\$10,000
Deductible	\$0	\$1,000 per year for out-of-network services	\$250 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.			
Prescription deductible	N/A	\$0	\$0
Tier 1 — Preferred generic	N/A/N/A	\$0/\$10	\$2/\$10
Tier 2 — Generic	N/A/N/A	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	N/A/N/A	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	N/A/N/A	\$100/\$100	\$100/\$100
Tier 5 — Specialty	N/A/N/A	33%/33%	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Lehigh Valley

Pennsylvania: Berks, Carbon, Lehigh, Monroe, Northampton

	Advantra Silver Plus (HMO) (H3959-039) ★★★★★	Aetna Medicare Gold Plan (PPO) (H5521-122) ★★★★★	Aetna Medicare Silver Plan (HMO) (H3931-070) ★★★★★
Monthly premium	\$39	\$159	\$59
PCP in network	\$10	\$5	\$5
Specialist in network	\$45	\$25	\$35
Inpatient hospital in network	\$195 per day, days 1-7; \$0 per day, days 8-90	\$300 per stay	\$195 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$6,700	\$4,500	\$6,700
Out-of-pocket maximum combined	N/A	\$7,500	N/A
Deductible	\$0	\$500 per year for out-of-network services	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.			
Prescription deductible	\$95	\$0	\$0
Tier 1 — Preferred generic	\$2/\$10	\$2/\$10	\$0/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100	\$100/\$100
Tier 5 — Specialty	31%/31%	33%/33%	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Lehigh Valley

Pennsylvania: Berks, Carbon, Monroe, Northampton

AdvantraOne (PPO) (H5522-017)



Monthly premium	\$19
PCP in network	\$35
Specialist in network	\$50
Inpatient hospital in network	\$360 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$1,600 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$195
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	29%/29%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Lehigh Valley

Pennsylvania: **Berks, Lehigh, Northampton**

Advantra Cares (HMO SNP) (H3959-036)



Monthly premium	\$0 for full dual eligibles; \$34.60 for partial dual eligibles
PCP in network	\$0 PCP copays only apply to full dual members. Partial dual members would pay 20%.
Specialist in network	\$0 Specialist copays only apply to full dual members. Partial dual members would pay 20%.
Inpatient hospital in network	\$0 per day, days 1-60; \$289 per day, days 61-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible (only applies to partial dual members)	\$140
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$130
Tier 1 — Preferred generic	N/A/\$3
Tier 2 — Generic	N/A/\$7
Tier 3 — Preferred brand	N/A/\$47
Tier 4 — Nonpreferred drug	N/A/\$100
Tier 5 — Specialty	N/A/30%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Lehigh Valley

Pennsylvania: Carbon, Lehigh, Monroe, Northampton

Advantra Gold (PPO) (H5522-002)



Monthly premium	\$139
PCP in network	\$5
Specialist in network	\$40
Inpatient hospital in network	\$300 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$750 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Lehigh Valley

Pennsylvania: **Carbon, Monroe**

Advantra Northern Pennsylvania Gold (HMO) (H3959-037)



Monthly premium	\$0
PCP in network	\$10
Specialist in network	\$40
Inpatient hospital in network	\$195 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Lehigh Valley

Pennsylvania: **Lehigh, Northampton**

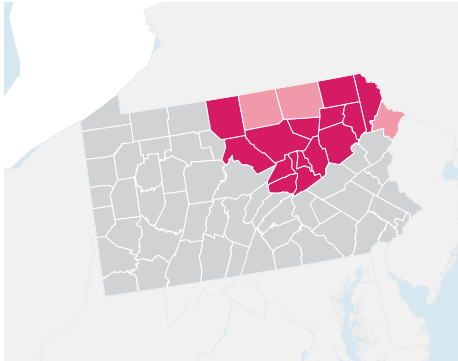
Aetna Medicare Choice Plan (HMO) (H3931-112)



Monthly premium	\$0
PCP in network	\$20
Specialist in network	\$45
Inpatient hospital in network	\$550 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$1,050 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, outpatient hospital services and skilled nursing facilities.
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$150
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	30%/30%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Northeastern



