Aetna Open Access®
Managed Choice® Plan
Aetna Health Benefits

Easy-to-use health benefits.
Freedom to choose how you seek care.
Innovative tools to keep you informed.
Welcome to the Open Access Managed Choice Plan from Aetna*

The true worth of any health benefits plan is how it works for you. That’s why with the Aetna Open Access Managed Choice plan, we put you and your health at the center of everything we do … with the coverage, services, information and resources to help you get the most from your health benefits.

Enrollment in our Open Access Managed Choice plan puts these advantages on your side …

- Flexibility to seek care three ways: directly from your primary care physician (PCP), by self-referring in-network without a PCP referral, or by self-referring out-of-network, without a referral
- Extensive provider network
- Lower out-of-pocket costs for in-network care
- No claim forms for in-network care
- Emergency coverage — anytime, anywhere
- DocFind® online provider directory
- Aetna Navigator™ self-service member website, featuring your personal benefits information
- Hospital Comparison Tool for comparing area hospitals
- Price-A-Drug™ tool for comparing retail drug prices
- And more, depending on your employer’s plan design!

*“Aetna” is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna company that underwrites or administers benefits coverage for this plan is Aetna Life Insurance Company.

For the Commonwealth of Virginia, one or more of the following policy numbers may apply: GR-67603-5; GR-9; GR-29; GR-27; GR-89296; GR-89297; GR-700-W; GR-70-W; GH-96124; GR-96125.

**In Texas, this approval is known as “pre-service utilization review” and is not “verification” as defined by Texas law.

***In case of emergency, call 911 or your local emergency hotline. Or, go directly to the nearest emergency care facility.
This plan does not require you to select a primary care physician … but you may want to.

By choosing a PCP, you have an opportunity to work with a physician who can develop a deeper understanding of your health needs to better manage your care. And, you could lower your costs for covered services.

To choose a PCP:
- Visit DocFind, our online provider directory, at www.aetna.com, or
- Refer to your printed Aetna directory. If a printed directory is not included with this enrollment kit, you may order one by contacting your employer or calling the number on your ID card (received upon enrollment).

You can change your designated PCP at any time by calling the Member Services number on your ID card (received after you enroll) or by logging on to Aetna Navigator.

### CHOICE #1:
**Visit Your PCP**

If you choose a PCP, he or she can:
- Provide routine and preventive care.
- Help you make important medical decisions.
- Treat you for illnesses and injuries.
- Direct you to another participating provider.
- Get coverage approval from Aetna (called precertification)** prior to providing certain medical services. Precertification helps determine if the services you seek are covered under your plan.

When you visit or coordinate care through your PCP, you pay a fee for each visit (called a PCP copayment). The copayment (or copay) may be a dollar amount or a percentage of covered expenses.

### CHOICE #2:
**Go Directly to Another Preferred PCP or Health Care Provider**

You never need a referral when you choose this option!
- You pay the applicable amount. Whether your covered services are provided by your PCP or by any other preferred provider in the network, you will be responsible for payment. This payment may be in the form of a copay (a flat dollar amount) or coinsurance (a percentage of covered expenses). Your plan may include an annual deductible before your expenses are covered. A deductible is a set amount of covered expenses you pay each calendar year before your plan begins to pay benefits.
- There are no claim forms to file.
- Your preferred provider will precertify services that require prior authorization from Aetna.

You have the flexibility to seek care one of three ways, every time you need it!***
Valuable Tools To Keep You Informed

Included with your plan are important tools and resources that make it easier to use your benefits and help you make more informed health care decisions.

CHOICE #3:
Go Directly to a Nonpreferred Physician or Health Care Provider

You may visit a recognized provider who does not participate in our network for covered medical expenses — without a referral.

- You must meet an annual deductible before your expenses are covered. A deductible is a set amount of covered expenses you must pay each calendar year before your plan begins to pay benefits.
- When your deductible is met, you pay the applicable coinsurance until you meet your coinsurance maximum. Coinsurance is the percentage of covered expenses you must pay after you meet your deductible.
- You must precertify services that require prior authorization from Aetna. Failure to precertify may lead to substantially reduced benefits. Refer to your plan documents (received after enrollment) for a list of medical services that require precertification.
- You may have to file your own claims, and you could be subject to balance billing (the difference between the reasonable amount covered by Aetna and the amount charged by the provider).

Please refer to the benefits summary sheet included in this enrollment kit for applicable copayment, deductible and coinsurance amounts.

DocFind, Our Online Provider Directory

There are many ways to find a doctor — DocFind makes it easy!

DocFind, our online provider directory, is available to you 24 hours a day, 7 days a week, even before you become an Aetna member. Simply log on to www.aetna.com and click on DocFind. Then, follow the on-screen instructions.

