

# Southeastern Pennsylvania

**PPO Health Insurance Monthly Plan Rates — Area 1 Counties** (Berks, Bucks, Carbon, Chester, Delaware, Lehigh, Monroe, Montgomery, Northampton, Philadelphia) - Effective 4/1/09\*

PPO First Dollar 25						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$333	\$333	N/A	N/A	N/A	N/A
1	\$199	\$199	N/A	N/A	N/A	N/A
2-18	\$134	\$134	\$268	\$402	\$402	\$536
19-24	\$140	\$200	\$340	\$408	\$468	\$608
25-29	\$162	\$229	\$391	\$430	\$497	\$659
30-34	\$185	\$249	\$434	\$453	\$517	\$702
35-39	\$218	\$264	\$482	\$486	\$532	\$750
40-44	\$260	\$320	\$580	\$528	\$588	\$848
45-49	\$321	\$341	\$662	\$589	\$609	\$930
50-54	\$415	\$388	\$803	\$683	\$656	\$1,071
55-59	\$540	\$465	\$1,005	\$808	\$733	\$1,273
60-64	\$758	\$590	\$1,348	\$1,026	\$858	\$1,616
65+***	\$810	\$661	\$1,471	\$1,078	\$929	\$1,739

PPO First Dollar 35						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$241	\$241	N/A	N/A	N/A	N/A
1	\$145	\$145	N/A	N/A	N/A	N/A
2-18	\$96	\$96	\$192	\$288	\$288	\$384
19-24	\$102	\$146	\$248	\$294	\$338	\$440
25-29	\$118	\$168	\$286	\$310	\$360	\$478
30-34	\$137	\$183	\$320	\$329	\$375	\$512
35-39	\$162	\$196	\$358	\$354	\$388	\$550
40-44	\$194	\$238	\$432	\$386	\$430	\$624
45-49	\$241	\$256	\$497	\$433	\$448	\$689
50-54	\$313	\$292	\$605	\$505	\$484	\$797
55-59	\$408	\$353	\$761	\$600	\$545	\$953
60-64	\$577	\$450	\$1,027	\$769	\$642	\$1,219
65+***	\$618	\$504	\$1,122	\$810	\$696	\$1,314

PPO 1500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$255	\$255	N/A	N/A	N/A	N/A
1	\$153	\$153	N/A	N/A	N/A	N/A
2-18	\$102	\$102	\$204	\$306	\$306	\$408
19-24	\$107	\$153	\$260	\$311	\$357	\$464
25-29	\$125	\$178	\$303	\$329	\$382	\$507
30-34	\$148	\$196	\$344	\$352	\$400	\$548
35-39	\$175	\$212	\$387	\$379	\$416	\$591
40-44	\$211	\$258	\$469	\$415	\$462	\$673
45-49	\$263	\$280	\$543	\$467	\$484	\$747
50-54	\$345	\$322	\$667	\$549	\$526	\$871
55-59	\$452	\$390	\$842	\$656	\$594	\$1,046
60-64	\$642	\$499	\$1,141	\$846	\$703	\$1,345
65+***	\$687	\$560	\$1,247	\$891	\$764	\$1,451

PPO 2500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$180	\$180	N/A	N/A	N/A	N/A
1	\$108	\$108	N/A	N/A	N/A	N/A
2-18	\$72	\$72	\$144	\$216	\$216	\$288
19-24	\$77	\$110	\$187	\$221	\$254	\$331
25-29	\$91	\$129	\$220	\$235	\$273	\$364
30-34	\$108	\$143	\$251	\$252	\$287	\$395
35-39	\$129	\$158	\$287	\$273	\$302	\$431
40-44	\$158	\$194	\$352	\$302	\$338	\$496
45-49	\$199	\$212	\$411	\$343	\$356	\$555
50-54	\$264	\$246	\$510	\$408	\$390	\$654
55-59	\$348	\$301	\$649	\$492	\$445	\$793
60-64	\$497	\$388	\$885	\$641	\$532	\$1,029
65+***	\$532	\$434	\$966	\$676	\$578	\$1,110

PPO 5000						
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	\$69	\$69	N/A	N/A	N/A	N/A
2-18	\$46	\$46	\$92	\$138	\$138	\$184
19-24	\$49	\$70	\$119	\$141	\$162	\$211
25-29	\$59	\$84	\$143	\$151	\$176	\$235
30-34	\$72	\$96	\$168	\$164	\$188	\$260
35-39	\$89	\$107	\$196	\$181	\$199	\$288
40-44	\$110	\$135	\$245	\$202	\$227	\$337
45-49	\$140	\$150	\$290	\$232	\$242	\$382
50-54	\$188	\$176	\$364	\$280	\$268	\$456
55-59	\$251	\$217	\$468	\$343	\$309	\$560
60-64	\$361	\$281	\$642	\$453	\$373	\$734
65+***	\$388	\$315	\$703	\$480	\$407	\$795

High Deductible PPO 3000 (HSA Compatible)						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$162	\$162	N/A	N/A	N/A	N/A
1	\$97	\$97	N/A	N/A	N/A	N/A
2-18	\$65	\$65	\$130	\$195	\$195	\$260
19-24	\$69	\$99	\$168	\$199	\$229	\$298
25-29	\$81	\$116	\$197	\$211	\$246	\$327
30-34	\$97	\$129	\$226	\$227	\$259	\$356
35-39	\$118	\$141	\$259	\$248	\$271	\$389
40-44	\$142	\$175	\$317	\$272	\$305	\$447
45-49	\$180	\$192	\$372	\$310	\$322	\$502
50-54	\$238	\$222	\$460	\$368	\$352	\$590
55-59	\$314	\$270	\$584	\$444	\$400	\$714
60-64	\$448	\$349	\$797	\$578	\$479	\$927
65+***	\$480	\$391	\$871	\$610	\$521	\$1,001

