

Specialty drug coverage

**For members with the Aetna Value plan,
Value Plus plan and Premier plan**
2017 Aetna Specialty Drug List

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You may get your first fill of these drugs at an in-network specialty pharmacy, like Aetna Specialty Pharmacy^{®*} medicine and support services. Look up your plan documents for specialty drug coverage details. You'll also learn more about the requirements and limitations of your pharmacy benefits and insurance plan.

What is a specialty drug?

Specialty drugs treat complex, chronic conditions. A nurse or pharmacist will often support their use during treatment. These drugs may be injected, infused or taken by mouth. You may need to refrigerate them. They are often expensive and may not be available at retail pharmacies.

| Key | | | |
|-----|---|----|--|
| NPL | Most plans require national precertification. | * | Drug may not be available through Aetna Specialty Pharmacy. |
| PR | Most plans require precertification. | ** | Specialty drugs are also available through a retail pharmacy or through Aetna Specialty Pharmacy. |
| QL | Most plans have a quantity limit. | | |
| ST | Most plans have step therapy. | + | If your doctor supplies or administers these drugs, they may continue to do so. Your medical plan may continue to cover your drug. |

*Specialty medicine through Aetna Specialty Pharmacy and the Specialty Pharmacy Network may not be available to California health maintenance organization (HMO) members. Talk to your doctor about the appropriate way to get the specialty medications you need. Doctors may have agreed to dispense and administer these drugs to you themselves. Or they may write a prescription so you can fill them at any participating retail or mail-order pharmacy.

**Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment.

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). In Florida by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

| Category | Generic name | Brand name | |
|---|---|---|--|
| Antineoplastic agents Antineoplastics (oral) | <i>bexarotene</i> <i>capecitabine</i> ^{NPL PR QL} <i>imatinib</i> ^{PR QL} <i>temozolomide</i> ^{NPL PR QL} <i>tretinoin</i> ^{QL} | AFINITOR ^{PR QL ST} AFINITOR DIS ^{PR QL} ALECENSA ^{PR QL} ALUNBRIG ^{PR QL} BOSULIF ^{PR QL ST} CABOMETYX ^{★ PR QL} CAPRELSA ^{★ PR QL} COMETRIQ ^{PR} COTELLIC ^{PR QL} ERIVEDGE ^{PR QL} FARYDAK ^{PR QL} GILOTRIF ^{★ PR QL} GLEEVEC ^{PR QL} HYCAMTIN ^{PR QL} IBRANCE ^{PR QL} ICLUSIG ^{PR QL ST} IMBRUVICA ^{PR QL} INLYTA ^{PR QL ST} IRESSA ^{★ PR QL} JAKAFI ^{★ PR QL} KISQALI ^{PR QL} LENVIMA ^{★ PR QL} LONSURF [★] LYNPARZA ^{PR QL} MEKINIST ^{PR QL} NEXAVAR ^{PR QL ST} NINLARO ^{PR QL} | ODOMZO ^{PR QL} POMALYST ^{PR QL} PURIXAN ^{PR QL ST} RUBRACA ^{PR QL} RYDAPT ^{PR QL} SPRYCEL ^{PR QL S} STIVARGA ^{PR QL} SUTENT ^{PR QL} TAFINLAR ^{PR QL} TAGRISSO ^{★ PR QL} TARCEVA ^{PR QL} TARGRETIN TASIGNA ^{PR QL ST} TEMODAR ^{NPL PR QL} TYKERB ^{PR QL} VENCLEXTA ^{PR QL} VOTRIENT ^{PR QL ST} XALKORI ^{★ PR QL} XELODA ^{NPL PR QL} ZEJULA ^{PR QL} ZELBORAF ^{PR QL ST} ZOLINZA ^{PR} ZYDELIG ^{PR QL} ZYKADIA ^{PR QL} |
| Antineoplastics — hormonal agents | <i>leuprolide</i> | ELIGARD ^{PR} FASLODEX ^{PR +} FIRMAGON ^{PR +} LUPANETA ^{PR} LUPRON ^{PR} LUPRON DEPOT ^{PR +} TRELSTAR LA ^{PR} | TRELSTAR DEPOT ^{PR +} TRELSTAR MIX ^{PR +} VANTAS ^{PR +} XTANDI ^{★ PR QL ST} ZOLADEX ^{PR +} ZYTIGA ^{PR QL +} |
| Antineoplastics — miscellaneous | none | ACTIMMUNE ^{NPL PR} ALFERON N ^{PR +} INTRON A ^{NPL PR} IRESSA ^{★ PR QL} | SYLATRON ^{PR QL} TARGRETIN Gel VALCHLOR ^{★ PR} |
| Blood products — modifiers — volume expanders | | | |
| Anti-inhibitor coagulant complex | none | FEIBA NF ^{PR} | FEIBA VH ^{PR} |
| Blood-clotting factor VIIa (recombinant) | none | NOVOSEVEN ^{NPL PR} | NOVOSEVEN RT ^{NPL PR} |
| Von Willebrand factor | none | | VONVENDI ^{NPL PR} |
| Blood-clotting factor VIII (human) | none | ALPHANATE ^{NPL PR} CORIFACT ^{NPL PR} HEMOFIL M ^{NPL PR} HUMATE-P ^{NPL PR} | KOATE-DVI NPL ^{PR} MONOCLATE-P ^{NPL PR} WILATE ^{NPL PR} |

