

Skip to main content

- Contact us
- Español

logo

- Contact us
- Español

Search

•

• Explore Aetna sites

- Individuals & Families
- Affordable Care Act
- Medicare
- Medicaid
- Providers
- Employers
- Agents & Brokers
- Partners
- Careers
- About Us

- Individuals & Families
- Affordable Care Act
- Medicare
- Medicaid
- Providers
- Employers
- Agents & Brokers
- Partners
- Careers
- About Us

- - - Browse Aetna Medicare plans
 - Find a doctor
 - Check our drug list
 - Understand Medicare
 - Find a plan to meet your needs
 - Enroll in Medicare
 - - ACA individual and family health plans
 - Health plans through an employer
 - Options without employer coverage
 - Student plans
 - International plans
 - - Dental plans
 - Find a dentist
 - Vision plans
 - Find an eye doctor
 - Supplemental plans
 - - Get pharmacy plan information
 - Find a pharmacy
 - - Medicaid plans
 - Find a doctor
- - - Log in to your member website
 - Find a form
 - Get your ID card opens in secure site
 - Check a claim opens in secure site
 - View coverage opens in secure site
 - - All health resources
 - Living healthy
 - Understanding health care

- Managing health
 - - Mental health
 - Women's health
 - Health insurance rights and resources
 - Contact us
 - Frequently asked questions
 - Prior authorization guidelines
- Find a doctor
- Find a medication

Member login
Member login
Search

-
-
- Find a doctor
- Find a medication
-
- Contact us
- Español

Member login

Explore plans

-
-
-
-
-
-
-

Member support

-
-
-
-

• Explore Aetna sites

- Individuals & Families
- Affordable Care Act
- Medicare
- Medicaid
- Providers
- Employers
- Agents & Brokers
- Partners
- Careers
- About Us

Medicare

- Browse Aetna Medicare plans
- Find a doctor
- Check our drug list
- Understand Medicare
- Find a plan to meet your needs
- Enroll in Medicare

Health coverage

- ACA individual and family health plans
- Health plans through an employer
- Options without employer coverage
- Student plans
- International plans

Dental, vision and supplemental

- Dental plans
- Find a dentist
- Vision plans
- Find an eye doctor
- Supplemental plans

Pharmacy

- Get pharmacy plan information
- Find a pharmacy

Medicaid

- Medicaid plans
- Find a doctor

Account management

- Log in to your member website
- Find a form
- Get your ID card opens in secure site
- Check a claim opens in secure site
- View coverage opens in secure site

The health guide

- All health resources
- Living healthy
- Understanding health care
- Managing health

Additional resources

- Mental health
- Women's health
- Health insurance rights and resources
- Contact us
- Frequently asked questions
- Prior authorization guidelines

COVID-19 resource center

Aetna® members, find helpful information on COVID-19 vaccines, testing, treatment and more.

Latest updates

Stay up to date on COVID-19 vaccines

Get the latest news and guidelines about recommended vaccines and boosters from the CDC.

You can still get free at-home tests from the government

Before you throw out expired COVID-19 tests, check to see if the expiration dates of your tests have been extended.

Log in to find coverage details

Questions about COVID-19 benefits? You can find your specific coverage information on your member website.

Find a vaccine

Find a vaccine

Check CVS Pharmacy® vaccine availability

Looking for more locations? Visit the CDC VaccineFinder.*

Error or missing data. Please check your entries for an error message.
State Vaccine Info Select your state to view vaccine information.

View Alabama vaccine information
View Alaska vaccine information
View American Samoa vaccine information
View Arizona vaccine information
View Arkansas vaccine information
View California vaccine information
View Colorado vaccine information

[View Connecticut vaccine information](#)

[View Delaware vaccine information](#)

[View District of Columbia vaccine information](#)

[View Florida vaccine information](#)

[View Georgia vaccine information](#)

[View Guam vaccine information](#)

[View Hawaii vaccine information](#)

[View Idaho vaccine information](#)

[View Illinois vaccine information](#)

[View Indiana vaccine information](#)

[View Iowa vaccine information](#)

[View Kansas vaccine information](#)

[View Kentucky vaccine information](#)

