Consumer's Right to Know About Health Plans in Rhode Island

Aetna Life Insurance Company (Aetna)
January, 2012

Consumer Disclosure

Safe and Healthy Lives In Safe and Healthy Communities

Consumer Disclosure

Aetna Life Insurance Company
Indemnity Major Medical Plan with Pharmacy
RI Certificate #178

CONSUMER'S RIGHT TO KNOW ABOUT HEALTH PLANS

THE HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE ACT

Knowing how Health Plans work helps you to be a better consumer. This Health Plan is regulated by the Rhode Island Department of Health and is required by law to disclose the information contained in this document, routinely, to all prospective subscribers and to current subscribers upon request. Official Plan Documents give complete information about this Health Plan, in sample or final form, and are available upon request. Health Plans must also provide a comprehensive list of all participating providers, updated annually.

This Consumer Disclosure has been reviewed and approved for single service Health Plans by the Rhode Island Department of Health in accordance with R23-17.13 (Rules and Regulations for Certifying Health Plans). Requests for more information about Health Plan certification or consumer rights may be addressed to:

Rhode Island Department of Health, Division of Health Services Regulation, 3 Capitol Hill, Providence, RI 02908-5097, Phone: 401 222-6015.

Q **Who can I contact at the Health Plan for information?** Representatives of this Health Plan are available to help you get the information you need. You can contact a Health Plan representative at:

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Member Services Representative
151 Farmington Avenue, Hartford, Connecticut 06156
Toll Free: 1-800-323-9930
TDD Number: 1-800-628-3323
Para contractor a un representante que hable Espanol, llame a:
Nombre del Represtante de Plan: 1-800-533-6615

Q **How does the Health Plan review and approve covered services?** A Health Plan may review covered services that are recommended by providers to decide if the services are medically necessary. If the plan decides the service is not medically necessary, it will not pay. You and your provider can appeal the Health Plan's decision.

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The plan only pays for covered medical expenses that are medically necessary and are not considered experimental or investigational. Some expenses may require prior authorization by the Plan before they will be covered. All inpatient services extending beyond the initial certification period require concurrent review, (assesses the need for continued stay, level of care and quality of care). All expenses not requiring precertification are reviewed retrospectively, (post-service review). The criteria for medically necessity determinations of service or supply include, but are not limited to: appropriateness for diagnosis, care or treatment; reports in peer reviewed medical literature; reports and guidelines published by nationally recognized health care organizations (including scientific data); meeting generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care or treatment; the setting or technical skills to safely and adequately provide the services or supplies. Written policies and criteria are available from the Member Services Representative.

Q **What if I have an emergency?** An emergency is a problem that needs to be seen by a provider "right-away" to prevent permanent damage or death. Here's what this Health Plan wants you to do when you have an emergency health care problem, at home or out of state.

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If you need emergency care, you are covered 24 hours a day, 7 days a week, anywhere in the world. Call your primary care physician *first,* if possible. Your primary care physician is required to provide emergency coverage 24 hours a day, including weekends and holidays. However, if a delay would be detrimental to your health, see the nearest emergency facility. Nonemergency treatment in hospital emergency rooms, however, is not a covered benefit.

Q **What if I refuse referral to a participating provider?** When a specific covered service is recommended. Health Plans may send you to certain participating providers. If you refuse the referral and get the service from another provider, the Health Plan must tell you effect if will have on payment.

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As a PPO member, you also have the option of obtaining nonreferred care from participating and nonparticipating providers (including primary care physicians), subject to the annual deductible, coinsurance and maximum benefit limitation as outlined in your plan summary.

Q Does the Health Plan require that I get a second opinion for any services? What if I want a second opinion? In some cases the Health Plan may require a second opinion before it will pay for a covered service. Or you may just want a second opinion on a plan for diagnosis or treatment.

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Aetna does not require that you obtain a second opinion before it will pay for covered services. However, if you elect to obtain a second opinion and obtain a referral from a primary care physician or the Plan, Aetna will pay a portion of the charge for the physician services as well as any x-ray and laboratory tests, but only if the surgical procedure is covered under the plan.

Q How does the Health Plan make sure that my personal health information is protected and kept confidential? In general, personal health information must be kept confidential (private) by a Health Plan, its employees and agencies it contracts with. Here's how the Health Plan makes sure that personal health information is protected.

