

# Aetna Select<sup>®</sup> Plan

Quick-Start Guide to Health Insurance



A guide to your  
Aetna Select<sup>®</sup> health  
benefits plan

We want you to know<sup>®</sup>





Getting the most from your health insurance has everything to do with your individual needs and preferences. We are here to help, with this online guide to your Aetna Select® plan.

In it, you'll get important information that will help you use your benefits to your greatest advantage. Refer to it throughout the year, whenever you have questions about how your plan works.

This online guide is one of many tools and resources that can help you get more from your plan. You'll find most of them right here, on your secure Aetna Navigator® member website. Aetna Navigator is also your link to Member Services. Contact us by e-mail when you have a question about your plan, or call us at the number listed on your Aetna ID card.

You can also refer to your plan documents for specific details about your individual level of benefits. Your plan sponsor has a copy of your plan documents; you can request your own copy by contacting Member Services.

We're pleased that you are an Aetna member, and we look forward to serving your health benefits needs. We'll do our best to deliver the information, knowledge and resources you need to make smart health care choices for you and your family.

Here's to your good health!

Aetna



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### Eligibility Notice:

Your eligibility for coverage is determined by the group that purchased your plan (referred to as your "plan sponsor" in this guide). The eligibility guidelines for your plan are outlined in your plan sponsor's contractual agreement with Aetna. If you have questions about whether or not you and/or your dependents are eligible, your plan sponsor's benefits administrator can give you more information.

# Getting Started: An Overview

## How your plan works

Use your plan to build a relationship with your primary care doctor. It's easy to use, with two simple steps to access your covered benefits.

Here's a closer look.



### STEP #1:

#### Choose a PCP

- A primary care physician (PCP) is the doctor you go to first when you need medical care. He or she can learn your health history and help you manage your health care decisions.
- You can choose any PCP from Aetna's network — it's your choice. Plus, you'll feel good knowing that any PCP you select from Aetna's network meets our credentialing standards.
- Choosing a doctor is a personal decision. That's why each member of your family can have his or her own PCP.
- Change your PCP anytime. Call Member Services at the number on your ID card. Or visit our secure Aetna Navigator website at [www.aetna.com](http://www.aetna.com). See our section on Aetna Navigator to learn more about this members-only site and how you can use it to make informed health care decisions.

### STEP #2:

#### Visit your PCP for care

- Go to your PCP for check-ups, or whenever you are sick or hurt.
- Your PCP will provide care and help you decide if you need to see another network doctor or specialist. If so, your PCP will give you a referral.
- Sometimes, you may need care that requires pre-approval from Aetna. This is called precertification. Your PCP and other network doctors will get this approval for you.
- You pay a copay each time you visit your PCP or a network specialist. The copay is either a flat dollar amount or a percentage of your covered services.
- Your PCP will submit all claims for you after you receive your care.
- Your plan documents list your covered services and your copay amount. Take a look to find out how much you will pay for your care.

## Finding a PCP

Choose a PCP with confidence. Before we accept them into our network, doctors and health care professionals are reviewed for licensing and other credentials – including quality of care and office standards. We review these credentials periodically to confirm that network doctors continue to meet these requirements.

It's easy to find a PCP and review his or her credentials:

### 1) Use DocFind®, our online directory

Let DocFind help you find information on network doctors and professionals — in English or Spanish. It's available 24 hours a day, 7 days a week — even before you enroll in the plan.

You can get to Docfind by:

- Visiting your Aetna Navigator member website, or
- Visiting [www.aetna.com](http://www.aetna.com)

Search by name, specialty, gender, languages spoken or hospital affiliation. For example, search by "location" if you want to find a PCP close to your home or office. You can also get information on the doctor's education and board certification.

### 2) Call Member Services

Our Member Services representatives can answer questions about PCP's medical education and experience. They may also know how other members rated their experience with the doctor. Call them at the toll-free number on your member ID card.

## Understanding Preauthorization

Some medical care (for example: hospitalization, outpatient surgery and certain outpatient services) requires approval from Aetna (called "preauthorization" or "precertification") before you can get coverage.

This process helps us verify that you are covered for these services. It also helps us coordinate your transition from an inpatient setting to the next level of care (this is called discharge planning), or register you for specialized programs like disease management, case management or maternity management programs.

