



## **Aetna Global Benefits<sup>®</sup>**

A Guide to Your Plan:

Questions and Answers for the

Cultural Mission of the Royal Embassy of Saudi Arabia

This information is not evidence of coverage. You must enroll and be accepted for coverage with the Insurer before these benefits can be effective. In the instance of a discrepancy between the Summary of Coverage, the Group Plan Booklet, and this handbook, the Summary of Coverage and the Group Plan Booklet will determine the plan of benefits.

For specific coverage provisions and further details refer to your Summary of Coverage and Group Plan Booklet (also known as your plan documents).

### **Tips for members**

- Write the member ID number(s) from your ID card in the back of this packet or another safe place.
- Always present your ID card when accessing health care services.
- Post your doctor's name and number near your telephone.

## General Information

### ***Am I covered for medical expenses anywhere in the world?***

Yes. Coverage is provided to enrolled Students, attending school in the U.S. and their enrolled dependents.

### ***Does coverage terminate with AGB when I temporarily return to my home country for vacation?***

No. Coverage stays with you anywhere in the world.

### ***Does the AGB plan cover me when I am traveling outside the United States?***

Yes. You and your eligible dependents are covered anywhere in the world.

### ***How does a provider (doctor, hospital, other facility or other health care professional) verify my eligibility for benefits under this plan?***

If a doctor or hospital wishes to verify benefits, they simply call AGB toll free at 1-866-236-1038 or direct at 813-775-0190. Collect calls are accepted. AGB is open 24 hours a day, 7 days a week to verify benefits for you and your dependents.

## Service for You and Your Family

### ***What type of customer assistance does AGB provide to members?***

AGB customer service professionals are multicultural, multilingual representatives with the ability to converse, comprehend and translate virtually any language including Arabic. **Our highly trained representatives are available 24 hours a day, 7 days a week at 1-866-236-1038.** In addition to personalized assistance, as a member, you have access to integrated, self-service Web tools through our password-protected member website. A dedicated team of clinical case managers is also available to assist you with specialty care.

### ***Who should I tell about changes in family status?***

You should notify SACM within 30 days of any change to your family status. Changes in family status may include: marriage, divorce, or legal separation; birth or adoption; or death of a child or spouse.

### ***Can I ask questions about the plan through the Internet?***

Yes. AGB can be reached via email at [agbservice@aetna.com](mailto:agbservice@aetna.com) or via the AGB member website. You also have web access to live claims and personal data, exclusively for members through Aetna Navigator. The site is a secure, informative and user-friendly tool that a registered member can log in to at any time.

### ***Can AGB answer specific questions related to my medical condition?***

No. The customer service professionals at AGB are not medical professionals, nurses or doctors and therefore cannot dispense medical advice or information. Please consult with your doctor if you have specific medical questions.

Your plan does however include a 24-hour nurse help line called Informed Health® Line (IHL). While only your doctor can diagnose, prescribe or give medical advice, the Informed Health nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs. To access Informed Health® Line (IHL), please call 1-866-236-1038.

## Insurance Terminology

### ***What is the name of my AGB insurance plan?***

The AGB plan in which you are enrolled is called the **Aetna Open Choice® PPO** plan. When looking for network providers, please search for providers listed under this plan name.

### ***What is a PPO?***

A PPO, or preferred provider organization, is a group of U.S.-based hospitals, doctors and other health care professionals who have agreed to provide contracted health care services to Aetna Open Choice PPO plan participants. **You are free to receive services from any health care provider you wish, but we recommend you use an Aetna PPO provider to avoid any out of pocket costs.**

When you use health care professionals (hospitals, doctors, dentists, labs, pharmacies) who belong to the Aetna PPO network (known as “preferred” or “participating providers”) all of your medical claims will be paid at 100% with no additional costs to you.

