

Pennsylvania Public School
Employees' Retirement System (PSERS)

Health Options Program



Managed Care Plans for
Medicare-Eligible and
Non-Medicare-Eligible
Members



Aetna's plans are available only in Delaware and New Jersey and in certain counties in Florida, Maryland, and New York. Check the charts in this brochure that show monthly costs to find out if an Aetna plan is available where you live.

2012 Plan Options if You Are Eligible for Medicare

HOW MUCH YOU WILL PAY IN 2012	HIGHMARK FREEDOMBLUE PPO		AETNA MEDICARE 15 SPECIAL PPO*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
MEDICAL PLAN				
Annual Deductible	\$0	\$250	\$0	\$0
Annual Out-of-Pocket Maximum	\$3,400		\$6,700	\$10,000
Doctor Visits	\$10/visit-PCP; \$15/visit-Specialist	20%	\$15/visit-PCP	15%
Outpatient Surgery	\$0	20%	\$0	15%
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
Diagnostic Testing	\$0	20%	\$15	15%
Outpatient Therapy	\$15/visit	20%	\$15	15%
Durable Medical Equipment	15%	50%	15%	15%
Outpatient Mental Health	\$15/visit	20%	\$15	15%
Hospitalization	\$0	20%	\$0	15%
Inpatient Mental Health	\$0	20%	\$0	15%
Physical Exams	\$0 (office visit copay may apply)	\$0 (office visit copay may apply)	\$0	15%
Ob/Gyn Exams	\$0 (office visit copay may apply)	\$0 (office visit copay may apply)	\$0	15%
Mammograms	\$0	0%	\$0	15%
Vision Exam/Hearing Exams	\$15/visit	20%	\$0	15%
Prescription Lenses (once every 24 months)	Standard lenses, frames or contacts covered in full; \$100 allowance for specialty lenses	\$100 allowance	100% after \$100 allowance	100% after \$100 allowance
Hearing Aids (once every 36 months)	100% after \$500 allowance		100% after \$500 allowance	
Dental Care	30% routine care; 40% dentures	50% routine care; 50% dentures	Not covered	Not covered
PRESCRIPTION DRUGS	Retail Pharmacy	Mail Order (90-day supply)	Retail Pharmacy	Mail Order (90-day supply)
Annual Deductible	\$0	\$0	\$0	\$0
Initial Coverage up to a Total Drug Cost of \$2,930				
Generic drugs	\$10	\$25	\$5	\$10
Preferred brand-name drugs	\$30	\$75	\$25	\$50
Non-preferred brand-name drugs	\$60	\$150	\$50	\$100
Specialty drugs	33%	33%	33%	33%
Coverage Gap to TrOOP Maximum of \$4,700				
Generic drugs	\$10	\$25	\$5	\$10
Preferred brand-name drugs	Not covered, but may be subject to 50% manufacturer's discount		Not covered, but may be subject to 50% manufacturer's discount	
Non-preferred brand-name drugs				
Specialty drugs	Not covered, but may be subject to 50% manufacturer's discount		86% for generic drugs; brand-name drugs not covered, but may be subject to 50% manufacturer's discount	
Catastrophic Coverage				
Generic	The greater of 5% or \$2.60		The greater of 5% or \$2.60	
Brand	The greater of 5% or \$6.50		The greater of 5% or \$6.50	

* Aetna is available only in New Jersey, Delaware and some counties in Florida, Maryland and New York.

2012 Monthly Costs if You Are Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK FREEDOMBLUE PPO		AETNA MEDICARE 15 SPECIAL PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida				
Alachua	\$317	\$625		Not available
Bay	\$317	\$625		Not available
Baker	\$317	\$625		Not available
Bradford	\$317	\$625		Not available
Brevard	\$317	\$625		Not available
Broward	\$317	\$625	\$266	\$522
Calhoun	\$317	\$625		Not available
Charlotte	\$317	\$625		Not available
Citrus	\$317	\$625		Not available
Clay	\$317	\$625		Not available
Collier	\$317	\$625		Not available
Columbia	\$317	\$625		Not available
DeSoto	\$257	\$505		Not available
Dixie	\$317	\$625		Not available
Duval	\$317	\$625		Not available
Escambia	\$257	\$505		Not available
Flagler	\$257	\$505		Not available
Franklin	\$257	\$505		Not available
Gadsden	\$257	\$505		Not available
Gilchrist	\$317	\$625		Not available
Glades	\$317	\$625		Not available
Gulf	\$317	\$625		Not available
Hamilton	\$317	\$625		Not available
Hardee	\$317	\$625		Not available
Hendry	\$317	\$625		Not available
Hernando	\$317	\$625		Not available
Highlands	\$317	\$625		Not available
Hillsborough	\$317	\$625	\$266	\$522
Holmes	\$317	\$625		Not available
Indian River	\$317	\$625		Not available
Jackson	\$317	\$625		Not available
Jefferson	\$317	\$505		Not available
Lafayette	\$317	\$625		Not available
Lake	\$317	\$625		Not available
Lee	\$317	\$625	\$266	\$522
Leon	\$257	\$505		Not available
Levy	\$317	\$625		Not available
Liberty	\$317	\$625		Not available
Madison	\$257	\$505		Not available
Manatee	\$317	\$625	\$266	\$522
Marion	\$257	\$505		Not available
Martin	\$317	\$625		Not available
Miami-Dade	\$317	\$625		Not available
Monroe	\$317	\$625		Not available

