

Aetna Benefits Products

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	PCP Selection	PCP Referral	Phone Number
Required (R); Not Required (NR); Encouraged (E)			
Benefit 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 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 Golden Medicare Plan® (HMO)	R	R	1-800-624-0756
Aetna Select SM	R	R	1-888-MDAetna
Elect Choice® (EPO)	R	R	1-888-MDAetna
HMO	R	R	1-800-624-0756
Benefit Category 2			
<ul style="list-style-type: none"> Patients receive 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
Benefit 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 Golden Medicare Open Access HMO Plan	E	NR	1-800-624-0756
Aetna Health Network Only SM	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 Select SM	E	NR	1-888-MDAetna
Benefit 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 Golden Choice™ Plan (PPO)	E	NR	1-800-624-0756
Aetna Health Network Option SM	See ID Card	See ID Card	1-888-MDAetna
Aetna Open Access® Managed Choice®	E	NR	1-888-MDAetna
Benefit 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 Affordable Health Choices® (PPO)	NR	NR	1-888-772-9682
Open Choice® PPO	NR	NR	1-888-MDAetna
Benefit Category 6			
<ul style="list-style-type: none"> The Aetna Medicare Open Plan is a non-network based Medicare Advantage private fee-for-service (PFFS) plan. Patients enrolled in this PFFS plan may receive covered services from any "Deemed Provider."* Patients are responsible for all applicable deductibles, copayments and coinsurance. 			
Aetna Medicare Open SM Plan (PFFS)	NR	NR	1-800-624-0756
Benefit Category 7			
<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 Affordable Health Choices® (Indemnity Plan)	NR	NR	1-888-772-9682
Traditional Choice®	NR	NR	1-888-MDAetna

*A Deemed Provider is any licensed provider who: (1) is eligible to receive payment under Original Medicare, (2) agrees to provide covered services to the PFFS patient, and (3) has reasonable access to the Aetna Medicare Open Plan Terms and Conditions of Payment. The Aetna Medicare Open Plan Terms and Conditions of Payment can be found at www.aetna.com, select "Health Care Professionals," "Medical," then "Medicare PFFS" under "Shortcuts" on the left side of the page.

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).

Precertification**

■ The admitting or treating physician is responsible for precertification. 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 Golden Choice Plans (PPO) and the Aetna Medicare Open Plan (PFFS).

■ Access the list of services requiring precertification via www.aetna.com. Go to "Health Care Professionals," "Medical" and select "Precertification list" under shortcuts. Information is also available by calling the precertification phone number on the patient's member ID card.

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 highest benefits level by accessing participating providers.
- Patients receive an allocated health fund from the 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).

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 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 the funds in their HSA 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 retiree 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.

**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.

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. Please refer to the copayment information located in patient eligibility and benefits via Aetna's electronic solutions. The PCP copayment applies to the Aetna Golden Medicare Open Access (HMO) plan, as long as the physician is a PCP.

Fee schedules, member eligibility, or benefits and claims information is available online — Log in to NaviNet at www.aetna.com, select "Health Care Professionals" then "Medical." Our secure provider website also 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 24 hours a day, 7 days a week.

DocFind®— For physician, lab and radiology information, visit our online provider referral directory at www.aetna.com "Health Care Professionals," "Medical" and "DocFind".

The information contained in this document is only a summary of key components of Aetna's product. 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.