

## Quality assessment and improvement activities:

- Auditing and anti-fraud activities
- Performance measurement and outcomes assessment
- Health claims analysis and reporting
- Health services research
- Data and information systems management
- Compliance with legal and regulatory requirements
- Formulary management
- Litigation proceedings
- Transfer of policies or contracts to and from other insurers, HMOs and third-party administrators
- Underwriting activities
- Due diligence activities in connection with the purchase or sale of some or all of our business

**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 and its affiliates (Aetna).**

We consider these activities key for the operation of our health plans. To the extent permitted by law, we use and disclose personal information as provided above without member consent. However, we recognize that many members do not want to receive unsolicited marketing materials unrelated to their health benefits. We do not disclose personal information for these marketing purposes unless the member consents. We also have policies addressing circumstances in which members are unable to give consent.

To obtain a copy of our Notice of Privacy Practices, which describes in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Member Services number on your ID card or visit our Internet site at [www.aetna.com](http://www.aetna.com).

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. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).



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MAILING AREA

# Important health and health benefits information

## Choose a doctor the fast and easy way, with DocFind<sup>®</sup>

Simply log in to your secure Aetna Navigator<sup>®</sup> website at [www.aetna.com](http://www.aetna.com) and select "Find a Doctor" to find a doctor (or primary care physician), dentist, hospital, pharmacy or specialist near you. If you would prefer a printed directory of providers, call the Member Services phone number on your member ID card.

## Important benefits for Women Women's Health and Cancer Rights Act of 1998

Your Aetna health plan provides benefits for mastectomy and mastectomy-related services, including reconstruction and surgery to achieve symmetry between breasts; prosthesis; and treatment of physical complications of all stages of mastectomy, including lymphedema. Coverage is provided in accordance with your plan design, and is subject to plan limitations, copays, deductibles, coinsurance and referral requirements, if any, as outlined in your plan documents. Please contact Member Services for more information.



## How Aetna Pays for Out-of-Network Benefits

We negotiate rates with doctors, dentists and other health care providers to help you save money. We refer to these providers as being “in our network.”

Some of our plans pay for services from providers who are not in our network. Many of those plans pay for out-of-network services based on what is called the “reasonable,” “usual and customary” or “prevailing” charge. Here is how we figure out that charge.

### Step 1: We review the data

We get information from Ingenix, which is owned by United HealthCare. Health plans send Ingenix copies of claims for services they received from providers. The claims include the date and place of the service, the procedure code, and the provider’s charge. Ingenix combines this information into databases that show how much providers charge for just about any service in any zip code.

**Example:** Providers’ charges for removing an appendix are grouped into percentiles from low to high. The higher charges are grouped into the higher percentiles. Charges that fall in the middle are grouped in the 50th percentile. Here is a simplified illustration of a percentile chart for an appendectomy for one zip code:

| PERCENTILE | APPENDECTOMY |
|------------|--------------|
| 50th       | \$1650       |
| 60th       | \$1650       |
| 70th       | \$1800       |
| 75th       | \$2508       |
| 80th       | \$2625       |
| 85th       | \$3110       |
| 90th       | \$3110       |
| 95th       | \$3400       |

### Step 2: We calculate the portion we pay

For most of our health plans, we use the 80th percentile to calculate how much to pay for out-of-network services. Payment at the 80th percentile means 80 percent of charges in the database are the same or less for that service in a particular zip code.

If there are not enough charges (less than 9) in the databases for a service in a particular zip code, we may use “derived charge data” instead. “Derived charge data” is based on the charges for comparable procedures, multiplied by a factor that takes into account the relative complexity of the procedure that was performed. We also use derived charge data for our student health plans and Aetna Affordable Health Choices® plans.

### Step 3: We refer to your health plan

We pay our portion of the prevailing charge as listed in your health plan. You pay your portion (called “coinsurance”) and any deductible.

Sometimes what we pay is less than what your provider charges. In that case, your provider may require you to pay the difference. This is true even if you have reached your plan’s out-of-pocket maximum.

**Example:** You use a doctor who is not in Aetna’s network. The doctor charges \$120 for a service. The doctor sends the claim to Aetna. Your plan covers 70 percent of the “reasonable,” “usual and customary” or “prevailing” charge. Let’s say the prevailing charge is \$100. And let’s say you already met your deductible. Aetna would pay \$70. You would pay the other \$30. Your doctor may bill you for the \$20 difference between the prevailing charge (\$100) and the billed charge (\$120). In this case, your doctor could bill you for a total of \$50.

We may consider other factors to determine what to pay if a service is unusual or not performed often in your area. These factors can include:

- The complexity of the service
- The degree of skill needed
- The provider’s specialty
- The prevailing charge in other areas
- Aetna’s own data

### Exceptions

Please note that this general description does not apply to every case. Some plans set the prevailing charge at a different percentile. For some claims (like those from hospitals and outpatient centers) we may use other information and data sources to determine the charge. And not all our plans use Ingenix. (Medicare plans and plans that pay based on fee schedules are examples.)

Our provider claims coding and reimbursement policies may also affect what we pay for a claim. These policies will be shown on your Explanation of Benefits documents.

### Background

The New York State Attorney General (NYAG) investigated the conflicts of interest related to the ownership and use of Ingenix data. Under an agreement with the NYAG, UnitedHealth Group agreed to stop using the Ingenix databases when an independent database (not owned by a health insurer) is created.

In a separate agreement with NYAG in January 2009, Aetna agreed to use this new database when it is ready. We also will work with the new database owner to create online tools to give you better information about the cost of your care when using providers outside our network. Most importantly, you can ask your provider what a service will cost and find the prevailing charge for that service.

### For More Information

Please see your plan documents to learn more. Or call member services. Their phone number is on the back of your Aetna ID card.

## Keep personal information personal — Annual Privacy Notice

Aetna considers personal information to be confidential and has policies and procedures in place to protect it against unlawful use and disclosure. By “personal information,” we mean information that relates to a member’s physical or mental health or condition, the provision of health care to the member, or payment for the provision of health care to the member. Personal information does not include publicly available information or information that is available or reported in a summarized or aggregate fashion but does not identify the member.

### When necessary or appropriate for your care or treatment, the operation of our health plans, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to:

- **Health care providers** — doctors, dentists, pharmacies, hospitals and other caregivers
- **Payors** — health care provider organizations, employers who sponsor self-funded health plans or who share responsibility for the payment of benefits, and others who may be financially responsible for payment for the services or benefits you receive under your plan
- **Other insurers**
- **Third-party administrators**
- **Vendors**
- **Consultants**
- **Government authorities and their respective agents**

These parties are required to keep personal information confidential as provided by applicable law. Participating network providers are also required to give you access to your medical records within a reasonable amount of time after you make a request.

### Some of the ways in which personal information is used include:

- Claims payment
- Utilization review and management
- Medical necessity reviews
- Coordination of care and benefits
- Preventive health, early detection, and disease and case management