



# Aetna Benefits Products

We want you to know<sup>®</sup>



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\*Except for behavioral health or based on plan sponsor requirements.

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.

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.

‡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).

# 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. Please refer to the member's specific plan for information on the covered benefits.

**Open access** is a feature of some Aetna<sup>+</sup> 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 member ID card or contact our Provider Service Center.

**PCP selection and copays** — Some states require members to select a PCP, while other states mandate members pay the PCP copay (even if the provider is not that member's PCP). Please refer to the copay information listed on the member ID card, or check patient eligibility and benefits via Aetna's electronic solutions.

Please submit all referrals electronically, whenever possible.

## What's new

**Revised structure** — Plans are organized into easy-to-recognize groups.

**How to interpret a member ID card** — Graphic of an Aetna member ID card with callouts highlighting its various elements.

**Additional Aetna resources** — Website addresses and telephone numbers to help you find more information.

You can access the Aetna Benefit Products online through our new enhanced secure provider website, via NaviNet<sup>®</sup> — visit [www.aetna.com](http://www.aetna.com) and select:

- for "Health Care Professionals,"
- "Medical" and
- "Log In" or "Register Now!"
- Once on our homepage, select "Aetna Benefits Products" under "Resources"

**Aetna Performance Network Option<sup>SM</sup> Plan with Aexcel<sup>®</sup> designation (currently available only in select locations)**

Aexcel is a designation within the Aetna Performance Network Option Plan that includes specialists who have demonstrated effectiveness in the delivery of care based on a balance of measures of clinical performance and cost efficiency. The Performance Network provides access to quality care that may be more cost-effective and is comprised of Aexcel-designated specialists, Aetna participating primary care providers, hospitals and physicians in non-Aexcel specialties.

As part of our Performance Network, Aexcel promotes access to designated specialists from within the broad Aetna network, in 12 specialties. Designated specialists have met certain standards for clinical performance and demonstrated efficiency in the care they deliver.

Only physicians in the following specialties have the Aexcel designation:

- Cardiology
- Cardiothoracic surgery
- Gastroenterology
- General surgery
- Neurology
- Neurosurgery
- Obstetrics and gynecology
- Orthopedics
- Otolaryngology
- Plastic surgery
- Urology
- Vascular surgery

Members who seek care from an Aexcel-designated specialist participating in the Aetna Performance Network are not required to obtain referrals prior to seeking care, even if their medical plan generally requires a referral.\* However, if members seek care from a specialist other than an Aexcel designated specialist, they need to follow the normal referral rules for their base medical plan. All precertification requirements still apply as determined by the member's plan.

\*Some plan sponsors may choose an option for their employees that requires a referral prior to seeking care from Aexcel-designated specialists. Please refer to the copay information listed on the member ID card, or check patient eligibility and benefits via Aetna's electronic solutions.

## **Aetna Student Health<sup>SM</sup>**

Through Aetna Student Health, an Aetna subsidiary, we provide college and university students and their dependents with affordable access to insurance products and managed care services. These products are offered nationally to institutions of higher education. Aetna operates Aetna Student Health as a dedicated business unit focused solely on student health. The Student Health Plan ID cards are similar to Aetna member ID cards. Members access Aetna's national network, and all inquiries are handled through Student Health's dedicated service center. You can find the school-specific toll-free number on the ID card, as well as high-level plan information. Please submit all electronic claims to Aetna's electronic payer ID, and submit paper claims to:

Aetna Student Health  
P.O. Box 15708  
Boston, MA 02215-0014





## **National Advantage™ Program (NAP)**

This nationwide program offers access to contracted rates — on covered services—for members who are eligible through plan sponsors enrolled in the National Advantage Program. The NAP network consists of many of Aetna's directly contracted hospitals, ancillary providers and physicians, as well as hospitals, ancillary providers and physicians accessed through vendor arrangements.

Patients who have NAP will have access to contracted rates. NAP is generally available for indemnity plans as well as for out-of-network and medically necessary services not available within the network for Open Choice PPO, Managed Choice POS and Quality Point-of-Service (QPOS) plans. In addition, NAP is available for emergency services and medically necessary services not available within the network for Elect Choice EPO and HMO plans.