| Category | Generic name | Brand name | |
|---|---|--|---|
| Blood-clotting factor VIII (recombinant) | none | ADVATE ^{NPL PR} ADYNOVATE ^{NPL PR} AFSTYLA ^{NPL PR} ELOCTATE ^{NPL PR} HELIXATE FS ^{NPL PR} IXINITY ^{NPL PR} KOGENATE FS ^{NPL PR} | KOVALTRY ^{NPL PR} NOVOEIGHT ^{NPL PR} NUWIQ ^{NPL PR} RECOMBINATE ^{NPL PR} XYNTHA ^{NPL PR} |
| Blood-clotting factor IX (nonrecombinant) | none | ALPHANINE SD ^{NPL PR} MONONINE ^{NPL PR} | PROFILNINE ^{NPL PR} |
| Blood-clotting factor IX (recombinant) | none | ALPROLIX ^{NPL PR} BEBULIN VH ^{NPL PR} BENEFIX ^{NPL PR} | IDELVION ^{NPL PR} IXINITY ^{NPL PR} |
| Blood-clotting factor X (human) | none | COAGADEX ^{NPL PR} | |
| Blood-clotting factor XIII (recombinant) | none | TRETTEN ^{NPL PR} | |
| Blood-clotting complex | none | KCENTRA ^{NPL PR} | |
| Fibrinogen concentrate (human) | none | RIASTAP ^{NPL +} | RIXUBIS ^{NPL PR} |
| Hematopoietic growth factors | none | ARANESP ^{NPL PR +} EPOGEN ^{NPL PR +} GRANIX ^{NPL PR} LEUKINE ^{NPL PR +} MIRCERA ^{NPL PR +} NEULASTA ^{NPL PR +} | NEUMEGA ⁺ NEUPOGEN ^{NPL PR +} NPLATE ^{PR +} PROCRIT ^{NPL PR +} PROMACTA ^{PR +} ZARXIO ^{NPL PR +} |
| Hereditary angioedema | none | BERINERT ^{NPL PR +} CINRYZE ^{* NPL PR +} FIRAZYR ^{NPL PR +} | KALBITOR ^{* NPL PR +} RUCONEST ^{* NPL PR +} |
| Paroxysmal nocturnal hemoglobinuria | none | SOLIRIS ^{NPL PR +} | |
| Cardiovascular system | | | |
| Hypertension | none | VECAMYL ^{PR QL ST} | |
| Inherited homozygous familial hypercholesterolemia | none | JUXTAPID [*] ^{PR QL ST} KYNAMRO ^{PR QL ST} | REPATHA ^{NPL PR QL ST} |
| Inherited heterozygous familial hypercholesterolemia | none | PRALUENT ^{NPL PR QL ST} | REPATHA ^{NPL PR QL ST} |
| Orthostatic hypotension | none | NORTHERA ^{PR QL ST} | |
| Pulmonary hypertension agents | <i>epoprostenol</i> ^{* NPL PR +} <i>sildenafil</i> ^{NPL PR QL} | ADCIRCA ^{NPL PR QL ST} ADEMPAS ^{NPL PR QL ST} FLOLAN ^{* NPL PR +} LETAIRIS ^{NPL PR} OPSUMIT ^{NPL PR QL} ORENITRAM ^{* NPL PR ST} REMODULIN ^{* NPL PR QL +} | REVATIO ^{NPL PR QL ST} TRACLEER ^{NPL PR} TYVASO ^{* NPL PR} UPTRAVI ^{*NPL PR QL} VELETRI ^{* NPL PR} VENTAVIS ^{* NPL PR} |