Your PCP will contact Aetna to authorize these services on your behalf. There is nothing more for you to do. It is always a good idea to ask your PCP if your services require preauthorization.

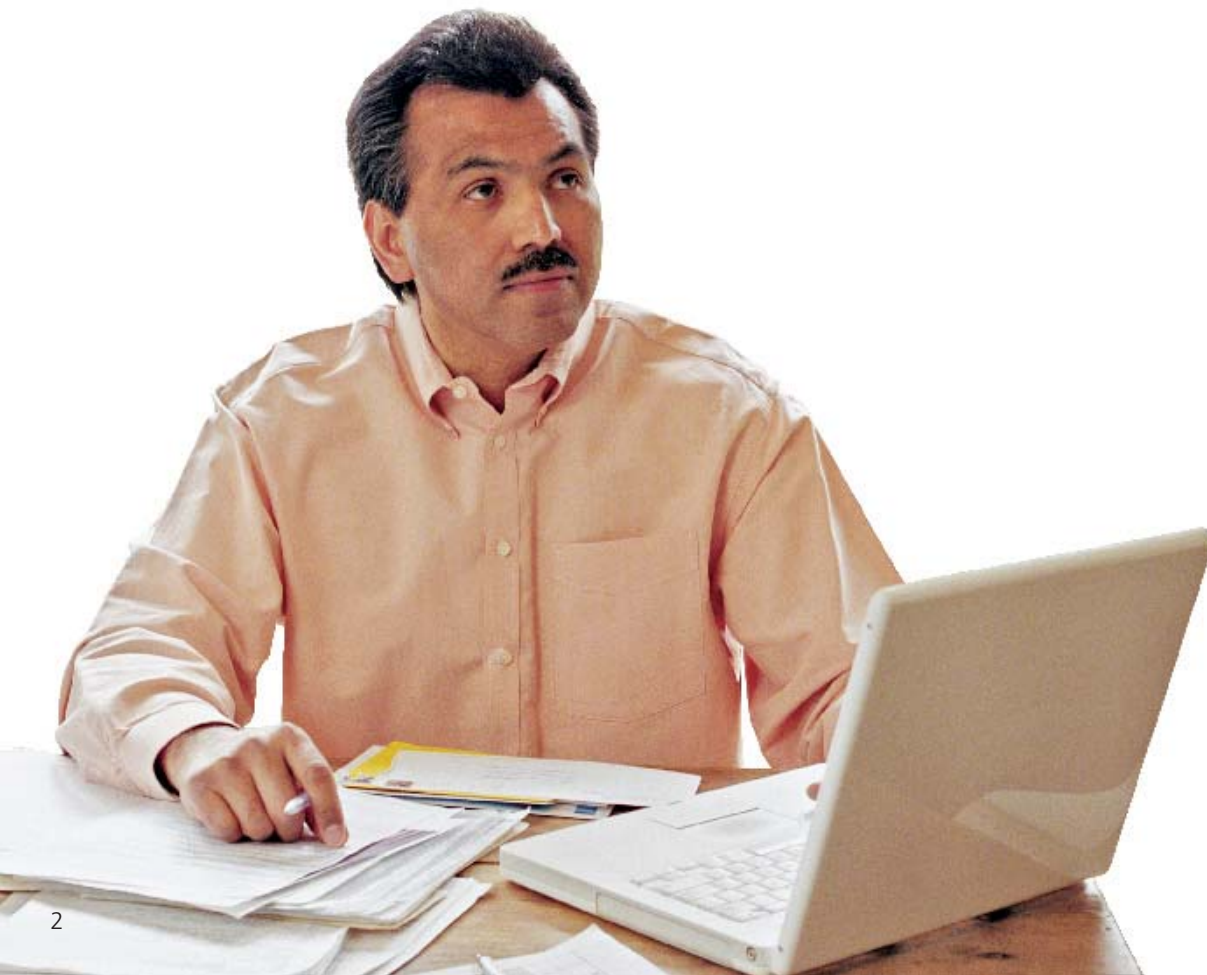
## Processing Claims

You never have to submit your own claims when you visit your PCP, or when you are referred to another network doctor or facility. Your claims are submitted for you.