Number of Medicare eligibles

PA Northeastern: 289,515

 **New**

Service area

Pennsylvania: **Bradford**, Clinton, Columbia, Lackawanna, Luzerne, Lycoming, Montour, Northumberland, **Pike**, Potter, Snyder, Sullivan, Susquehanna, **Tioga**, Union, Wayne, Wyoming

Market highlights

- New offering - Susquehanna Prime Plan. Offering best in class benefits tied to the most prominent health system in the market - at a \$0 premium.
- \$0 Premium PPO and HMO Gold Advantra plans have a large presence in this market
- Three new expansion counties in this area - Bradford, Pike and Tioga. Extremely competitive offerings in those counties.

Why sell our plans

The Advantra portfolio will continue to deliver a great value with Medicare plans that have the right medical, hospital and prescription drug coverage. Our \$0 premium portfolio is the strongest in the market.

Strong network

No referrals needed for Advantra HMO plans. Adding the neighborhood health plan with Susquehanna Health System gives us HMO and PPO plans that give strong network access.

PA Northeastern

Pennsylvania: Bradford, Clinton, Columbia, Lackawanna, Luzerne, Lycoming, Montour, Northumberland, Pike, Potter, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming

Aetna Medicare Gold Plan (PPO) (H5521-122)	
★★★★	
Monthly premium	\$159
PCP in network	\$5
Specialist in network	\$25
Inpatient hospital in network	\$300 per stay
Out-of-pocket maximum in network	\$4,500
Out-of-pocket maximum combined	\$7,500
Deductible	\$500 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies)	
All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Northeastern

Pennsylvania: Bradford, Clinton, Lackawanna, Luzerne, Lycoming, Montour, Northumberland, Pike, Potter, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming

Aetna Medicare Silver Plan (HMO) (H3931-070)



Monthly premium	\$59
PCP in network	\$5
Specialist in network	\$35
Inpatient hospital in network	\$195 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Northeastern

Pennsylvania: Clinton, Columbia, Lackawanna, Luzerne, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Susquehanna, Union, Wayne

Advantra Silver Plus (HMO) (H3959-039) ★★★★	
Monthly premium	\$39
PCP in network	\$10
Specialist in network	\$45
Inpatient hospital in network	\$195 per day, days 1-7; \$0 per day, days 8-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$95
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	31%/31%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Northeastern

Pennsylvania: Clinton, Columbia, Lackawanna, Luzerne, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Susquehanna, Union, Wayne, Wyoming

	Advantra Silver (PPO) (H5522-004) ★★★★★	Advantra Basic Medical (HMO) (H3959-041) ★★★★★	Advantra Northern Pennsylvania Gold (HMO) (H3959-037) ★★★★★
Monthly premium	\$0	\$0	\$0
PCP in network	\$10	\$0	\$10
Specialist in network	\$35	\$35	\$40
Inpatient hospital in network	\$185 per day, days 1-9; \$0 per day, days 10-90	\$150 per day, days 1-5; \$0 per day, days 6-90	\$195 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$6,700	\$6,700	\$6,700
Out-of-pocket maximum combined	\$10,000	N/A	N/A
Deductible	\$1,000 per year for out-of-network services	\$0	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.			
Prescription deductible	\$0	N/A	\$0
Tier 1 — Preferred generic	\$0/\$10	N/A/N/A	\$0/\$10
Tier 2 — Generic	\$5/\$15	N/A/N/A	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	N/A/N/A	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	N/A/N/A	\$100/\$100
Tier 5 — Specialty	33%/33%	N/A/N/A	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Northeastern

Pennsylvania: Clinton, Columbia, Lackawanna, Luzerne, Potter, Snyder, Susquehanna, Wayne, Wyoming

Advantra Silver Plus (PPO) (H5522-013)



Monthly premium	\$89
PCP in network	\$5
Specialist in network	\$30
Inpatient hospital in network	\$400 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$750 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Northeastern

Pennsylvania: Clinton, Columbia, Lackawanna, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Susquehanna, Union, Wayne, Wyoming

