Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

Preventive care covered with no cost sharing

Get checkups, screenings, vaccines, prenatal care, contraceptives and more with no out-of-pocket costs

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Good news — your health benefits and insurance plan covers the services listed here with no cost share* as part of preventive care.

*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 as part of the group health coverage.

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This includes routine screenings and checkups. It also includes counseling you get to prevent illness, disease or other health problems.

Many of these services are covered as part of physical exams. These include regular checkups and routine gynecological and well-child exams. You won't have to pay out of pocket for these preventive visits, when provided in network.

But these services are generally not preventive if you get them as part of a visit to diagnose, monitor or treat an illness or injury. Then copays, coinsurance and deductibles may apply.

Aetna follows the recommendations of national medical societies about how often children, men and women need these services. Be sure to talk with your doctor about which services are right for your age, gender and health status.

Covered preventive services for adults generally include:

Screenings for:

- Abdominal aortic aneurysm (one-time screening for men of specified ages who have ever smoked)
- Alcohol misuse
- Blood pressure
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer (for adults over age 50)
- Depression
- Type 2 diabetes (for adults with high blood pressure)
- Human immunodeficiency virus (HIV)
- Obesity
- Tobacco use
- Lung cancer (for adults ages 55 and over with a history of smoking), effective on renewal on or after January 1, 2015
- Syphilis (for all adults at higher risk)

Medication and supplements:

- Aspirin for men and women ages 45 and older with certain cardiovascular risk factors
- Vitamin D supplements for adults ages 65 and older with certain conditions
- Tobacco-cessation medications approved by the U.S. Food and Drug Administration (FDA), including over-the-counter medications when prescribed by a health care provider and filled at a participating pharmacy

Counseling for:

- Alcohol misuse
- Diet (for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease)
- Obesity
- Sexually transmitted infection (STI) prevention (for adults at higher risk)
- Tobacco use (including programs to help you stop using tobacco)

Immunizations:

Doses, recommended ages and recommended populations vary.

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

Covered preventive services for women

Screenings and counseling for:

- BRCA (counseling and genetic testing for women at high risk with no personal history of breast and/or ovarian cancer)
- Breast cancer chemoprevention (for women at higher risk)
- 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
- Osteoporosis (for women over age 60 depending on risk factors)

Medication and supplements:

- Folic acid supplements (for women of child-bearing ages)
- Risk-reducing medications such as tamoxifen and raloxifene, for women ages 35 and older at increased risk for breast cancer, effective October 1, 2014

Contraceptive products and services:

- Prescribed FDA-approved female over-the-counter or generic contraceptives* when filled at an in-network pharmacy
- Two visits a year for patient education and counseling on contraceptives are also covered under your Aetna medical plan

Covered preventive services for pregnant women

- Routine prenatal visits (you pay your normal cost share for delivery, postpartum care, ultrasounds or other maternity procedures, specialist visits and certain lab tests)
- Anemia screenings
- Diabetes 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, including up to six visits with a lactation consultant

Covered preventive supplies for pregnant women

- Certain standard electric breastfeeding pumps (nonhospital grade) anytime during pregnancy or while you are breastfeeding, once every three years
- Manual breast pump anytime during pregnancy or after delivery for the duration of breastfeeding
- Breast pump supplies, if you get pregnant again before you are eligible for a new pump

For more information, go to **www.aetna.com** and search for "breast pumps." Or call Member Services for details on how to use this benefit.

Covered preventive services for children

Screenings and assessments for:

- Alcohol and drug use (for adolescents)
- Autism (for children at 18 and 24 months)
- Behavioral issues
- Cervical dysplasia (for sexually active females)
- Congenital hypothyroidism (for newborns)
- Developmental screening (for children under age 3, and surveillance throughout childhood)
- Hearing (for all newborns)
- Height, weight and body mass index measurements
- Lipid disorders (dyslipidemia screening for children at higher risk)
- Hematocrit or hemoglobin
- Hemoglobinopathies or sickle cell (for newborns)
- Human immunodeficiency virus (HIV) (for adolescents at higher risk)
- Lead (for children at risk for exposure)
- Medical history
- Obesity
- Oral health (risk assessment for young children)
- Phenylketonuria (PKU) (for newborns)
- Tuberculin testing (for children at higher risk of tuberculosis)
- Vision

Medication and supplements:

- Gonorrhea preventive medication for the eyes of all newborns
- Iron supplements (for children ages 6 to 12 months at risk for anemia)
- Oral fluoride for children 6 months through 5 years of age (prescription supplements for children without fluoride in their water source)

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

Counseling for:

- Obesity
- STI prevention (for adolescents at higher risk)

Immunizations:

From birth to age 18 — doses, recommended ages and recommended populations vary.

- DPT
- Haemophilus influenzae type B
- Hepatitis A and B
- HPV
- Inactivated poliovirus
- Influenza
- MMR
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Rotavirus
- Varicella (chickenpox)

Exclusions and limitations

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on the plan design or rider(s) purchased.

- All medical and hospital services not specifically covered in, or which are limited or excluded by, your plan documents, including costs of services before coverage begins and after coverage terminates
- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays
- Donor egg retrieval
- Durable medical equipment
- Experimental and investigational procedures (except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial)
- Hearing aids
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs including injectable infertility drugs
- Infertility services including, but not limited to, artificial insemination and advanced reproductive technologies such as in vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), intracytoplasmic sperm injection (ICSI), and other related services unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics except diabetic orthotics
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hosital) and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling
- Special-duty nursing
- Therapy or rehabilitation other than what is listed as covered in the plan documents
- Weight-control services including surgical procedures, medical treatments, weight-control/loss programs, dietary regimens and supplements, appetite suppressants and other medications, food or food supplements, exercise programs, exercise or other equipment, and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

This material is for information only. Health benefits and health insurance plans contain exclusion 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. 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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