[View Louisiana vaccine information](#)

[View Maine vaccine information](#)

[View Northern Mariana Islands vaccine information](#)

[View Maryland vaccine information](#)

[View Massachusetts vaccine information](#)

[View Michigan vaccine information](#)

[View Minnesota vaccine information](#)

[View Mississippi vaccine information](#)

[Visit Missouri vaccine information](#)

[View Montana vaccine information](#)

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[View New York vaccine information](#)

[View North Carolina vaccine information](#)

[View North Dakota vaccine information](#)

[Visit VaccineFinder.org](#)

[View Ohio vaccine information](#)

[View Oklahoma vaccine information](#)

[View Oregon vaccine information](#)

[View Pennsylvania vaccine information](#)

[View Puerto Rico vaccine information](#)

[View Rhode Island vaccine information](#)

[View South Carolina vaccine information](#)

[View South Dakota vaccine information](#)

[View Tennessee vaccine information](#)

[View Texas vaccine information](#)

[View Utah vaccine information](#)

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[View Virginia vaccine information](#)[View U.S. Virgin Islands vaccine information](#)[View Washington vaccine information](#)[View West Virginia vaccine information](#)[View Wisconsin vaccine information](#)[View Wyoming vaccine information](#)

The answers you're looking for

To get started, check out our COVID-19 FAQs. Or dive a little deeper, below.

Vaccines

Hear the latest on vaccine safety and effectiveness, and tap in to other top resources.

- Vaccine FAQs
- Vaccine videos

Testing

Find info on test types, testing locations and what's covered, including coverage for at-home test kits.

[Testing FAQs](#)

Treatment

Learn about possible treatment options after testing positive for COVID-19.

- Treatments & medications
- Paxlovid oral antiviral drug updates

COVID-19 vaccine information

Keep you and your loved ones safe by staying informed.

Dr. Sree Chaguturu:

You may be wondering why a booster shot might be needed to protect you against the COVID-19 virus. As we have rolled out vaccines across the country, we have had the opportunity look at how well does the vaccine protect you against COVID-19. And there's really three ways that we look at protection. One is, is the COVID-19 vaccine effective against preventing you from getting an infection. The second is preventing you from getting hospitalized. And the third is, does it prevent you from dying from COVID-19?

And over time, what we have seen is that the COVID-19 vaccine continues to provide very high levels of protection against infection, hospitalizations, and death. However, in some populations we have seen some declines in vaccine effectiveness. We've seen some declines against infection in individuals who are over the age of 65. We've seen less decline, but a little bit of a decline in protection against hospitalizations in those individuals over the age of 65. And then there continues to be concerns about the levels of protection in those under the age of 65, but who are in high risk settings or have other medical conditions. And so by providing a booster shot, we have the opportunity to improve the efficacy of the vaccine in protecting individuals against infection, hospitalizations, and death.

Why is a COVID-19 booster shot needed?

Dr. Sree Chaguturu:

The COVID-19 vaccine does not protect us against the flu and the flu vaccine does not protect us against COVID-19. Therefore, as we enter the fall and winter season, it's important to get both vaccines to protect you against both infections. You can get them at the same time, you don't need to space them out, but getting both will protect you from both COVID-19 and the flu.

How important is getting the flu shot this year?

Dr. Sree Chaguturu:

As we enter into the flu season, many people are asking, "Should I wait to get the flu vaccine until I finished my COVID-19 vaccine series? Or can I get them at the same time?"

The short answer is it does not matter about the timing between any type of vaccine. COVID-19 vaccines and other vaccines can be administered without regard to timing. You can get them on the same day and there will be no impact into the efficacy of the flu vaccine or the COVID-19 vaccine.

As we enter into the flu season, or as you're seeking your broader set of preventative services such as getting your shingles or measles (vaccines), if that's appropriate for you, you can get those vaccines at the same time to protect your health.

Can I get the COVID-19 vaccine and the flu shot at the same time?

Additional resources you can trust

Access COVID-19 resources and important information about vaccine safety and development.

