

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna[®]

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www.aetna.com



	Plan name	PCP selection*	PCP referral*	Phone number
Benefits category 1				
<ul style="list-style-type: none"> Patients must select and use a participating primary care provider (PCP) and receive PCP-referred care through participating providers. Services received outside of Aetna's participating provider network are not covered, except emergency/out-of-area urgent care or out-of-area renal dialysis, unless approved by the health maintenance organization (HMO) in advance of receiving services. 	Aetna MedicareSM Plan (HMO)	R	R	1-800-624-0756
	Aetna SelectSM	R	R	1-888-MDAetna
	Elect Choice[®]	R	R	1-888-MDAetna
	HMO	R	R	1-800-624-0756 <i>(For HMO members with a "W" identification number, call 1-888-MDAetna.)</i>
	Aetna Medicare Prime Plan (HMO)	R	R	1-800-624-0756
Benefits category 2				
<ul style="list-style-type: none"> Patients receive the highest benefits level by selecting and using a participating PCP and receiving PCP-referred care through participating providers. Patients receiving covered services from a nonparticipating provider are subject to out-of-network deductibles, coinsurance and potential balance billing. 	Managed Choice[®] POS	R	E	1-888-MDAetna
	Quality Point-of-Service[®] (QPOS[®])	R	E	1-800-624-0756 <i>(For QPOS members with a "W" identification number, call 1-888-MDAetna.)</i>
Benefits category 3				
<ul style="list-style-type: none"> Patients are encouraged to select and use a participating PCP. Services received outside of Aetna's participating provider network are not covered, except emergency/out-of-area urgent care or out-of-area renal dialysis, unless approved by Aetna in advance of receiving services. 	Aetna Medicare Plan (HMO) Open Access	E	NR	1-800-624-0756
	Aetna Health Network OnlySM	See ID card	See ID card	1-888-MDAetna
	Aetna Open Access[®] Elect Choice	E	NR	1-888-MDAetna
	Aetna Open Access HMO	E	NR	1-800-624-0756
	Open Access Aetna SelectSM	E	NR	1-888-MDAetna
Benefits category 4				
<ul style="list-style-type: none"> Patients are encouraged to select and use a participating PCP. Patients receiving covered services from a nonparticipating provider are subject to out-of-network deductibles, coinsurance and potential balance billing. 	Aetna Choice[®] POS	E	NR	1-800-624-0756
	Aetna Choice POS II	E	NR	1-888-MDAetna
	Aetna MedicareSM Plan (PPO)	E	NR	1-800-624-0756
	Aetna Health Network OptionSM	See ID card	See ID card	1-888-MDAetna
	Aetna Open Access Managed Choice	E	NR	1-888-MDAetna
	Aetna Medicare Prime Plan (PPO)	E	NR	1-800-624-0756
Benefits category 5				
<ul style="list-style-type: none"> Patients receiving covered services from a nonparticipating provider are subject to out-of-network deductibles, coinsurance and potential balance billing. 	Aetna Limited Benefits Insurance Plan (PPO)	NR	NR	1-888-772-9682
	Open Choice[®] PPO	NR	NR	1-888-MDAetna
Benefits category 6				
<ul style="list-style-type: none"> Patients have access to all licensed providers for covered benefits. Patients are responsible for all applicable deductibles, coinsurance and potential balance billing. 	Aetna Voluntary Group Medical Plan (indemnity plan)	NR	NR	1-888-772-9682
	Traditional Choice[®]	NR	NR	1-888-MDAetna

*Required (R), not required (NR), encouraged (E).

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 (Aetna).

Aetna benefits and products

Precertification**

- The admitting or treating physician is responsible for precertification. However, patients who have a plan with an out-of-network benefit, who choose a nonparticipating provider, are required to precertify those services themselves. Precertification is not required, but is recommended, for the Aetna Medicare Plan (PPO).
- Access the list of services requiring precertification at www.aetna.com. Type “Participating Provider Precertification List” in the search bar.

Laboratory***

- Direct patients to participating laboratories (some markets may require the use of a capitated laboratory).
- For stat lab work, direct patients to a participating facility.

Radiology***

- Direct patients to a participating radiology provider (some markets may require the use of a capitated radiology facility).

Aetna HealthFund® health reimbursement arrangement (HRA)

The Aetna HealthFund family of products blends an employer-established health fund with a deductible-based benefits plan. This means it is comprised of a fund, a deductible and a base medical benefits plan. The underlying product designation can be found on member ID cards or through electronic member eligibility verification. For more information on PCP selection and referral requirements, refer to the base health products listed on the opposite page.

