The Choice is Yours — 2013 Health Benefits

New Jersey State Health Benefits Program and School Employees’ Health Benefits Program

www.aetna.com/statenj
We’ve got you covered with:

- Nine plan options to fit every budget
- A robust network of doctors and hospitals
- Lots of Aetna extras with every plan

Here’s what’s inside:

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The choice is yours — Choose from nine Aetna health plans

Health Maintenance Organization (HMO)

Three Aetna HMO plans
- Aetna HMO
- Aetna HMO 1525
- Aetna HMO 2030

Choose an HMO plan if you like predictable costs. These HMO plans are so simple to use. Just choose a primary care physician (PCP) to be your first point of contact when you need health care. Then, simply call your PCP whenever you need care. Your PCP will build a relationship with you and get to know your health needs. Your PCP will also refer you to a specialist whenever you need one. How simple is that?

HMO plans have no deductible with a modest copay for most services. Preventive care is covered at 100% — without the copay.

High Deductible Health plans (HD)

Two Value HD plans
- Aetna Value HD1500
- Aetna Value HD4000

An Aetna Value HD plan allows you to get more value with a low premium in exchange for a high deductible. Need to see a doctor — enjoy the freedom to choose any health care professional — in or out of the Aetna network. You can also build a tax-advantaged Health Savings Account (HSA) to put money aside for qualified health care expenses or even save towards retirement with pretax dollars. In 2013, you may contribute up to $3,250 for individuals and up to $6,450 per family.

You control your health care spending with tools that can help you find the best value for your money.

You can also build a tax-advantaged HSA to help pay your share of any health care costs. Read more about HSA on pages 4-5.

*Local education employees are not eligible for the Aetna Value HD4000 plan.

Preferred Provider Organization (PPO)

Four Aetna Freedom plans
- Aetna Freedom 10
- Aetna Freedom 15
- Aetna Freedom 1525
- Aetna Freedom 2030

Enjoy the freedom to visit any health care professional — in or out of the Aetna network. In network, Aetna Freedom plans have no deductible, but require a copay/coinsurance. Out of network, Aetna Freedom plans have a deductible and requires a copay/coinsurance. The amount you pay out of pocket depends on where you receive care.

*State employees are not eligible for the Aetna Freedom 10 plan.

All nine plans

All Aetna health plan options include online resources, wellness programs and discounts on health-related products and services. See pages 15-17 to read more about the Aetna extras.

Got Questions? We’ve got answers!

Call 1-877-STATENJ (1-877-782-8365) or visit www.aetna.com/statenj. We look forward to helping you and your family reach your optimal health. Don’t forget to sign up for Aetna during Open Enrollment!
# Aetna Health Plan Information

## Plans at a glance

The chart below represents key plan provisions and what you generally pay for each service.

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Aetna HMO</th>
<th>Aetna HMO 1525</th>
<th>Aetna HMO 2030</th>
<th>Aetna Value HD1500</th>
<th>Out-of-Network</th>
<th>Aetna Value HD4000</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$1,500 individual/ $3,000 family</td>
<td>$1,500 individual/ $3,000 family</td>
<td>$4,000 individual/ $8,000 family</td>
<td></td>
</tr>
<tr>
<td><strong>Payment Limit</strong> (Out-of-pocket maximum)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$2,500 individual/ $5,000 family</td>
<td>$3,500 individual/ $7,000 family</td>
<td>$5,000 individual/ $10,000 family</td>
<td></td>
</tr>
<tr>
<td><strong>Copay/Coinsurance</strong> (Your share of the cost)</td>
<td>copay may apply***</td>
<td>$15/$25</td>
<td>$20/$30</td>
<td>$400</td>
<td>$2,000</td>
<td>$400</td>
<td></td>
</tr>
<tr>
<td><strong>Health Savings Account (HSA)</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$300</td>
<td>$300</td>
<td>$300</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive care</strong></td>
<td>covered at 100%</td>
<td>covered at 100%</td>
<td>covered at 100%</td>
<td>$0</td>
<td>not covered**</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>PCP or primary doctor office visit</strong></td>
<td>copay applies***</td>
<td>$15</td>
<td>$20</td>
<td>$20% after deductible</td>
<td>$40% after deductible</td>
<td>$20% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Specialist office visit</strong></td>
<td>copay applies***</td>
<td>$25</td>
<td>$30</td>
<td>$20% after deductible</td>
<td>$40% after deductible</td>
<td>$20% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Routine eye exams</strong></td>
<td>copay applies***</td>
<td>$25</td>
<td>$30</td>
<td>$20% after deductible</td>
<td>not covered</td>
<td>$20% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic (Labs and X-rays)</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>20% after deductible</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency room</strong></td>
<td>copay may apply***</td>
<td>$75</td>
<td>$125</td>
<td>$20% after deductible</td>
<td>$20% after deductible</td>
<td>$20% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Urgent care center</strong></td>
<td>copay applies***</td>
<td>$25</td>
<td>$30</td>
<td>$20% after deductible</td>
<td>$40% after deductible</td>
<td>$20% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>20% after deductible</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>Durable Medical</strong></td>
<td>100% after $100 deductible</td>
<td>100% after $100 deductible</td>
<td>100% after $100 deductible</td>
<td>$20% after deductible</td>
<td>$40% after deductible</td>
<td>$20% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital care</strong> (Inpatient, outpatient, maternity)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$20% after deductible</td>
<td>$40% after deductible</td>
<td>$20% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Mental health services</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>20% after deductible</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>copay applies***</td>
<td>$25</td>
<td>$30</td>
<td>$20% after deductible</td>
<td>$40% after deductible</td>
<td>$20% after deductible</td>
<td></td>
</tr>
</tbody>
</table>

*This is not a complete list of all covered services. Exclusions and limitations apply to some services. For example, preventive care services may be limited to one per year.

**Annual Ob/Gyn checkup, annual mammography, annual PAP smear, and well-child immunizations up to 12 months old covered at standard out-of-network coinsurance level for the plan after applicable deductibles.

***$200/$500 stay copay applies to State Employees and local government only. Local education employees have no inpatient copay for Aetna Freedom 10 or Aetna Freedom 15 plans. Standard deductible and coinsurance apply.

****See materials distributed by State Health Benefits Program for copay amounts.
## Aetna Freedom 10

<table>
<thead>
<tr>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,000 individual</td>
<td>N/A</td>
<td>$100</td>
</tr>
<tr>
<td>$6,000 individual</td>
<td>$400</td>
<td>$2,000</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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</table>

## Aetna Freedom 15

<table>
<thead>
<tr>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,000 individual</td>
<td>N/A</td>
<td>$100</td>
</tr>
<tr>
<td>$6,000 individual</td>
<td>$400</td>
<td>$2,000</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
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</table>

## Aetna Freedom 1525

<table>
<thead>
<tr>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,000 individual</td>
<td>N/A</td>
<td>$100</td>
</tr>
<tr>
<td>$6,000 individual</td>
<td>$400</td>
<td>$2,000</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

## Aetna Freedom 2030

<table>
<thead>
<tr>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,000 individual</td>
<td>N/A</td>
<td>$100</td>
</tr>
<tr>
<td>$6,000 individual</td>
<td>$400</td>
<td>$2,000</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Preventive Care

- **Annual** Ob/Gyn checkup, annual mammography, annual PAP smear, and well-child immunizations up to 12 months old covered at standard.

### Mental Health Services

- Covered for true medical emergencies only.

### Diagnostic

- Not covered. Copay may apply.

### Urgent Care Center

- Covered for true medical emergencies only.