Aetna will review the claim and pay its share based on your plan benefits. If necessary, you will get a bill that shows any amount that you owe. You should then make payment to your network provider and keep a copy for your records.

There may be times when your claim is not covered, or when your benefits are reduced. This may happen if:

- You go directly to an emergency facility for treatment when it is not an emergency
- You receive care that is not covered by your plan (see "Limitations and Exclusions" in the plan documents provided through your plan sponsor or Member Services)



## PLAN POINTER

Get the details about your plan — including how your benefits are administered and what benefits are covered.

A paper copy of your plan documents is available through your plan sponsor or by calling Member Services.

If you change your health insurance plan or your coverage changes, your plan documents will be updated.

If you want details about the plan and you are not yet a member, call 1-888-98-AETNA (1-888-982-3862).

# Benefits and Programs

## What's Covered

Your covered services, as well as your benefits exclusions and limitations, are described in full in your plan documents. Your plan sponsor has a paper copy of these documents. Some benefits have visit and day limitations; this includes but is not limited to physical therapy, home health and skilled nursing. Refer to these documents for a detailed list of your deductible and coinsurance amounts, your benefits limitations and your exclusions.

Your plan provides a wide range of benefits and programs. From routine physicals and everyday care to emergency and hospitalization coverage, your benefits include covered services in the following categories:

- Routine checkups and preventive care
- Specialty care
- Hospitalization
- Inpatient and outpatient surgery
- Diagnostic testing
- Emergency care — anytime, anywhere
- Eye exams (see section below for details)
- Care for dependents living away from home
- Behavioral health and substance abuse benefits

### Eye Exams\*

Routine eye exams help determine whether you need glasses. If you already wear glasses, routine eye exams help determine if you need a new prescription or if your prescription is still effective. Please note that contact lens fitting exams are not covered.

\*Some plans do not include coverage for routine eye exams. You can refer to your plan documents to see if your plan includes such coverage.

\*\*The definition of medical emergency may vary by state.

## It's An Emergency! What Do I Do?

You are always covered in the case of an emergency — day or night, no matter where you are in the world. Follow these steps if you think you need emergency care. Preauthorization is not required for emergencies.

1. Call the local emergency hotline — such as 911 — or go to the nearest emergency facility.
2. If you are admitted to an inpatient facility, you or someone on your behalf should notify Aetna as soon as reasonably possible.

We'll review the bill and other information provided by you or the facility after your treatment. If you received care in an emergency facility for something that does not meet the emergency criteria, we typically will pay less. So it's important to know how an emergency is defined.

## What Is Emergency Care?\*

A medical emergency is a medical condition that manifests itself by acute symptoms of severity, including severe pain. The symptoms must be sufficient enough that a layperson with average knowledge of health and medicine could reasonably expect the absence of medical care to result in:

- Serious jeopardy to the health of the individual (or in the case of a pregnant woman, serious jeopardy to the health of the woman and the fetus)
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part
- Serious disfigurement

## Urgent Care

You are covered for urgent care. Examples of urgent care include fever, earache, sore throat, sprained ankle, vomiting or diarrhea.

Urgent care services are covered when received from a licensed health care professional or facility and the services are a covered benefit under your plan.

**Important: Urgent care centers are not equipped to handle life-threatening emergencies and are not a replacement for the emergency center.**

## Women's Health Care

Whether it's a regular checkup or specialized gynecologic or obstetric care, your plan features benefits that address the specific needs of women.

### Obstetric and Gynecologic Care

Women may go directly to an obstetric or gynecologic care professional in our network for maternity and gynecologic care, including well-woman exams and regular Pap smears. In case of gynecological problems and follow-up care, multiple visits are permitted.

### Breast Health

#### Mammograms

Annual screening mammograms are automatically covered for age-eligible women. See the Preventive Care guidelines on your Aetna Navigator member website for age guidelines. You'll need a prescription from your Ob/Gyn to a mammography professional. Mammograms are also covered at any age if medically appropriate.