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Disclosure of personal health information cannot be made to others without your authorization. However, disclosure may be made without consent where it is necessary for the conduct of Aetna's business, to regulators of Aetna's business when required by law, or to law enforcement authorities when needed to prevent or prosecute fraud or other illegal activities. Such disclosure cannot be contrary to any state or federal law which applies. The actions of Aetna's own confidentiality requirement contained in it's Code of Conduct. In addition, all providers must agree to comply with all applicable state and federal laws regarding confidentiality of patient information and keep member information confidential.

Q How am I protected from discrimination? You have the right to be treated fairly and equally. Health Plans may not discriminate against you due to age, sex, religion, race or ethnic origin, disability, occupational status or any other characteristics protected by law.

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This plan does not discriminate against members or prospective members due to age, sex, religion, race, ethic origin, disability, occupational status, or any other characteristic protected by state or federal law.

Q If I refuse treatment, will it affect my future treatment? A Health Plan must tell you what effect it will have on future coverage if you refuse to be treated for any condition.

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If you refuse treatment it will not affect coverage for any future treatment you may receive.

Q How does the health plan pay providers? Your Health Plan must tell you about the kinds of financial arrangements it has with providers.

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This health plan may include a capitated reimbursement arrangement or other similar risk sharing arrangement and other financial arrangements with providers.

Q How is coverage renewed or canceled?

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Aetna will renew your coverage on its calendar year anniversary date unless you choose another plan offered by your employer. Some provisions may change, including out-of-pocket costs. Your coverage may be canceled only as allowed by law, e.g. if your employer fails to pay the premiums for your group.

Q If I am covered by two or more health plans, what should I do? If you or a family member are covered by two or more Health Plans, you may have to give information on your coverage to each Health Plan. This helps the Health Plans to arrange payments between the plans when you or a family member receive a service. Here's what this plan will ask you to tell them.

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If you are covered by two or more health plans, benefits under the other plans may be taken into consideration when determining the benefits payable under this plan. This may mean a reduction in benefits under this plan. You must inform Aetna of the other coverage(s) that your have so that it can be determined whether or not and to what extent this plan can coordinate benefits with the other plan(s).

Medical POS

(Plan is Not Actively Marketed - approved on an exception basis only)

Aetna Life Insurance Company

COVERED SERVICES AT-A-GLANCE

Annual Deductible: In-Network: Indiv-$0 - $5,000/Family- None, 2x, 3x Indiv; Max Lifetime Cap: Unlimited.

The information contained in this chart is based on health insurance plans that meet the requirements of the federal Health Care Reform law.

Type of Service (Not All Services are Listed Call plan or check Official Plan Documents for Details	Is Prior Authorization Required *(Yes/No)	What Out-of-Pocket Expenses Will I Have to Pay?	What Other Limitations Apply?	If I Choose a Non-Participating Provider Will the Service be Covered?
Ambulance	No	$25 - $50 copay or 10% or 20%, or 10 or, 20% after $25 - $50 copay, or covered 100%	Ground ambulance cannot have copay greater than $50.	Yes, 20% - 50% of the reasonable and customary charge after the deductible
Chiropractic Treatment	No	Covered same as Specialist Office visit cost sharing: $5 - $65 copay	Limited to Unlimited, 20, 25, 30, 60 visits, $500, $1,000 visits/dollar amount per calendar year combined	Yes, 20% - 50% of the reasonable and customary charge after the deductible.
Dental Care	No	Office copay: None - $25 Inpatient: None - 20% of the negotiated charge after deductible and/or per confinement deductible, ($0 - $400).	Coverage is limited to services that are medical in nature, and to dental services to repair sound natural teeth damaged due to injury. No other coverage for dental services.	Yes, 20% - 40% of the reasonable and customary charge after the deductible and/or per confinement deductible, ($0 - $400). Prior authorization penalty applies, (up to $500).
Diagnostic X-rays, Imaging and Laboratory Tests	No	Diagnostic Laboratory and X-ray: $5 - $60 copay or 0, 10%, or 20%, or 0, 10%, 20 after $5 - $60 copay; Diagnostic X-ray for Complex Imaging Services: $5 - $300 copay or 0, 10%, 20%, or 0, 10%, 20%, after $5 - $300 copay	If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing	Yes, 20% - 50% of the reasonable and customary charge after the deductible.