### Emergency Room (Labs and X-rays)

- Covered at 100%

### Specialist Office Visit

- Covered at 100%

### PCP or Primary Doctor

- Covered at 100%

### Routine Eye Exams

- Covered at 100%

### Preventive Care

- Covered at 100%

### Copay/Coinsurance

- Apply after deductible.

### Out-of-pocket Maximum

- $5,000 family
- $7,000 family
- $10,000 family
- $11,000 family
- $1,500 individual
- $2,000 individual
- $300 non-U.S. out-of-pocket maximum

### Network

- In-Network
- Out-of-Network

### Plan Features

- Aetna Freedom 15 plans. Standard deductible and coinsurance apply.

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**Plans at a glance**

- Aetna Freedom 10
- Aetna Freedom 15
- Aetna Freedom 1525
- Aetna Freedom 2030

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**Copay/Coinsurance**

- Apply after deductible.

**Out-of-pocket Maximum**

- $5,000 family
- $7,000 family
- $10,000 family
- $11,000 family
- $1,500 individual
- $2,000 individual
- $300 non-U.S. out-of-pocket maximum

**Network**

- In-Network
- Out-of-Network
Here’s how the Aetna plans work

Aetna HMO plans

Step 1: Choose a primary care physician (PCP) from the Aetna network.
• Your PCP is the doctor you go to first. He or she will help you learn about your health and how to manage it.
• Choosing a doctor is a personal decision. That’s why each family member has his or her own PCP.
• Change your PCP anytime. Just call Member Services at the number on your member ID card. Or, visit www.aetna.com/statenj.

Step 2: See your doctor for checkups, or whenever you are sick or hurt.
Your PCP will help you decide if you need care from another doctor. If so, he or she will give you a referral to another Aetna network doctor.

Step 3: Pay your share of the cost.
A copay is the fixed dollar amount that you pay at the time of services. It is based on which plan you selected. There may be a different copay if you need a specialist for other services. See page 2 for those amounts.

It’s that simple! There’s not even any paperwork involved.
Your PCP will:
• Send in any claims for services
• Get approval for coverage of some services when needed
• Usually send referrals electronically to specialists

Aetna Value HD plans

Step 1: Make contributions to your HSA.
• Your contributions are tax free
• Your interest earned is tax free
• You pay no taxes on qualified expenses when you use your funds
• You get investment options when your balance reaches $2,000

What a great value!

Step 2: Visit a health care professional.
You may use in-network doctors, hospitals and other health care professionals. Network doctors are a smart value because we’ve negotiated special rates for Aetna members. You can use the Aetna price and quality comparison tools to shop for the best value.

Network doctors will also submit claims and get approvals for you. You never need referrals with an Aetna Value HD plan.

Step 3: Pay your share of the cost.
You must first meet a deductible before the plan begins to pay benefits. You choose whether to pay out of your own pocket or use the funds in your HSA.

Aetna Freedom plans

Step 1: Decide if you want to go in-network or out-of-network for your care.
You have the freedom to choose any doctor — in or out of the Aetna network. But, with so many primary care doctors and specialists in New Jersey’s Aetna network, chances are your doctor is one of them. You can find out right now! Visit www.aetna.com/statenj and click on “Find a Doctor” to search by a specific name or by zip code.

Step 2: Visit your doctor or other health care provider.
• Show your Aetna Member ID card when you go.
• Network doctors will submit claims. If you go outside the network, you can download claim forms from your secure Aetna Navigator® website. See page 8 for details.
• Network doctors will precertify services like hospital stays and outpatient surgery on your behalf. If you go outside the network, you may have to get those permissions yourself. Just call the toll-free number on your Aetna Member ID card to do so.

Step 3: Pay your share of the cost.
• You’ll generally pay less if you stay in the Aetna network. We negotiate rates with providers in the Aetna network. But, we cannot control the amount an out-of-network provider may charge.
• There is no deductible for in-network services and a modest deductible for out-of-network services.
• You pay a flat copay for most in-network services. If you go outside the network, you pay a percent of the cost.
Tax advantages. Investment opportunities. Retirement savings. And more!

In a health plan? Of course!

The Aetna Value HD1500 and the Aetna Value HD4000 plans include an HSA. An HSA is a special fund that allows you to put pre-tax money aside to use for qualified health care expenses. You decide if you want to use the money now for out-of-pocket costs — like your deductible or coinsurance. Or, you can pay those costs out of pocket and save your HSA for when you really need it — even for retirement!

Plus, you’ll get investment options through JPMorgan Chase & Co. when your account balance reaches $2,000.

Contribute up to the IRS limit

Each year, you may contribute — pre-tax — up to $3,250 for individuals, $6,450 per family in 2013. Your contributions are divided up and conveniently taken right from your paycheck. If you don’t sign up for contributions right away, you can make after-tax contributions later.

Choose when to use and when to save your funds

It’s always your choice. If you decide to use your funds now, here’s how to access your balance:

1. Aetna HSA Visa® debit card. You’ll get the card with your welcome kit. Use it for qualified expenses wherever Visa is accepted.
2. Online bill payment. Pay for health care expenses directly from your HSA right from your computer.
3. Aetna AutoDebitSM feature. It automatically transfers payment from your HSA to a doctor or hospital.

Check for qualified costs

Here are some examples of different expenses you can pay for with your HSA:

- Deductible payments
- Copays and coinsurance
- Wheelchairs
- Dental care and braces
- Hearing aids
- Contact lenses and LASIK surgery
- Prescription drugs

Check Aetna Navigator for more information. There’s even a tool to help you organize medical expenses and HSA withdrawals online. You can also visit the IRS website at www.irs.gov for a complete list of qualified health care costs.

Qualifications for an HSA

To be an eligible individual and qualify for an HSA, you must meet the following requirements:

- You must be covered under an Aetna Value HD plan on the first day of the month
- You have no other health coverage
- You are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else’s tax return
- You cannot have a full scope FSA or HRA
- Your spouse cannot have a full FSA
Not sure which plan is right for you?
Here’s a quick comparison

<table>
<thead>
<tr>
<th>Plan</th>
<th>Deductible</th>
<th>Your share of costs*</th>
<th>100% Preventive care</th>
<th>PCP Required</th>
<th>Referrals Required</th>
<th>HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna HMO</td>
<td>$0</td>
<td>copay may apply</td>
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<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Aetna HMO 1525</td>
<td>$0</td>
<td>$15 or $25</td>
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<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Aetna HMO 2030</td>
<td>$0</td>
<td>$20 or $30</td>
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<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Aetna Value HD1500</td>
<td>$1,500/$3,000 (Ind./Family)</td>
<td>20%/40%</td>
<td>Yes**</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Aetna Value HD4000</td>
<td>$4,000/$8,000 (Ind./Family)</td>
<td>20%/40%</td>
<td>Yes**</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Aetna Freedom 10</td>
<td>Out-of-network only – $100</td>
<td>$10/20%***</td>
<td>Yes**</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Aetna Freedom 15</td>
<td>Out-of-network only – $100</td>
<td>$15/30%***</td>
<td>Yes**</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Aetna Freedom 1525</td>
<td>Out-of-network only – $100</td>
<td>$15 or $25/30%***</td>
<td>Yes**</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Aetna Freedom 2030</td>
<td>Out-of-network only – $200</td>
<td>$20 or $30/30%***</td>
<td>Yes**</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

*For most services after deductible. See detailed plan summaries for complete details.
**Most preventive services in-network only. See pages 2-3 for plan details.
***In-network/out-of-network

Need more help?

If you . . .                                                                                         You might consider . . .