#### Breast Reconstruction

If a cancer diagnosis results in the need for a medically necessary partial or total mastectomy, you can choose to have breast reconstruction. Your plan covers mastectomy and mastectomy-related services, including:

- Reconstruction of the breast on which a mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- 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 and other requirements as outlined in the plan documents.

## Transplants and Other Complex Conditions

### Support for Complex Needs

Facing a transplant, or need medical support for certain complex conditions? Our National Medical Excellence Program® can help you get covered treatment at participating facilities that are experienced in delivering these services. Specialized support is available from the following programs:

- National Transplantation Program\* — helps arrange for covered organ and tissue transplants. A registered nurse transplant manager helps you get covered benefits through the transplant process, from evaluation through recovery. The nurse also assists you in getting covered treatment through our Institutes of Excellence™ network.

Facilities in the Institutes of Excellence network have exhibited successful clinical outcomes and met stringent quality-of-care standards. A list of participating Institutes of Excellence facilities can be found on our DocFind online directory.

**Transplant services require pre-approval from Aetna. So, it is important that you contact us before making an appointment for any transplant-related services to determine if your transplant provider is in the Institutes of Excellence network.**

- National Special Case Program\* — helps coordinate treatment of complex conditions at tertiary care facilities across the country when that care is not available within 100 miles of your home. (Tertiary care is highly specialized medical care, usually performed by medical specialists in state-of-the-art facilities.)
- Out-of-Country Care Program — delivers support if you need emergency care while traveling outside the U.S.



\*Preauthorization is required.

# Information & Tools: Helping You Make Informed Decisions

We want you to have the information you need to make informed decisions about your care. That's why our Aetna Navigator® member website has so many tools and resources to help you manage your benefits and find the right information — at any time of the day or night, from your computer. It's secure, reliable and easy to use.

## Your Aetna Navigator® Member Website

Throughout the year, you may need up-to-date information about your health insurance plan or about a particular health condition. It's easy to find when you use this interactive site. It's your *one source* for online health and benefits information. And, it's easy to use. Here's how:

1. Link to Aetna Navigator through [www.aetna.com](http://www.aetna.com).
2. Register as a new user by following the easy online instructions, or log in using your secure password.
3. Look for the health information and self-service tools you need.

*Through a secure connection, Aetna Navigator lets you:*

- View information about who is covered under your plan
- Search for health care professionals or facilities in our network using our online directory
- Check the status of a claim or review an Explanation of Benefits (EOB) statement
- Contact Member Services via e-mail with benefits questions — even in Spanish

## Managing Your Care With Aetna Navigator

### Learn More About Certain Health Conditions

Gather health-related information on topics of your choice through links to the following resources. Click on "Take Action on Your Health" to get started:

- **Aetna IntelliHealth® website**, our award-winning website featuring Harvard Medical School's consumer health information along with other credible health, dental and wellness information
- **Healthwise® Knowledgebase**, a user-friendly online tool that provides information on thousands of health topics (available in English and Spanish) and access to other decision-support information.

### Compare Hospitals

The Aetna Navigator Hospital Comparison Tool helps you compare hospitals' treatment outcomes for certain medical and surgical diagnoses and procedures. After registering for and logging on to Aetna Navigator, click on "Take Action On Your Health," then "Compare Hospitals."

### Estimate the Cost of Care Tools

These interactive tools can help you plan for and take charge of your health care expenses. Go to "Take Action On Your Health", then click on "Cost of Care".

- **Surgical and Scope Procedures** — compare average in- and out-of-network costs for some common medical and surgical procedures — like arthroscopy and colonoscopy. It also shows potential cost savings if a network physician is chosen.



- **Office Visits** — compare in- and out-of-network costs by type and complexity level for certain office visits — like routine physicals and emergency room visits — so you can see what you'll save by visiting a network doctor or facility.
- **Diagnostic Tests & Vaccines** — compare in- and out-of-network costs for lab tests, X-rays, MRIs and more to see the potential cost savings of using a network testing facility.
- **Diseases & Conditions** — review average annual costs for using network facilities, physicians and pharmacies for services associated with specific diseases and conditions — like asthma, diabetes, pregnancy, heart disease or high blood pressure.
- **Prescription Drugs** — compare costs of generic vs. brand-name drugs for prescriptions filled at participating retail pharmacies, Aetna RX Home Delivery or the Aetna Specialty Pharmacy program (tool is only available if an Aetna prescription drug plan is included with your benefits).
- **Dental Procedures** — compare in-and out-of-network costs for select dental services — like cleanings and fillings — and see what you can save by visiting a network dentist (tool is only available if an Aetna dental plan is included with your benefits).

