



2577 Interplex Drive, Suite #205, Trevose, PA 19053 - Phone: (215) 447-8234 Fax: (215) 701-4206

	PLAN 1 (POS 2.3)	PLAN 2 (POS 4.2)
Deductible		
In Network	\$0	\$0
Out Network	\$1500	\$500
Co-Insurance		
In Network	\$0	\$0
Out Network	40%	20%
Out of Pocket Max		
In Network	\$2500/ 5000	\$2500/5000
Out Network	\$10,000/30,000	\$10,000/30,000
PCP Co-pay		
In Network	\$20	\$10
Out Network	40% after deductible	30% after deductible
Specialist Co-pay		
In Network	\$40	\$20
Out Network	40% after deductible	20% after deductible
Hospital Co-pay		
In Network	\$200/day: 5 days	\$0
Out Network	40% after deductible	20% after deductible
Prescriptions		
In Network	\$15/\$30/\$50	\$5/\$15/\$30
Out Network	N/A	N/A
Monthly Premium:		
Single	\$319	\$389
Emp/Spouse	\$734	\$895
Emp/Child	\$569	\$693
Family	\$936	\$1141
Dental (Single)	\$26.40	\$26.40
Dental (Emp/Spouse)	\$52.10	\$52.10
Dental (Emp/Child)	\$53.50	\$53.40
Dental (Family)	\$78.90	\$78.90

*Go to www.aetna.com to select a physician & dentist. (go to shortcuts on the right side and select "find a doctor")

**LIFE AND DISABILITY COVERAGE IS NOT AVAILABLE

*** Rates Are Subject To Change ***