**When you choose to obtain care from health care professionals who do not belong to this PPO network (known as “non-preferred” or “non-participating providers”) your claims are still paid at 100%. However, you will be responsible for any amounts over the “Reasonable and Customary” level. This means you may pay money out of your pocket for some services when you choose any doctor who is not an Aetna contracted provider. Please contact AGB Member Services at 1-866-236-1038 for assistance in locating a preferred provider.**

Using preferred providers offers other advantages as well since these providers take care of filing your claims. If you use non-preferred providers, you will be required to pay for services at the time they are rendered and then submit a claim form to Aetna Global Benefits for reimbursement.

### ***Whose responsibility is it to verify that a provider is in the PPO network?***

It is always the member's responsibility to verify that a provider is participating in the PPO network. These providers are known as “preferred providers.” You should verify this before each visit with a new provider by checking the AGB member website or calling AGB Member Services. You may also do so by calling the provider's office.

This includes doctors, hospitals, labs, pharmacies, etc.

### ***What are the benefits of going to a preferred provider?***

If you receive care from a preferred provider, you will receive a higher level of benefits. For example,

- The plan will pay 100% of the bill;
- Your provider will file claims on your behalf; and
- You will not be responsible for amounts exceeding what is deemed “Reasonable and Customary.”

### ***How do I locate a preferred provider?***

Providers can be located using Aetna DocFind® our online provider directory or by calling Member Services.

To find preferred providers using DocFind, please follow the directions below:

- Visit [www.aetna.com](http://www.aetna.com)
- Click on “Find a Doctor, Dentist, Pharmacy, or Facility”
- Log into Aetna Navigator. If you have not registered yet, please refer to the instructions posted on the SACM Benefits Website. If you have registered, enter your username and password.
- Select your search criteria.
- Select Plan Type: Aetna Standard Plan, Open Choice PPO.
- For a more detailed search, Select “More Options”; Otherwise, Click “Start Search”
- Call the doctor to verify that he/she is still participating in the Aetna PPO network.

### ***What is coinsurance?***

Coinsurance describes the cost sharing between you (the “member”) and AGB (“the insurer”). Specifically, coinsurance refers to the percentage of a covered medical expense that the insurer and the member must pay. For example, your plan is a “100% plan”. This means the plan pays 100% of covered expenses and you pay 0%. When your provider ask you what your plan coinsurance amount is, you should respond with “my plan covers services at 100% for network providers”.

### ***What is a copayment?***

A copayment refers to a fixed dollar amount that the member is responsible for at the time services are rendered. This copayment is the member’s only cost for services rendered. There are no copayments in your plan. When your provider ask you for your plan copayment amount, you should respond with “my plan does not have any copayments and provides coverage at 100% for network providers”.

### ***What is a deductible?***

A deductible is the portion of covered medical expenses for which the member is responsible for paying before the insurer begins to pay. Your plan does not include a deductible. When your provider ask you if you have a plan deductible, you should respond with “my plan does not have a deductible and coverage is provided at 100% for network providers”.

## **Reasonable and Customary**

### ***What are Reasonable and Customary Guidelines? What happens if my claim exceeds the Reasonable and Customary Guidelines?***

Reasonable and Customary (R&C) Guidelines are applied to claims incurred in the United States. They are geographically-determined average claim costs for various types of medical services. The guidelines are used to determine if a provider (doctor, hospital, etc.) is charging too much money for any given service—more than what is “reasonable and customary”—for a service within a defined geographic area.

If your claim exceeds Reasonable and Customary Guidelines and you received care from a preferred provider, you will not be responsible for any amount over what is reasonable and customary. However, if you received care from a non-preferred provider, you would be responsible for paying for the entire amount over what is determined to be reasonable and customary. Claims from providers outside the United States are not subject to Reasonable and Customary guidelines. Please see the example below:

**In Network Provider (Preferred)  
Doctor Office Visit Doctor Files Claim**

Charge: \$200  
R&C Amount: \$150  
AGB's Reimbursement: \$150  
Student Owes: \$ 0

**Out of Network Provider (Non-Preferred)  
Doctor Office Visit Student files claim**

Charge: \$200  
R&C Amount: \$150  
AGB's Reimbursement: \$150  
Student Owes: \$50

## Claim Processing

### ***How do I submit a medical claim?***

There are two basic ways to present a claim for medical benefits.