*The "Estimate the Cost of Care Tools" should be used as a guide for cost-estimation purposes only. To determine the costs charged by a specific health care professional, please contact the health care professional directly.*



## Contacting Member Services

Don't have Internet access? Prefer speaking directly to a Member Services representative? No problem. Member Services is available Monday through Friday from 8 a.m. to 6 p.m., local time. Just call the toll-free number on your member ID card to:

- Ask questions about benefits and coverage
- Notify us of changes in your name, address or telephone number, in addition to notifying your plan sponsor
- Request a new member ID card
- Obtain information about complaints, appeals and external review of coverage decisions
- Access interpretive services in 150 languages, and more

## Aetna Voice Advantage® 24-Hour System

Our natural speech system will answer your call to our toll-free Member Services number listed on your member ID card. It will deliver information on your benefits and let you perform self-service transactions using normal speech or your touch-tone phone keypad.



# The Aetna Extras: Discount Programs and Services

## Discounts on Eye Care, Fitness, Natural Products and Services, and More

Our Aetna Vision Discounts, Fitness and Aetna Natural Products and Services programs help you get discounted rates from certain providers for products and services that are available to the general public.

Products and services available under these programs are not covered benefits under your plan but are in addition to plan benefits. As such, program features are not guaranteed under your health plan contract, and could be discontinued at any time. We do not endorse any vendor, product or service associated with these programs. Program providers are solely responsible for the products and services you receive.

## Aetna Vision<sup>SM</sup> Discount Program

Let the Aetna Vision discount program supplement your standard vision care benefits. You'll get discounts on eyeglasses, contact lenses and nonprescription items — like sunglasses and contact lens solutions.

You can save on eye exams, eyewear, accessories — even LASIK vision correction surgery.

It's easy to find a provider, with thousands of independent locations and national chains such as Pearle Vision<sup>®</sup> Centers, Sears Optical<sup>®</sup>, Target Optical<sup>®</sup> and JCPenney Optical<sup>®</sup>. Visit our DocFind online provider directory, or call 1-800-793-8616 for information on locations.

### Replacement Contact Lenses

Regardless of where you buy your first pair of contact lenses, you can get other pairs in two ways:

- Have your prescription refilled at a participating location
- Order replacement contact lenses through the mail using the Contact Lens Replacement Program. You receive the same brand-name lenses your doctor prescribed, but generally at a lower cost. Call 1-800-391-LENS (5367) for information.

### LASIK Eye Surgery

It's not covered by your plan, but you can still save on the usual retail charge for LASIK vision correction. Save on the initial screening, patient education and post-procedure care. Call a LASIK customer service person (1-800-422-6600) for details.

## PLAN POINTER

Find out which program is offered in your area and view a list of participating clubs at [www.globalfit.com/fitness](http://www.globalfit.com/fitness). Or talk to a GlobalFit representative at 1-800-298-7800.

## Aetna Fitness<sup>SM</sup> Discount Program

Save on fitness club memberships, exercise equipment and more with the Aetna Fitness discount program, with services provided by GlobalFit<sup>™</sup>. The program offers:

- Preferred rates\* on fitness club memberships at fitness clubs that participate in GlobalFit's network
- A free guest pass so you can sample a club before joining\*\*
- Month-to-month or 48-week membership plans with convenient billing options
- Guest privileges at other participating fitness clubs when you are traveling\*\* (with a 48-week membership)
- Discounts on home fitness options and at-home weight loss programs
- Access to one-on-one health coaching services\*\*\*

Consult your doctor before beginning any exercise program.

\*At some clubs, participation may only be available to new club members

\*\*Not available at all clubs

\*\*\*Offered by WellCall, Inc.

## Aetna Natural Products and Services<sup>SM</sup> Discount Program

This program gives you great savings on complementary health care products and services through American Specialty Health Incorporated, a recognized leader in this market, and its subsidiaries.