2012 Monthly Costs if You Are Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK FREEDOMBLUE PPO		AETNA MEDICARE 15 SPECIAL PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida				
Nassau	\$317	\$625	Not available	
Okaloosa	\$317	\$625	Not available	
Okeechobee	\$257	\$505	Not available	
Orange	\$317	\$625	Not available	
Osceola	\$257	\$505	Not available	
Palm Beach	\$317	\$625	\$266	\$522
Pasco	\$317	\$625	\$266	\$522
Pinellas	\$317	\$625	\$266	\$522
Polk	\$317	\$625	\$266	\$522
Putnam	\$317	\$625	Not available	
Saint Lucie	\$257	\$505	Not available	
Saint Rosa	\$257	\$505	Not available	
St. Johns	\$317	\$625	Not available	
Seminole	\$317	\$625	Not available	
Sarasota	\$317	\$625	\$266	\$522
Sumter	\$317	\$625	Not available	
Suwannee	\$317	\$625	Not available	
Taylor	\$257	\$505	Not available	
Union	\$317	\$625	Not available	
Volusia	\$257	\$505	Not available	
Walton	\$317	\$625	Not available	
Wakulla	\$317	\$625	Not available	
Washington	\$257	\$505	Not available	
Maryland				
Alleghany	\$317	\$625	Not available	
Anne Arundel	\$317	\$625	\$266	\$522
Baltimore County	\$317	\$625	Not available	
Baltimore City	\$317	\$625	Not available	
Calvert	\$317	\$625	Not available	
Caroline	\$317	\$625	Not available	
Carroll	\$317	\$625	Not available	
Cecil	\$317	\$625	Not available	
Charles	\$317	\$625	Not available	
Dorchester	\$317	\$625	Not available	
Frederick	\$317	\$625	\$266	\$522
Garrett	\$317	\$625	Not available	
Harford	\$317	\$625	\$266	\$522
Howard	\$317	\$625	Not available	
Kent	\$317	\$625	Not available	
Montgomery	\$317	\$625	\$266	\$522
Prince George's	\$317	\$625	Not available	
Queen Anne's	\$317	\$625	\$266	\$522

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2012 Monthly Costs if You Are Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK FREEDOMBLUE PPO		AETNA MEDICARE 15 SPECIAL PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Maryland				
Saint Mary's	\$317	\$625	Not available	
Somerset	\$317	\$625	Not available	
Talbot	\$317	\$625	Not available	
Washington	\$257	\$505	Not available	
Wicomico	\$317	\$625	Not available	
Worcester	\$317	\$625	Not available	
New Jersey				
Atlantic	\$317	\$625	\$317	\$625
Bergen	\$317	\$625	\$317	\$625
Burlington	\$317	\$625	\$317	\$625
Camden	\$317	\$625	\$317	\$625
Cape May	\$317	\$625	\$317	\$625
Cumberland	\$317	\$625	\$317	\$625
Essex	\$317	\$625	\$317	\$625
Gloucester	\$317	\$625	\$317	\$625
Hudson	\$317	\$625	\$317	\$625
Hunterdon	\$317	\$625	\$317	\$625
Mercer	\$317	\$625	\$317	\$625
Middlesex	\$317	\$625	\$317	\$625
Monmouth	\$317	\$625	\$317	\$625
Morris	\$317	\$625	\$317	\$625
Ocean	\$257	\$505	\$317	\$625
Passaic	\$317	\$625	\$317	\$625
Salem	\$317	\$625	\$317	\$625
Somerset	\$317	\$625	\$317	\$625
Sussex	\$317	\$625	\$317	\$625
Union	\$317	\$625	\$317	\$625
Warren	\$317	\$625	\$317	\$625
New York				
Albany	\$257	\$505	Not available	
Allegheny	\$257	\$505	Not available	
Bronx	\$317	\$625	\$266	\$522
Broome	\$257	\$505	Not available	
Cattaraugus	\$257	\$505	Not available	
Cayuga	\$257	\$505	Not available	
Chautauqua	\$257	\$505	Not available	
Chemung	\$257	\$505	Not available	
Chenango	\$257	\$505	Not available	
Clinton	\$257	\$505	Not available	
Columbia	\$257	\$505	Not available	
Cortland	\$257	\$505	Not available	
Delaware	\$257	\$505	Not available	