- 1.) If you receive care from a preferred provider, the provider will file the claim on your behalf.
- 2.) If you receive care from a non-preferred provider, you must file a claim to receive reimbursement from AGB. At the time you receive care, you may be asked to pay the provider directly, and then you should file a claim with AGB to recover your out-of-pocket expense. You will also need to complete a claim form for care received outside the U.S. and for reimbursement of eye glasses and vision supplies when using a provider who is not in the Aetna network. Claim forms can be found on the SACM Benefits website or on the AGB member website at [www.aetnaglobalbenefits.com](http://www.aetnaglobalbenefits.com). You may submit claims by mail (the mailing address is located on the claim form), or you may fax your claim form (including receipts) to 813 775-0625. Finally, you may e-mail claims to [agbservice@aetna.com](mailto:agbservice@aetna.com).

### ***What are AGB's claim reimbursement standards?***

Claims submitted for payment will generally be processed within 14 business days from the date complete information is received by the claim office.

### ***What can expedite claim reimbursement?***

Faxed claims or emailed claims reduce claim turnaround time. In addition, submitting complete claim information, including an AGB claim form and support such as receipts and other medical documentation, will expedite reimbursement. Be sure that a diagnosis or reason for your visit is included on the claim form. If you do not complete what currency you would like to be reimbursed in, we will automatically reimburse you in a check for U.S. dollars.

AGB encourages you to provide phone numbers, fax numbers, and email address so that questions can be resolved quickly.

If you are submitting claims through the mail, please keep in mind mailing time from your location to AGB's International Service Center.

### ***How will I know if a medical claim has been paid?***

You are able to view your "Claim Benefit Statement", also known as "Explanation of Benefits", online through Aetna Navigator™.

### ***How do I register for Aetna Navigator?***

Registration on Aetna Navigator is simple!

- Go to AetnaNavigator.com.
- Click on "Go" in the First Time User Section
- Select "I am an Aetna Member"; Select "I am the subscriber, primary member or employee", then click Next.
- Complete the Personal Information section. If you do not have a permanent address yet and are using the SACM address, please enter 20037.
- If you don't have your member ID number, please contact the customer service center at 1-866-236-1038 and they can assist you.
- Complete the form to establish your User Name and Password, and also set your registration parameters (Email notifications, etc.) Please note, your EOBs will only be available on-line. You will not be able to select "Mail me paper".
- Registration is complete!

### ***How do I register for Aetnaglobalbenefits.com?***

After you register for Aetna Navigator, you can use the same username and password on the Aetna Global Benefits website. However, if you register on aetnaglobalbenefits.com first, you will also need to register for Aetna Navigator.

### ***What is the difference between AetnaNavigator.com and Aetnaglobalbenefits.com?***

On Aetna Navigator, you can:

- View completed claims information, including medical, dental and pharmacy;
- Access Explanation of Benefits statements;
- Print a copy of your temporary ID card.
- View Coverage Policy Bulletins
- Search for US providers (doctors, dentists, hospitals, labs, pharmacies, etc)

On Aetnaglobalbenefits.com, you can:

- Print off a claim form;
- Search for providers outside the US;
- View an English/Arabic medical translation guide
- Obtain information on AGB's Disease Management programs.

### ***What is an Explanation of Benefits (EOB)? What does it mean?***

An EOB is **not** a bill. It is a document indicating that you have received care and a claim was submitted to AGB on your behalf. An EOB indicates how much was billed to AGB, what the negotiated fee was (if you saw a preferred provider), and how much AGB has paid to that provider. At the bottom right-hand side, the EOB references "Patient's Portion." This is the amount you owe on this particular claim that you will need to pay the provider once the provider bills you. The EOB also includes remarks that provide a further explanation on the claim. If you have questions about your EOB, please call AGB Member Services.

### ***Can I view my EOB online?***

Yes. You can view your EOBs online through Aetna Navigator. EOBs will not be mailed to you. They are only available online.