| Category | Generic name | Brand name |
|---|--|--|
| Central nervous system | | |
| Analgesics — nonnarcotic | none | PRIALT + |
| Anticonvulsants — GABA modulators | none | SABRIL * PR |
| Huntington's disease — chorea | tetrabenazine PR QL | AUSTEDO PR QL ST XENAZINE * PR QL |
| Multiple sclerosis agents | glatopa NPL PR | AMPYRA PR QL AUBAGIO NPL PR QL ST AVONEX NPL PR ST BETASERON NPL PR ST COPAXONE 20 mg NPL PR ST COPAXONE 40 mg NPL PR EXTAVIA NPL PR ST GILENYA NPL PR QL ST LEMTRADA NPL PR QL ST + PLEGRIDY NPL PR QL ST REBIF NPL PR TECFIDERA NPL PR QL ST TYSABRI NPL PR ST + ZINBRYTA NPL PR QL |
| Tardive dyskinesia | none | INGREZZA PR |
| Dermatological agents | | |
| Antineoplastic-alkylating agents | none | VALCHLOR Gel * PR QL ST |
| Antipsoriatics | none | COSENTYX PR ST ENBREL NPL PR HUMIRA NPL PR INFLECTRA NPL PR KINERET NPL PR ST OTEZLA NPL PR QL OTREXUP ** ST RASUVO ** ST REMICADE NPL PR + SILIQ NPL PR QL ST SIMPONI NPL PR ST + STELARA NPL PR + TALTZ NPL PR ST |
| Atopic dermatitis | none | DUPIXENT NPL PR QL ST |
| Endocrine system | | |
| Acromegaly | octreotide PR + | SANDOSTATIN PR + SANDOSTATIN LAR PR + SIGNIFOR LAR * PR QL SOMATULINE NPL PR + SOMAVERT PR |
| Congenital sucrase-isomaltase deficiency | none | SUCRAID * |
| Corticotropin | none | ACTHAR HP NPL PR + |
| Cushing's disease | none | KORLYM PR QL SIGNIFOR PR QL |
| Diagnostic drugs | none | THYROGEN + |
| Fabry disease | none | FABRAZYME NPL PR + |
| Fertility agents | chorionic gonadotropin PR leuprolide PR novarel PR pregnyl PR | BRAVELLE NPL PR CETROTIDE NPL PR FOLLISTIM AQ NPL PR GANIRELIX NPL PR GONAL-F NPL PR GONAL-F RFF NPL PR LUPRON PR MENOPUR NPL PR OVIDREL NPL PR REPRONEX NPL PR |
| Gaucher disease | none | CERDELGA PR QL CEREZYME NPL PR + ELELYSO * NPL PR ST + VPRIV NPL PR ST + ZAVESCA * NPL PR + |