Claims under NAP are automatically assigned to the provider and the Explanation of Benefits (EOB) reflects the contracted rates. Bill patients only for applicable coinsurance and/or deductibles after the EOB and payment are received.

- Access the list of NAP providers via DocFind® on **www.aetna.com**, or call the toll-free number on your patient's member ID card.

### **IPA/PMG Affiliated Physicians**

The processes for referral, precertification, and laboratory and radiology services for providers participating in Aetna through their affiliation with an Independent Practice Association (IPA) or Physician Medical Group (PMG) may differ from those outlined here. In some cases, patients must obtain ob/gyn-related services from a provider affiliated with their PCP's IPA/PMG. IPA/PMG affiliations generally affect administration of the following plans: HMO (including Open Access), POS (including USAccess) and Aetna HealthFund. Please contact your IPA/PMG administrator for details.

### **Aetna Workers' Comp Access® Network**

Aetna Workers' Compensation Access (AWCA) is a program that offers workers' compensation claimants network access for health care services of physicians, hospitals, pharmacies and other health providers. Workers' compensation carriers, employers and other intermediaries work with Aetna to allow claimants access to services through the AWCA network. Payment for your services is made to you by the workers' compensation carrier or employer. No copayments, coinsurance or deductibles apply for covered workers' compensation services.

This program is available in select markets. Aetna intends to offer workers' compensation networks at a national level. More detailed information about AWCA is available on the website at **awca.aetna.com**. If you have any questions about this initiative, please contact the AWCA team at **1-800-AETNA 06 (1-800-238-6206)**.

## **Aetna Signature Administrators®**

Aetna Signature Administrators (ASA) enables us to extend our services to additional plan sponsors with PPO-based plans. Under ASA, we have established relationships with a limited number of leading third-party administrators (TPA) who meet our standards and requirements and who agree to follow our standard policies and procedures. Member ID cards have both ASA and TPA logos and list the TPA's phone numbers if you have questions.

Aetna and the TPA share the administration of these self-insured benefits. We maintain a direct contractual relationship with the plan sponsor for Stop Loss insurance and for certain managed care services (see details below).

### **Aetna responsibility**

- Provide Stop Loss insurance coverage
- Claims pricing/processing
- Contract with plan sponsors to provide access to the Aetna network
- Provide network services and management
- Contract issues
- Large case medical management

### **TPA responsibility**

- Claims processing/adjudication
- Customer service
- Design plans with benefits differentials to provide incentive for patients to seek care from participating physicians and facilities (at least 20 percent)
- Precertification using Aetna standards and approved criteria

### **SRC, an Aetna Company**

Strategic Resource Company (SRC), a subsidiary of Aetna, provides limited major medical benefits plans for part-time and hourly workers. As a subsidiary of Aetna, they administer benefits under a portfolio of products known as "Aetna Affordable Health Choices" utilizing Aetna's PPO network.

Aetna Affordable Health Choices PPO plan and Aetna Affordable Health Choices Indemnity plan, may include limited inpatient and outpatient coverage for office visits, lab, diagnostic tests, X-rays, surgery, anesthesiology, room and board, and other hospital expenses as well as prescription drug coverage.

All Aetna Affordable Health Choices inquiries are handled through the SRC Customer Service Center. You can find the toll-free number on the member ID card. Please use the subscriber's Social Security number as the member ID on all claims. Submit electronic claims to payer ID number 57604. Submit paper claims (include payer ID number 57604) to:

SRC, an Aetna Company  
P.O. Box 23759  
Columbia, SC 29224-3759.



# How to interpret a member ID card

Below are generic Aetna member ID cards. There are two types of cards, which differ by member ID number style and copayment information. Please note the information on member ID cards may vary depending on several factors, including the plan sponsor's benefits selections, state mandates and plan availability.