Have a chronic health condition                                                                 An Aetna HMO plan. Always know what you will pay. No unexpected out-of-pocket expenses.

Hardly ever get sick                                                                                   An Aetna Value HD plan. Put the extra dollars into an HSA so you have a backup to cover the deductible for any unplanned services.


Calculate your HSA savings

See how much you can save on taxes by putting pre-tax money into an HSA. Use the Aetna HealthFund® HSA Savings Calculation Tool at https://member.aetna.com/HsaSavings/standalone. Click on “next” to get to the tool.

Calculate your HSA savings

See how much you can save on taxes by putting pre-tax money into an HSA. Use the Aetna HealthFund® HSA Savings Calculation Tool at https://member.aetna.com/HsaSavings/standalone. Click on “next” to get to the tool.
Aetna Online Resources

All Aetna health plans come with quick and easy access to information to help you make informed decisions about your health. These next pages will tell you about all of these Aetna extras.

Aetna Navigator
• Secure, members-only website for plan details
• Links and information to most programs and services included with your health plan

Research Resources
• Aetna InteliHealth® website
• Healthwise® Knowledgebase
• Aetna SmartSource® search tool

Informed Health® Line
• 24-hour nurse hotline
• Audio health library
Better manage your health and health care

The Aetna Navigator secure member website lets you save time, avoid guesswork and make informed decisions about your health.

You’ll be able to:
- Find doctors, pharmacies, labs, hospitals and urgent care centers
- Order an Aetna Member ID card or print a temporary card
- Check your coverage details
- Keep track of health care costs

Register once. Log in anytime.

Have your Aetna Member ID card ready. You’ll receive it after you enroll.

Step 1: Go to www.aetna.com
Step 2: Click the “Register now” link
Step 3: Follow the simple prompts

That’s it. Log in anytime, from anywhere you have Internet access.

Look what else you can do with Aetna Navigator:
- Complete an online health assessment
- Print records of preventive shots and checkups
- Check the cost of a procedure
- Get healthy living tips
- Check claims
- Check balances on claims and your HSA account
- And much more!

Use Ann, our virtual assistant, to:
- Help you register and log in
- Answer questions
- Find tools and information

Aetna Navigator goes where you go

You’re mobile — so are we. Use your smartphone to find a doctor, show your Member ID card, check the status of a claim and more.

Just download the Aetna App and log in.

Find a doctor

Use the DocFind® directory when you need to search the Aetna network for doctors, labs, hospitals and more.

See if your doctor is in the Aetna network

Remember, using doctors that participate in the Aetna network gives you the most value. Aetna networks are among the largest in the country. So, chances are your doctor is already there.

You can check right now!

1. Visit www.aetna.com/docfind/custom/statenj and click on "enter DocFind."
2. Follow the prompts. You can search by zip code, doctor name, specialty, hospital affiliation, gender — you choose how to search.
3. When prompted for your plan type, select the network based on which plan you’re interested in:
   - Aetna HMO
   - Aetna Value HD
   - Aetna Freedom
After you enroll, you’ll be able to enter DocFind through the secure website. Aetna Navigator prefills your plan information, making your search even easier!

Learn more about your doctor
To make an informed decision, DocFind gives you helpful information about a doctor:
• Plans accepted
• Office locations
• Maps and driving directions
• Medical school attended
• Board certification
• Languages spoken

DocFind is updated six days per week, so you have the latest on participating doctors and facilities.

Research tools for fast health information

Get personalized results for your research
The Aetna SmartSource search tool is your official search engine to help you look up conditions, symptoms, illnesses and more. It delivers information that’s specific to you based on where you live and your selected Aetna health benefits/insurance plan.

Now, it’s personal
Let SmartSource show you:
• Commonly prescribed medications and treatment options
• Estimated health care costs
• Aetna discount programs that can help you manage your condition
• Easy-to-understand health articles and tips

Online health information websites
Get information right at your fingertips from:
• Aetna InteliHealth website — An information resource from Harvard Medical School.
• Healthwise Knowledgebase — A web-based toolkit for useful facts to help you make informed health decisions.
Talk with a registered nurse — anytime, 24/7

Whether it’s the middle of the night, you’re away from home, or you’re just not sure if you need to call your doctor, the Informed Health Line is there for you.

With one simple call, you can:
- Learn more about health conditions that you or your family members may have
- Find out more about a medical test or procedure
- Get help preparing for a doctor’s visit

Just call, 1-800-556-1555, toll-free to speak with one of our nurses.

While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can offer information on more than 5,000 health topics. Always consult your doctor first with questions or concerns about your health care needs.

Reach your best health with wellness programs

We want you to be your healthiest. And, we’ll give you the tools you need to get there. The following pages have information about the wellness programs that are available to Aetna members.

Personal Health Record (PHR)
- Store health information in one convenient place
- Access your health information anytime, 24/7
- Track your progress as you reach for your goals

Simple Steps To A Healthier Life® Program
- Complete a health assessment
- Get a health report that outlines your personal health risks
- Make a plan to improve your health

Aetna Health ConnectionsSM Disease Management Program
- Get the treatment you need for managing your chronic conditions
- Identify and manage your risks for other conditions

Aetna Behavioral Health Program
- Cope with stress, depression or addiction
- Find out if you’re at risk for behavioral health conditions

Beginning Right® Maternity Program
- Care for you — and your baby
- Get information about what to expect at all stages
- Learn about any risks you may have during pregnancy

Keep your health information in one easy place

It’s hard to remember all the details of your health care. That’s why we offer the PHR.

Your PHR is a secure record of your health. Access it through Aetna Navigator. Share it with your family, caregivers and doctors if you want.

It stores information about your:
- Family health history
- Immunizations
- Prescription and over-the-counter medications
- Doctors
- Allergies
- Biometric screening numbers
- Tests, procedures and more

Use your PHR to:
- Know when you need checkups and screenings
- Get alerts about drug interactions
- Find ways to improve your care
- Track your health over time

Track your numbers

Use your PHR to store your biometric numbers. That includes your numbers for:
- Blood pressure
- Weight
- Blood sugar
- Cholesterol

You’ll find easy-to-use graphs and charts that show how your numbers change. This is a great tool if you’re making big changes in your health through diet and exercise.

Your PHR is automatically updated for you — based on your claims

Whenever you visit the doctor, we’ll automatically send the information to your PHR. You can add other information, like family history or over-the-counter medications, at your convenience.

Your PHR is more helpful to your doctor when the information is complete and up to date. Be sure to add as much information as often as you can.
Aetna Wellness Programs

Take the simple way to wellness — one step at a time

Simple Steps To A Healthier Life is a personalized online health and wellness program that makes it easy for you to help improve or maintain your health in ways that fit your lifestyle. It can help you eat better, lose weight, get in shape, relieve stress and more — in simple steps, at your own pace.

Simple Steps To A Healthier Life is convenient, secure and can be accessed from home or work at any time. Best of all, it’s offered at no additional cost to you.

The program starts with a questionnaire that can help you identify some of your health needs. After you complete the assessment, you will receive an easy-to-understand Health Assessment Summary. You can use this information to set a few healthy goals for yourself. You can also share it with your doctor to discuss your concerns. Then, follow your doctor’s recommendations and remember to update your health assessment each year, or whenever there’s a change in your health. You’ll also receive an e-mail suggesting online wellness programs based on your unique needs.

Once you become an Aetna member, you can access Simple Steps To A Healthier Life by logging in to Aetna Navigator.
Reach your own level of good health

Not everyone can be perfectly healthy. But, even with an ongoing health condition, you can reach your own level of good health. The Aetna Health Connections Disease Management Program can help you and your family members.

