

A photograph of a man with a beard, wearing a blue and white checkered shirt over a blue t-shirt, holding a sleeping baby in a pink long-sleeved shirt. The man is looking down at the baby with a gentle expression. In the foreground, a laptop and a smartphone are visible on a wooden surface. The background is softly blurred, showing a window with light coming through.

Steady and simple

Aetna® HMO plan
Easy-to-use care and coverage

aetna®



A health benefits plan designed to keep it simple

How it works

This plan has you choose a primary care physician (PCP).^{*} Having one doctor as your first contact can really make a difference.

That's because PCPs do more than give you a checkup. PCPs build a relationship with you. They get to know you and your medical history. They can help guide you on important health decisions. And direct you to another doctor in our network if you need special attention.

This plan also gives you access to our tools, tips, programs and services. They can help you find PCPs and network doctors, estimate costs and more.

See what's covered

All employer health plans are different. This booklet gives a general idea of how our health maintenance organization (HMO) plan works and how to get the most out of it.

Be sure to check your Summary of Benefits for:

- Copay information
- What you owe for care
- What's covered under your plan

You can find it in your enrollment kit. If you don't have it, just ask your employer.

^{*}In Texas, PCP is known as physician (primary care).

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

How your plan works

Getting care through our large national network

Step 1: Choose any PCP from our network

Network doctors contract with us to offer rates that are often much lower than their regular fees. This helps you save.

Choosing a doctor is a personal decision. That's why each family member chooses their own PCP.

And you can change your PCP at any time. If you're already a member, call Member Services at the number on your ID card. Or log in to your member website at **aetna.com**.

Important: With an HMO plan you need to choose a PCP and see health care professionals in the network to receive benefits through the plan.**

Step 2: Go to your PCP for checkups, or whenever you're sick or hurt

Your PCP will help you decide if you need care from another network doctor. If so, your PCP will give you a **referral**. This referral is important. The doctor your PCP sends you to will need it in order to care for you.

When you visit your PCP, you may have to pay a **copay**. This is a set amount you pay for a covered health service. For example, if your copay is \$35, that is what you would pay your PCP at the time of service.

Your PCP will also work directly with us. They'll send us claims for the services you receive. And get approval*** for coverage of some services when it's needed. This is all behind-the-scenes work that you don't have to worry about.

Tools to help you find network doctors and more

Find the right PCP or network doctor just for you

Use our online directory. You can find doctors by name, specialty and location. You'll also find maps, directions and more. You can even look for doctors who speak your language. Try it out at **aetna.com**.

Or get a printed directory. If you're already a member, call Member Services to get one. The toll-free number is on your ID card. If you're not an Aetna member yet — or haven't received your ID card — call **1-888-982-3862**.

It's your website, so be sure to sign up

When you become a member, you get tools and resources to help you manage your health and benefits. You'll find all your plan information and cost-saving tools in one place — your member website. You just need to sign up. Members can register at **aetna.com**.

You have our number — just call us

You can speak to Member Services anytime during regular business hours. Our representatives are here to help answer any questions you have about your plan. Just call the toll-free number on your ID card.

Choose personal care and coverage. Enroll in the Aetna HMO plan today.

**Out-of-network emergency services are covered. In Missouri, two mental health visits with an out-of-network provider are covered.

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

Help for those who speak another language and for the hearing impaired

If you require language assistance, please call the Member Services number on your member ID card, and a representative will connect you with an interpreter. You can also get interpretation assistance for utilization management issues or for registering a complaint or appeal. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the telephone number you're calling.

Ayuda para las personas que hablan otro idioma y para personas con impedimentos auditivos

Si usted necesita asistencia lingüística, llame al número de Servicios al Miembro que figura en su tarjeta de identificación de miembro, y un representante le conectará con un intérprete. También puede recibir asistencia de interpretación para asuntos de administración de la utilización o para registrar una queja o apelación. Si usted es sordo o tiene problemas de audición, usar su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, entrar o proporcionar el número de teléfono que está llamando.

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 1-888-98-AETNA (1-888-982-3862).

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Health benefits plans contain exclusions and limitations. Not all health 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. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of a physician group or integrated delivery system, your primary care physician will generally refer you to hospitals and specialists that are affiliated with the physician group or delivery system. Independent practice association arrangements do not currently exist in Missouri. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. 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 aetna.com.

Policy forms issued in Oklahoma include: HMO OK COC-5 09/07 and/or HMO/OK GA-3 11/01.

Policy forms issued in Missouri include: HI HGrpAg 01.

