

Important Health Care Reform Notice

Women’s preventive services covered with no member cost share

Good news for women! Your health benefits and insurance plan covers the women’s preventive services¹ listed here with no copays, coinsurance or deductible when provided in network.

You won’t have to pay anything for these services when:

- The doctor or other health care provider is in our network and the main purpose of your visit is to get preventive care
- You choose generic contraceptives²
- You buy a breast pump according to the guidelines of your plan

But, these services are not preventive when they are part of a visit to diagnose, monitor or treat an illness or injury. Then copays, coinsurance and deductibles apply.

Women can get checkups, preventive prenatal care, lactation consulting services, breast pumps and more with no out-of-pocket costs.

¹These changes go into effect when plans become effective or renew on or after August 1, 2012. Employers with grandfathered plans may choose not to cover some of these preventive services or to include cost share (deductible, copay or coinsurance) for preventive care services. Certain religious employers and organizations may choose not to cover contraceptive services.

²Brand-name contraceptive drugs, methods or devices only covered with no member cost-sharing under certain limited circumstances when required by your doctor.

Contraceptive coverage

Your Aetna Pharmacy plan covers women’s contraceptive methods with no member cost share. Your Aetna medical plan covers two visits a year for patient education and counseling on contraceptives.

We cover generic² contraceptives with no member cost share when they are:

- Approved by the Food and Drug Administration (FDA)
- On Aetna’s preferred drug list, also called a formulary
- Filled at an in-network pharmacy

You can see the complete list of covered contraceptives online. Go to www.aetna.com/formulary and then access the “Women’s Contraceptive Drugs and Devices List” document.

We cover the following under your medical plan, whether or not you have pharmacy coverage with Aetna. There will be no member cost share when your provider bills Aetna for these services separately from other services:

- Administration of certain contraceptives, such as the insertion of IUD’s or injections
- Women’s sterilization procedures

If your prescriptions are:	Here’s how you access contraceptives without cost share
Covered by an Aetna Pharmacy plan	Present your ID card to the pharmacist when purchasing your generic contraceptive drugs and devices.
Covered by a different insurance company’s pharmacy plan	Check directly with your pharmacy carrier to learn how they are covering contraceptive drugs and devices.
Not covered under a pharmacy plan	Your Aetna medical plan will cover generic contraceptives with a prescription. Pay for your generic contraceptive drugs and devices at the pharmacy. Then send your completed claims form and pharmacy receipt that includes the patient’s name, date of purchase, drug name and codes and the charge, to Aetna. We’ll reimburse you.

Prenatal care and breastfeeding

You won't have to pay anything for your routine prenatal visits provided by an in-network provider. You will pay your normal cost share for delivery, postpartum care, ultrasounds or other maternity procedures, specialist visits and certain lab tests, though. Even if your plan doesn't cover maternity care, it will cover the preventive prenatal visits.

If you need support with breastfeeding, we'll cover up to six visits with a lactation consultant with no cost to you. Check with your in-network Ob/Gyn or pediatrician. They may offer these services through their office. You may also check our online provider directory on Aetna Navigator®. Or, call the Member Services number on your Aetna ID card to find a lactation consultant in our network.

We'll also cover:

- A certain selection of standard electric breast pumps (non-hospital-grade) within 60 days of birth, once every three years, or
- A certain selection of manual breast pumps within 12 months of birth, if you have not received an electric or a manual breast pump in the last three years
- Another set of breast pump supplies, if you get pregnant again before you are eligible for a new pump

Before buying a pump, check out the details on our **website**. Go to the Individuals and Families section on **www.aetna.com**, choose Health and Wellness, then Women's Health. Or, call Member Services to learn details of what is covered and find a participating breast pump supplier.

Well-woman care

Most plans already cover well-woman care with no member cost share. Well-woman care includes counseling about important health issues as well as:

Screenings for:

- Breast cancer (mammography every 1 to 2 years for women over 40)
- Cervical cancer (for sexually active women)
- Chlamydia infection (for younger women and other women at higher risk)
- Gonorrhea (for all women at higher risk)
- Interpersonal or domestic violence

Health benefits and health insurance plans are offered, underwritten and/or administered by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

For general health information only. Information is not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. Not all 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. 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**.

Policy forms issued in OK include: HMO OK COC-5-09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

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- Osteoporosis (for women over age 60 depending on risk factors)
- Alcohol misuse, obesity, and tobacco use
- Blood pressure
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer (for adults over 50)
- Depression
- Type 2 diabetes (for adults with high blood pressure)
- HIV
- Syphilis
- Diabetes (including screening during pregnancy)

Immunizations

Doses, recommended ages, and recommended populations vary.

- Diphtheria, pertussis, tetanus (DPT)
- Hepatitis A & B
- Herpes zoster
- Human papillomavirus (HPV)
- Influenza
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chicken pox)

Additional services for pregnant women

- Anemia screenings
- Bacteriuria urinary tract or other infection screenings
- Rh incompatibility screening, with follow-up testing for women at higher risk
- Hepatitis B counseling (at the first prenatal visit)
- Expanded counseling on tobacco use
- Breastfeeding interventions to support and promote breastfeeding after delivery