## **Plan Design and Coverage Levels**

### **Routine Doctor Visits**

#### ***How are doctors' office visits covered?***

Visits to a preferred provider are covered at 100%.

If you see a non-preferred provider (also called out-of-network provider), you will be required to pay the entire bill up front and submit a claim form for reimbursement. You will be reimbursed 100% up to the Reasonable and Customary amount. You will be out of pocket any amount over the Reasonable and Customer level.

#### ***How do I make an appointment with my doctor?***

Please call the doctor's office directly to make an appointment. AGB does not make appointments for you. Following the scheduling of your appointment, it is not necessary to advise or confirm the appointment with AGB.

#### ***Do I need to contact AGB before I go to the doctor?***

No. You do not need to contact AGB before seeking care. You can go directly to the doctor. However, when you call to schedule your appointment, please verify with the doctor that he/she participates in the Aetna PPO network. This will determine the level of benefits covered by AGB, and the amount for which you are responsible.

#### ***For what reasons can I see my doctor?***

You can see your doctor for most medical conditions. This includes ailments from the common cold to a chronic condition. Please see the list of exclusions in your plan documents to ensure your condition is covered.

#### ***What does it mean for a doctor to have admitting privileges at a hospital?***

Admitting privileges means that a provider can admit a patient to a hospital should the need arise. In order for a provider to participate in the Aetna PPO network, he or she must be able to admit patients to a participating hospital. If a provider does not have admitting privileges at a participating hospital, he/she does not participate in the Aetna PPO network.

#### ***Does this plan cover everything the doctor orders or recommends?***

No. This plan is very comprehensive and covers most services at 100%. However, the plan does not cover items that are experimental. The plan also covers services based on medical necessity, and there are criteria that need to be met for certain services. If you do not meet those criteria, the plan will not cover that service. Information on these criteria can be found at [www.Aetna.com/cpb](http://www.Aetna.com/cpb).

## Maternity Care

### ***How is maternity care covered?***

As with all providers, it is your responsibility to verify if your provider is in the Aetna Open Choice PPO network. If your doctor is in the network, you are covered at 100% for all treatment related to your pregnancy.

If you are required to go to a facility outside of your doctor's office for related tests, the facility must be part of the PPO network for your bill to be paid at 100%. It is your responsibility to confirm with your doctor or with the facility itself that it is part of the Aetna PPO network.

When you go to a preferred hospital to deliver your baby, the hospital and doctor charges will be covered at 100%.

If your doctor is not in the PPO network, your out-of-pocket expenses may be significantly higher. If you see a doctor outside of the PPO network, you will be required to pay any amounts over the Reasonable and Customary level. This policy is applicable to every office visit.

If you deliver your baby at a non-preferred hospital, you are responsible for paying any amounts over the Reasonable and Customary level.

Regardless of network participation, personal items are not covered under this plan. This would include items such as, but not limited to, television, telephone, or guest food trays.

### ***What type of doctor should I see if I am pregnant?***

There are several types of doctors who can treat you for your prenatal care such as an obstetrician and/or gynecologist. Obstetricians and gynecologists are specifically trained in this field, and can deliver babies either vaginally or by cesarean section. However, it is up to you to select the type of doctor that is right for you.

### ***How do I enroll my newborn baby?***

Once the baby is born, AGB will pay the newborn claims for the first 30 days of the baby's life as part of the member's or covered dependent's existing plan of benefits. Within the first 30 days of the baby's birth, you must contact SACM to enroll the baby in your plan. If your baby is not enrolled within the first 30 days of birth, he/she will not be covered for health care expenses under your plan of benefits. To ensure that there is no delay of covered benefits for your child, please contact SACM within the first 30 days of your baby's birth.

## Emergency Care

### ***What is considered an emergency?***

AGB defines emergencies as being "life or limb threatening." Visits to the emergency room should not be utilized for routine care, nor are visits generally scheduled or planned. The emergency room is to be used only in case of true emergencies. If you need medical care, and it is **not** an emergency, please schedule an appointment at your doctor's office.