| Category | Generic name | Brand name |
|--|-------------------------------------|--|
| Growth factors, insulin-like | none | INCRELEX ^{NPL PR} |
| Growth hormone agents | none | GENOTROPIN ^{NPL PR ST} HUMATROPE ^{NPL PR ST} NORDITROPIN ^{NPL PR ST} NUTROPIN ^{NPL PR ST} NUTROPIN AQ ^{NPL PR ST} NUTROPIN AQ ^{NPL PR ST} NUSPIN ^{NPL PR ST} OMNITROPE ^{NPL PR} SAIZEN ^{NPL PR ST} SEROSTIM ^{NPL PR} ZOMACTON ^{NPL PR ST} ZORBTIVE ^{NPL PR} |
| Hereditary orotic aciduria | none | XURIDEN * ^{PR QL} |
| Hereditary tyrosinemia | none | ORFADIN * ^{PR} |
| Homocystinuria | none | CYSTADANE ^{PR} |
| Hormone replacement — progestins | none | MAKENA ^{PR QL} |
| Hunter syndrome | none | ELAPRASE * ^{NPL PR +} |
| Hyperammonemia | <i>phenylbutyrate</i> ^{PR} | AMMONUL + BUPHENYL ^{PR} CARBAGLU * ^{PR} |
| Hypoparathyroidism | none | NATPARA * ^{NPL PR QL} |
| Hypophosphatasia | none | STRENSIQ * ^{NPL PR} |
| Leptin deficiency | none | MYALEPT ^{NPL PR QL} |
| LHRH/GnRH agonist analog pituitary suppressants | none | SUPPRELIN LA ^{PR +} SYNAREL ^{PR} |
| Lysosomal acid lipase (LAL) deficiency | none | KANUMA * ^{NPL PR +} |
| Morquio A syndrome | none | VIMIZIM ^{NPL PR} |
| Mucopolysaccharidosis I | none | ALDURAZYME ^{NPL PR +} |
| Mucopolysaccharidosis VI | none | NAGLAZYME ^{NPL PR +} |
| Phenylketonuria | none | KUVAN * ^{PR} |
| Pompe disease | none | LUMIZYME ^{NPL PR +} MYOZYME ^{NPL PR +} |
| Vasopressin receptor antagonists | none | SAMSCA * ^{PR} |
| Gastrointestinal system | | |
| Bile acid synthesis disorders | none | CHOLBAM * ^{PR} |
| Carcinoid syndrome diarrhea | none | XERMELO ^{PR QL} |
| Crohn's disease | none | CIMZIA ^{NPL PR ST +} ENTYVIO ^{NPL PR ST +} INFLECTRA ^{NPL PR} HUMIRA ^{NPL PR} REMICADE ^{NPL PR +} |
| Short bowel syndrome | none | GATTEX * ^{NPL PR QL} |

