



Choose the right plan
for you and your family

Aetna LeapSM plan options

VIRGINIA



www.aetna.com

62.02.300.1-VA (9/16)

First things first — is my doctor in the plan network?

Use the online provider search tool to find your doctor or hospital

Your provider network may have changes from your current plan. But it's full of docs close to your home. It's important to always check to see if your doctor, hospital, lab or pharmacy is in your plan's network each time you get care.

Just visit www.aetnafindadoc.com to search for doctors, hospitals and pharmacies near you.

Use network pharmacies

Your new pharmacy network doesn't include all pharmacies. So it may be smaller than you're used to. But it's designed to help lower costs for drugs you need. And it includes national chains like **CVS/pharmacy**[®], **Target**[®] and **Walmart**[®] — plus regional chains and independent pharmacies. Using network pharmacies saves you money — there is **no coverage** for using an out-of-network pharmacy.

We're here to help.
Just call us at **1-844-269-3751**.

Aetna individual health benefits plans are underwritten by Aetna Health Inc. (Aetna).

Aetna does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Aetna Leap network options in Virginia

Get started:

- 1 Look for the county where you live.
- 2 Select a provider network.
- 3 Choose a plan on the following page.

Check to see if your doctors are in the plan's network

- Save money by staying in the network. You may have to choose a new, in-network doctor.
- Use our provider search tool at www.aetnafindadoc.com.
- For some plans, you will have to choose a primary care physician (PCP). We strongly encourage it for all plans.

2 Provider network*	1 Available in these counties	Product type	Out-of-network coverage**	PCP selection required	PCP referral required
Bon Secours	Amelia, Chesterfield, Goochland, Hanover, Henrico, New Kent, Powhatan, Richmond City	Health maintenance organization (HMO)	No	Yes	Yes
Aetna Leap Roanoke Valley	Bland, Botetourt, Carroll, Craig, Floyd, Franklin, Galax City, Giles, Lexington City, Montgomery, Pulaski, Radford, Roanoke, Roanoke City, Salem, Tazewell, Wythe	Aetna Health Network Only SM plan	No	No	No
	Danville City, Henry, Martinsville City, Pittsylvania	HMO	No	Yes	Yes
	Essex, Gloucester, Hampton City, Isle of Wight, James City, King and Queen, Lancaster, Mathews, Middlesex, Newport News City, Northumberland, Poquoson City, Williamsburg City, York	Aetna Health Network Only	No	No	No
Charlottesville Area – Virginia	Albemarle, Augusta, Charlottesville City, Fluvanna, Greene, Nelson, Staunton City, Waynesboro City	Aetna Health Network Only	No	No	No

*Networks may not be available in all ZIP codes and are subject to change.

**Out-of-network benefits are not available, except in an emergency.

3 Aetna Leap plan options in Virginia

Aetna is a qualified health plan (QHP) issuer in the Virginia health insurance exchange.

For on-exchange plans only: If you choose a silver plan, you may qualify for a cost-share reduction (CSR) plan based on your income. With a CSR plan, you'll have lower deductibles and copays. Your costs depend on the silver plan you choose, your income and family size. To get CSR plan designs and pricing, just visit www.healthcare.gov.

		BRONZE LEVEL	SILVER LEVEL				GOLD LEVEL
Plan name	Aetna Leap Catastrophic*	Aetna Leap Basic	Aetna Leap Everyday	Aetna Leap Everyday Plus	Aetna Leap Healthy Minds	Aetna Leap Diabetes	Aetna Leap Diabetes Gold ^{††}
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay
In-network deductible and out-of-pocket maximum — individual	\$7,150	\$7,050	\$6,075	\$5,050	\$5,600	\$6,300	\$3,950
In-network deductible and out-of-pocket maximum — family	\$14,300	\$14,100	\$12,150	\$10,100	\$11,200	\$12,600	\$7,900
Primary care physician	\$20 first 3 visits; then deductible applies**	Deductible applies**	\$10	\$5	\$5	\$5	\$5
Specialist	Deductible applies**	Deductible applies**	Deductible applies**	Deductible applies**	\$100	\$100	\$100
Specialists for condition-specific plans	Deductible applies**	Deductible applies**	Deductible applies**	Deductible applies**	No charge***	No charge [†]	No charge [†]
Lab	Deductible applies**	Deductible applies**	\$10	\$5	\$5	\$5	\$5
Urgent care	Deductible applies**	\$10	\$10	\$5	\$5	\$5	\$5
Virtual medicine	Deductible applies**	No charge	No charge	No charge	No charge	No charge	No charge
Retail clinic	Deductible applies**	\$10	\$10	\$5	\$5	\$5	\$5
Generic prescriptions	Deductible applies**	\$5	\$5	\$5	\$5	\$5	\$5
Brand prescriptions (preferred)	Deductible applies**	Deductible applies**	Deductible applies**	Deductible applies**	Deductible applies**	\$50	\$50
Diabetic supplies	Deductible applies**	Deductible applies**	Deductible applies**	Deductible applies**	Deductible applies**	No charge	No charge
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge	No charge
All other services, supplies or prescriptions	Deductible applies**	Deductible applies**	Deductible applies**	Deductible applies**	Deductible applies**	Deductible applies**	Deductible applies**
	View SBC	View SBC	View SBC	View SBC	View SBC	View SBC	View SBC