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2012 Monthly Costs if You Are Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK FREEDOMBLUE PPO		AETNA MEDICARE 15 SPECIAL PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New York				
Duchess	\$317	\$625		Not available
Erie	\$257	\$505		Not available
Essex	\$257	\$505		Not available
Franklin	\$257	\$505		Not available
Fulton	\$257	\$505		Not available
Genesee	\$257	\$505		Not available
Greene	\$257	\$505		Not available
Hamilton	\$257	\$505		Not available
Herkimer	\$257	\$505		Not available
Jefferson	\$257	\$505		Not available
Kings (Brooklyn)	\$317	\$625	\$266	\$522
Lewis	\$257	\$505		Not available
Livingston	\$257	\$505		Not available
Madison	\$257	\$505		Not available
Monroe	\$257	\$505		Not available
Montgomery	\$257	\$505		Not available
Nassau	\$317	\$625		Not available
New York	\$257	\$505	\$266	\$522
Niagara	\$257	\$505		Not available
Oneida	\$257	\$505		Not available
Onondaga	\$257	\$505		Not available
Ontario	\$257	\$505		Not available
Orange	\$317	\$625		Not available
Orleans	\$257	\$505		Not available
Oswego	\$257	\$505		Not available
Otsego	\$257	\$505		Not available
Putnam	\$317	\$625		Not available
Queens	\$317	\$625	\$266	\$522
Rensselaer	\$257	\$505		Not available
Richmond	\$317	\$625	\$266	\$522
Rockland	\$317	\$625		Not available
St. Lawrence	\$257	\$505		Not available
Saratoga	\$257	\$505		Not available
Schenectady	\$257	\$505		Not available
Schoharie	\$257	\$505		Not available
Schuyler	\$257	\$505		Not available
Seneca	\$257	\$505		Not available
Steuben	\$257	\$505		Not available
Suffolk	\$317	\$625		Not available
Sullivan	\$317	\$625		Not available
Tioga	\$257	\$505		Not available
Tompkins	\$257	\$505		Not available

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2012 Monthly Costs if You Are Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK FREEDOMBLUE PPO		AETNA MEDICARE 15 SPECIAL PPO	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
New York				
Ulster	\$317	\$625	Not available	
Warren	\$257	\$505	Not available	
Washington	\$257	\$505	Not available	
Wayne	\$257	\$505	Not available	
Westchester	\$317	\$625	Not available	
Wyoming	\$257	\$505	Not available	
Yates	\$257	\$505	Not available	
All Other States				
Delaware • New Jersey	\$317	\$625	\$266	\$522
Alabama • Alaska • Arizona Arkansas • California Colorado • Connecticut Georgia • Illinois • Indiana Kansas • Kentucky • Michigan Minnesota • Mississippi Nebraska • Nevada • Ohio Oklahoma • South Carolina Tennessee • Wyoming	\$317	\$625	Not available	
District of Columbia • Hawaii Idaho • Iowa • Louisiana Maine • Massachusetts Missouri • Montana New Hampshire • New Mexico North Carolina • North Dakota Oregon • Rhode Island South Dakota • Texas Utah • Vermont • Virginia Washington • West Virginia Wisconsin	\$257	\$505	Not available	