| Category | Generic name | Brand name | |
|---|---|--|--|
| Infections and infestations | | | |
| Antiretrovirals — fusion inhibitors | none | FUZEON ^{PR} | |
| Antivirals — cytomegalovirus (CMV) agents | <i>cidofovir + foscarnet + ganciclovir valganciclovir^{PR QL} valganciclovir sol^{PR}</i> | CYTOGAM + CYTOVENE + FOSCAVIR + VALCYTE ^{PR} | VALCYTE SOL ^{PR} VISTIDE |
| Antivirals — hepatitis agents | <i>adefovir entecavir lamivudine ribapak ribasphere ribavirin</i> | BARACLUDE COPEGUS DAKLINZA ^{NPL PR QL ST} EPCLUSA ^{NPL PR QL} EPIVIR HBV HARVONI ^{NPL PR} HEPSERA INFERGEN ^{NPL PR +} OLYSIO ^{NPL PR QL ST} PEGASYS ^{NPL PR} | PEGINTRON ^{NPL PR} REBETOL SOVALDI ^{NPL PR QL} TECHNIVIE ^{NPL PR QL ST} TYZEKA VEMLIDY ^{PR QL ST} VIEKIRA ^{NPL PR ST} VIEKIRA XR ^{NPL PR QL ST} ZEPATIER ^{NPL PR QL} |
| Musculoskeletal system | | | |
| Bone-modifying agents | <i>ibandronate (inj only) + pamidronate + zoledronic acid +</i> | BONIVA (inj only) ^{QL +} FORTEO ^{NPL PR +} GANITE ^{NPL +} PROLIA ^{NPL PR +} | RECLAST + TYMLOS ^{NPL PR QL ST} XGEVA ^{NPL PR +} ZOMETA + |
| Enzymes | none | XIAFLEX + | |
| Gout | none | KRYSTEXXA ^{PR +} | |
| Interleukin-1 beta blockers | none | ILARIS * ^{NPL PR +} | |
| Interleukin-1 blockers | none | ARCALYST * ^{PR +} | |
| Muscular dystrophy | none | EMFLAZA ^{NPL PR QL} | |
| Neuromuscular blocking agent — neurotoxins | none | BOTOX ^{NPL PR +} DYSPORT ^{NPL PR +} XEOMIN ^{NPL PR +} | |
| Osteoarthritis | none | EUFLEXXA ^{NPL PR +} GEL-ONE INJ ^{NPL PR ST +} GELSYN-3 ^{NPL PR ST} HYALGAN ^{NPL PR ST +} HYMOVIS ^{NPL PR ST} | MONOVISC ^{NPL PR +} ORTHOVISC ^{NPL PR +} SUPARTZ ^{NPL PR ST +} SYNVISC ^{NPL PR ST +} SYNVISC ONE ^{NPL PR ST +} |
| Rheumatoid arthritis | none | ACTEMRA ^{NPL PR ST +} ACTEMRA SC ^{NPL PR ST} CIMZIA ^{NPL PR ST +} ENBREL ^{NPL PR} HUMIRA ^{NPL PR} INFLECTRA ^{NPL PR} KEVZARA ^{NPL PR QL ST} KINERET ^{NPL PR ST} | ORENCIA ^{NPL PR ST +} OTREXUP ** ST RASUVO ** ST REMICADE ^{NPL PR +} SIMPONI ^{NPL PR ST} SIMPONI ARIA ^{NPL PR +} XELJANZ ^{NPL PR QL ST} XELJANZ XR ^{NPL PR QL ST} |

| Category | Generic name | Brand name | |
|---|---|--|--|
| Ophthalmic agents | | | |
| Macular degeneration | none | EYLEA ^{NPL PR +} LUCENTIS ^{NPL PR +} | MACUGEN ^{NPL PR +} VISUDYNE ^{PR +} |
| Macular edema | none | OZURDEX ^{PR +} | |
| Vitreomacular adhesion | none | JETREA ^{PR +} | |
| Respiratory tract agents | | | |
| Alpha-proteinase inhibitors | none | ARALAST ^{NPL PR +} ARALAST NP ^{NPL PR +} GLASSIA ^{* NPL PR +} | PROLASTIN ^{* NPL PR +} PROLASTIN-C ^{* NPL PR +} ZEMAIRA ^{* NPL PR +} |
| Antiasthmatic — monoclonal antibodies | none | CINQAIR ^{NPL PR} NUCALA ^{NPL PR QL +} | XOLAIR ^{NPL PR +} |
| Cystic fibrosis | <i>colistimethate sodium + tobramycin neb sol</i> | BETHKIS NEB CAYSTON [*] COLY-MYCIN M + KALYDECO ^{* PR QL} | ORKAMBI ^{* PR QL} PULMOZYME ^{PR} TOBI TOBI podhaler ^{PR QL} |
| Idiopathic pulmonary fibrosis | none | ESBRIET ^{PR QL} | OFEV ^{PR QL} |
| Respiratory syncytial virus — monoclonal antibodies | none | SYNAGIS ^{NPL PR QL +} | |
| Tuberculosis | none | SIRTURO ^{PR QL ST} | |
| Therapeutic nutrients — vitamins — minerals — electrolytes | | | |
| Mineral supplements | <i>ferric gluconate +</i> | FERRIPROX ^{PR} FERRLECIT + | VENOFER + |
| Toxicologic agents | | | |
| Alcohol dependence | none | VIVITROL + | |
| Antidotes | <i>deferoxamine mesylate +</i> | DESFERAL + EXJADE ^{PR} | JADENU ^{PR} VISTOGARD ^{* QL} |
| Vaccines, toxoids and biologics | | | |
| Immune globulin — CMV | none | CYTOGAM + | |
| Immune globulin — immune disorders | none | ADAGEN ^{NPL PR +} BIVIGAM ^{NPL PR +} CARIMUNE NANOFILTERED ^{NPL PR +} CUVITRU ^{NPL PR} FLEBOGAMMA ^{NPL PR +} GAMASTAN S/D ^{NPL PR +} GAMMAGARD ^{NPL PR +} GAMMAGARD S/D ^{NPL PR +} | GAMMAKED ^{NPL PR} GAMMAPLEX ^{NPL PR +} GAMUNEX ^{NPL PR +} GAMUNEX-C ^{NPL PR +} HIZENTRA ^{NPL PR +} HYQVIA ^{NPL PR +} OCTAGAM ^{NPL PR +} PRIVIGEN ^{NPL PR +} VIVAGLOBIN ^{NPL PR +} |
| Immune globulin — hepatitis B | none | HEPAGAM B + HYPERHEP B + | NABI-HB + |
| Immune globulin — rabies | none | HYPERRAB S/D + | IMOGAM RABIES + |
| Immune globulin — Rh isoimmunization | none | HYPERRHO S/D + MICRHOGAM ULTRA-FILTERED + RHOGAM ULTRA-FILTERED PLUS + | RHOPHYLAC + WINRHO SDF + |