In this program, you can learn how to:

- Get the treatment and preventive care you need
- Understand and follow your doctor’s treatment plan
- Better manage your ongoing conditions
- Make changes to reach your personal health goals
- Identify and manage your risks for other conditions

Support for more than 35 conditions, including:

- Cancer
- Diabetes
- Digestive conditions
- Heart disease
- Lower back pain
- Neurological
- Oncology
- Orthopedic
- Vascular
- And many others

How our program can work for you

As an example, let’s say you have diabetes. You may contact us to join. Or, we may contact you to see if you want help managing your health issues.

Our nurses can then:

- Teach you about, and send you information on diabetes
- Give you online resources to use anytime
- Review the treatment plan and the medications your doctor recommends
- Explain possible side effects and answer your questions
- Give you our 24-hour, toll-free disease management phone number
- Work with you over time to help you meet your goals for managing diabetes and other health conditions

After you speak with a nurse, you will receive a letter. The letter will list the points you discussed and steps you should take before your next discussion with a nurse. Our support team can help you learn how to help protect yourself from future health problems.

Get started

Once you are an Aetna member, you can get started by calling 1-866-269-4500 or submitting a request through Aetna Navigator at www.aetna.com/statenj. This program is part of your Aetna health plan. There’s nothing extra to pay, and participation is up to you.
You work hard to take care of your physical health. Don’t forget to take care of your mental health, too!

The way you feel mentally can make a big difference in your overall wellness. That’s why you and your family have access to the Aetna Behavioral Health Program.

Our behavioral health case management program offers the support you and your loved ones need. Through the program, we’ll coordinate behavioral health and wellness services to be sure that you and your doctors use your benefits to the fullest.

We offer programs to members and their loved ones who have:
- Combined medical and behavioral health conditions
- Symptoms of depression
- Anxiety disorders, such as generalized anxiety, panic disorder and Post Traumatic Stress Disorder (PTSD)

Members who complete these programs have been shown to have significant symptom relief and improvement in their overall health. To learn more about our behavioral health specialty programs, log in to www.aetnabehavioralhealth.com, or call 1-800-424-5679.
Give your baby a healthy start

Whether you’re thinking about having a baby or you’re already pregnant, the Beginning Right Maternity Program has resources to help. We’ll make sure you and your baby get the best care possible — before, during and after your pregnancy. Use Beginning Right to give your baby a great head start in life!

Beginning Right gives you information in English and Spanish so you can learn about:

• Prenatal care
• Preterm labor symptoms
• What to expect before and after delivery
• Newborn care
• Quitting smoking
• And more

Resources for high-risk pregnancies

We’ll help you find out if you’re at risk for pregnancy-related conditions. Or, your doctor will tell you if you’re at risk for a high-risk pregnancy. In either case, we’ll guide you through the pregnancy so you can avoid anything that could harm you or your baby.

If you’re eligible, we’ll assign an Aetna nurse to manage your care. He or she will make sure you’re doing everything you can to have the healthiest pregnancy possible.

Get started

The more you know, the better chance you have for good health — for you and your baby. Once you are an Aetna member, you can get started by calling 1-800-CRADLE-1 (1-800-272-3531).
Aetna Discount Programs to help you lose weight, feel great and live well!

When you enroll in an Aetna health benefits plan, you also get the Aetna extras! You pay nothing to join and you’ll have access to big savings that can help you and your family.

• Work out at home or the gym with fitness discounts
• Eat healthy with online and mail-order weight-loss products
• Hear what you’re missing with hearing products and services
• See clearly — and in style — with vision products and services
• Relax with alternative medicine and natural products and services

Work out for less — Aetna FitnessSM discount program

Regular exercise and eating right can help you stay healthy and lower your risks for health conditions, such as heart disease, high blood pressure, diabetes and even depression. With the Aetna Fitness discount program, you can save money, too!

Save on a gym membership

You’ll have access to discounted membership fees in the GlobalFit™ network.6 With thousands of gyms to choose from, you can be sure there’s one near you.

Step 1: Pick a gym. Visit www.globalfit.com/fitness for a list of gyms you can visit.

Step 2: Join a gym. You can sign up online or call GlobalFit toll free at 1-800-298-7800.

Step 3: Go! Print your confirmation and take it with you.

6This special offer is for new gym members only. If you belong to a gym now, or belonged recently, you may not be able to get discounts at that gym.

More savings with Aetna Fitness

You’ll also have access to discounts on these products and services:
• Save on treadmills, elliptical machines, and more
• Try an at-home weight-loss program
• Get health coaching to stop smoking, lower stress, and more

Trim your waist, not your wallet — Aetna Weight ManagementSM discount program

The Aetna Weight Management discount program provides you and your eligible family members with access to discounts on the CalorieKingSM Program and products, Jenny Craig weight loss programs and Nutrisystem® weight loss meal plans.6

You can meet your weight loss goals and save money by choosing from many programs and plans. So get started, lose weight, feel better and develop a balanced, managed approach to your active lifestyle!

The Aetna Weight Management discount program offers the following discounts:

• CalorieKing: Save 15% on the Annual CalorieKing Program membership and get at least 15% off all purchases from the CalorieKing Store.

• Jenny Craig: Enjoy a FREE 30-Day Program. Then, get a 25% discount when you enroll in a Jenny Premium Program.

• Nutrisystem: Save 12% on any 28-Day Nutrisystem SuccessTM weight loss meal plan, plus get other offers available from Nutrisystem at the time you enroll.66

6The Aetna discount offers do not apply to any program in which you are already enrolled. To receive the discounted rate, you must wait until your current program ends. If you are enrolled in Auto-Delivery, you must cancel it and then re-enroll to receive the discounted rate.

66Offer good on new 28-Day Auto-Delivery programs only. With Auto-Delivery you receive a 20% discount off Nutrisystem’s regular 28-Day Program price and free shipping to the Continental U.S. only.
See your way to saving — Aetna Vision℠
discount program

You’ll pay less for eyeglasses, contact lenses, cleaning solutions, and even LASIK eye surgery. You’ll also save on eyecare items not typically covered by insurance — like designer frames, sunglasses and lots more.

Enroll with Aetna and use your discount each time you visit a participating store. Just book, browse and save!

**Book** — Make an appointment or go to a participating store. Choose from a large network of providers, including participating Sears Optical®, Target Optical®, JCPenney® Optical, LensCrafters®, Pearle Vision®, and thousands of independent optometrists and ophthalmologists.

**Browse** — Choose from fashionable frames and the latest in lens technology.

**Save** — Show your Aetna ID member card for instant savings.

**Save on LASIK surgery**

LASIK surgery just got more affordable. You’ll save up to 15%. Plus, you’ll get information, an initial screening and follow-up care — all for one discounted price. The initial consultation is always free. Call the U.S. Laser Network at 1-800-422-6600.