2012 Plan Options if You Are NOT Eligible for Medicare

HOW MUCH YOU WILL PAY IN 2012	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PPO PLAN**	
	In-Network	Out-of-Network	In-Network	Out-of-Network
MEDICAL				
Annual Deductible	\$100/individual \$300/family	\$500/individual \$1,500/family	\$1,500/individual \$3,000/family	\$1,500/individual \$3,000/family
Annual Out-of-Pocket Maximum	\$10,000	No maximum	\$4,000/individual \$8,000/family	\$4,000/individual \$8,000/family
Doctor Visits	\$20/visit-PCP; \$40/visit-specialist	30%	20%; no deductible	40%
Outpatient Surgery	20%	30%	20%; no deductible	40%
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted)	20%; no deductible	20%; no deductible
Diagnostic Testing	20%	30%	20%	40%
Outpatient Therapy	\$40/visit to 60-visit maximum*	30% to 60-visit maximum*	20%; no deductible	40%
Durable Medical Equipment	20%	30%	50%; \$2,500 max/ member/year	50%; \$2,500 max/ member/year
Outpatient Mental Health	\$0	30%	20%; no deductible	40%
Hospitalization	20%	30%	20%	40%
Inpatient Mental Health	20%	30%	20%	40%
Physical Exams	PCP-\$20/visit; Specialist-\$40/visit	Not covered	0%; no deductible	40%
Ob/Gyn Exams	\$40/visit	30%-routine (deductible does not apply)	0%; no deductible	40%
Mammograms	20%	30%	0%; no deductible	40%
Vision Exam/Hearing Exams	Not covered	Not covered	0%; no deductible for Vision—1 per 24 months; 20% no deductible for Hearing—1 per 24 months	40%
Prescription Lenses (once every 24 months)	Not covered	Not covered	Not covered	Not covered
Hearing Aids (once every 36 months)	Not covered	Not covered	Not covered	Not covered
Dental Care	Not covered	Not covered	Not covered	Not covered
PRESCRIPTION DRUGS				
Annual Deductible	\$0	Not covered	\$200/individual \$600/family	\$200/individual \$600/family
Annual Maximum	No maximum	Not covered	No maximum	No maximum
Retail Pharmacy				
Generic drugs	30% (mandatory generic)	Not covered	30%	50% of submitted cost after in-network copay
Brand-name drugs	50%	Not covered	30% for formulary drugs; 50% for non- formulary drugs	50% of submitted cost after applicable in- network copay
Mail Order (90-day supply)				
Generic drugs	30% (mandatory generic)	Not covered	2X copay	Not covered
Brand-name drugs	50%	Not covered	2X copay	Not covered

* Combined in- and out-of-network maximum

** Aetna is available only in New Jersey, Delaware and some counties in Florida, Maryland and New York.

2012 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PPO PLAN	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
Florida				
Broward	\$1,026	\$2,653	\$878	\$1,747
Hillsborough	\$1,026	\$2,653	\$878	\$1,747
Lee	\$1,026	\$2,653	\$878	\$1,747
Manatee	\$1,026	\$2,653	\$878	\$1,747
Palm Beach	\$1,026	\$2,653	\$878	\$1,747
Pasco	\$1,026	\$2,653	\$878	\$1,747
Pinellas	\$1,026	\$2,653	\$878	\$1,747
Polk	\$1,026	\$2,653	\$878	\$1,747
Sarasota	\$1,026	\$2,653	\$878	\$1,747
All other counties in Florida	\$1,026	\$2,653	Not available	
Maryland				
Anne Arundel	\$1,026	\$2,653	\$878	\$1,747
Frederick	\$1,026	\$2,653	\$878	\$1,747
Harford	\$1,026	\$2,653	\$878	\$1,747
Montgomery	\$1,026	\$2,653	\$878	\$1,747
Queen Anne's	\$1,026	\$2,653	\$878	\$1,747
All other counties in Maryland	\$1,026	\$2,653	Not available	
New York				
Bronx	\$1,026	\$2,653	\$878	\$1,747
Kings (Brooklyn)	\$1,026	\$2,653	\$878	\$1,747
New York	\$1,026	\$2,653	\$878	\$1,747
Queens	\$1,026	\$2,653	\$878	\$1,747
Richmond	\$1,026	\$2,653	\$878	\$1,747
All other counties in New York	\$1,026	\$2,653	Not available	

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2012 Monthly Costs if You Are NOT Eligible for Medicare *(Excluding Premium Assistance)*

	HIGHMARK PPOBLUE (80-70 PLAN)		AETNA PPO PLAN	
	Single Coverage	2-Person Coverage	Single Coverage	2-Person Coverage
All Other States				
Delaware • New Jersey	\$1,026	\$2,653	\$878	\$1,747
Alabama • Alaska • Arizona Arkansas • California Colorado • Connecticut District of Columbia Georgia Hawaii • Idaho • Illinois Indiana • Iowa • Kansas Kentucky • Louisiana Maine Massachusetts • Michigan Minnesota • Mississippi Missouri • Montana • Nebraska Nevada • New Hampshire New Mexico • North Carolina North Dakota • Ohio Oklahoma • Oregon Rhode Island • South Dakota South Carolina • Tennessee Texas • Utah • Vermont Virginia • Washington West Virginia • Wisconsin Wyoming	\$1,026	\$2,653	Not available	



This brochure provides only a summary of benefits under these plans. It does not provide details about what is covered or limitations that may apply. More information is included in the Evidence of Coverage (for a Medicare Advantage plan) or the Benefit Description (for a plan for non-Medicare-eligible members). In addition, you can call the HOP Administration Unit at 1-800-773-7725 and request an information packet for any of these plans.

EFFECTIVE JANUARY 1, 2012