

POS OPTION

The Standard **POS** option provides a preferred level of benefits and reduced paperwork when you select **in-network providers** for your medical care, yet gives you the flexibility to go **out-of-network** when you choose. You choose between **in-network** and **out-of-network providers** each time you need medical care.

How the POS Option Works

You do not need a referral from your **primary care physician (PCP)** to see a **network specialist**, however, you should select a **PCP** for each **covered** person to oversee **in-network** care. To receive the **in-network** level of benefits, you must use an **in-network provider**.

Generally, by obtaining services **in-network**, and utilizing your selected **PCP** as appropriate, you will receive a higher level of benefits.

When you go **out-of-network**, you have the flexibility to choose any health care **provider** you prefer. However, your cost usually is higher for **out-of-network** care.

In-Network Benefits: Usually a Higher Level of Benefits

Generally, you will receive a higher level of benefits when you go **in-network**. There are a number of reasons for this:

- You do not pay a **deductible**.
- You do not need to submit claim forms and wait to be reimbursed.
- Your **PCP** or **network specialist** obtains any needed **precertification** for you.
- You pay a **copayment** for **covered** services, when required. When a **copayment** is required, you pay a specific dollar amount at the time of service. After the **copayment**, you do not have any further payment obligations unless the service is also subject to **coinsurance**.
- Additional preventive care services are available that are not **covered out-of-network**.
- A number of **covered** services (for example, home health care), which are limited **out-of-network**, are offered without a limit on the number of **medically necessary** visits when the care is coordinated by your **PCP** or **network specialist**.

The Provider Network

The **provider network** is a system of health care suppliers – including **physicians, hospitals,** and supporting **providers** such as **home health care agencies** and **extended care facilities**. Through the **network**, you will have access to the full range of services necessary to meet your health care needs.

If you need specialized care that **Aetna** determines is **medically necessary** and it is not available in your area, you will be directed to a qualified **non-network provider**. As long as you use the **provider** directed by your **PCP** or **network specialist**, you will receive **in-network** benefits for that care. You should verify with **Aetna** Member Services that there are no **network providers** in your area.

Your Primary Care Physician

A **primary care physician**, or **PCP**, is a doctor who coordinates your **in-network** health care. When you enroll in the **POS** option, you should select a **PCP** for yourself and each of your **covered dependents**.

Your **PCP** is responsible for:

- Giving regular checkups
- Providing treatment when you or a **covered dependent** is ill
- Ordering necessary lab work, X-rays or other tests
- Directing you or a **covered dependent** to a **network specialist** when necessary
- Arranging for hospitalization or **out-patient** treatment
- Handling all required **precertifications**

You do not need to contact your **PCP** first in an **emergency** or before visiting a **network specialist**. In addition, you do not need a **PCP** referral for treatment of a mental health and/or **chemical dependency** condition. Simply call **Aetna** for **precertification**.

- **Emergency Care.** In an **emergency**, you or your **covered dependent** should get care immediately. However, to receive benefits at the **in-network** level:
 - The situation must qualify as an **emergency** under the Standard **POS** option, and

- You must contact **Aetna** Member Services within 48 hours after receiving the treatment.

If these conditions are not satisfied, benefits for **covered** services will be paid at the **out-of-network** level. To avoid any misunderstandings, contact your **PCP** or **network specialist** for guidance if you are not sure if a condition is an **emergency**.

- **Specialist Visits.** You do not need a referral from your **PCP** to receive **in-network** benefits to see a **network specialist**. You will need to call **Aetna** Member Services or use the Web tools for information about participating **network specialists** in your area.

Availability of Your PCP

PCPs provide coverage 24 hours a day, seven days a week. When your **PCP** is unavailable, another **physician** will be available to take your call or to see you. If you do not call during normal business hours, an answering service generally takes your call and asks your **PCP** or the covering **physician** to return your call.

Selecting or Changing Your PCP

When you enroll in the Standard **POS** option, you select a **PCP** for yourself and the same or different **PCPs** for each of your **covered dependents**. The names of current **PCPs** are available by calling **Aetna** Member Services or through **Aetna Navigator™** (go to www.AetnaNavigator.com, click the DocFind® link, when prompted, select the Aetna Open Access Plans, Aetna **Choice™ POS II** Plan). **PCPs** include internists, family practitioners, general practitioners and pediatricians.

