

Aetna Classic 5000

Aetna Health Plan options in Oklahoma

Silver

Aetna is a Qualified Health Plan issuer in the Oklahoma Health Insurance Exchange.

Member benefits	In network	Out of network ⁺
Deductible individual/family (applies toward out-of-pocket maximum)	\$5,000/\$10,000	\$15,000/\$30,000
Member coinsurance	30%	30% or 50%
Out-of-pocket maximum individual/family (maximum you will pay for all covered services)	\$6,350/\$12,700	\$19,050/\$38,100
Primary care visit	\$30 copay, deductible waived	30% after deductible
Specialist visit	\$60 copay, deductible waived	30% after deductible
Hospital stay	30% after deductible	50% after deductible
Outpatient surgery	30% after deductible	50% after deductible
Emergency room (copay waived if admitted)		\$400 copay, deductible waived
Urgent care	\$60 copay, deductible waived	30% after deductible
Preventive care/screening/immunization	\$0 copay, deductible waived	30% after deductible, 0% for Immunizations, deductible waived
Annual routine gyn exam (annual pap/mammogram)	\$0 copay, deductible waived	30% after deductible, 0% for Mammograms, deductible waived
Diagnostic lab	\$30 copay, deductible waived	30% after deductible
Diagnostic X-ray	\$60 copay, deductible waived	30% after deductible
Imaging (CT/PET scans, MRIs)	30% after deductible	50% after deductible
Vision		
Adult and pediatric eye exam (1 visit per year)*	\$0 copay, deductible waived	30% after deductible
Pediatric glasses/contacts (1 pair lenses and frames OR contacts per year)*	Preferred glasses/contacts - \$0 copay, deductible waived; nonpreferred glasses/contacts - 50% after deductible	Preferred glasses/contacts - 30% after deductible; nonpreferred glasses/contacts - 50% after deductible
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)*	Not covered	Not covered
Basic dental care	Not covered	Not covered
Major dental care	Not covered	Not covered
Orthodontia (medically necessary only)	Not covered	Not covered

Pharmacy	In network	Out of network ⁺
Pharmacy deductible individual/family (combined in and out-of-network)		\$500/\$1,000
Preferred generic drugs	\$10 copay, deductible waived	30% after \$10 copay, deductible waived
Preferred brand drugs	\$60 copay after deductible	30% after \$60 copay after deductible
Preferred specialty drugs	50% after deductible, not to exceed a \$500 copay per prescription	Not covered
Nonpreferred drugs (including nonpreferred 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.