

Open Choice[®] Plan

Aetna Health Benefits

Easy-to-use
health benefits.

Innovative tools to
keep you informed.

No referrals
required.

We want you to knowSM





Welcome to the Open Choice Plan from Aetna*

How Your Open Choice Plan Works

Your Open Choice plan gives you the freedom to choose any recognized physician or hospital — no referrals are necessary, ever. For covered medical expenses, the choice is always yours.

The true worth of any health benefits plan is how it works for you. That's why with the Aetna Open Choice PPO** 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 Aetna Open Choice plan puts these advantages on your side ...

- Extensive network of physicians and health care providers
- Flexibility to seek covered services from a preferred or nonpreferred provider
- Lower out-of-pocket costs when you visit a preferred provider
- No claim forms for covered services delivered by a preferred provider
- Emergency coverage — anytime, anywhere
- The DocFind® online provider directory
- Aetna Navigator™ self-service consumer website, featuring your personal benefit information
- Hospital Comparison Tool for comparing area hospitals
- Price-A-DrugSM tool for comparing retail drug prices
- And more, depending on your employer's plan design!

CHOICE #1:

Visit a Preferred Provider

When you visit a provider from within our network for covered services (a preferred provider), you generally pay a fee for each visit called a copayment. The copayment (or copay) may be a dollar amount or a percentage of covered expenses.

To find a preferred provider:

- 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 1-800-323-9930.

Either way, you can locate a preferred provider based on geographic location, medical specialty and hospital affiliation.

CHOICE #2:

Visit a Nonpreferred Provider

You also have the freedom to visit a provider not in our network (a nonpreferred provider) for covered expenses.

- You must meet 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.
- When your deductible is met, you pay the applicable coinsurance for covered expenses. *Coinsurance* is a percentage of the covered expenses.
- You must precertify certain services that require prior authorization from Aetna.*** Failure to precertify may lead to substantially reduced benefits, or denial of coverage. Be sure to check your plan documents (received after enrollment) for a list of services requiring precertification.
- You may have to file your own claims, and you could be subject to balance billing (the difference between the usual, reasonable and customary amount covered by Aetna and the amount charged by the provider).

Please see the benefits summary sheet included with this enrollment kit for a list of the expenses covered under your plan and the applicable copayment, deductible and coinsurance schedule.

*"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The company that underwrites or administers Open Choice benefit coverage 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-89296; GR-89297; GR-96124; GR-96125.

**Preferred Provider Organization.

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

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.

DocFind, Our Online Provider Directory

Find the doctor that's right for you — 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, customize your search using the following categories:

- Name
- Location
- Specialty
- Hospital affiliation
- Gender
- 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:

1. Go to www.aetna.com.
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 use tools for understanding and managing health care and dependent care spending accounts. 
- Contact Member Services with benefits questions (also available in Spanish).

Use Aetna Navigator's online tools to manage your benefits and help you make more informed health decisions:

- **Hospital comparison tool** compares hospital outcome information about medical care provided by hospitals in your area, based on criteria important to you.
- **Price-A-Drug[†]** helps you estimate the cost of prescriptions before you buy.
- **Price-A-Dental ProcedureSM tool[†]** 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[®]** interactive 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 health topics such as asthma and heart health.

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

[†]If included in your Aetna plan.



A Broad Spectrum of Benefits

Your Open Choice 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 may apply. 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.**

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



See your enrollment kit for flyers on other programs and features included in your plan.

We look forward to welcoming you and your family as our newest Open Choice plan members ... and to providing the coverage, services, information and tools you may need.

Enroll today!

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. 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. 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.