You'll get reduced rates on four types of services: acupuncture, chiropractic care, massage therapy and dietetic counseling.

You'll also save on over-the-counter vitamins, herbal and nutritional supplements, and health-related products like: aromatherapy, homeopathic remedies and natural body care products.

Our DocFind online directory can help you find participating natural therapy professionals.

You can place orders conveniently for health-related products offered through the program by mail, telephone, fax or Internet. Once you are a member, you can go to [www.aetna.com](http://www.aetna.com) and log on to Aetna Navigator.

If any of these services are available as covered benefits under Aetna Select, you should use the Aetna Select benefits first, before using the Aetna Natural Products and Services discount program. See your plan documents for additional chiropractic or other benefits that may be available to you.

## Aetna Weight Management<sup>SM</sup> Discount Program

Looking to lose weight and feel better? The Aetna Weight Management discount program can help.

You and your eligible family members can save on weight loss programs and products from one of the world's largest weight management firms — Jenny Craig<sup>®</sup>. You also get discounts on personal consultations, motivational tools, and depending on the membership you choose, your weekly food purchases.

The program options give you a sensible weight loss plan, a balanced nutrition guide and weight loss products to fit your goals. You also get:

- One-on-one weekly consultations
- Personalized menus
- Tailored activity planning
- Free unlimited use of Jenny E-tools
- Flexible programs to fit your schedule

## Aetna Hearing<sup>SM</sup> Discount Program

Aetna contracts with HearPO<sup>®</sup>, a national hearing benefits provider, to give you 40 percent off the retail price of hearing exams and hearing aid services. You also save on the latest styles and technologies of hearing aids.

You get:

- Savings on many styles, from complete canal to behind-the-ear hearing aids
- Cost breaks on the newest technologies, including programmable and digital instruments
- 1,500 participating locations nationwide (HearPo website [www.hearpo.com/aetna](http://www.hearpo.com/aetna) 1/06)
- Discounts on hearing aid repairs
- Free demonstrations of new technology
- Free follow-up service for one year

HearPO is a registered trademark of Amplifon, Inc.

# Coverage Issues and Changes



## A Plan That Adapts To Your Life

Life changes can happen quickly and often. Make sure your health plan keeps pace with these events by knowing how to make adjustments when needed.

### PLAN POINTER

- For plan details and restrictions, talk to your plan sponsor's benefits office. Or, refer to your plan documents. You can request a paper copy by calling Member Services at the number on your member ID card.
- When changes occur in your family status, send us the new information within 31 days of the event. If you miss the deadline, you can make the change during your plan sponsor's next enrollment period.
- Generally, newborns and newly adopted children are automatically covered for 31 days after birth or adoption. The coverage period and the amount of time you have to apply for a coverage change may vary depending on where you live.

## Changes in Family Status

To add or remove family members due to birth, adoption, marriage, divorce or other events that impact your life:

- Submit your change to your employer within 31 days (or any longer period that is required by your state law) of the change.
- Contact your plan sponsor for more information.

Changes in your family status can increase or decrease your premium or employee contribution.

## Full-Time College Students

Your full-time college students may be covered under your plan and receive all of the plan's benefits while they are away at school. Learn more about coverage and age restrictions by talking to your plan sponsor's benefits office. You will need to provide proof of full-time student status each year.

## Coordination of Benefits

If you're covered by more than one group health plan (for example, you are covered under this and a plan offered by your spouse's employer), your coverage with us will be determined using the following general rules (referred to as "coordination of benefits"):

- The plan benefits that cover you as the individual who enrolls in the plan on behalf of yourself and your dependents will be used before the benefits of the plan that covers you as a dependent on another person's plan.
- When both parents have group plans that cover their children as dependents, the plan benefits of the parent whose birth date falls earlier in the year will be used first. Here's an example: If a child's mother was born in February, and the same child's father was born in September, the child is covered under the mother's plan first.

### PLAN POINTER

Help get your medical bills paid faster, and keep from getting medical bills in error. How? Just bring to your appointment your medical ID card, along with benefits information for all plans that cover you and your family.

