Aetna Health Benefits
Aetna Open Access® Managed Choice Plan

A health plan for the way you live
The true worth of any health benefits plan is how it works for you. At Aetna, your health is at the center of everything we do ... that's why we offer the coverage, service, information and resources to help you get the most from your health plan.

When you enroll in our Open Access Managed Choice plan, you are covered for many of the medical expenses that might occur along the way ... from your baby's first checkup to the preventive and medical services you may need as you grow older.

We're also working harder and thinking smarter to make our plan work better for you. From a wide range of preventive care services and screenings, case managers to connect you with appropriate providers and facilities, and useful special programs and resources that complement your medical coverage, you'll know you're working with a leader in health care benefits.

An array of preventive care services ... coverage in the event of illness ... tools to help you make the most of your plan for all the stages of your life. We hope you consider these and all the features of our Open Access Managed Choice plan when choosing a benefits plan that's right for you.

Please read the following information so you will know from whom or what group of providers health care may be obtained.

How Your Aetna Open Access Managed Choice Plan Works

This plan does not require you to select a primary care physician (PCP) ... but you can choose one if you want to!

To choose a PCP or to locate a network provider, log onto our DocFind® online provider directory at www.aetna.com. Or refer to your Aetna provider directory. You can change your designated PCP anytime by logging onto Aetna Navigator, our self-service customer website, or by calling the Member Services number on your member ID card.

The Freedom to Seek Care One of Three Ways

Choice #1: Visit Your PCP

If you choose a PCP, your network PCP will:
• Provide routine and preventive care.
• Help you make important medical decisions.
• Treat you for illnesses and injuries.
• 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*).
• You may have to meet an annual deductible, depending on your company's plan design. A deductible is a set amount of covered expenses you pay each calendar year before your plan begins to make payment. Refer to your benefits summary to see if a deductible applies.
• There are no claim forms to file.

Choice #2: Go Directly to Any Preferred Health Care Provider

You never need a referral when you choose this option!
• You pay the applicable copayment to the provider at the time of service.
• You may have to meet an annual deductible. See your benefits summary (enclosed) for details.
• There are no claim forms to file.
• Your preferred provider will precertify services that require prior authorization from Aetna.

*The copayment (or copay) may be a dollar amount or a percentage of covered expenses. For copayment and coinsurance requirements, refer to the benefits summary sheet in your enrollment packet.
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.

When you access benefits from nonpreferred providers:

• You must meet an annual deductible before your expenses are covered.
• 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.

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 an emergency, call 911 or the local emergency hotline, if available.)
• Maternity and newborn care.
• Durable medical equipment.
• Coverage for 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.

HOW TO ENROLL

Enrolling in the Open Access Managed Choice Plan Is as Easy as 1, 2, 3

Once you review your enrollment materials:

1. Fill out the enrollment form completely and sign where indicated. Be sure to read both sides.
2. If you choose, select a PCP for yourself and each covered member of your family.
3. Return the signed enrollment form to your employer by the specified date.

After You Enroll

You will receive a member ID card after your enrollment form is processed. Carry the card with you as proof of coverage. You will also receive materials explaining how to use the plan. Refer to these materials, as well as your plan documents, when you have questions about your Aetna benefits, limitations, exclusions and other details.
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 the plan design or rider(s) purchased by your employer.

All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents • Charges related to any eye surgery mainly to correct refractive errors • Cosmetic surgery, including breast reduction • Custodial care • Dental care and dental X-rays • Donor egg retrieval • Experimental and investigational procedures • Hearing aids • Immunizations for travel or work • Infertility services, including 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 • Inpatient special-duty nursing.

Consumer Education Tools

We give you the tools you need to help you get information on health and medical issues that matter to you most — 24 hours a day, 7 days a week — online or by calling a toll-free number.

As an Open Access Managed Choice plan member, you can also take advantage of these online resources:

**Aetna Navigator**

Need to order an ID card, change your PCP or check the status of a claim? You can — at your convenience — with Aetna Navigator, your round-the-clock Aetna member website.

You’ll also find interactive “cool tools,” including a medical dictionary, allergy and asthma quizzes and a heart and breath odometer.

When you log onto [www.aetna.com](http://www.aetna.com) and click on the Aetna Navigator™ link, you also get access to:

* **Aetna InteliHealth** — our award-winning website with health information provided by Harvard Medical School and the University of Pennsylvania School of Dental Medicine.
* **Healthwise® Knowledgebase** — a powerful, user-friendly health information resource that can help you and your family make more informed health care decisions.

**DocFind**

You get instant, online access to Aetna’s most up-to-date provider directory — DocFind — including important information on physician education, board certification and languages spoken. You can also find participating hospitals, dentists, pharmacies, mental health/substance abuse facilities, and more by visiting [www.aetna.com](http://www.aetna.com).

Enroll today! We look forward to welcoming you and your family as our newest members … for all the stages of your life.

[www.aetna.com](http://www.aetna.com)

If you need this material translated into another language, please call Member Services at 1-800-323-9930.
Si usted necesita este material en otro lenguaje, por favor llame a Servicios al Miembro al 1-800-323-9930.

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