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Important health care reform notice

Women's preventive services covered with no member cost share

www.aetna.com





Good news for women

Your health benefits and insurance plan covers the women's preventive services* listed here with no copays, coinsurance or deductible when you go to a provider in the network.

*Employers with grandfathered plans may choose not to cover some of these preventive services, or to include cost share (deductible, copay or coinsurance) for preventive care services. Certain religious employers and organizations may choose not to cover contraceptive services as part of the group health coverage.

Health benefits and health insurance plans are offered, underwritten and/or administered by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

You won't have to pay anything for these services when:

- The doctor or other health care provider is in our network, and the main purpose of your visit is to get preventive care
- Your doctor prescribes a female over-the-counter or generic contraceptive** that is approved by the U.S. Food and Drug Administration (FDA), and you fill it at a network pharmacy
- You buy a breast pump according to the guidelines of your plan

But these services are not preventive when they are not billed as preventive by your doctor, or when the main reason for your visit is to diagnose, monitor or treat an illness or injury. Then copays, coinsurance and deductibles apply.

Contraceptive coverage

The Aetna pharmacy plan covers women's contraceptive methods with no member cost share when prescriptions are filled at an in-network pharmacy. The Aetna medical plan covers two visits a year for patient education and counseling on contraceptives.

We cover contraceptives with no member cost share when they are:

- Approved by the FDA
- Generic contraceptives on the Aetna preferred drug list, also called a formulary
- Over-the-counter female contraceptives when filled with a prescription
- Filled at an in-network pharmacy

You can see the complete list of covered contraceptives online.

1. Visit www.aetna.com/formulary.
2. On the "Medication Search" page, enter your plan type. Then scroll down and enter the name of a drug you want to learn more about. Click "Continue."
3. Click the link on the top left side of the page that says "Other Pharmacy Benefit Information." You will arrive at a menu page where you can see various drug lists, including the Women's Contraceptive Drugs and Devices List.

We cover the following under our medical plans, whether or not you have pharmacy coverage with Aetna. There will be no member cost share when the main purpose of your service is preventive, or when the service is separately billed by your doctor as preventive.

- Certain contraceptive injectables and devices and their administration (such as the insertion of an intrauterine device [IUD] or injections), when billed by a participating doctor
- Women's sterilization procedures

If the prescription benefit is:	Here's how you get contraceptives without cost share:
Covered by an Aetna Pharmacy plan	Present your ID card to the pharmacist when purchasing female over-the-counter or generic contraceptive drugs and devices.
Covered by a different insurance company's pharmacy plan	Check directly with the prescription drug insurance company to learn how they cover contraceptive drugs and devices.
Not covered under a pharmacy plan	Aetna medical plans will cover generic contraceptives with a prescription. You should pay for generic contraceptive drugs and devices at the pharmacy. Then send a completed claim form and the pharmacy receipt, which includes the patient's name, date of purchase, drug name and codes, and the charge, to us for reimbursement.

**Brand-name contraceptive drugs, methods or devices only covered with no member cost sharing under certain limited circumstances when required by your doctor.

Prenatal care and breastfeeding

You have no member cost sharing (copays, coinsurance or deductibles) for preventive prenatal visits provided by an in-network provider. Normal cost sharing applies for delivery, postpartum care, ultrasounds or other maternity procedures, specialist visits and certain lab tests. Even if the plan doesn't cover maternity care, it will cover the preventive prenatal visits.

Women who need support with breastfeeding can get up to six visits with a lactation consultant at no cost. In-network obstetrician/gynecologists (Ob/Gyns) and pediatricians may offer these services. You can also check our provider directory. Just log in to your secure member website at **www.aetna.com** or call the Member Services number on your Aetna ID card to find a lactation consultant in our network.

We also cover:

- Certain standard electric breast pumps (nonhospital grade) anytime during pregnancy, after delivery or for as long as you breastfeed, once every three years
- Certain manual breast pumps anytime during pregnancy, after delivery or for as long as you breastfeed
- Another set of breast pump supplies, if you get pregnant again before you are eligible for a new pump

Before buying a pump, check out the details on our website. Go to **www.aetna.com** and search for "breast pumps."

Or call Member Services to learn details of what is covered and find a participating breast pump supplier.

Well-woman care

Well-woman care includes counseling about important health issues as well as:

Screenings for:

- BRCA (counseling and genetic testing for women at high risk with no personal history of breast and/or ovarian cancer)
- Breast cancer chemoprevention (for women at higher risk)
- Breast cancer (mammography every 1 to 2 years for women over 40)
- Cervical cancer (for sexually active women)
- Chlamydia infection (for younger women and other women at higher risk)
- Gonorrhea (for all women at higher risk)
- Interpersonal or domestic violence
- Osteoporosis (for women over age 60 depending on risk factors)
- Alcohol misuse, obesity and tobacco use

- Blood pressure
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer (for adults over 50)
- Depression
- Type 2 diabetes (for adults with high blood pressure)
- Human immunodeficiency virus (HIV)
- Syphilis
- Diabetes (including screening during pregnancy)
- Lung cancer (for adults ages 55 and older with a history of smoking), effective January 1, 2015

Immunizations

Doses, recommended ages and recommended populations vary.

- Diphtheria, pertussis, tetanus (DPT)
- Hepatitis A and B
- Herpes zoster
- Human papillomavirus (HPV)
- Influenza
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)

Medication and supplements

- Aspirin for men and women ages 45 and older with certain cardiovascular risk factors
- Folic acid supplements (for women of child-bearing ages)
- Vitamin D supplements for adults ages 65 and older with certain conditions
- Tobacco-cessation medications, approved by the FDA, including over-the-counter medications when prescribed by a health care provider and filled at a participating pharmacy
- Risk-reducing medications, such as tamoxifen and raloxifene, for women ages 35 and older at increased risk for breast cancer, effective October 1, 2014

Additional services for pregnant women

- Anemia screenings
- Bacteriuria urinary tract or other infection screenings
- Rh incompatibility screening, with follow-up testing for women at higher risk
- Hepatitis B counseling (at the first prenatal visit)
- Expanded counseling on tobacco use
- Breastfeeding interventions to support and promote breastfeeding after delivery

Exclusions and limitations

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on the plan design or rider(s) purchased.

- All medical and hospital services not specifically covered in, or which are limited or excluded by, your plan documents, including costs of services before coverage begins and after coverage terminates
- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays
- Donor egg retrieval
- Durable medical equipment
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial)
- Hearing aids
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs including injectable infertility drugs
- Infertility services including, but not limited to, artificial insemination and advanced reproductive technologies such as in vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), intracytoplasmic sperm injection (ICSI), and other related services unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics except diabetic orthotics
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider, and over-the-counter medications (except as provided in a hospital) and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling
- Special-duty nursing
- Therapy or rehabilitation other than what is listed as covered in the plan documents
- Weight-control services including surgical procedures, medical treatments, weight-control/loss programs, dietary regimens and supplements, appetite suppressants and other medications, food or food supplements, exercise programs, exercise or other equipment, and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

For general health information only. Information is not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. Not all services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.

Policy forms issued in OK include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

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