This is a brief list of savings you can get through Aetna Vision discounts.*

<table>
<thead>
<tr>
<th>Product or Service</th>
<th>What You’ll Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Exams</strong></td>
<td>Use your eye exam health benefit under the plan</td>
</tr>
<tr>
<td><strong>Lenses Per Pair (uncoated plastic)</strong></td>
<td></td>
</tr>
<tr>
<td>• Single Vision</td>
<td>$40</td>
</tr>
<tr>
<td>• Bifocal</td>
<td>$60</td>
</tr>
<tr>
<td>• Trifocal</td>
<td>$80</td>
</tr>
<tr>
<td>• Standard Progressive (no-line bifocal)</td>
<td>$120</td>
</tr>
<tr>
<td><strong>Eyeglass Frames (retail prices)</strong></td>
<td>40% off retail prices</td>
</tr>
<tr>
<td><strong>Lens Options Per Pair (add to lens price above)</strong></td>
<td></td>
</tr>
<tr>
<td>• Standard polycarbonate [includes ultraviolet (UV) coating and scratch-resistant coating]</td>
<td>$40</td>
</tr>
<tr>
<td>• Scratch-resistant coating</td>
<td>$15</td>
</tr>
<tr>
<td>• Solid or gradient tint</td>
<td>$15</td>
</tr>
<tr>
<td>• Standard anti-reflective coating</td>
<td>$45</td>
</tr>
<tr>
<td>• Glass</td>
<td>20% off retail</td>
</tr>
<tr>
<td>• Photochromic Glass</td>
<td>20% off retail</td>
</tr>
</tbody>
</table>

**Contact Lenses**

Get a 15% discount (5% on disposables) off retail prices.

**Mail-Order Contact Lens Replacement Program**

Call 1-800-391-LENS (1-800-391-5367) to order replacement contact lenses. (Mail-order contact prices are not subject to the discounts received at participating locations.)

**Additional Vision-Related Items**

Visit any participating location to receive a 20% discount off retail prices.

**LASIK Surgery**

Save up to 15% off the retail prices (5% off special advertised prices) of the surgeon’s fee through the U.S. Laser Network.

*EyeMed Services and Compensation Schedule. Prices are subject to change. Discounts may not be available on all brand names.
Hear what you’re missing — Aetna HearingSM discount program

The Aetna Hearing discount program helps you and your family save on hearing exams, hearing aids and other hearing services. When you enroll in Aetna, you can choose between two great offers at no additional premium cost:

• Hearing Care Solutions
• HearPO®

Below is a chart to help you choose the best offer for you and your family.

<table>
<thead>
<tr>
<th>Hearing Care Solutions</th>
<th>HearPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-866-344-7756</td>
<td>1-888-432-7464</td>
</tr>
</tbody>
</table>

You get:

- Up to 50% savings on hearing aids
- Batteries
- In-office service for one year
- Free cleanings, checks and battery-door replacements for the life of your hearing aid

You get:

- Savings on many styles of hearing aids, from behind the ear to in-canal
- Discounts on hearing aid repairs
- Free follow-up service for one full year
- Two year supply of batteries (up to 160 cells per hearing aid)

You can also visit www.aetna.com/statenj for more information.

Live naturally and save — Aetna Natural Products and ServicesSM program

Few people travel the same path to good health. That’s why the Aetna Natural Products and Services discount program delivers savings on complementary health services and natural products through American Specialty Health®, a recognized leader in this market. It’s a smart way to save on items not typically covered by insurance.

Save on health-related services that health plans usually don’t cover.

Get at least 25% off the normal fee for:

- Massage Therapy — to release pressure and improve circulation
- Acupuncture — to heal areas of pain or stress with the use of needles
- Chiropractic care — to ease neck and back pain by adjusting the spine
- Dietetic counseling — for advice from registered dieticians on the foods you should eat

Log in to Aetna Navigator at www.aetna.com to find a program provider. Bring your Aetna Member ID card to your appointment for instant savings.

Save on over 2,400 health and wellness products, such as:

- Over-the-counter vitamins
- Herbal and nutritional supplements
- Aromatherapy products
- Homeopathic remedies
- Natural body care products
- Yoga equipment and more

Save on online medical consultations. You get:

- Advice on natural remedies for joint pain, allergies, headaches and many other conditions
- Secure messaging with a Vital Health Network doctor about a chosen topic
- 30% off the retail price of one online consultation
- 50% off the retail price of two or more online consultations

Start your consultation right from Aetna Navigator at www.aetna.com. Just choose a condition and answer a few questions. After you connect with the doctor online, you’ll get a tailored treatment plan.

More savings for you!

- Save on Waterpik® sonic toothbrushes and Epic™ Dental products like gum, toothpaste and mouth rinses with Xylitol® — a natural sweetener designed to stop tooth decay.
- Save on newsletters and books from the Mayo Clinic Store at www.store.mayoclinic.com.
Get fit, stay well and save!

Your good health is important to us. Start saving today on services and products that can help you stay well. And, take advantage of other offers that respond to your special needs. They’re the Aetna extras that are all here for you when you enroll in an Aetna medical benefit plan. Use them often, and use them in good health.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company (Aetna).

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Health benefits plans contain exclusions and limitations. Not all health 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.

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. The health assessment is used in a variety of ways to support Aetna products and services that help you manage your health. We will use your health assessment information in compliance with all applicable state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules. For more information, view our Notice of Privacy Practices located at the bottom of our website, or call the number on your Aetna Member ID card. The Aetna Personal Health Record should not be used as the sole source of information about the member’s medical history.

Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Aetna may receive a percentage of the fee you pay to the discount vendor.

HSA investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase & Co.

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.
Important Disclosure Information about your health benefits

Understanding your plan benefits

Aetna health benefits plans cover most types of health care from a doctor or hospital. But, they do not cover everything. The plan covers recommended preventive care and care that you need for medical reasons. It does not cover services you may just want to have, like plastic surgery. It also does not cover treatment that is not yet widely accepted. You should also be aware that some services may have limits. For example, a plan may allow only one eye exam per year.

Not all of the information in this section applies to your specific plan

Most of the information in this booklet applies to all plans. But, some does not. For example, not all plans have deductibles or referrals. Information about those topics will only apply if the plan includes those rules.

Where to find information about your specific plan

Your “plan documents” list all the details for the plan you choose. These include what’s covered, what’s not covered and the specific amounts that you will pay for services. Plan document names vary. They may include a Schedule of Benefits, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Group Insurance Policy and/or any riders and updates that come with them.

If you can’t find your plan documents, call Member Services to ask for a copy. Use the toll-free number on your Aetna Member ID card.

Getting help

Contact us

Member Services can help with your questions. To contact Member Services, call the toll-free number on your Aetna Member ID card. You can also send Member Services an e-mail. Just go to your secure Aetna Navigator member website. Click on “Contact Us” after you log on.

Member Services can help you:
• Understand how your plan works or what you will pay
• Get information about how to file a claim
• Get a referral
• Find care outside your area
• File a complaint or appeal
• Get copies of your plan documents
• Connect to behavioral health services (if included in your plan)
• Find specific health information
• Learn more about our Quality Management program
• And more

Help for those who speak another language and for the hearing impaired

Do you need help in another language? Member Services representatives can connect you to a special line where you can talk to someone in your own language. You can also get interpretation assistance for registering a complaint or appeal.

Language hotline: 1-888-982-3862 (140 languages are available. You must ask for an interpreter.) TDD 1-800-628-3323 (hearing impaired only).

Ayuda para las personas que hablan otro idioma y para personas con impedimentos auditivos

¿Necesita ayuda en otro idioma? Los representantes de Servicios al Miembro le pueden conectar a una línea especial donde puede hablar con alguien en su propio idioma. También puede obtener asistencia de un intérprete para presentar una queja o apelación.

Línea directa: 1-888-982-3862 (Tenemos 140 idiomas disponibles. Debe pedir un intérprete.) TDD 1-800-628-3323 (sólo para personas con impedimentos auditivos).

Search our network for doctors, hospitals and other health care providers

It’s important to know which doctors are in our network. That’s because some of our health plans only let you visit doctors, hospitals and other health care providers, such as labs, if they are in our network.

Here’s how you can find out if your health care provider is in our network.

