

Aetna Basic PD

Aetna Health Plan options in Connecticut

Catastrophic

Member benefits	In network	Out of network*
Deductible individual/family (applies toward out-of-pocket maximum, includes pharmacy)	\$6,350/\$12,700	\$12,700/\$25,400
Member coinsurance	0%	50%
Out-of-pocket maximum individual/family (maximum you will pay for all covered services)	\$6,350/\$12,700	\$15,000/\$30,000
Primary care visit	\$20 copay, deductible waived for visits 1-3, thereafter 0% after deductible	50% after deductible
Specialist visit	0% after deductible	50% after deductible
Hospital stay	0% after deductible	50% after deductible
Outpatient surgery	0% after deductible	50% after deductible
Emergency room	0% after deductible	50% after deductible
Urgent care	0% after deductible	50% after deductible
Preventive care/screening/immunization	\$0 copay, deductible waived	50% after deductible
Annual routine gyn exam (annual pap/mammogram)	\$0 copay, deductible waived	50% after deductible
Diagnostic lab	0% after deductible	50% after deductible
Diagnostic X-ray	0% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	0% after deductible	50% after deductible
Vision		
Adult and pediatric eye exam (1 visit per year)*	0% after deductible	50% after deductible
Pediatric glasses/contacts (1 pair lenses and frames OR contacts per year)*	0% after deductible	50% after deductible
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)*	0% after deductible	30% after deductible
Basic dental care	0% after deductible	50% after deductible
Major dental care	0% after deductible	50% after deductible
Orthodontia (medically necessary only)	0% after deductible	50% after deductible

Pharmacy	In network	Out of network*
Pharmacy deductible	Integrated with medical	Integrated with medical
Preferred generic drugs	0% after deductible	50% after deductible
Preferred brand drugs	0% after deductible	50% after deductible
Preferred specialty drugs	0% after deductible	50% after deductible
Nonpreferred drugs (Including non-preferred specialty drugs)	0% 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.

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