Key information about Aetna HealthFund HRA:

- Patients receive the highest benefits level by accessing participating providers.
- Patients receive an allocated health fund from their employer to assist with payments, deductibles and coinsurance.
- If the health fund is depleted, the patient is responsible for any applicable deductibles and coinsurance.
- Health care providers should bill Aetna directly for all services.
- Member responsibility is listed on the Explanation of Benefits (EOB) statement.

Aetna HealthFund health savings account (HSA)

Our integrated HSA product is comprised of three elements: an account, a deductible and a base medical benefits plan. This plan differs from an HRA because members can determine when to spend their account dollars. They may choose to use them now to cover medical expenses or save them for future use. The underlying product designation can be found on the member ID cards or through electronic member eligibility verification. For more information on PCP selection and referral requirements, refer to the base health products listed on the opposite page.

Key information about Aetna HealthFund HSA:

- Patients receive the highest benefits level by accessing participating providers.
- Patients in a qualified high-deductible health plan (as defined by the government) may enroll in an HSA on their own or through their employer. Anyone can contribute to the HSA. Patients may choose to use their HSA funds to assist with payments, deductibles and coinsurance, or they may choose to pay for these services out of pocket and save their HSA funds for future medical expenses.
- Patients are responsible for any applicable deductibles and coinsurance and may use their HSA to help pay for these expenses.
- Health care providers should bill Aetna directly for all services.
- Member responsibility is listed on the EOB.

General information

Direct access is a feature that allows patients access to certain services without a referral, even though the plans require referrals for most other services. These include ob/gyn-related services, routine vision exams by participating providers, or other direct-access programs mandated under various state laws and regulations. This is not to be confused with open access.

Open access is a feature of some Aetna plans that allows patients access to all in-network services without a referral. Depending on the plan, patients may receive a higher benefits level if they choose providers in the network. For behavioral health benefits, please reference the patient’s member ID card or contact our Provider Service Center.

PCP selection and copayments — Some states require patients to select a PCP. Other states mandate patients to pay the PCP copayment even if the provider is not the patient’s selected PCP. This mandate also applies to the Aetna Medicare Plan (HMO) Open Access, as long as the physician is a PCP. Please refer to the copayment information located in patient eligibility and benefits through Aetna’s electronic solutions. Please be sure to indicate patient paid amount on claims and encounters submitted to Aetna.

**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.

***Some markets may require a valid physician order.

Fee schedules, member eligibility, or benefits and claims information is available online — Log in to our secure provider website at www.aetna.com/provider and click on “Log In/Register.” Our secure provider website allows you to update your registration, billing and user profile information; obtain information on fee schedules, benefits, referrals and claims; as well as perform electronic transactions.

Online provider directory

For physician, lab and radiology information, visit our online provider referral directory at www.aetna.com.

Programs and plan features

Medicare supplement plans

A Medicare supplement insurance policy (also called Medigap) is private health insurance. It helps pay the policyholder’s share of Medicare-approved charges. Some of the charges covered can include:

- Copayments
- Coinsurance
- Deductibles

For more information, visit www.aetnaseniorproducts.com.

Qualified health plans (QHPs) — public exchange/marketplace plans

These federal or state exchanges are part of the Affordable Care Act (ACA). Members enrolled in our QHPs will have a “QHP” logo on their member ID card.

To learn more, go to our online provider referral directory page and click the link on the left side of the page, “Individual plans, including new Aetna LeapSM plans (some are Qualified Health Plans).”

The Passport To Healthcare[®] program is an Aetna International product. Members who are enrolled have access to the Aetna Open Choice PPO network.

Aetna Signature Administrators[®] program:

Aetna Signature Administrators is a national Aetna program that provides network services, reinsurance or stop loss coverage, and large case and utilization management services to a variety of plans. Aetna Signature Administrators is offered primarily through specially selected third-party administrators who agree to follow our guidelines. To learn more, go to www.aetna.com and search for “Aetna Signature Administrators.”

Meritain Health[®]

Meritain Health is an Aetna-owned company. Members have access to the physicians and hospitals in our network. Their ID card will display the Meritain Health logo. To learn more, visit www.aetna.com and search for “Meritain Health.”

Aetna Student HealthSM plans

Aetna Student Health provides health insurance coverage for college students, serving close to 200 colleges and universities across the country. We work with our college clients to protect students, minimize risk and control health care costs. To learn more, visit www.aetnastudenthealth.com.

Aexcel[®] designation

Aexcel is a designation for physicians who are a part of Aetna’s broader network of participating physicians. These physicians have met specific clinical performance and efficiency criteria. To learn more, visit our secure provider website and select “Support Center,” “Doing Business,” then “Aexcel Designation.”

Visit our secure provider website at www.aetna.com/provider and click on “Log In/Register.”

The information contained in this document is only a summary of key components of Aetna’s products. For more detailed information, you must consult the member’s plan documents (Schedule of Benefits, Certificate of Coverage, Evidence of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-Certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to a member’s plan. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

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