*Unlike metal-level coverage, this plan is a catastrophic plan offering. Only individuals who are younger than age 30 or have a hardship exemption may enroll in this plan.

**“Deductible applies” means that you pay for these services until you reach your deductible. Once you reach the deductible, you have no cost sharing for any covered services — not even a copay.

***Healthy Minds specialists include psychiatrists and psychologists.

[†]Diabetes specialists include ophthalmologists, optometrists, podiatrists, endocrinologists, dietitians, vascular specialists, psychiatrists and psychologists.

^{††}The Aetna Leap Diabetes Gold plan will only be offered with the Gateway Health provider network.

This plan comparison guide shows in-network benefits only.

Out-of-network benefits are not available for HMO plans, except in an emergency.

To learn more details about specific plans, including whether a plan includes out-of-network benefits, see the plan documents and the Summary of Benefits and Coverage (SBC). The link to the SBC is listed above with the benefits for each plan.

This information is a partial description of the benefits and in no way details all of the benefits, limitations or exclusions of the plan. Please refer to the individual policy, schedule of benefits and applicable riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

Limitations and exclusions

Medical

These medical plans don't cover all health care expenses and include limitations and exclusions. Please refer to your 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 state mandates, essential health benefits or the plan design.**

See plan documents for prescription drug coverage limitations and exclusions.

- All medical and hospital services not specifically covered in, or that are limited or excluded by, your plan documents, including costs of services before coverage begins and after coverage ends
- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays for individuals ages 19 and older
- Donor egg retrieval
- Experimental and investigational procedures (except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial)
- Eyeglass frames, nonprescription lenses and nonprescription contact lenses that are for individuals ages 19 and older or are for cosmetic purposes
- Home births
- Immunizations for travel or work

- Implantable drugs (non-contraceptive related) and certain injectable drugs, including injectable infertility drugs
- Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents
- Non-emergency care when traveling outside the U.S.
- Nonmedically necessary services or supplies
- Office visits to an ophthalmologist, optometrist or optician related to the fitting of prescription contact lenses
- Orthotics (nondiabetic related)
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling
- Special or private duty nursing
- Weight-control services including surgical procedures in excess of one procedure in a two-year period, medical treatments, weight-control/loss programs, dietary regimens and supplements, food or food supplements, appetite suppressants and other medications; 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

Pediatric dental

These medical plans don't cover all pediatric dental care expenses and include limitations and exclusions. Please refer to your plan documents to see which services we cover. The following is a partial list of services and supplies that we generally don't cover. **However, your plan documents may have exceptions to this list. We base these documents on state laws, essential health benefits or the plan design.**

- All pediatric dental services not specifically covered in, or that are limited or excluded by, your plan documents, including costs of services before coverage begins and after coverage ends
- Instructions for diet, plaque control and oral hygiene
- Dental services or supplies that you may primarily use to change, improve or enhance appearance
- Dental implants
- Experimental or investigational drugs, devices, treatments or procedures
- Services not necessary for the diagnosis, care or treatment of a condition
- Orthodontic treatment that isn't medically necessary for a severe or handicapping condition
- Replacement of lost or stolen appliances
- Services and supplies provided where there is no evidence of pathology, dysfunction or disease regardless of the existence of comorbid conditions

Nondiscrimination Notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779)

Telephone: **1-800-648-7817 (TTY: 711)**, Fax: **1-859-425-3379** (CA HMO customers: 860-262-7705)