| Category | Generic name | Brand name | |
|--|--|--|--|
| Immune globulin — tetanus | none | HYPERTET S/D + | |
| Miscellaneous | | | |
| Cystinosis | none | CYSTARAN * PR QL | PROCYSBI PR QL ST |
| Hyperkalemia | none | VELTASSA PR QL | |
| Immunosuppressive agents | <i>azathioprine (inj only) + cyclosporine + gengraf + mycophenolic acid mycophenolate mofetil sirolimus tacrolimus</i> | ASTAGRAF ATGAM + CELLCEPT ENVARUS XR MYFORTIC NEORAL NULOJIX + | PROGRAF RAPAMUNE SANDIMMUNE SIMULECT + THYMOGLOBULIN + ZORTRESS + |
| Narcolepsy | none | XYREM * PR | |
| Primary periodic paralysis | none | KEVEYIS * PR QL | |
| Systemic lupus erythematosus agents | none | BENLYSTA NPL PR + | |
| Urea cycle disorder | none | RAVICTI * PR ST | |
| Anxiolytics, sedatives, hypnotics — miscellaneous | none | HETLIOZ PR QL | |
| Parkinson's disease | none | DUOPA * PR QL ST | |
| Parkinson's disease — psychosis | none | NUPLAZID PR QL | |
| Primary biliary cholangitis (PBC) | none | OCALIVA PR QL ST | |
| Chelating agents | none | CUPRIMINE PR ST DEPEN TITRA PR | SYPRINE PR ST |
| Urinary stone agents | none | THIOLA PR ST | |
| Agents for pheochromocytoma | <i>phenoxybenzamine PR</i> | DIBENZYLINE PR ST | |
| Immunomodulators | none | REVLIMID PR THALOMID PR | |

Commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who have coverage for medications that are added to or removed from the Aetna Specialty CareRxSM list, national precertification list, precertification safety edit list, precertification list, step-therapy list or quantity limit list, or have quantity limits modified, during the plan year will continue to have those medications covered at the same benefits level under their plan prior to the addition, removal or change, until their plan's renewal date.

The term precertification means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members.

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the precertification or step-therapy lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the precertification or step-therapy lists will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

This material is for information only. Health benefits and health insurance 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. 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 aetna.com.

Policy forms issued in OK include: HMO OK COG-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 01, HO HGrpPol 01.