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Emergency Services	No	$25, - $150 copay or 0, 10%, 20%, or 0, 10%, 20%, after $25 - 150 copay	Non-emergency use of the emergency room is not covered.	Yes, same as preferred care.
Experimental Treatments	Yes	Office copay: None - $25 Inpatient: None - 20% of the negotiated charge after deductible and/or per confinement deductible, ($0 - $400).	Coverage limited to new cancer therapies in accordance with Rhode Island mandate.	Yes, 20% - 40% of the reasonable and customary charge after the deductible and/or per confinement deductible, ($0 - $400). Prior authorization penalty applies, (up to $500).
Eye Care	No	Routine Eye Exams Covered same as Specialist Office visit cost sharing: $5 - $65 copay or 0, 10%, or 20%, or 0, 10%, 20 after $5 - $65 copay or Not Covered (member pays 100%)		Yes, 20% - 50% of the reasonable and customary charge after the deductible or Not Covered (member pays 100%)
Foot Care	No	Covered same as Specialist Office visit cost sharing: $5 - $65 copay or Not Covered (member pays 100%)		Yes, 20% - 50% of the reasonable and customary charge after the deductible.
Health Education & Wellness	No	As part of PCP Office visit covered same as PCP: $5 - $60 copay or 0, 10%, 20%, or 0, 10%, 20% after $5 - $60 copay		Yes, 20% - 50% of the reasonable and customary charge after the deductible.
Home Health Care	Yes	Covered at 100%, or member pays Specialist Office Visit copay	Limited to 60, 100, or 120 visits per calendar year. (Includes Private Duty Nursing.) Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.	Yes, 20% - 50% of the reasonable and customary charge after the deductible. Prior authorization penalty applies, (up to $400).

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Hospice Care	Yes	Covered 100% or member pays 10% or 20%, covered same as Preferred Inpatient Hospital Coverage for inpatient. Deductible and/or day values may be lower.	Inpatient: Covered at the semi-private rate. 30 day maximum per lifetime. Outpatient: $5,000 maximum. Limited to 30 days per lifetime. The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Yes, inpatinet covered same as in network, outpatient covered 100% or member cost sharing of 20 - 50%.
Hospitalization and Inpatient Services	Yes	Covered 100% or member pays 10% or 20%, or member pays 10%, 20%, $50 - $500 per confinement deductible or member pays $50 - $500 per day for (3, 4, 5) days per confinement; thereafter covered 100% or member pays $50 - $500 per day plus 10%, 20% for the first (3, 4, 5) days per confinement; thereafter 10% or 20%	Covered at the semi-private rate. The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Yes, Prior authorization penalty applies member pays 20% - 50% or 20% - 50% after $50 - $500 per confinement deductible or $50 - $500 per day plus 20% - 50% for the first (3, 4, 5) days per confinement; thereafter 20% - 50%
Maternity	Yes	same as inpatient hospital	Covered at the semi-private rate.	same as inpatient hospital
Medical Equipment and Supplies	No	Durable Medical Equipment is either Not Covered or covered 100%, or member pays 10%, 20%, or 50%	Rental or initial purchase at the plan's discretion. Max annual benefit can be none, $1,250 - $20,000 per member per calendar year. Diabetic supplies covered same as any other medical expense.	Yes, can be Not Covered or member pays 20% - 50%

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Mental Health, Inpatient	Yes	same as inpatient hospital coverage	Covered at the semi-private rate. Limited to 30, 45,or 60 days per calendar year. The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	Yes, same as non-preferred inpatient hospital coverage
Mental Health, Outpatient	No	Covered same as Specialist Office visit cost sharing	Limited to 20, 25, 30, 35, 40, 45, 52 visits per calendar year. The member cost sharing applies to all covered benefits incurred during a member's outpatient visit. Combined Mental Health and Alcohol/Drug maximum for preferred and non-preferred services	Yes, member pays 20% - 50%
Nursing Home Care	Yes	Covered 100% or member pays 10% or 20%, or Same as Inpatient Hospital Coverage. Deductible and/or day values may be lower	Covered at the semi-private rate. Limited to 60, 90, 100, or 120 days per calendar year The member cost sharing applies to all covered benefits incurring during a member's inpatient stay	Yes, member pays 20% - 50% or Same as Inpatient Hospital Coverage. Deductible and/or day values may be lower"
Nutritional Support	No, however must obtain prescription from physician.	Same as prescription drug or INN medical supplies (for such items as feeding tubes) cost sharing, depending on type of nutritional support obtained.		Same as prescription drug or OON medical supplies (for such items as feeding tubes) cost sharing, depending on type of nutritional support

				obtained.
Physician Office Visits	No	Office copay: $5 - $65 or member pays 10% or 20% or member pays 10% or, 20%, after a $5 - $65 copay, or covered 100%	Only for diagnosis and treatment of illness or injury, except for mandated preventive services. Includes services of an internist, general physician, family practitioner or pediatrician if the physician is not the member's selected PCP.	Yes, 20% - 50% of the reasonable and customary charge after the deductible.