• Log in to your secure Aetna Navigator member website at www.aetna.com. Follow the path to find a doctor and enter your doctor’s name in the search field.
• Call us at the toll-free number on your Aetna Member ID card. If you don’t have your card, you can call us at 1-877-STATENJ (1-877-782-8365).

For up-to-date information about how to find inpatient and outpatient services, partial hospitalization and other behavioral health care services, please follow the instructions above. If you do not have Internet access and would like a printed list of providers, please contact Member Services at the toll-free number on your Aetna Member ID card to ask for a copy.

Our online directory is more than just a list of doctors’ names and addresses. It also includes information about where the physician attended medical school, board certification status, language spoken, gender and more. You can even get driving directions to the office. If you don’t have Internet access, you can call Member Services to ask about this information.
Costs and rules for using your plan

What you pay
You will share in the cost of your health care. These are called “out-of-pocket” costs. Your plan documents show the amounts that apply to your specific plan. Those costs may include:

• Copay — A fixed amount (for example, $15) you pay for covered health care service. You usually pay this when you receive the service. The amount can vary by the type of service. For example, the copay for your primary care doctor’s office visit may be different than a specialist’s office visit.

• Coinsurance — Your share of the costs of a covered service. Coinsurance is calculated as a percent (for example, 20%) of the allowed amount for the service. For example, if the health plan’s allowed amount for an office visit is $100 and you’ve met your deductible, your coinsurance payment of 20% would be $20. The health plan pays the rest of the allowed amount. 5

• Deductible — Some plans include a deductible which is the amount you owe for health care services before your health plan begins to pay. For example, if your deductible is $1,500, your plan won’t pay anything until you have paid $1,500 for any covered health care services that are subject to the deductible. The deductible may not apply to all services.

Your costs when you go outside the network

Network-only plans
Aetna HMO plans are in-network-only plans. That means the plan covers health care services only when provided by a doctor who participates in the Aetna network. If you receive services from an out-of-network doctor or other health care provider, you will have to pay all of the costs for the services.

Plans that cover out-of-network services
With the Aetna Freedom plan, or the Aetna Value HD plan, you may choose a doctor in the Aetna network. You may choose to visit an out-of-network doctor. We cover the cost of care based on if the provider (such as a doctor or hospital) is “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 care. We will use examples for a 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.

“In-network” means we have a contract with that doctor. The doctor agrees to how much to charge you for covered services. That amount is often less than what you would be charged if the doctor was not in our network. Most of the time it costs you less to use doctors in our network. Most plans pay a higher percentage of the bill if you stay in network. The doctor agrees he won’t bill you for any amount over his contract rate.

All you have to pay is your coinsurance or copayments, along with any deductible. Your network doctor will handle any precertification required by your plan.

“Out-of-network” means that we do not have a contract for discounted rates with that doctor. We don’t know exactly what an out-of-network doctor will charge you. 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.

Your out-of-network doctor or hospital 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 limits.

This means that you are fully responsible for paying everything above the amount that Aetna allows for a service or procedure.

How we pay doctors who are not in our network
When you choose to see an out-of-network doctor, hospital or other health care provider, Aetna pays for your health care using “prevailing or reasonable” charges obtained from an industry database, a rate based on what Medicare would pay for that service or a local market fee set by Aetna. Your plan will state which method is used.

This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. See “Emergency care and care after office hours” on page 21 for more information.

Going in-network just makes sense!
• We have negotiated discounted rates for you.
• In-network doctors and hospitals won’t bill you for costs above our rates for covered services.
• You are in great hands with access to quality care from our national network.

To learn more about how we pay out-of-network benefits, visit www.aetna.com. Type “how Aetna pays” in the search box.

For Aetna HMO plans only — Choose a primary care physician (PCP)
If you have an Aetna HMO plan, you must pick a primary care physician, or “PCP” who can get to know your health care needs — and help you better manage your health care. You can designate any primary care doctor who participates in the Aetna network and who is available to accept you or your family members. If you do not pick a PCP, your benefits may be limited or we may select a PCP for you.

A PCP is the doctor you go to when you need health care. If it’s an emergency, you don’t have to call your PCP first. This one doctor can coordinate all your care. Your PCP will perform physical exams, order tests and screenings, and help you when you’re sick. Your PCP will also refer you to a specialist when needed.
You may choose a pediatrician for your child(ren)’s PCP. He or she will issue referrals to other doctors, and will get all required approvals and comply with any preapproved treatment plans. See the sections about referrals and precertification for more about those requirements.

Tell us whom you chose to be your PCP

You may choose a different PCP from the Aetna network for each member of your family. Enter the name of the PCP you have chosen on your enrollment form. Or, call Member Services after you enroll to tell us your selection. The name of your PCP will appear on your Aetna Member ID card. You may change your selected PCP at any time. If you change your PCP, you will receive a new ID card.

For Aetna HMO plans only — Referrals: Your PCP will refer you to a specialist when needed

Referrals apply to Aetna HMO plans. They do not apply to the Aetna Freedom or Aetna Value HD plans. If you need specialty care, your PCP will give you a referral to a specialist who participates in the Aetna network. A “referral” is a written request for you to see another doctor. Some doctors can send the referral electronically to your specialist. There’s no paperwork involved!

Talk with your doctor to understand why you need to see a specialist. And, remember to always get the referral before you receive the care.

Remember these points about referrals:

• You do not need a referral for emergency care.
• If you do not get a referral when required, you may have to pay the bill yourself. If your plan lets you go outside the network, the plan will pay it as an out-of-network benefit.
• Your specialist might recommend treatment or tests that were not on the original referral. In that case, you may need to get another referral from your PCP for those services.
• Women can go to an Ob/Gyn without a referral. See “PCP and referral rules for Ob/Gyns” in the next column.
• Except in emergencies, you need a referral from your PCP for all inpatient hospital services.
• Referrals are valid for one year as long as you are still a member of the plan. Your first visit must be within 90 days of the referral issue date.
• In plans that do not let you go outside the network, you can get a special referral if a network specialist is not available.

Referrals to hospitals

You may need services that cannot be performed at your PCP’s usual hospital. In this case, your PCP can call us to find a hospital that participates in our network and provides the services you need.

Referrals within physician groups

Some PCPs are part of a larger group of doctors. These PCPs will usually refer you to another doctor within that same group. If this group cannot meet your medical needs, you can ask us for a coverage exception to go outside this group. You may also need to precertify the services. And, you may need permission from the physician group as well.

PCP and referral rules for Ob/Gyns

Women can go to any obstetrician or gynecologist who participates in the Aetna network without a referral or prior authorization. Visits can be for checkups, including breast exam, mammogram and Pap smear, and for obstetric or gynecologic problems.

Also, an Ob/Gyn can give referrals for covered obstetric or gynecologic services just like a PCP. Just follow your plan’s normal rules. Your Ob/Gyn might be part of a larger physicians’ group. If so, any referral will be to a specialist in that larger group. Check with the Ob/Gyn to see if the group has different referral policies.

Precertification: Getting approvals for services

Sometimes, we will pay for care only if we have given an approval before you get it. We call that “precertification.” Precertification is usually limited to more serious care, like surgery or being admitted to a nursing home. Your plan documents list all the services that require precertification.

Your Aetna participating doctor takes care of precertification by calling the number shown on your Aetna Member ID card. You must get the approval before you receive the care.

Precertification is not required for emergency services.

What we look for when reviewing a precertification request

First, we check to see that you are still a member. And we make sure the service is a covered expense under your plan. We also check to see that the service and place requested to perform the service is cost effective. If we know of a treatment or place of service that is just as effective, but costs less, we may talk with your doctor about it.