## Know Why Your Coverage May Be Terminated

It is important you understand the situations in which your coverage may end:

- The plan is discontinued
- You voluntarily stop your coverage
- The group policy ends
- You are no longer eligible for coverage
- You do not make any required contributions
- You become covered under another plan offered by your employer
- Your employment stops

For a complete list of termination of coverage provisions, see your plan documents.

# Member Rights

## Confidentiality of Health Information

### Your Privacy Is Important

Your personal information is confidential. We have policies and procedures to keep it that way, protecting it against unlawful use and disclosure.

**Personal information is:** information that relates to your physical or mental health or condition, the provision of health care to you, or payment for the provision of health care to you.

**Personal information is not:** publicly available information or information that is available or reported in a summarized or aggregate fashion but does not identify you specifically.

There are times when we will use personal information internally. We'll do this only when it is necessary or appropriate for your care/treatment, for the operation of our health plans, or for other related activities. For any of these purposes, we may share it with our affiliates, or disclose it to:

- Health care professionals — physicians, dentists, pharmacies, hospitals and other caregivers
- Payers — health care professional 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 (TPAs)
- Vendors
- Consultants
- Government authorities and their respective agents

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

These activities help us operate our health plans. To the extent permitted by law, we use and disclose personal information — as provided above — without your consent. However, we don't disclose personal information for products and services that are not related to your health benefits.

We also have policies addressing circumstances in which you are unable to give consent.

For a copy of our Notice of Privacy Practices (which details our practices concerning use and disclosure of personal information), e-mail Member Services from our Aetna Navigator member website at [www.aetna.com](http://www.aetna.com). Or, call the toll-free Member Services number on your member ID card.

## Here are some ways personal information is used:

- Pay claims
- Determine if you could benefit from our Aetna Health Connections services
- Alert your doctor to considerations specific to your care
- Help research ways to improve health care
- Analyze and report health claims
- Review and manage utilization
- Research health services
- Review medical necessity
- Manage data and information systems
- Coordinate care and benefits
- Comply with legal and regulatory requirements
- Provide preventive health, early detection and disease/case management services
- Manage our formulary
- Assess quality and make improvements
- Manage litigation
- Combat health care fraud
- Transfer policies or contracts to and from other insurers and TPAs
- Perform measurement and outcomes assessments
- Perform underwriting activities

For information on our coverage decisions on any new technology, see our Clinical Policy Bulletin at [www.aetna.com](http://www.aetna.com), or call Member Services.

## Patient Safety

### Important Information To Protect Yourself

Patient safety is a popular topic in today's health care world. Research shows that most medical errors can be prevented. Here are some ways you can prevent health care errors and become an active participant in your own health care:

- Take part in every decision about your care. Research shows that patients who are involved with their care are more likely to understand how they and their health care professionals can improve or maintain their health.
- Ask questions. You have a right to question anyone who is involved with your care.
- Make sure your health care professional knows about every medication you're taking — including prescriptions, over-the-counter drugs and dietary supplements like vitamins and herbs. Ask that these be recorded in your file.
- Make sure your health care professional knows of your allergies or adverse reactions to medications. This can help you avoid medications that might harm you.
- Ask for information about your medical treatment in a language you can understand. Be sure you understand all the basics — like medication dosage, drug interactions, possible side effects and why a particular medication or treatment is being recommended.

## Coverage for Emerging Technologies

We review new technologies (devices, procedures and techniques) and new applications of established technologies. We use this information to help determine which technologies are covered by your plan.

### Here's what we do:

- Our clinicians evaluate medical literature and references on the safety and effectiveness of medical technologies. This includes results of studies published in peer-reviewed scientific literature, medical journals and information provided at medical specialty society meetings.
- We consider position statements and clinical practice guidelines from medical associations and government agencies, including the Agency for Healthcare Research and Quality. We also consider whether the U.S. Food and Drug Administration has approved the use of a drug or device and whether the Medicare program covers it.
- We then write our opinions and put them on the Internet for you to see. Our Clinical Policy Bulletins tell you whether we think a particular service or product is medically necessary, experimental or investigational.





Rates and benefits vary by location. 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 insurance plans contain exclusions, and some benefits are subject to limitations or visit maximums. 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. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Discount programs provide access to discounted prices and are not insured benefits. Information is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

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