AdvantraOne (PPO) (H5522-017)	
★★★★★	
Monthly premium	\$19
PCP in network	\$35
Specialist in network	\$50
Inpatient hospital in network	\$360 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$1,600 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies)	
All prescription copays are representative of a one-month supply.	
Prescription deductible	\$195
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	29%/29%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Northeastern

Pennsylvania: Columbia, Lackawanna, Montour, Northumberland, Potter, Snyder, Sullivan, Susquehanna, Wayne, Wyoming

Advantra Gold (PPO) (H5522-002)



Monthly premium	\$139
PCP in network	\$5
Specialist in network	\$40
Inpatient hospital in network	\$300 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$750 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Northeastern

Pennsylvania: Lycoming

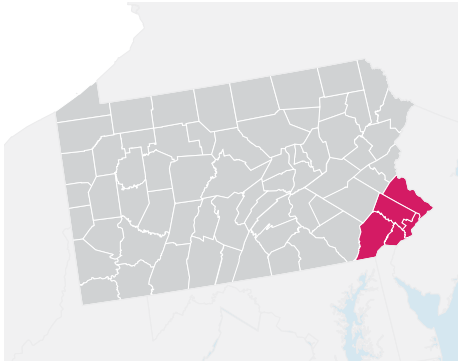
Advantra Susquehanna Prime (HMO) (H3959-050)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$35
Inpatient hospital in network	\$385 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Southeastern



Number of Medicare eligibles

PA Southeastern: 728,873

Service area

Pennsylvania: Bucks, Chester, Delaware, Montgomery, Philadelphia

Market highlights

- The only \$0 premium MAPD in the market with the broadest provider network.
- Main Line Health® System plan premium now \$0! Bringing a high quality benefit proposition with a \$0 premium, tied to one of the most prominent health systems in the region.
- Dual Eligible Special Needs Plans available in this market - all counties but Chester.
- Our Medicare Gold PPO plan lets members see an Aetna participating provider anywhere in the US and pay in-network cost sharing, members also have access to travel discounts and a travel pass – a summary of their medical and pharmacy information.
- Welcome & onboarding of members. Aetna Resources for LivingSM (all plans). Explorer product. Maintained stability with limited benefit changes year over year.

Why sell our plans

Aetna gives customers great value with Medicare plans that have the right medical, hospital and prescription drug coverage to help keep them healthy and active, at the right price. And our nationwide network allows customers to stay in network, even when they travel. Only \$0 Premium Plan with the broadest network in the market.

Strong network

Two network structures: Broad Aetna network with all 54 hospitals in the market. Advantra network less broad but one of strongest in the market.

PA Southeastern

Pennsylvania: **Bucks**

Aetna Medicare Basic Plan (HMO) (H3931-055)



Monthly premium	\$64
PCP in network	\$30
Specialist in network	\$50
Inpatient hospital in network	\$279 per day, days 1-7; \$0 per day, days 8-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	N/A
Tier 1 — Preferred generic	N/A/N/A
Tier 2 — Generic	N/A/N/A
Tier 3 — Preferred brand	N/A/N/A
Tier 4 — Nonpreferred drug	N/A/N/A
Tier 5 — Specialty	N/A/N/A

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Southeastern

Pennsylvania: Bucks, Chester, Delaware, Montgomery

	Aetna Medicare Premier Plan (HMO) (H3931-004) ★★★★	Aetna Medicare Standard Plan (HMO) (H3931-064) ★★★★
Monthly premium	\$214	\$106
PCP in network	\$5	\$30
Specialist in network	\$30	\$40
Inpatient hospital in network	\$220 per day, days 1-6; \$0 per day, days 7-90	\$195 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$6,700	\$6,700
Out-of-pocket maximum combined	N/A	N/A
Deductible	\$0	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.		
Prescription deductible	\$0	\$75
Tier 1 — Preferred generic	\$0/\$10	\$2/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100
Tier 5 — Specialty	33%/33%	31%/31%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Southeastern

