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## Compare Plans

STEP: 1 2 **COMPARE PLANS** 3 4

**Broker**

Janet Blum

**Address**

4643 Country Manor Drive

Sarasota FL 34233

**Phone**

null

**Email**

**Fax**

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**FL Health Network Option Value 5000**

Medical:\$232.00\*  
**Total:\$232.00\***

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**FL Health Network Option 5000**

Medical:\$260.00\*  
**Total:\$260.00\***

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		In Network	Out of Network	In Network	Out of Network
Deductible		\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family
Co-Insurance		20% / 40% after deductible (0% once out-of-pocket max is satisfied)	50% after deductible (0% once out-of-pocket max is satisfied)	25% after deductible (0% once out of pocket max is satisfied)	50% after deductible (0% once out-of-pocket max is satisfied)
Coinsurance Maximum		\$7,500 Individual / \$15,000 Family	\$2,500 Individual / \$5,000 Family	\$7,500 Individual / \$15,000 Family	\$2,500 Individual / \$5,000 Family
Out-of-Pocket Maximum		\$12,500 Individual / \$25,000 Family	\$12,500 Individual / \$25,000 Family	\$12,500 Individual / \$25,000 Family	\$12,500 Individual / \$25,000 Family
Non-Specialist Office Visit		Visits 1-5 \$40 Copay, ded. waived; 6+mem. pays 100%, Aetna dis. avail.	50% after deductible	\$40 Copay; deductible waived	50% after deductible
Specialist Visit		Visits 1-5 \$50 Copay, ded. waived; 6+mem. pays 100%, Aetna dis. avail	50% after deductible	\$75 Copay; deductible waived	50% after deductible
Hospital Admission		40% after deductible	50% after deductible	25% after deductible plus \$1000 copay per admission	50% after deductible
Outpatient Surgery		40% after deductible	50% after deductible	25% after deductible plus \$250 Copay	50% after deductible
Urgent Care		\$100 Copay; deductible waived	50% after deductible	\$75 Copay deductible waived	50% after deductible

Emergency Room	\$250 Copay** (waived if admitted) after deductible	\$250 Copay** (waived if admitted) after deductible	\$250 Copay** (waived if admitted) after deductible	\$250 Copay** (waived if admitted) after deductible
Maternity	Not Covered-except for pregnancy complications	Not Covered-except for pregnancy complications	Not Covered-except for pregnancy complications	Not Covered-except for pregnancy complications
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay; deductible waived	50% after deductible	\$0 Copay; deductible waived	50% after deductible
Preventive Health	\$0 Copay; deductible waived	50% after deductible	\$0 Copay; deductible waived	50% after deductible
Lab / X-Ray	20% after deductible	50% after deductible	\$50 Copay per Visit	50% after deductible
Skilled Nursing	40% after deductible (30 day max per calendar year)*	50% after deductible (30 day max per calendar year)*	25% after deductible (In lieu of hospital, 30 days per calendar year)*	50% after deductible (30 day max per calendar year)*
Physical / Occupational Therapy	20% after deductible (24 visits per calendar year)*	50% after deductible (24 visits per calendar year)*	25% after deductible (24 visits per calendar year)*	50% after deductible (Aetna pays 24 visits per calendar year)*
Home Health Care	20% after deductible (In lieu of hospital, 30 visits per calendar year)*	50% after deductible (30 visit max per calendar year)*	25% after deductible (In lieu of hospital, 30 visits per calendar year)*	50% after deductible (30 visit max per calendar year)*
Durable Medical Equipment	40% after deductible (Aetna will pay \$2,000 max per calendar year)*	50% after deductible (Aetna will pay \$2,000 max per calendar year)*	25% after deductible (Aetna will pay up to \$2,000 per calendar year)*	50% after deductible (Aetna will pay \$2,000 max per calendar year)*
Pharmacy Deductible per Individual	Not Applicable	Not Applicable	\$500 (does not apply to generic)*	\$500 (does not apply to generic)*
Generic	\$20 Copay	\$20 Copay plus 50%	\$15 Copay deductible waived	\$15 Copay plus 50% deductible waived
Preferred Brand Copay	Not Covered	Not Covered	\$65 Copay after deductible	\$65 Copay plus 50% after deductible
Non-Preferred Brand Copay	Not Covered	Not Covered	\$75 Copay after deductible	\$75 Copay plus 50% after deductible
Self Injectables	Not Covered	Not Covered	30% after deductible	Not Covered
Complex Imaging			\$500 Copay per visit	50% after deductible

\* Maximum applies to combined in and out -of-network benefits.

\*\* Copay is billed separately and not due at the time of service. Copay does not count towards co-insurance or out of pocket max.

#### What you need to know about your out-of-network costs

We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care.

At the same time, we want to make it clear how much more you will need to pay for this out-of-network care.

As an example, you may choose a doctor in our network. You may choose to visit an out-of-network doctor. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. For medical plans, Aetna recognizes an amount based on what Medicare pays for these services.

The government sets the Medicare rate. Your out-of-network doctor sets the rate to charge you. It may be higher—sometimes much higher—than what your Aetna plan "recognizes" or "allows".

Your doctor may bill you for the dollar amount that Aetna doesn't recognize. You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the recognized charge counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit [www.Aetna.com](http://www.Aetna.com). Type "how Aetna pays" in the search box.

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to [www.Aetna.com](http://www.Aetna.com) and click on "Find a Doctor" on the left side of the page.

If you are already a member, sign on to your Aetna Navigator member site. This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network.

When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in network. You pay your plan's copayments, coinsurance and deductibles for your in-network level of benefits.

Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments, coinsurance and deductibles.

The federal health care reform legislation, known as the Patient Protection and Affordable Care Act, was signed into law On March 23, 2010 by President Obama. Since then, Aetna has periodically updated the Aetna Advantage Plans for Individuals, Families and the Self - Employed to include any necessary changes. It is important for you to know that your Aetna Advantage Plan will always comply with all of the federal health care reform legislation.

\* Rates displayed are quoted rates only. Final rates are subject to change based on your medical history, Aetna's underwriting guidelines, state regulations, effective date of coverage and any optional benefits selected. These Aetna products are underwritten by Aetna Health, Inc. and/or Aetna Life Insurance Company. Thank you for choosing Aetna.