Email: CRCoordinator@aetna.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

TTY: 711

For language assistance in English call 855.425.8706 at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al 855.425.8706. (Spanish)

欲取得繁體中文語言協助，請撥打 855.425.8706，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le 855.425.8706 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 855.425.8706 nang walang bayad. (Tagalog)

T'áá shí shizaad k'ehjí bee shíká a'doowoł nínízingo Diné k'ehjí koji' t'áá jíík'e hólne' 855.425.8706 (Navajo)

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 855.425.8706 an. (German)

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للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني 855.425.8706. (Arabic)

বাংলায় ভাষা সহায়তার জন্য বিনামূল্যে 855.425.8706-তে কল করুন। (Bengali-Bangala)

Gargaarsa afaan Oromiffa hiikuu argachuuf lakkokkofsa bilbilaa 855.425.8706 irratti bilisaan bilbilaa. (Cushite)

Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar 855.425.8706. (Dutch)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 855.425.8706 gratis. (French Creole)

Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 855.425.8706 χωρίς χρέωση. (Greek)

(Gujarati) ગુજરાતીમાં ભાષામાં સહાય માટે કોઈ પણ ખર્ચ વગર 855.425.8706 પર કોલ કરો.

(Hindi) हिन्दी में भाषा सहायता के लिए, 855.425.8706 पर मुफ्त कॉल करें।

Yog xav tau kev pab txhais lus Hmoob hu dawb tau rau 855.425.8706. (Hmong)

Maka enyemaka asụsụ na Igbo kpọọ 855.425.8706 na akwughị ụgwọ ọ bụla (Ibo)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 855.425.8706. (Italian)

日本語で援助をご希望の方は、855.425.8706まで無料でお電話ください。(Japanese)

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한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 855.425.8706번으로 전화해 주십시오.
(Korean)

Bé m̀ ké gbo-kpá-kpá dyé pídyi dé Bǎsòwò-wùdùùn wḗḗ, dǎ 855.425.8706 (Kru-Bassa)

بۆ وەرگرتنی رینۆینی پێوهندیدار به زمان به زمان به ژماره‌ی 855.425.8706 به خۆرای پیوهندی بکه‌ن. (Kurdish)

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາລາວ, ກະລຸນາໂທຫາ 855.425.8706
ໂດຍບໍ່ເສຍຄ່າໂທ. (Laotian)

សម្រាប់ជំនួយភាសាជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខ 855.425.8706 ដោយឥតគិតថ្លៃ។ (Mon-Khmer, Cambodian)

(नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि 855.425.8706 मा फोन गर्नुहोस् । (Nepali)

Fer Hefje in Deitsch, ruf: 855.425.8706 aa. Es Aaruf koschtet nix. (Pennsylvanian Dutch)

برای راهنمایی به زبان فارسی با شماره 855.425.8706 بدون هیچ هزینه ای تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 855.425.8706. (Polish)

Para obter assistência linguística em português ligue para o 855.425.8706 gratuitamente. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 855.425.8706. (Russian)

Za jezičnu pomoć na hrvatskom jeziku pozovite besplatan broj 855.425.8706. (Serbo-Croatian)

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(Syriac-Assyrian) ܠܗܝܠܘܬܝܢ ܠܗܝܠܘܬܝܢ ܠܗܝܠܘܬܝܢ ܠܗܝܠܘܬܝܢ ܠܗܝܠܘܬܝܢ 855.425.8706

భాషతో సాయం కొరకు ఎలాంటి ఖర్చు లేకుండా 855.425.8706 కు కాల్ చేయండి. (తెలుగు) (Telugu)

สำหรับความช่วยเหลือทางด้านภาษาเป็นภาษาไทย โทร 855.425.8706 ฟรีไม่มีค่าใช้จ่าย (Thai)

Щоб отримати допомогу перекладача української мови, зателефонуйте за безкоштовним номером 855.425.8706. (Ukrainian)

اُردو میں لسانی معاونت کے لیے 855.425.8706 پر مفت کال کریں۔ (Urdu)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 855.425.8706. (Vietnamese)

Fún ìrànṣọ́wọ́ nípa èdè (Yorùbá) pe 855.425.8706 láí san owó kankan rárá. (Yoruba)

This material is for information only. Plan features and availability may vary by location. Rates and benefits may vary by location. 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. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is believed to be accurate as of the production date.

For more information about Aetna plans, refer to www.aetna.com.

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62.02.309.1 (9/16)