Pennsylvania: Bucks, Chester, Delaware, Montgomery, Philadelphia

	Advantra Gold (PPO) (H5522-014) ★★★★	AdvantraOne (PPO) (H5522-017) ★★★★
Monthly premium	\$139	\$19
PCP in network	\$15	\$35
Specialist in network	\$45	\$50
Inpatient hospital in network	\$150 per day, days 1-5; \$0 per day, days 6-90	\$360 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$6,700	\$6,700
Out-of-pocket maximum combined	\$10,000	\$10,000
Deductible	\$50 per year for out-of-network services	\$1,600 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.		
Prescription deductible	\$0	\$195
Tier 1 — Preferred generic	\$0/\$10	\$2/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100
Tier 5 — Specialty	33%/33%	29%/29%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Southeastern

Pennsylvania: Bucks, Chester, Delaware, Montgomery, Philadelphia

Aetna Medicare Choice Plan (HMO) (H3931-112)



Monthly premium	\$0
PCP in network	\$20
Specialist in network	\$45
Inpatient hospital in network	\$550 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$1,050 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, outpatient hospital services and skilled nursing facilities.
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$150
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	30%/30%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Southeastern

Pennsylvania: Bucks, Chester, Delaware, Montgomery, Philadelphia

	Aetna Medicare Gold Plan (PPO) (H5521-122) ★★★★	Aetna Medicare Silver Plan (HMO) (H3931-070) ★★★★
Monthly premium	\$159	\$59
PCP in network	\$5	\$5
Specialist in network	\$25	\$35
Inpatient hospital in network	\$300 per stay	\$195 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$4,500	\$6,700
Out-of-pocket maximum combined	\$7,500	N/A
Deductible	\$500 per year for out-of-network services	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.		
Prescription deductible	\$0	\$0
Tier 1 — Preferred generic	\$2/\$10	\$0/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100
Tier 5 — Specialty	33%/33%	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Southeastern

Pennsylvania: Bucks, Chester, Montgomery

Advantra Silver (HMO) (H3959-033)



Monthly premium	\$0
PCP in network	\$30
Specialist in network	\$40
Inpatient hospital in network	\$200 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$175
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	29%/29%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Southeastern

Pennsylvania: Bucks, Delaware, Montgomery, Philadelphia

Advantra Cares (HMO SNP) (H3959-035)



Monthly premium	\$0 for full dual eligibles; \$31.30 for partial dual eligibles
PCP in network	\$0 PCP copays only apply to full dual members. Partial dual members would pay 20%.
Specialist in network	\$0 Specialist copays only apply to full dual members. Partial dual members would pay 20%.
Inpatient hospital in network	\$0 per day, days 1-60; \$289 per day, days 61-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible (only applies to partial dual members)	\$140
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$125
Tier 1 — Preferred generic	N/A/\$10
Tier 2 — Generic	N/A/\$15
Tier 3 — Preferred brand	N/A/\$47
Tier 4 — Nonpreferred drug	N/A/\$100
Tier 5 — Specialty	N/A/30%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Southeastern

Pennsylvania: Chester, Delaware, Montgomery

Aetna Medicare Main Line Health Prime Plan (HMO) (H3931-105)



Monthly premium	\$0
PCP in network	\$15
Specialist in network	\$45
Inpatient hospital in network	\$215 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Southeastern

Pennsylvania: Delaware, Philadelphia

Advantra Silver (HMO) (H3959-031)



Monthly premium	\$48
PCP in network	\$25
Specialist in network	\$50
Inpatient hospital in network	\$200 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$150
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	30%/30%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

PA Southeastern

Pennsylvania: Philadelphia

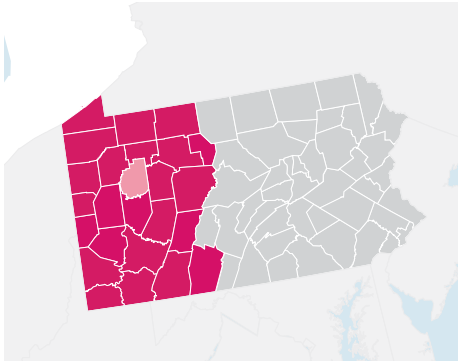
Aetna Medicare Standard Plan (HMO) (H3931-065)