## HMO-based benefits plan card example

**1** [HMO]

**6** [PLAN NAME] **4** [GROUP NUMBER] **5** [VALID: 10/17/2004] **3**

**7** **ID#** **MEMBER NAME**

[12345678]	[JAMES SAMPLE]	[DR 123-456-7891]	[123456]
[12345678]	[JANE SAMPLE]	[DR 123-456-7891]	[123456]
[12345678]	[ALEX <b>8</b> LE]	[DR 123-456-7891]	[123456]
[12345678]	[IVANA SAMPLE]	[DR 123-456-7891]	[123456]
[12345678]	[JOEY SAMPLE]	[DR 123-456-7891]	[123456]

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**12** [MEMBER SERVICE 800-123-4567] DR [ ] HO [ ]

[PRECERTIFICATION 800-123-4567] SP [ ] ER [ ] **11**

[BEHAVIORAL HLTH VENDOR 800-123-4567] MH [ ] RX [ ]

## Indemnity and PPO-based benefits plan card example

**1** AHF MC NAP **2**

**6** [CUSTOMER NAME]  
[CUSTOMER NAME]

**4** AETNA OPEN ACCESS<sup>SM</sup>

**7** **ID W1234 56789** GRP: 123456-810-001 BIN#18534 RX **3**

**9** 01 JOHN SAMPLE PCP: DAVID SMITH

02 JANE SAMPLE PCP: DAVID SMITH

03 JAC **8** MPLE PCP: SU **10** MILLER

04 JILL SAMPLE PCP: SUSAN MILLER

05 JOHN SAMPLE PCP: SUSAN MILLER

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**12** MEMBER SERVICES 1-800-123-4567

PRECERTIFICATION ONLY 1-800-123-4567 **11**

PAYOR NUMBER 60054



- 1** Product name (plan sponsor logo may also appear here).
- 2** If plan includes NAP.
- 3** If plan provides Pharmacy coverage.
- 4** Group Number.
- 5** Effective date for this plan.\*
- 6** Plan sponsor name (only if requested).
- 7** Member ID number. This number is either alphanumeric or specifically a “W” followed by nine numbers.
- 8** Member name — primary subscriber.
- 9** Some plans include a unique identifier number for the primary subscriber’s other family members.
- 10** Telephone number of Primary Care Physician (if PCP selection is required or suggested). Some ID cards do not include the PCP phone number.
- 11** Copay information. If no copay information is indicated on the card, bill Aetna first. Do not collect anything from the member at the point of service.
- 12** Telephone numbers for Member Services, precertification, and mental health/drug and alcohol services (if applicable) are found on the front or back of the card.

\*Not all cards include this information. For example, Georgia and Texas require an “effective date of insurance,” so Aetna ID cards in those states list the member’s renewal date on the front bottom of the card.

# PCP selection and referral required — with some direct access options

Aetna Golden Medicare Plan®		
	YES	NO
PCP Selection Required	■	
PCP Referral Required	■	

- Submit all referrals electronically.
- Services outside of Aetna’s participating provider network are not covered, except emergency/out-of-area urgent care, out-of-area renal dialysis or direct access benefits, unless approved by the Health Maintenance Organization (HMO) in advance of receiving services.

### Precertification

- The admitting or treating physician is responsible for precertification.
- Access the list of services requiring precertification via [www.aetna.com](http://www.aetna.com). Go to “for 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 and Radiology Services\*

- 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).

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit [www.aetna.com](http://www.aetna.com), go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-800-624-0756**.

## HMO

	YES	NO
PCP Selection Required	■	
PCP Referral Required	■	

- Submit all referrals electronically.
- Services outside of Aetna’s participating provider network are not covered, except emergency/out-of-area urgent care, prior approval of a nonparticipating provider request, or a prior approved National Medical Excellence Program® case.

### Precertification

- The admitting or treating physician is responsible for precertification.
- Access the list of services requiring precertification via [www.aetna.com](http://www.aetna.com). Go to “for 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 and Radiology Services\*

- 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).

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit [www.aetna.com](http://www.aetna.com), go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-800-624-0756**.

**Note:** In Washington, the product referred to as HMO is called Primary Choice<sup>SM</sup> and is offered by Aetna Health Inc., a licensed health care service contractor.

## Elect Choice® (EPO)

	YES	NO
PCP Selection Required	■	
PCP Referral Required	■	

- Services outside of Aetna’s participating provider network are not covered, except emergency/out-of-area urgent care, prior approval of a nonparticipating provider request, or a prior approved National Medical Excellence Program case.

### Precertification

- The admitting or treating physician is responsible for precertification.
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by an Aetna participating laboratory.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-888-MD Aetna (1-888-632-3862)**.

