



Dear Member:

Georgia regulations require managed care companies to notify health plan members about specific aspects of the provider network and related plan provisions applicable under their health plan. We are also required to obtain the member's signature acknowledging receipt of the disclosure.

On the reverse side you will find a Disclosure Acknowledgement form which details the information required by the State of Georgia regulations. Please read this notice carefully, sign and return it with your membership enrollment application.

Thank you for choosing Aetna.

Sincerely,

Aetna

Disclosure Acknowledgement

I understand that I am enrolling in a health care plan issued by Aetna Health Inc. and/or Aetna Life Insurance Company ("Aetna") that requires health care services be provided by participating/preferred providers. Failure to use a participating/preferred provider will result in reduced coverage or no coverage for services that I receive, and I will be fully responsible for any and all costs not covered by Aetna.

I received a list/directory of participating/preferred providers and may verify the most current status of a specific provider by visiting Aetna's DocFind® online provider directory at www.aetna.com. Aetna's DocFind online provider directory is updated weekly and can also be used to select a provider based on name, geographic location, group practice, medical specialty and/or hospital affiliation. I may also verify provider status by contacting Member Services at the number listed on the back of my member ID card. I understand that the participating/preferred status of any provider may change at any time and that it is my responsibility to verify the participation/preferred status of my health care provider with Aetna prior to receiving services.

As required by the State of Georgia regulations, the following is a summary of the financial arrangements Aetna has with health care providers who participate in a network:

1. Hospital providers are paid according to a contract that includes inpatient per diems, case rates, and discounted fee for service arrangements depending on the specific services provided.
2. Physicians are paid at either a discounted fee for service in accordance with a specific fee schedule or by a predetermined set amount per member, per month (capitation).
3. Primary care dentists under the DMO product are paid a predetermined set amount per member, per month, with an hourly guarantee. Specialty dentists and general practice dentists who are not primary care dentists under the DMO product are paid a discounted fee for service in accordance with a specific fee schedule.
4. Laboratory services are provided through a capitation arrangement (per member, per month flat fee).
5. Other ancillary services including home health, skilled nursing, and hospice care are paid on a contracted fee schedule with per diems or per visit amounts, or through a capitated per member, per month flat fee.

By signing below, I acknowledge my understanding of these plan provisions.

Print Name

Member ID # (if ID card has been issued)

Signature

Date