DISCLOSURE INFORMATION
STATE OF MISSOURI
Important HMO/POS/PPO/IND annual disclosure information

In compliance with the state of Missouri laws and regulations, we are providing you with the following notice about your health care coverage. If you have any questions, you can contact your plan sponsor representative for further information or call the toll-free Member Services telephone number on your ID card.

Cancer screening guidelines

Aetna adopts nationally accepted evidence-based preventive services guidelines from the American Cancer Society for the early detection of cancer. Where there is lack of sufficient evidence to recommend for or against a service by these sources, we adopt recommendations from other nationally recognized sources.


We have adopted the following guidelines:

American Cancer Society guidelines for the early detection of cancer

The following cancer screening guidelines are recommended for those people at average risk for cancer (unless otherwise specified) and without any specific symptoms.

People who are at increased risk for certain cancers may need to follow a different screening schedule, such as starting at an earlier age or being screened more often. Those with symptoms that could be related to cancer should see their doctor right away.

Cancer-related checkup

For people aged 20 or older having periodic health exams, a cancer-related checkup should include health counseling, and depending on a person’s age and gender, might include exams for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some non-malignant (non-cancerous) diseases.

Special tests for certain cancer sites are recommended as outlined below.

Breast cancer

- Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.
• Clinical breast exam (CBE) about every 3 years for women in their 20s and 30s and every year for women 40 and over.

• Women should know how their breasts normally look and feel and report any breast change promptly to their health care provider. Breast self-exam (BSE) is an option for women starting in their 20s.

• Some women - because of their family history, a genetic tendency, or certain other factors - should be screened with MRI in addition to mammograms. (The number of women who fall into this category is small: less than 2% of all women in the U.S.) Talk with your doctor about your history and whether you should have additional tests at an earlier age.

For more information, call the ACS and ask for their document called *Breast Cancer Early Detection*.

**Colon and rectal cancer**

Beginning at age 50, both men and women at average risk for developing colorectal cancer should use one of the screening tests below. The tests that are designed to find both early cancer and polyps are preferred if these tests are available to you and you are willing to have one of these more invasive tests. Talk to your doctor about which test is best for you.

**Prostate cancer**

The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should take place at:

• Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.

• Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).

• Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

After this discussion, those men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening. If, after this discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the health care provider, who should take into account the patient’s general health preferences and values.

Assuming no prostate cancer is found as a result of screening, the time between future screenings depends on the results of the PSA blood test:
• Men who choose to be tested who have a PSA of less than 2.5 ng/mL may only need to be retested every 2 years.
• Screening should be done yearly for men whose PSA level is 2.5 ng/mL or higher.

Because prostate cancer often grows slowly, men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening.

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References


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