You have the flexibility to change your or your dependent's **PCP** at any time. To do so, simply call **Aetna** Member Services and provide the name and ID number of the **PCP** you selected. The change to your new **PCP** is effective the day you call. Alternatively, you may change your or your dependent's **PCP** online through **Aetna Navigator** (logon as a registered user from www.AetnaNavigator.com).

An ID card showing the newly selected **PCP** will be sent to your home address after the change is made. A temporary ID card can be printed by going to **Aetna Navigator's** Web Site at www.AetnaNavigator.com.

Receiving Care Away From Home

If you or one of your **covered dependents** needs care when away from home, you should contact your **PCP** or **network specialist** first unless it is an **emergency**. **Emergency** treatment is **covered** at the **in-network** benefits level, but you must notify **Aetna** Member Services within 48 hours. Otherwise, the following rules apply:

- **Elective care** received from a **provider** who does not participate in the **Choice POS II network** is **covered** at the **out-of-network** benefits level.
- **Urgent care** is **covered** at the **in-network** benefits level if you use a **Choice POS II network provider** or follow your **PCP** or **network specialist's** instructions regarding care.

If your **PCP** or **network specialist** advises you to seek treatment, **in-network** benefits would apply for treatment of the **urgent** condition. Any follow-up care should be provided or coordinated by a **network provider**.

Out-of-Network Benefits: More Flexibility, Lower Benefits

When you go **out-of-network**, you may use any **covered** health care **provider** you choose. However, your cost generally will be higher than it would be if you received the same care **in-network**. For example:

- Each year, you will be required to pay a portion of your eligible expenses before the Medical Plan begins to pay benefits. This amount is called an annual **deductible**.
- After you satisfy the annual **deductible**, the Medical Plan will reimburse you for a portion of your eligible expenses and you will pay the rest. The percentage you pay is called your **coinsurance** percentage.
- You will pay a **copayment** and **coinsurance** (up to the **out-of-pocket maximum**) for each hospitalization.
- The Medical Plan will not cover any benefit reductions due to failure to precertify certain treatments.
- The Medical Plan will not cover any charges above the **allowable amount**.

There are other responsibilities that you have when you elect **out-of-network** care that are not required when you obtain **in-network** care. For example, if you elect **out-of-network** care:

- You must get **precertification** for certain **covered** services. If you do not get the required **precertification**, the amount of benefits available will be reduced or the services will not be **covered** at all. This means your cost will be higher. For more information, see "Precertification."

- You must complete claim forms and file claims with **Aetna** to receive payment of benefits, unless you use a **NAP provider**.

Out-of-Network Care

Care is considered **out-of-network** if you or a **covered dependent**:

- Visit an **out-of-network** doctor unless **emergency** care is required,
- Do not call **Aetna** Member Services within 48 hours after receiving **emergency** treatment (or if the treatment does not qualify as an **emergency**), or
- Do not get **PCP** or **network specialist** authorization for **in-patient** or **out-patient** hospitalization.

Your ID Card

After you enroll in the Standard **POS** option, you will receive an ID card which contains important information such as:

- Your name and your **covered dependents** names
- Your member ID number
- The **PCP's** name for you and your **covered dependents**
- The **copayment** for key services such as office visits, **specialist** visits and **emergency** room use
- The telephone number for **Aetna** Member Services
- What to do in an **emergency**

Aetna Member Services

Aetna Member Service representatives are available to assist you with issues related to the Standard **POS** option Monday through Friday during normal business hours, or you can use the **Aetna** Navigator Web site at your convenience, day or night. You can reach **Aetna** Member Services at the telephone number printed on your ID card or online at www.AetnaNavigator.com:

- To request a new Provider Directory or the latest information about **network providers**,
- To change your **PCP**,
- To replace a lost ID card,
- To find out if a claim was paid,
- If you have a service issue with a **network provider**,
- To find out how your **covered dependent** child away at college should obtain care,
- To get claim forms (generally only required for **out-of-network** care), or
- To obtain more detailed information about your benefit coverage.