We also look to see if you qualify for one of our case management programs. If so, one of our nurses may call to tell you about it and help you understand your upcoming procedure.

Information about specific benefits

Emergency care and care after office hours

An emergency medical condition means your symptoms are sudden and severe. If you don’t get help right away, an average person with average medical knowledge will expect that you could die or risk your health. For a pregnant woman, that includes her unborn child.

Emergency care is covered anytime, anywhere in the world. If you need emergency care, follow these guidelines:

• Call 911 or go to the nearest emergency room. If a delay would not risk your health, call your doctor or PCP.
• Tell your doctor or PCP as soon as possible afterward. A friend or family member may call on your behalf.
• Emergency care services do not require precertification.

What to do outside your Aetna service area

You are covered for emergency and urgently needed care when you’re traveling. That includes students who are away at school. When you need care right away, go to any doctor, walk-in clinic, urgent care center or emergency room.
We’ll review the information when the claim comes in. If we think the situation was not urgent, we might ask you for more information and may send you a form to fill out. Please complete the form, or call Member Services to give us the information over the phone.

If you receive emergency care outside your Aetna service area, your health care provider may not accept payment of your cost share (copay/coinsurance) in full. If the provider bills you for an amount above your cost share, you are not responsible for paying the amount. You should send the bill to the address listed on your Aetna Member ID card and Aetna will resolve any payment dispute with the provider.

Follow-up care for plans that require a PCP
You may need to follow up with a doctor after your emergency. For example, you’ll need a doctor to take out stitches, remove a cast or take another set of X-rays to see if you’ve healed. Your PCP should coordinate all follow-up care. You will need a referral for follow-up care that is not performed by your PCP. You may also need to precertify the services if you go outside the network.

After-hours care — available 24/7
Call your doctor anytime if you have medical questions or concerns. Your doctor should have an answering service if you call after the office closes. You can also go to an Urgent Care Center, which may have limited hours. To find a center near you, log in to www.aetna.com and search our list of doctors and other health care providers. Check your plan documents to see how much you must pay for urgent care services.

Behavioral health and substance abuse benefits
You must use behavioral health professionals that are in the Aetna network.

Here’s how to get behavioral health services
Emergency services — call 911. Otherwise:
• There is no referral required for an in-network behavioral health specialist
• If you don’t have a PCP, call the toll-free Behavioral Health number on your Aetna Member ID card
• If no other number is listed, call Member Services
• If you’re using your employer’s or school’s Employee Assistance (EAP) program, the EAP counselor can help you find a behavioral health specialist

You can access most outpatient therapy services without a referral or preauthorization. However, you should first consult Member Services to confirm that any such outpatient therapy services do not require a referral or preauthorization.

Read about behavioral health provider safety
We want you to feel good about using the Aetna network for behavioral health services. Visit www.aetna.com/docfind/custom/statement and click the “Get info on Patient Safety and Quality” link. No Internet? Call Aetna Member Services instead. Use the toll-free number on your Aetna Member ID card to ask for a printed copy.

Behavioral health programs to help prevent depression
Aetna Behavioral Health offers two prevention programs for our members: Perinatal Depression Education, Screening and Treatment Referral Program, also known as Beginning Right Depression Program, and Identification and Referral of Substance Abuse Screening for Adolescents with Depression and/or Anxiety Prevention Program (SASDA). For more information on either of these prevention programs and how to use the programs, ask Member Services for the phone number of your local Care Management Center.

Transplants and other complex conditions
Our National Medical Excellence Program® (NME) is for members who need a transplant or have a condition that can only be treated at a certain hospital. You usually need to use an Aetna Institutes of Excellence™ hospital to get coverage for the treatment. Some plans won’t cover the service if you don’t. We choose hospitals for the NME program based on their expertise and experience with these services. We also follow any state rules when choosing these hospitals.

Breast reconstruction benefits
Notice Regarding Women’s Health and Cancer Rights Act
Under this health plan, as required by the Women’s Health and Cancer Rights Act of 1998, coverage will be provided to a person who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with the mastectomy for

(1) All stages of reconstruction of the breast on which a mastectomy has been performed
(2) Surgery and reconstruction of the other breast to produce a symmetrical appearance
(3) Prostheses
(4) Treatment of physical complications of all stages of mastectomy, including lymph edemas

This coverage will be provided in consultation with the attending physician and the patient, and will be provided in accordance with the plan design, limitations, copays, deductibles and referral requirements, if any, as outlined in your plan documents.

If you have any questions about our coverage of mastectomies and reconstructive surgery, please contact the Aetna Member Services number on your Aetna Member ID card.

Knowing what is covered

You can avoid receiving an unexpected bill with a simple call to Member Services. You can find out if your preventive care service, diagnostic test or other treatment is a covered benefit — before you receive care — just by calling the toll-free number on your Aetna Member ID card.

We have developed a patient management program to help determine what health care services are covered under the health plan and the extent of such coverage. The program helps patients get appropriate health care and maximize coverage for those health care services.

Here are some of the ways we determine what is covered:

We make sure it’s “medically necessary”

Medical necessity is more than being ordered by a doctor. “Medically necessary” means your doctor ordered a product or service for an important medical reason. It might be to help prevent a disease or condition, or to check if you have one. Or, it might be to treat an injury or illness.

The product or service:

• Must meet a normal standard for doctors
• Must be the right type in the right amount for the right length of time and for the right body part. It also has to be known to help the particular symptom(s)
• Cannot be for the member’s or the doctor’s convenience
• Cannot cost more than another service or product that is just as effective

Only medical professionals can deny coverage if the reason is medical necessity. We do not give financial incentives or otherwise advise Aetna employees for denying coverage.

Sometimes the review of medical necessity is handled by a physicians’ group. Those groups might use different resources than we do.

If we deny coverage, we’ll send you and your doctor a letter. The letter will explain how to appeal the denial. You have the same right to appeal if a physicians’ group denied coverage for medical necessity. You can call Member Services to ask for a free copy of the criteria we use to make coverage decisions. Or, visit www.aetna.com/about/cov_det_policies.html to read our policies. Doctors can write or call our Patient Management department with questions. Contact Member Services either online or at the phone number on your Aetna Member ID card for the appropriate address and phone number for the Patient Management address and phone number.

We study the latest medical technology

To help us decide what is medically necessary, we may look at scientific evidence published in medical journals. This is the same information doctors use. We also make sure the product or service is in line with how doctors, who usually treat the illness or injury, use it. Our doctors may use nationally recognized resources like The Milliman Care Guidelines.

We also review the latest medical technology, including drugs, equipment and even mental health treatments. Plus, we look at new ways to use old technologies. To make decisions, we may:

• Read medical journals to see the research. We want to know how safe and effective it is
• See what other medical and government groups say about it. That includes the federal Agency for Health Care Research and Quality
• Ask experts
• Check how often and how successfully it has been used

We publish our decisions in our Clinical Policy Bulletins.

We post our findings on www.aetna.com

After we decide if a product or service is medically necessary, we write a report about it. We call the report a Clinical Policy Bulletin (CPB).

CPBs tell if we view a product or service as medically necessary. They also help us decide whether or not to approve a coverage request. But, your plan may not cover everything that our CPBs say is medically necessary. Each plan is different, so check your plan documents.

CPBs are not meant to advise you or your doctor on your care. Only your doctor can give you advice and treatment. Talk with your doctor about any CPB relating to your coverage or condition.

You and your doctor can read our CPBs on our website at www.aetna.com under “Individuals & Families.” No Internet? Call Member Services at the toll-free number on your Aetna Member ID card. Ask for a copy of a CPB for any particular product or service.