From CVS Health®

Latest COVID-19 resources

From the CDC

- CDC vaccine resources
- Information about COVID-19 vaccines and allergic reactions

From the FDA

- FDA treatment options for COVID-19
- COVID-19 vaccine information

Notes

*FOR CDC VACCINE FINDER: If you choose an out-of-network location or health care professional, you may pay more for your vaccine.

For Medicaid members

To find COVID-19 benefits details, visit our Aetna Better Health website.

Protecting you from scams

At times like this, there's a higher risk of scams and price gouging. So if someone calls you to sell you an insurance policy or change your current policy — even if the person says they represent Aetna — call us first at the number on your ID card or **1-800-872-3862 (TTY: 711)**. Even if the person gives you a different number, do not call it.

If you suspect price gouging or a scam, contact your state attorney general. You can also visit the Federal Trade Commission to stay informed about potential scams.

Department of Labor's COVID-19 extension requirements

To meet the Department of Labor's recent COVID-19 extension requirements, we'll disregard the period that started on March 1, 2020 until July 10, 2023 (or one year, whichever period is shorter) in determining the timeliness of your claim, appeal or external review request under the federal guidelines. Beginning July 11, 2023, standard timely filing guidelines apply.

Personal Protective Equipment (PPE) fees

Insured members: NY network providers can't charge you for personal protective equipment (PDF)

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Health benefits and health insurance plans contain exclusions and limitations.

See all legal notices

Also of interest:

-
-
-
-
-
- AETNA APPS
- CAREERS
- FAQs
- GLOSSARY

- ACCESSIBILITY SERVICES
- PLAN DISCLOSURES
- PROGRAM PROVISIONS
- GRIEVANCE FORM
- NEWS AND ANALYSIS
- HEALTH CARE REFORM
- INVESTOR INFO
- SITE MAP
- TERMS OF USE
- LEGAL NOTICES
- PRIVACY CENTER
- NONDISCRIMINATION NOTICE
- VULNERABILITY DISCLOSURE PROGRAM

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For language services, please call the number on your member ID card and request an operator. For other language services: Español-Spanish | | Tiếng Việt | | Tagalog | Русский | العربية | Kreyòl | Français | Polski | Português | Italiano | Deutsch | | فارسی | Other languages ...

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You are now being directed to the Apple.com COVID-19 Screening Tool

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You are now being directed to the US Department of Health and Human Services site

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You are now being directed to the CVS Health COVID-19 testing site

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Login

Please log in to your secure account to get what you need.

Continue

You are now leaving the Aetna Medicare website.

The information you will be accessing is provided by another organization or vendor. If you do not intend to leave our site, close this message.

Continue

Get a link to download the app

Just enter your mobile number and we'll text you a link to download the Aetna HealthSM app from the App Store or on Google Play.

Message and data rates may apply*

Error or missing data. Please check your entries for an error message.

MOBILE NUMBER Please be sure to add a 1 before your mobile number, ex: 19876543210

This search uses the five-tier version of this plan

Each main plan type has more than one subtype. Some subtypes have five tiers of coverage. Others have four tiers, three tiers or two tiers. This search will use the five-tier subtype. It will show you whether a drug is covered or not covered, but the tier information may not be the same as it is for your specific plan. Do you want to continue?

[back](#)

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Applied Behavior Analysis Medical Necessity Guide

By clicking on "I Accept", I acknowledge and accept that:

The Applied Behavior Analysis (ABA) Medical Necessity Guide helps determine appropriate (medically necessary) levels and types of care for patients in need of evaluation and treatment for behavioral health conditions. The ABA Medical Necessity Guide does not constitute medical advice. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any matters related to their coverage or condition with their treating provider.

Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply.

The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Aetna) for a particular member. The member's benefit plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary.

Please note also that the ABA Medical Necessity Guide may be updated and are, therefore, subject to change.

Medical necessity determinations in connection with coverage decisions are made on a case-by-case basis. In the event that a member disagrees with a coverage determination, member may be eligible for the right to an internal appeal and/or an independent external appeal in accordance with applicable federal or state law.

[I Accept](#)

Aetna® is proud to be part of the CVS® family.

You are now being directed to CVS Caremark® site.