Monthly premium	\$113
PCP in network	\$25
Specialist in network	\$50
Inpatient hospital in network	\$275 per day, days 1-6; \$0 per day, days 7-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA



Number of Medicare eligibles

Pittsburgh & Western PA: 831,343

Service area

Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Butler, Cambria, Cameron, **Clarion**, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, Westmoreland

Market highlights

- The only \$0 premium MAPD in the market with the broadest provider network for the past 14 years.
- Three new exclusive HVN Prime HMO plans focused on local quality providers.
- Improved benefits for 2018.
- All plans offer preferred RX cost shares. Giant Eagle®, Rite Aid, CVS pharmacy™, Walmart®. Mix of chains and independents.
- Gold HMO and PPO plans offer rich benefits with a wide range of services including SilverSneakers®, dental, eyewear and hearing aid allowance. All offer SilverSneakers.
- Welcome & onboarding of members. Aetna Resources for LivingSM (all plans). Explorer product. Maintained stability with limited benefit changes year over year.
- DE-SNP with extra benefits like: \$60 monthly OTC, 24 one-way transportation, 14-meal program, dental, vision and hearing allowances.
- NEW Aetna HMO plan with national network.

Why sell our plans

Consistent portfolio of plan options to satisfy your clients needs. HealthAmerica® gives customers great value with Medicare plans that have the right medical, hospital and prescription drug coverage to help keep them healthy and active, at the right price. And our Advantra plans have been providing great coverage for our members for 21 years.

Strong network

No referrals needed for any CVH legacy plan. PPO and HMO networks that include all major medical systems including UPMC and AHN. PPO and HMO are the same for Coventry members in PA. Access to seamless three-state network: Coventry members in PA may use providers in OH and WV including the Cleveland Clinic, University Health System and WVU Health System.

Pittsburgh & Western PA

Pennsylvania: Allegheny

Advantra Choice Plan (HMO) (H3959-043)



Monthly premium	\$0
PCP in network	\$10
Specialist in network	\$45
Inpatient hospital in network	\$550 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$0
Deductible	\$1,025 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, outpatient hospital services and skilled nursing facilities.
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Allegheny

	Advantra Gold (HMO) (H3959-001) ★★★★	Advantra Gold (PPO) (H5522-001) ★★★★
Monthly premium	\$89	\$119
PCP in network	\$0	\$0
Specialist in network	\$25	\$35
Inpatient hospital in network	\$265 per stay	\$300 per stay
Out-of-pocket maximum in network	\$6,700	\$6,700
Out-of-pocket maximum combined	N/A	\$10,000
Deductible	\$0	\$750 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.		
Prescription deductible	\$0	\$0
Tier 1 — Preferred generic	\$0/\$10	\$0/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100
Tier 5 — Specialty	33%/33%	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Allegheny

	Advantra Silver (HMO) (H3959-010) ★★★★★	Advantra Silver (PPO) (H5522-018) ★★★★★
Monthly premium	\$0	\$39
PCP in network	\$5	\$5
Specialist in network	\$45	\$35
Inpatient hospital in network	\$195 per day, days 1-7; \$0 per day, days 8-90	\$335 per stay
Out-of-pocket maximum in network	\$6,700	\$6,700
Out-of-pocket maximum combined	N/A	\$10,000
Deductible	\$0	\$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.		
Prescription deductible	\$0	\$0
Tier 1 — Preferred generic	\$0/\$10	\$0/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100
Tier 5 — Specialty	33%/33%	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, Westmoreland

Aetna Medicare Gold Plan (PPO) (H5521-122)



Monthly premium	\$159
PCP in network	\$5
Specialist in network	\$25
Inpatient hospital in network	\$300 per stay
Out-of-pocket maximum in network	\$4,500
Out-of-pocket maximum combined	\$7,500
Deductible	\$500 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Westmoreland,

Aetna Medicare Silver Plan (HMO) (H3931-070)



Monthly premium	\$59
PCP in network	\$5
Specialist in network	\$35
Inpatient hospital in network	\$195 per day, days 1-9; \$0 per day, days 10-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Butler, Cambria, Cameron, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, Westmoreland