### ***When should I use the emergency room?***

Emergency rooms should only be used in the case of true emergencies. In the United States, when you do not have an emergency, you should schedule an appointment with a doctor's office, as this is your first point

of entry into the U.S. health care system. Appointments are required at doctor's offices and may not always be available on the same day that you call. In most instances, walk-in clinics are not available in the United States. Note that if your medical condition is life threatening, you should go to an emergency room immediately.

Examples\* of when you should **not** go to the emergency room: routine exam; sore throat; follow-up care after an accident, injury, or surgery, as directed by your doctor.

Examples\* of when you should go to the emergency room may include: broken bone; care needed immediately following an accident; severe burns.

*\*These examples are for illustrative purposes only. Each emergency room visit will be evaluated for appropriateness and paid accordingly.*

### ***How are emergencies covered?***

True emergencies are covered at 100%.

### ***What is urgent care and how is it covered?***

If an urgent health care need arises and you need to go to an urgent care facility rather than see your general practitioner, you will be covered at 100%, provided that you go to a preferred provider facility that is part of the Aetna PPO network. Urgent care received at a non-preferred urgent care facility is subject to reasonable and customary guidelines.

Urgent care is defined as services rendered for conditions that are not preventive or routine, and are needed in order to prevent the serious deterioration of a member's health following an unforeseen illness, injury or condition. Urgent care includes services for conditions that could not be adequately managed without immediate treatment and intervention by a medical professional but do not require the level of care provided in the emergency room. In order to receive this level of benefit, you must have an urgent health care need and the facility must be a designated urgent care center.

If your situation does not meet the definition of urgent care as described above, please contact your doctor and schedule an appointment to see him or her during regular office hours.

Urgent care facilities can be located by using the DocFind tool on the AGB website or by calling AGB Member Services. You may also call your local directory assistance to find an urgent care center. Please verify with the facility itself or AGB Member Services that this center is a designated urgent care facility and part of the Aetna PPO network before service is rendered. **AGB Member Service is available 24 hours a day, 7 days a week at 866-236-1038 to assist you with any urgent need question you may have.**

Your plan does however include a 24-hour nurse help line called Informed Health® Line (IHL). While only your doctor can diagnose, prescribe or give medical advice, the Informed Health nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs. To access Informed Health® Line (IHL), please call 1-866-236-1038.

## **Labs and X-rays**

### ***How does my plan cover lab and X-ray expenses?***

Lab and X-ray expenses are covered at 100% if services are rendered at a preferred hospital outpatient department, freestanding lab facility, or doctor's office. Blood work is covered whether it is for wellness or sickness. **AGB Member Service is available 24 hours a day, 7 days a week at 866-236-1038 to assist you with any lab or x-ray questions you may have.**

## Dental Coverage

### *Does this plan cover all dental procedures?*

It is **strongly advised** that if you are having a major dental procedure done, you ask your dentist to submit a “Pre-Determination”, **before the service is performed**. Aetna Global Benefits will review what procedures will be performed, and will advise you and your dentist how much of the procedure will be covered by the plan. Your dental plan covers medically necessary dental procedures at 100%, up to an annual maximum of \$5,000. If you are charged by your dentist more than \$5,000 per calendar year, you will be responsible for any charges above \$5,000.

## Prescription Drug Coverage

### *Are prescription drugs covered?*

Yes. Prescription drugs are covered under the pharmacy component of your medical plan. CVS is a participating pharmacy within the Aetna Pharmacy Management network. **You must use your AGB ID card as of August 1, 2009. Your CVS card will no longer be valid as of August 1, 2009.** The Aetna Pharmacy Management network includes over 51,000 participating pharmacies in the United States. You may view a list of participating pharmacies by logging on to [www.aetna.com](http://www.aetna.com). If you fill your prescription at a participating pharmacy, you will be covered at 100%.

If you fill your prescription at a non-participating pharmacy in the United States your prescription will be covered at 100% of Reasonable and Customary. You will be responsible for any amounts over the Reasonable and Customary level. Prescriptions filled outside the United States are covered under the medical plan, at 100%.

