Financial arrangements between Aetna and its providers

www.aetna.com
Provider reimbursement

Participating providers are reimbursed on a discounted fee-for-service basis. Where the member is responsible for a coinsurance payment based on a percentage of the bill, the member’s obligation is to be determined on the basis of the charges established by contract, if any, rather than on the basis of the provider’s billed charges.

If your plan provides coverage for services rendered by nonparticipating providers, you should be aware that Aetna determines the usual, customary and reasonable fee for a provider by referring to commercially available data reflecting the customary amount paid to most providers for a given service in that geographic area. If such data is not commercially available, our determination may be based upon our own data. Aetna may also use computer software (including ClaimCheck®) and other tools to take into account factors such as the complexity, amount of time and manner of billing. You may be responsible for any charges Aetna determines are not covered under your plan.

Aetna Pharmacy Management negotiates discounts from independent pharmacies, chain pharmacies, and mail-order vendors that participate in the Aetna network. The reimbursement formula is based on Average Wholesale Price (AWP) less a negotiated discount, plus a dispensing fee. (There is no dispensing fee for mail-order vendors.) The dispensing fee is a contractual fee negotiated between Aetna Pharmacy Management and the network pharmacy.

Any charge for a service or supply furnished by a participating provider in excess of such provider’s negotiated charge for that service or supply will not be a covered expense under the group contract. In no event will you or your eligible dependents be expected to pay any such excess charge. It will be the responsibility of Aetna and the participating provider to resolve the amount deemed to be excess.

Questions

If you have questions about how your physician or other health care providers are reimbursed, you should call the Member Services number on your ID card. Aetna also encourages you to discuss this issue with your physician.

If you do not have Internet access, you can call Member Services and ask for a copy of the New Jersey’s Annual Disclosure Information.

Division of Consumer Affairs in the New Jersey Department of Law and Public Safety

The laws of the State of New Jersey, at N.J.S.A 45:9-22.4 et seq., mandate that a physician, chiropractor or podiatrist who is permitted to make referrals to other health care providers in which she/he has a significant financial interest inform his or her patients of any significant financial interest he or she may have in a health care provider or facility when making a referral to that health care provider or facility. If you want more information about this, contact your physician, chiropractor or podiatrist. If you believe that you are not receiving the information to which you are entitled, contact the Division of Consumer Affairs in the New Jersey Department of Law and Public Safety at 1-973-504-6200 or 1-800-242-5846.

In New Jersey, health/dental benefits and health/dental insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Dental Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Health benefits and health insurance plans contain exclusions and limitations. Not all health/dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.