Advantra Basic Medical (HMO) (H3959-041)	
★★★★★	
Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$35
Inpatient hospital in network	\$150 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies)	
All prescription copays are representative of a one-month supply.	
Prescription deductible	N/A
Tier 1 — Preferred generic	N/A/N/A
Tier 2 — Generic	N/A/N/A
Tier 3 — Preferred brand	N/A/N/A
Tier 4 — Nonpreferred drug	N/A/N/A
Tier 5 — Specialty	N/A/N/A

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Butler, Cambria, Clearfield, Fayette, Greene, Indiana, Jefferson, Lawrence, McKean, Somerset, Warren, Washington, Westmoreland

AdvantraOne (PPO) (H5522-017)	
★★★★★	
Monthly premium	\$19
PCP in network	\$35
Specialist in network	\$50
Inpatient hospital in network	\$360 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$1,600 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies)	
All prescription copays are representative of a one-month supply.	
Prescription deductible	\$195
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	29%/29%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Armstrong, Beaver, Bedford, Butler, Cambria, Cameron, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, Westmoreland

	Advantra Gold (HMO) (H3959-002) ★★★★★	Advantra Silver (HMO) (H3959-011) ★★★★★	Advantra Silver (PPO) (H5522-005) ★★★★★
Monthly premium	\$119	\$0	\$69
PCP in network	\$0	\$5	\$5
Specialist in network	\$20	\$40	\$40
Inpatient hospital in network	\$200 per stay	\$185 per day, days 1-7; \$0 per day, days 8-90	\$350 per stay
Out-of-pocket maximum in network	\$6,200	\$6,700	\$6,700
Out-of-pocket maximum combined	N/A	N/A	\$10,000
Deductible	\$0	\$0	\$1,500 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.			
Prescription deductible	\$0	\$0	\$0
Tier 1 — Preferred generic	\$0/\$10	\$2/\$10	\$0/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100	\$100/\$100
Tier 5 — Specialty	33%/33%	33%/33%	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: **Beaver**

Advantra Beaver Valley Prime (HMO) (H3959-051)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$40
Inpatient hospital in network	\$400 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Butler

Advantra Butler Prime (HMO) (H3959-047)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$30
Inpatient hospital in network	\$290 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Cameron, Erie, Forest, McKean, Mercer, Venango, Warren

Advantra Silver Plus (HMO) (H3959-032)



Monthly premium	\$29
PCP in network	\$0
Specialist in network	\$35
Inpatient hospital in network	\$300 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Clearfield, Elk, Jefferson

Advantra Penn Highlands Prime (HMO) (H3959-045)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$40
Inpatient hospital in network	\$400 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Erie, Fayette

Advantra Cares (HMO SNP) (H3959-036)



Monthly premium	\$0 for full dual eligibles; \$34.60 for partial dual eligibles.
PCP in network	\$0 PCP copays only apply to full dual members. Partial dual members would pay 20%.
Specialist in network	\$0 Specialist copays only apply to full dual members. Partial dual members would pay 20%.
Inpatient hospital in network	\$0 per day, days 1-60; \$289 per day, days 61-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible (only to partial dual members)	\$140
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$130
Tier 1 — Preferred generic	N/A/\$3
Tier 2 — Generic	N/A/\$7
Tier 3 — Preferred brand	N/A/\$47
Tier 4 — Nonpreferred drug	N/A/\$100
Tier 5 — Specialty	N/A/30%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: **Fayette**

Advantra Fayette Prime (HMO) (H3959-044)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$35
Inpatient hospital in network	\$400 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Greene, Washington

Advantra Washington Prime (HMO) (H3959-046)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$35
Inpatient hospital in network	\$325 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: **Washington**

Aetna Medicare Mon Valley Prime (HMO) (H3931-119)



Monthly premium	\$0
PCP in network	\$5
Specialist in network	\$40
Inpatient hospital in network	\$400 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

Pittsburgh & Western PA

Pennsylvania: Westmoreland

Advantira Excelsa Prime (HMO) (H3959-049)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$40
Inpatient hospital in network	\$400 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) All prescription copays are representative of a one-month supply.	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.