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Prescription Drugs	Yes	Retail: Single Tier Copays : $5 - $70 or Two Tier Copays : $5/$15, $10/$20, $15/$25, $20/$30, $30/$40, $30/$50 or Prescription Allowance amounts : $10/$75, $10/$70, $15/$65, $15/$60 with member out-of-pocket maximum of None/$150, None/$200, None/$250, None/$300 respectively. or Three Tier Copays : $5/$10/$25, $5/$15/$30, $5/$20/$40, $5/$30/$50, $5/$40/$60, $10/$15/$30, $10/$20/$35, $10/$25/ $50, $10/$30/$45, $10/$30/$50, $10/$30/$60, $15/$20/$35, $15/$25/$40, $15/$30/$50, $15/$35/$50, $15/$35/$60, $20/$30/$45, $20/$30/$50, $20/$40/$70, $5/$10/50%, $5/$15/50%, $10/$15/50%, $15/$20/50%, $10/$20/50%, 30%/30%/50%, $10/30%/50% Self Injectibles: 4th Tier 10% - 45%, 50% for formulary and non formulary drugs 4th and 5th Tier 10% - 40% for formulary and 20% - 50% for non formulary drugs	Prior authorization required for certain outpatient prescription drugs. Limited to a 30 day supply from drugs received from a community pharmacy. Limited to a 90 day supply from drugs received from a mail order pharmacy. For Mail Order Drug, If a dollar amount has been elected for this option it will be (2, 2.5 or 3) times the retail copay. Percentage copays will not be multiplied. For Prescription Allowance only: Copays and maximums will be (3, 3.5, or 4) times the retail amounts. For Prescription Allowance option only: If the member's out-of-pocket maximum has been reached, the plan benefit will pay the balance of the negotiated cost of the drug. Pharmacy Managed Self Injectables (PMSI) First prescription fill at any retail or mail order drug facility. Subsequent fills must be through Aetna Specialty Pharmacy®	Yes, member pays 20% - 50%, or 20% - 50% after applicable preferred RxDrug copay. or For Prescription Allowance only: 30%, 40%, 50%, or can be not covered at all (member pays 100%). No coverage out of network for self-injectibles.
Rehabilitation	Yes (inpatient)	Outpatient Short-Term Rehabilitation	Includes Speech, Physical,	Yes, 20% -540% of the

(PR/OT/Speech Therapy)	No (outpatient)	covered same as Specialist Office visit cost sharing or Member Coinsurance applies after Specialist Office Visit Copay	Occupational, and Spinal Manipulation Therapy, limited to 60 visits per calendar year.	reasonable and customary charge after the deductible and/or per confinement deductible

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Substance Abuse, Inpatient	Yes	Same as Inpatient Hospital coverage	Limited to 30, 45, or 60 days per calendar year. The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Yes, Same as Non-Preferred Inpatient Hospital coverage
Substance Abuse, Outpatient	No	Covered same as Specialist Office visit cost sharing	Limited to 20, 25, 30, 35, 40, 45, or 52 visits per calendar year The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit Combined Mental Health and Alcohol/Drug maximum for preferred and non-preferred services	Yes, 20%, 25%, 30%, 40%, 50%
Surgery, Outpatient	Yes	$50 - $250 copay or, 10% or 20% copay, or Covered 100%	Does not include non-surgical outpatient hospital expenses	Yes, 20% - 50% of the reasonable and customary charge after the deductible. Prior authorization penalty applies for certain procedures, (up to $250)
Smoking Cessation Treatment	No, however must obtain prescription from physician for prescription	Same as prescription drug cost sharing for nicotine replacement therapy. HCR Compliant – 100% coinsurance,	Mandate originally applied visit limits, but those limits were subsequently removed. Currently, no visit limits may be applied INN or OON.	Same as prescription drug cost sharing for nicotine replacement therapy.

	nicotine replacement therapy.	no deductible, no copay for physician or specialist office visit for smoking cessation counseling sessions. Non-HCR Compliant (Grandfathered Plans) - Same as INN physician or specialist office visit cost sharing for smoking cessation counseling sessions.		Same as OON physician or specialist office visit cost sharing for smoking cessation counseling sessions.