## Aetna Select<sup>SM</sup>

	YES	NO
PCP Selection Required	■	
PCP Referral Required	■	

- Services outside of Aetna’s participating provider network are not covered, except emergency/out-of-area urgent care, prior approval of a nonparticipating provider request, or a prior approved National Medical Excellence Program case.

### Precertification

- The admitting or treating physician is responsible for precertification.
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by an Aetna participating laboratory.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-888-MD Aetna (1-888-632-3862)**.

# PCP selection and referral not required — except to receive maximum benefits

Quality Point-of-Service® (QPOS®)		
	YES	NO
PCP Selection Required	■	
PCP Referral Encouraged	■	
PCP Referral Required		■

- Patients receive highest benefits level by selecting and utilizing a network PCP and receiving **PCP referred care** through participating providers.
- Patients receiving covered services from a **nonparticipating provider** are subject to out-of-network deductibles and coinsurance.

### Precertification

- The admitting or treating physician is responsible for precertification. **Patients who choose nonparticipating providers are required to precertify those services themselves.**
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- 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 provider).

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-800-624-0756**.

## Managed Choice® POS

	YES	NO
PCP Selection Required	■	
PCP Referral Encouraged	■	
PCP Referral Required		■

- Patients receive highest benefits level by selecting and utilizing a network PCP and receiving **PCP referred care** through participating providers.
- Patients receiving covered services from a **nonparticipating provider** are subject to out-of-network deductibles and coinsurance.

### Precertification

- The admitting or treating physician is responsible for precertification. **Patients who choose nonparticipating providers are required to precertify those services themselves.**
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by an Aetna participating laboratory.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-888-MD Aetna (1-888-632-3862)**.

## Aetna Health Network Only<sup>SM</sup>

	YES	NO
PCP Selection Required		■
PCP Selection Encouraged	■	
PCP Referral Required		■

- Services outside of Aetna’s participating provider network are not covered, except emergency/out-of-area urgent care, prior approval of a nonparticipating provider request, or a prior approved Medical Excellence Program® case.

### Precertification

- The admitting or treating physician is responsible for precertification.
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by Aetna-participating laboratories.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-800-624-0756**.

## Aetna Health Network Option<sup>SM</sup>

	YES	NO
PCP Selection Required		■
PCP Selection Encouraged	■	
PCP Referral Required		■

- Patients receive highest benefits level by selecting and utilizing a network PCP.
- Patients receiving covered services from a **nonparticipating provider** are subject to out-of-network deductibles and coinsurance.

### Precertification

- The admitting or treating physician is responsible for precertification. **Patients who choose nonparticipating providers are required to precertify those services themselves.**
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by Aetna participating laboratories.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-800-624-0756**.

## USAccess®

	YES	NO
PCP Selection Required		■
PCP Selection Encouraged	■	
PCP Referral Encouraged	■	
PCP Referral Required		■

### This is a three-tiered benefit plan:

- Patients receive highest benefits level by selecting and utilizing a network PCP and receiving **PCP referred care** through participating providers.
- Patients receive second highest benefits level when self-referring and accessing **only** participating providers
- Patients receive the lowest benefits level when self-referring and accessing nonparticipating providers.

### Precertification

- The admitting or treating physician is responsible for precertification. **Patients who choose nonparticipating providers are required to precertify those services themselves.**

- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by Aetna-participating laboratories (some markets may require the use of a capitated laboratory).
- Radiology:
  - > Direct patients to a participating radiology provider (some markets may require the use of a capitated radiology provider).

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-800-624-0756**.



# PCP selection encouraged — not required (Open Access features)

## Aetna Golden Choice™\* (this is a Medicare plan)

	YES	NO
PCP Selection Required		■
PCP Selection Encouraged	■	
PCP Referral Required		■

- Patients receive highest benefits level by selecting and utilizing a network PCP.
- Specialist copay applies for patients receiving covered services from all participating providers (other than the selected PCP) without a referral.
- Patients receiving covered services from a **nonparticipating provider** are subject to out-of-network deductibles and coinsurance.

### Precertification

- The admitting or treating physician is responsible for precertification.
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by Aetna participating laboratories. For stat lab work, direct patients to a participating facility.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-800-624-0756**.