DocFind is updated three times a week, giving you the most up-to-date information available on health care providers in our networks. To help you find the right provider for you, begin your search using any of the following categories:

- Name
- Specialty
- Gender
- Location
- Hospital affiliation
- Languages spoken

You can also get maps and driving directions to the provider’s office, and print a user-friendly version of your search results.

DocFind en Español?

Click on the “Version en español” button at the top of the DocFind home page to switch to a Spanish version.

Need a paper directory?

If you are already an Aetna member, call the toll-free Member Services number on your ID card. If you are not yet an Aetna member and are considering enrollment in our plan, call 1-800-323-9930.

Aetna Navigator Member Self-Service Website

When you need up-to-date information about your health plan or want information about a particular health condition, here’s where you’ll find it!

Aetna members can turn to Aetna Navigator, our member self-service website that provides you with a single source for online health and benefits information. It’s convenient, and easy to use:

2. Click on Aetna Navigator.
3. Register as a new user, or log on using your secure password.
4. Find a wealth of credible health care information and self-service functions — available to you anytime of the day or night — from wherever you have Internet access.

Our secure connection lets you:

- View information about who is covered on your plan.
- Search for a preferred provider on DocFind, our online provider directory. You can also change your primary care physician and/or dentist.
- Check the status of a claim or review an Explanation of Benefits (EOB).
- If your plan has a Flexible Spending Account (FSA), you can check account balance(s), payment details and tools for understanding and managing health care and dependent care spending accounts.
- Contact Member Services online with benefits questions (also in Spanish).
Use Aetna Navigator’s online tools to manage your benefits and help you make more informed health decisions:

- **Hospital Comparison Tool** that compares hospital outcome information about medical care provided by hospitals in your area, based on criteria important to you.
- **Price-A-Drug tool** to help you estimate the cost of prescriptions before you buy.
- **Price-A-Dental Procedure tool** that provides average in-network costs and typical out-of-network fees for certain procedures based on a geographic area.

**And, if you’re interested in learning more about a particular health condition, Aetna Navigator provides credible health information resources:**

- Our award-winning Aetna IntelliHealth consumer website, for health, dental and wellness information provided by Harvard Medical School and the University of Pennsylvania School of Dental Medicine.
- **Healthwise Knowledgebase**, a user-friendly online information tool that lets you research your own issues and preferences for health information.
- **Interactive and Streaming Videos** about topics such as asthma and heart health.

Take a tour of Aetna Navigator — even before you become a member — by going to www.aetna.com and selecting Aetna Navigator and Site Tour.

*If included in your Aetna plan.

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**A Broad Spectrum of Benefits**

Your plan benefits include coverage for a wide range of expenses, including:

- Routine office visits and preventive care.
- Hospitalization and surgery.
- Emergency care — anytime, anywhere. (In case of emergency, call 911 or the local emergency hotline, if available.)
- Maternity and newborn care.
- Durable medical equipment.
- Coverage for eligible dependents living away from home.
- Specialty care.
- Diagnostic testing.
- Home health care.
- Mental health and substance abuse benefits.

Benefits exclusions and limitations apply. Visit and dollar limitations also apply to some covered benefits. Your provider may be required to precertify or obtain prior approval of coverage for certain services such as non-emergency inpatient hospital care. Members are required to precertify mental health and substance abuse services.

**What’s Not Covered**

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 state mandates or the plan design or rider(s) purchased.

- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery
- Custodial care
- Dental care and X-rays
- Donor egg retrieval
- Experimental and investigational procedures
- Hearing aids
- Immunizations for travel and work
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents
- Nonmedically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling
- Special duty nursing.
If you need this material translated into another language, please call Member Services at 1-800-323-9930. Si usted necesita este documento en otro idioma, por favor llame a Servicios al Miembro al 1-800-323-9930.

This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. To contact the plan if you are a member, call the number on your ID card; all others, call 1-800-323-9930.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee any results or outcomes. Consult the plan documents (Booklet, Booklet-certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of a plan or program may vary by geographical service area. Some benefits are subject to limitations or visit maximums. Aetna does not recommend the self-management of health problems, nor do we promote any particular form of medical treatment. You should consult your health care provider for the advice and care appropriate for your specific medical needs. With the exception of Aetna Rx Home Delivery, all participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law. Information provided through Aetna IntelliHealth (www.intelihealth.com) or Healthwise Knowledgebase is provided “AS IS” without warranty of any kind, either express or implied, including without limitation, the implied warranties of merchantability or fitness for a particular purpose, and is presented without any warranty as to its reliability, accuracy, timeliness, usefulness or completeness. Aetna assumes no responsibility for any circumstances arising out of the use, misuse, interpretation or application of any information supplied by Aetna IntelliHealth or Healthwise Knowledgebase. Information supplied by Aetna IntelliHealth or Healthwise Knowledgebase is for informational purposes only, is not medical advice and is not intended to be substitute for proper medical care provided by a physician. While this material is believed to be accurate as of the print date, it is subject to change.