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ASAM Terms and conditions

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- The term precertification here 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.
- Applies to: Aetna Choice[®] POS, Aetna Choice POS II, Aetna MedicareSM Plan (PPO), Aetna Medicare Plan (HMO), all Aetna HealthFund[®] products, Aetna Health Network OnlySM, Aetna Health Network OptionSM, Aetna Open Access[®] Elect Choice[®], Aetna Open Access HMO, Aetna Open Access Managed Choice[®], Open Access Aetna SelectSM, Elect Choice, HMO, Managed Choice POS, Open Choice[®], Quality Point-of-Service[®] (QPOS[®]), and Aetna SelectSM benefits plans and all products that may include the Aexcel[®], Choose and SaveSM, Aetna Performance Network or Savings Plus networks. Not all plans are offered in all service areas.
- All services deemed "never effective" are excluded from coverage. Aetna defines a service as "never effective" when it is not recognized according to professional standards of safety and effectiveness in the United States for diagnosis, care or treatment. Visit the secure website, available through www.aetna.com, for more information. Click on "Claims," "CPT/HCPCS Coding Tool," "Clinical Policy Code Search."
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- This information is neither an offer of coverage nor medical advice. It is only a partial, general description of plan or program benefits and does not constitute a contract. In case of a conflict between your plan documents and this information, the plan documents will govern.

I accept

Dental clinical policy bulletins

By clicking on "I accept", I acknowledge and accept that:

- Aetna Dental Clinical Policy Bulletins (DCPBs) are developed to assist in administering plan benefits and do not constitute dental advice. Treating providers are solely responsible for dental advice and treatment of members. Members should discuss any Dental Clinical Policy Bulletin (DCPB) related to their coverage or condition with their treating provider.
- While the Dental Clinical Policy Bulletins (DCPBs) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Dental Clinical Policy Bulletins (DCPBs) describe Aetna's current determinations of whether certain services or supplies are medically necessary, based upon a review of available clinical information. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply. Aetna's conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Aetna). Your benefits plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State or the Federal government.
- Please note also that Dental Clinical Policy Bulletins (DCPBs) are regularly updated and are therefore subject to change.
- Since Dental Clinical Policy Bulletins (DCPBs) can be highly technical and are designed to be used by our professional staff in making clinical determinations in connection with coverage decisions, members should review these Bulletins with their providers so they may fully understand our policies.
- Under certain plans, if more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that certain terms are met.

I accept

Medical clinical policy bulletins

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- While the Clinical Policy Bulletins (CPBs) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Policy Bulletins (CPBs) express Aetna's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. Aetna has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors).
- Aetna makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Policy Bulletins (CPBs). The discussion, analysis, conclusions and positions reflected in the Clinical Policy Bulletins (CPBs), including any reference to a specific provider, product, process or service by name, trademark, manufacturer, constitute Aetna's opinion and are made without any intent to defame. Aetna expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information including correction of any factual error.
- CPBs include references to standard HIPAA compliant code sets to assist with search functions and to facilitate billing and payment for covered services. New and revised codes are added to the CPBs as they are updated. When billing, you must use the most appropriate code as of the effective date of the submission. Unlisted, unspecified and nonspecific codes should be avoided.
- Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Aetna) for a particular member. The member's benefit plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary. If there is a discrepancy between a Clinical Policy Bulletin (CPB) and a member's plan of benefits, the benefits plan will govern.
- In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members.

See CMS's Medicare Coverage Center

- Please note also that Clinical Policy Bulletins (CPBs) are regularly updated and are therefore subject to change.
- Since Clinical Policy Bulletins (CPBs) can be highly technical and are designed to be used by our professional staff in making clinical determinations in connection with coverage decisions, members should review these Bulletins with their providers so they may fully understand our policies.
- While Clinical Policy Bulletins (CPBs) define Aetna's clinical policy, medical necessity determinations in connection with coverage decisions are made on a case by case basis. In the event that a member disagrees with a coverage determination, Aetna provides its members with the right to appeal the decision. In addition, a member may have an opportunity for an independent external review of coverage denials based on medical necessity or regarding the experimental and investigational status when the service or supply in question for which the member is financially responsible is \$500 or greater. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans.

See Aetna's External Review Program

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Go to the American Medical Association Web site

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