aetna
Aetna Life Insurance Company
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Myrelle Ba Castro
92 Old Route 9 West
Suite 200
NEW WINDSOR, NY 12553

Dec 24 2019

Member Name: DEBORAH A WILSON
Member ID: W223750958
Date of Birth: 08/11/1958
Case Number: 8850599010000000
Plan Sponsor: GLOBALFOUNDRIES U.S. INC.
Plan Sponsor Account Number: 868718-50-002-PD

Dear Member and Healthcare Provider(s) of Record

After review, we have made a decision about coverage for the following health care services for the member named above. We use nationally recognized clinical guidelines and resources, such as MCG criteria and Clinical Policy Bulletins available at https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html, as well as plan benefit documents to support these coverage decisions.

Coverage Decisions For Approved Services:

Service Dates:	Principal Procedure Code:	Service Description:	Number:	Type of Service:
12/24/2019 - 06/10/2020	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	6	Month(s)

Coverage for this service has been approved, subject to the requirements in this letter.

This service is approved at an in-network benefit level. The provider identified to provide this service participates with this plan. The member will be responsible only for in-network cost-sharing requirements.

Next Review Date: 06/11/2020

Summary of Covered Services:

Service Code(s) and Description: J1459; INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG