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aetna®

# Important Health Care Reform Notice

## **Women's preventive services covered with no member cost share**

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



# Good news for women!

Your health benefits and insurance plan covers the women's preventive services<sup>1</sup> listed here with no copays, coinsurance or deductible when you go to a provider in the 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.
- Your doctor prescribes an FDA approved female over-the-counter or generic contraceptive<sup>2</sup>, and you fill it at a network pharmacy.
- You buy a breast pump according to the guidelines of your plan.

But these services are not preventive when they are not billed as preventive by your doctor or when the main reason for your visit is to diagnose, monitor or treat an illness or injury. Then copays, coinsurance and deductibles apply.

## Contraceptive coverage

The Aetna Pharmacy plan covers women's contraceptive methods with no member cost share when prescriptions are filled at an in-network pharmacy. The Aetna medical plan covers two visits a year for patient education and counseling on contraceptives.

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

- Approved by the Food and Drug Administration (FDA)
- Generic contraceptives on the Aetna preferred drug list, also called a formulary
- Over-the-counter female contraceptives when filled with a prescription
- Filled at an in-network pharmacy

You can see the complete list of covered contraceptives online.

1. Visit [www.aetna.com/formulary](http://www.aetna.com/formulary).
2. On the Medication Search page, enter your plan type. Then scroll down and enter the name of a drug you want to learn more about. Click "Continue."
3. Click the link on the top left side of the page that says "Other pharmacy benefit Information." You will arrive at a menu page where you can see various drug lists, including the Women's Contraceptive Drugs and Devices List.

We cover the following under our medical plans, whether or not you have pharmacy coverage with Aetna. There will be no member cost share when the main purpose of your service is preventive, or when the service is separately billed by your doctor as preventive.

- Certain contraceptive injectables and devices and their administration (such as the insertion of an IUD or injections), when billed by a participating doctor.
- Women's sterilization procedures

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### If the prescription benefit is:

### Here's how you get contraceptives without cost share

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#### Covered by an Aetna Pharmacy plan

Present your ID card to the pharmacist when purchasing female over-the-counter or generic contraceptive drugs and devices.

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#### Covered by a different insurance company's pharmacy plan

Check directly with the prescription drug insurance company to learn how they cover contraceptive drugs and devices.

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#### Not covered under a pharmacy plan

Aetna medical plans will cover generic contraceptives with a prescription. You should pay for generic contraceptive drugs and devices at the pharmacy. Then send a completed claim form and pharmacy receipt that includes the patient's name, date of purchase, drug name and codes and the charge, to us for reimbursement.

<sup>1</sup>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.

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

## Prenatal care and breastfeeding

You have no member cost sharing (copays, coinsurance or deductibles) for preventive prenatal visits provided by an in-network provider. Normal cost sharing applies for delivery, postpartum care, ultrasounds or other maternity procedures, specialist visits and certain lab tests. Even if the plan doesn't cover maternity care, it will cover the preventive prenatal visits.

Women who need support with breastfeeding can get up to six visits with a lactation consultant at no cost. In-network Ob/Gyns and pediatricians may offer these services. You can also check our provider directory. Just log in to your secure Aetna Navigator<sup>®</sup> member website at [www.aetna.com](http://www.aetna.com) or call the Member Services number on your Aetna ID card to find a lactation consultant in our network.

### We also cover:

- Certain standard electric breast pumps (non-hospital-grade) any time during pregnancy, after delivery or for as long as you breastfeed, once every three years
- Certain manual breast pumps any time during pregnancy, after delivery or for as long as you breastfeed
- 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 [www.aetna.com](http://www.aetna.com) and search for "breast pumps."

You will see the link for this page "**The healthy choice for your baby and you — Aetna**"

Or call Member Services to learn details of what is covered and find a participating breast pump supplier.

## Well-woman care

Well-woman care includes counseling about important health issues as well as:

### Screenings for:

- BRCA (counseling and genetic testing for women of 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)
- 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)

### Medications and supplements

- Aspirin for men and women age 45 and older with certain cardiovascular risk factors
- Folic acid supplements (for women of child-bearing ages)
- Vitamin D supplements for adults age 65 and older with certain conditions

### 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

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**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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