

# Aetna Advantage 5750 PD

## Aetna Health Plan options in Connecticut

### Bronze

Member benefits	In network	Out of network*
<b>Deductible individual/ Family</b> (applies toward out-of-pocket maximum, includes pharmacy)	\$5,750/\$11,500	\$11,500/\$23,000
<b>Member coinsurance</b>	0%	50%
<b>Out-of-pocket maximum individual/family</b> (maximum you will pay for all covered services)	\$6,350/\$12,700	\$12,700/\$25,400
<b>Primary care visit</b>	\$20 copay, deductible waived	50% after deductible
<b>Specialist visit</b>	\$40 copay after deductible	50% after deductible
<b>Hospital stay</b>	\$100 copay per admit after deductible	50% after deductible
<b>Outpatient surgery</b>	\$100 copay after deductible	50% after deductible
<b>Emergency room</b> (copay waived if admitted)	\$150 copay after deductible	
<b>Urgent care</b>	\$60 copay, deductible waived	50% after deductible
<b>Preventive care/ screening/immunization</b>	\$0 copay, deductible waived	50% after deductible
<b>Annual routine gyn exam</b> (annual pap/mammogram)	\$0 copay, deductible waived	50% after deductible
<b>Diagnostic lab</b>	\$0 copay after deductible	50% after deductible
<b>Diagnostic X-ray</b>	\$40 copay after deductible	50% after deductible
<b>Imaging</b> (CT/PET scans, MRIs)	\$75 copay after deductible	50% after deductible
<b>Vision</b>		
<b>Adult and pediatric eye exam</b> (1 visit per year)*	\$0 copay, deductible waived	50% after deductible
<b>Pediatric glasses/contacts</b> (1 pair lenses and frames OR contacts per year)*	Preferred glasses/contacts - \$0 copay, deductible waived; nonpreferred glasses/contacts- 50% after deductible	50% after deductible
<b>Pediatric dental</b>		
<b>Dental checkup/preventive dental care</b> (2 visits per year)*	\$0 copay, deductible waived	30%, deductible waived
<b>Basic dental care</b>	30% after deductible	50% after deductible
<b>Major dental care</b>	50% after deductible	50% after deductible
<b>Orthodontia</b> (medically necessary only)	50% after deductible	50% after deductible

Pharmacy	In network	Out of network*
<b>Pharmacy deductible</b>	Integrated with medical	Integrated with medical
<b>Preferred generic drugs</b>	\$10 copay, deductible waived	50%, deductible waived
<b>Preferred brand drugs</b>	\$40 copay after deductible	50% after deductible
<b>Preferred specialty drugs</b>	50% after deductible, not to exceed a \$500 copay per prescription	50% after deductible, not to exceed a \$500 copay per prescription
<b>Nonpreferred drugs</b> (Including non-preferred specialty drugs)	50% after deductible	50% after deductible

\* Any applicable benefit maximums are combined in and out of network.

+ For important information on your costs and how Aetna pays for out-of-network care, read "Costs for out-of-network doctors and hospitals."

**Aetna Health Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna). In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.**

This material is for information only. A summary of exclusions is listed in the Aetna Health Plan brochure. For a full list of benefits coverage and exclusions refer to the plan documents. Rates and benefits vary by location. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Health insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change.