We can help when more serious care is suitable

In certain cases, we review a request for coverage to be sure the service or supply is consistent with established guidelines. Then, we follow up. We call this “utilization management review.”

It’s a three-step process:

First, we begin this process if your hospital stay lasts longer than what was approved. We verify that it is necessary for you to still be in the hospital. We look at the level and quality of care you are getting.

Second, we begin planning your discharge. This process can begin at any time. We look to see if you might benefit from any of our programs. We might have a nurse case manager follow your progress. Or we might recommend that you try a wellness program after you get back home.

Third, after you are home, we may review your case. We may look over your medical records and claims from your doctors and the hospital. We look to see that you got appropriate care. We also look for waste or unnecessary costs.
We follow specific rules to help us make your health a top concern:

• Aetna employees are not compensated based on denials of coverage.

• We do not encourage denials of coverage. In fact, our utilization review staff is trained to focus on the risks of members not adequately using certain services.

Where such use is appropriate, our Utilization Review/Patient Management staff uses nationally recognized guidelines and resources, such as The Milliman Care Guidelines to guide these processes. When provider groups, such as independent practice associations, are responsible for these steps, they may use other criteria that they deem appropriate. Utilization Review/Patient Management policies may vary as a result of state laws.

What to do if you disagree with us

Complaints, appeals and external review

Please tell us if you are not satisfied with a response you received from us or with how we do business.

The complaint and appeal processes can be different depending on your plan and where you live. Some states have laws that include their own processes. But, these state laws don’t apply to many plans that we administer. So, it’s best to check your plan documents or talk with someone in Member Services to see how it works for you.

Call Member Services to file a verbal complaint or to ask for the appropriate address to mail a written complaint.

The phone number is on your Aetna Member ID card. You can also e-mail Member Services through Aetna Navigator, your secure member website.

If you’re not satisfied after talking with a Member Services representative, you can ask that your issue be sent to the appropriate department.

If you don’t agree with a denied claim, you can file an appeal

To file an appeal, follow the directions in the letter or explanation of benefits statement that explains that your claim was denied. The letter also tells you what we need from you and how soon we will respond.

Get a review from someone outside Aetna

In some cases, you can ask for an outside review if you’re not satisfied after going through our internal appeals process. Follow the instructions on our response to your appeal. Call Member Services to ask for an External Review Form or log in to www.aetna.com/individuals-families-health-insurance/member-guidelines/ext_review.html.

The SHBP/SEHBP follows the federal external review process. Most claims are allowed to go to external review. An exception would be if you are denied because you’re no longer eligible for the plan.

If your case qualifies, an Independent Review Organization (IRO) will assign it to an outside expert. The expert will be a doctor or other professional who specializes in that area or type of dispute. You should have a decision within 45 calendar days of the request.

We will follow the external reviewer’s decision. We will also pay the cost of the review.

A “rush” review may be possible

If your doctor thinks you cannot wait 45 days, ask for an “expedited review.” That means we will make our decision more quickly.

Member rights and responsibilities

Know your rights as a member

You have many legal rights as a member of a health plan. You also have many responsibilities. You have the right to suggest changes in our policies and procedures, including our Member Rights and Responsibilities.

Below are just some of your rights. We also publish a list of rights and responsibilities on our website. Visit www.aetna.com/individuals-families-health-insurance/member-guidelines/member-rights.html to view the list. You can also call Member Services at the number on your Aetna Member ID card to ask for a printed copy.

Making medical decisions before your procedure

An “advanced directive” tells your family and doctors what to do when you can’t tell them yourself. You don’t need an advance directive to receive care. But, you have the right to create one. Hospitals may ask if you have an advanced directive when you are admitted.

There are three types of advance directives:

(1) Durable power of attorney — name the person you want to make medical decisions for you

(2) Living will — spells out the type and extent of care you want to receive

(3) Do-not-resuscitate order — states that you don’t want CPR if your heart stops or a breathing tube is used if you stop breathing

You can create an advance directive in several ways:

• Ask your doctor for an advanced directive form

• Pick up a form at state or local offices on aging, bar associations, legal service programs or your local health department

• Work with a lawyer to write an advance directive

• Create an advance directive using computer software designed for this purpose


Learn about our quality management programs

We make sure your doctor provides quality care for you and your family. To learn more about these programs, go to our website at www.aetna.com/members/health_coverage/quality/quality.html. You can also call Aetna Member Services to ask for a printed copy.
We consider your personal information to be private. Our policies help us protect your privacy. By “personal information,” we mean information about your physical condition, the health care you receive and what your health care costs. Personal information does not include what is available to the public. For example, anyone can find out what your health plan covers or how it works. It also does not include summarized reports that do not identify you.

Below is a summary of our privacy policy. For a copy of our actual policy, go to www.aetna.com. You’ll find the “Privacy Information” link at the bottom of the page. You can also write to:

Aetna Legal Support Services Department
151 Farmington Avenue, W121
Hartford, CT 06156

Summary of the Aetna privacy policy

We have policies and procedures in place to protect your personal information from unlawful use and disclosure. We may share your information to help with your care or treatment and administer our health plans and programs. We use your information internally, share it with our affiliates, and may disclose it to:

• Your doctors, dentists, pharmacies, hospitals and other caregivers
• Those who pay for your health care services. That can include health care provider organizations and employers who fund their own health plans or who share the costs.
• Other insurers
• Third-party administrators
• Vendors
• Consultants
• Government authorities and their respective agents

These parties must also keep your information private. Doctors in the Aetna network must allow you to see your medical records within a reasonable time after you ask for them.

Some of the ways we use your personal information include:

• Paying claims
• Making decisions about what to cover
• Coordinating payments with other insurers
• Preventive health, early detection, and disease and case management

We consider these activities key for the operation of our health plans. We usually will not ask if it’s okay to share your information unless the law requires us to. We will ask your permission to disclose personal information if it is for marketing purposes. Our policies include how to handle requests for your information if you are unable to give consent.

Anyone can get health care

We do not consider your race, disability status, religion, sex, sexual orientation, health, ethnicity, creed, age or national origin when giving you access to health care. Network providers are contractually obligated to do the same.

We must comply with these laws:

• Title VI of the Civil Rights Act of 1964
• Age Discrimination Act of 1975
• Americans with Disabilities Act
• Laws that apply to those who receive federal funds
• All other laws that protect your rights to receive health care

How we use information about your race, ethnicity and the language you speak

You choose if you want to tell us your race/ethnicity and preferred language. We’ll keep that information private. We use it to help us improve your access to health care. We also use it to help serve you better. See “We protect your privacy” at the top of the first column to learn more about how we use and protect your private information. See also “Anyone can get health care” above.

Your rights to enroll later if you decide not to enroll now

When you lose your other coverage

You might choose not to enroll now because you already have health insurance. You may be able to enroll later if you lose that other coverage or if your employer stops contributing to the cost. This includes enrolling your spouse or children and other dependents. If that happens, you must apply within 31 days after your coverage ends (or after the employer stops contributing to the other coverage).

When you have a new dependent

Getting married? Having a baby? A new dependent changes everything. And, you can change your mind. If you chose not to enroll during the normal Open Enrollment period, you can enroll within 60 days after a life event. That includes marriage, birth, adoption or placement for adoption. Talk with your benefits administrator for more information or to request special enrollment or for more information.

Getting proof that you had previous coverage

Sometimes, when you apply for health coverage, an insurer may ask for proof that you were covered before. This helps determine if you are eligible for their plan.