**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.



# Southeastern Pennsylvania

**PPO Health Insurance Monthly Plan Rates — Area 1 Counties** (Berks, Bucks, Carbon, Chester, Delaware, Lehigh, Monroe, Montgomery, Northampton, Philadelphia) - Effective 4/1/09\*

High Deductible PPO 5000 (HSA Compatible)						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$118	\$118	N/A	N/A	N/A	N/A
1	\$71	\$71	N/A	N/A	N/A	N/A
2-18	\$47	\$47	\$94	\$141	\$141	\$188
19-24	\$50	\$72	\$122	\$144	\$166	\$216
25-29	\$61	\$88	\$149	\$155	\$182	\$243
30-34	\$76	\$100	\$176	\$170	\$194	\$270
35-39	\$92	\$112	\$204	\$186	\$206	\$298
40-44	\$114	\$140	\$254	\$208	\$234	\$348
45-49	\$146	\$155	\$301	\$240	\$249	\$395
50-54	\$195	\$183	\$378	\$289	\$277	\$472
55-59	\$261	\$224	\$485	\$355	\$318	\$579
60-64	\$376	\$292	\$668	\$470	\$386	\$762
65+***	\$402	\$327	\$729	\$496	\$421	\$823

PPO Value 1500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$162	\$162	N/A	N/A	N/A	N/A
1	\$97	\$97	N/A	N/A	N/A	N/A
2-18	\$65	\$65	\$130	\$195	\$195	\$260
19-24	\$69	\$99	\$168	\$199	\$229	\$298
25-29	\$81	\$116	\$197	\$211	\$246	\$327
30-34	\$97	\$129	\$226	\$227	\$259	\$356
35-39	\$117	\$141	\$258	\$247	\$271	\$388
40-44	\$142	\$174	\$316	\$272	\$304	\$446
45-49	\$180	\$192	\$372	\$310	\$322	\$502
50-54	\$238	\$221	\$459	\$368	\$351	\$589
55-59	\$313	\$270	\$583	\$443	\$400	\$713
60-64	\$448	\$348	\$796	\$578	\$478	\$926
65+***	\$479	\$390	\$869	\$609	\$520	\$999

PPO Value 2500						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$124	\$124	N/A	N/A	N/A	N/A
1	\$74	\$74	N/A	N/A	N/A	N/A
2-18	\$49	\$49	\$98	\$147	\$147	\$196
19-24	\$53	\$76	\$129	\$151	\$174	\$227
25-29	\$65	\$92	\$157	\$163	\$190	\$255
30-34	\$79	\$104	\$183	\$177	\$202	\$281
35-39	\$96	\$116	\$212	\$194	\$214	\$310
40-44	\$118	\$146	\$264	\$216	\$244	\$362
45-49	\$152	\$162	\$314	\$250	\$260	\$412
50-54	\$204	\$191	\$395	\$302	\$289	\$493
55-59	\$272	\$234	\$506	\$370	\$332	\$604
60-64	\$392	\$306	\$698	\$490	\$404	\$796
65+***	\$419	\$342	\$761	\$517	\$440	\$859

Preventative and Hospital Care 1250						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$104	\$104	N/A	N/A	N/A	N/A
1	\$62	\$62	N/A	N/A	N/A	N/A
2-18	\$42	\$42	\$84	\$126	\$126	\$168
19-24	\$46	\$58	\$104	\$130	\$142	\$188
25-29	\$55	\$70	\$125	\$139	\$154	\$209
30-34	\$67	\$82	\$149	\$151	\$166	\$233
35-39	\$82	\$95	\$177	\$166	\$179	\$261
40-44	\$101	\$113	\$214	\$185	\$197	\$298
45-49	\$129	\$125	\$254	\$213	\$209	\$338
50-54	\$173	\$147	\$320	\$257	\$231	\$404
55-59	\$231	\$181	\$412	\$315	\$265	\$496
60-64	\$333	\$235	\$568	\$417	\$319	\$652
65+***	\$356	\$289	\$645	\$440	\$373	\$729

Preventative and Hospital Care 3000 (HSA Compatible)						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$78	\$78	N/A	N/A	N/A	N/A
1	\$46	\$46	N/A	N/A	N/A	N/A
2-18	\$31	\$31	\$62	\$93	\$93	\$124
19-24	\$34	\$43	\$77	\$96	\$105	\$139
25-29	\$41	\$51	\$92	\$103	\$113	\$154
30-34	\$49	\$60	\$109	\$111	\$122	\$171
35-39	\$60	\$70	\$130	\$122	\$132	\$192
40-44	\$74	\$83	\$157	\$136	\$145	\$219
45-49	\$95	\$92	\$187	\$157	\$154	\$249
50-54	\$128	\$108	\$236	\$190	\$170	\$298
55-59	\$171	\$134	\$305	\$233	\$196	\$367
60-64	\$246	\$174	\$420	\$308	\$236	\$482
65+***	\$263	\$214	\$477	\$325	\$276	\$539

Monthly Dental Rates†			
Single	Couple**	Parent & Child(ren)	Family**
\$14	\$28	\$41	\$55

**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.