### *What is Aetna Rx Home Delivery?*

Aetna Rx Home Delivery is Aetna's dedicated mail-order prescription service. As part of your plan of benefits, you may fill your prescriptions through Aetna Rx Home Delivery. Prescriptions filled through the mail can be sent only to United States addresses. Aetna Rx Home Delivery has pharmacists on staff that can answer questions you may have about your medication. Additionally, they perform the same quality checks on your prescription medication as participating U.S. retail pharmacies in the Aetna network. For more information about Aetna Rx Home Delivery, refer to the “How Do I” section of the AGB member website by logging in to [www.aetnaglobalbenefits.com](http://www.aetnaglobalbenefits.com) or call the AGB International Service Center.

### *How do I fill a prescription in the United States?*

Aetna's Pharmacy Management network includes over 51,000 participating pharmacies in the United States. A participating pharmacy can be located using the DocFind tool accessible through the Aetna Global Benefits website or directly at [www.aetna.com/docfind/](http://www.aetna.com/docfind/). To limit the out-of-pocket costs that you pay upfront when obtaining your prescription drugs or medicines, it is very important for you to present your AGB Insurance ID Card to your pharmacy when purchasing your prescriptions. If you do not present your Insurance ID Card at the time of purchase, the participating pharmacy cannot identify you as a participating member and you will need to pay for the entire cost of the prescription at the time of purchase and submit a claim to AGB for reimbursement. Similarly, if you fill your prescription at a non-participating pharmacy in the United States, you must pay the entire cost upfront and submit a claim for reimbursement.

## Vision Benefits and Discount Program

### ***What is the Aetna Vision Care® program, and how does it work?***

Aetna Vision Care® program is a discount program available to all AGB members. Aetna Vision Care® providers will offer you both lenses and frames at a discounted rate, provided you present your AGB ID card at the point of purchase. You will not need to submit a claim form to receive this discount. You can locate Aetna Vision Care® providers by logging in to our member website at [www.aetna.com/docfind](http://www.aetna.com/docfind). Use the standard search function to find Aetna Vision Care® facilities near you.

### ***Is Lasik Surgery covered under the plan?***

No, the plan does not provide coverage for Lasik surgery. However, you are eligible for discounts through the Aetna Vision Care® program.

### ***What if an Aetna Vision Care® program provider has an optometrist or ophthalmologist on site? May I access care from this doctor?***

A provider does not always guarantee participation of the resident (on site) optometrist or ophthalmologist in the Aetna PPO network. Routine eye exams are covered as part of your plan of benefits. As with all doctor visits, when you schedule your appointment for a routine eye exam, please be certain that the selected provider participates in the Aetna PPO network. If your provider is participating, your exam will be covered at 100%. If your provider does not participate in the Aetna PPO network, your exam will be covered at 100% of Reasonable and Customary. You will be responsible for amounts over the Reasonable and Customary level.

## Write Important Numbers Here

Your Member ID Number \_\_\_\_\_

Other Members' ID Numbers \_\_\_\_\_

Your Doctor's Telephone Number \_\_\_\_\_

Pharmacy \_\_\_\_\_

Poison Control Center \_\_\_\_\_

**In case of an emergency, call 911 or your local emergency hotline.**

**For questions regarding your medical coverage,  
contact the AGB International Service Center directly:**

**Telephone:** Toll free: 1-866-236-1038 (inside the U.S) or, Collect: 1-813-775-0190 (outside the U.S.)

**Fax:** Toll Free: 1-800-475-8751 or, Collect: 1-813-775-0625 (outside the U.S.)

**Mail:** P.O. Box 981543, El Paso, Texas, 79998-3836 USA

**Overnight:** 7777 Market Center Avenue, Suite E, El Paso, TX 79912-8411 USA

**Internet:** [www.aetnaglobalbenefits.com](http://www.aetnaglobalbenefits.com)

**E-Mail:** [agbservice@aetna.com](mailto:agbservice@aetna.com)

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