## Aetna Golden Medicare Open Access (HMO)

	YES	NO
PCP Selection Required		■
PCP Selection Encouraged	■	
PCP Referral Required		■

- Services received from providers that do not participate in Aetna’s Medicare Advantage HMO provider network are not covered, except in the following circumstances: (1) the member receives emergency or out-of-area urgent services, (2) the member receives prior approval from Aetna to receive covered services from a nonparticipating provider, or (3) the member receives covered services through the National Medical Excellence Program® that were previously approved by Aetna.
- PCP copayment applies when the member receives covered services from any PCP who participates in the Aetna Medicare Advantage HMO provider network, whether or not the PCP is the member’s “selected” PCP.

### Precertification

- The admitting or treating physician is responsible for precertification.
- Access the list of services requiring precertification via **www.aetna.com**. Go to for “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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by Aetna Medicare Advantage HMO participating laboratories.
- Radiology:
  - > Direct patients to an Aetna Medicare Advantage HMO participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-800-624-0756**.

## Open Access Aetna Select<sup>SM</sup>

	YES	NO
PCP Selection Required		■
PCP Selection Encouraged	■	
PCP Referral Required		■

- Services outside of Aetna’s participating provider network are not covered, except emergency/ out-of-area urgent care, prior approval of a nonparticipating provider request, or a prior approved National Medical Excellence Program case.

### Precertification

- The admitting or treating physician is responsible for precertification.
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by Aetna participating laboratories.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind<sup>®</sup> under shortcuts, or contact our Provider Service Center at **1-888-MD Aetna (1-888-632-3862)**.

## Aetna Open Access® HMO

	YES	NO
PCP Selection Required		■
PCP Selection Encouraged	■	
PCP Referral Required		■

- Services outside of Aetna’s participating provider network are not covered, except emergency/ out-of-area urgent care, prior approval of a nonparticipating provider request, or a prior approved National Medical Excellence Program case.

### Precertification

- The admitting or treating physician is responsible for precertification.
- Access the list of services requiring precertification via [www.aetna.com](http://www.aetna.com). Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by Aetna participating laboratories.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit [www.aetna.com](http://www.aetna.com), go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-800-624-0756**.

## Aetna Open Access® Elect Choice®

	YES	NO
PCP Selection Required		■
PCP Selection Encouraged	■	
PCP Referral Required		■

- Services outside of Aetna’s participating provider network are not covered, except emergency/ out-of-area urgent care, prior approval of a nonparticipating provider request, or a prior approved National Medical Excellence Program case.

### Precertification

- The admitting or treating physician is responsible for precertification.
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by Aetna participating laboratories.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-888-MD Aetna (1-888-632-3862)**.

## Aetna Choice® POS

	YES	NO
PCP Selection Required		■
PCP Selection Encouraged	■	
PCP Referral Required		■

- Patients receive highest benefits level by selecting and utilizing a network PCP.
- Patients receiving covered services from a **nonparticipating provider** are subject to out-of-network deductibles and coinsurance.

### Precertification

- The admitting or treating physician is responsible for precertification. **Patients who choose nonparticipating providers are required to precertify those services themselves.**
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by Aetna participating laboratories.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-800-624-0756**.

## Aetna Choice® POS II

	YES	NO
PCP Selection Required		■
PCP Selection Encouraged	■	
PCP Referral Required		■

- Patients receiving covered services from a **nonparticipating provider** are subject to out-of-network deductibles and coinsurance.

### Precertification

- The admitting or treating physician is responsible for precertification. **Patients who choose nonparticipating providers are required to precertify those services themselves.**
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by Aetna participating laboratories.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-888-MD Aetna (1-888-632-3862)**.

## Aetna Open Access® Managed Choice®

	YES	NO
PCP Selection Required		■
PCP Selection Encouraged	■	
PCP Referral Required		■

- Patients receive highest benefits level by accessing participating providers.
- Patients receiving covered services from a **nonparticipating provider** are subject to out-of-network deductibles and coinsurance.

### Precertification

- The admitting or treating physician is responsible for precertification. **Patients who choose nonparticipating providers are required to precertify those services themselves.**
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by Aetna participating laboratories.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-888-MD Aetna (1-888-632-3862)**.

## Open Choice® PPO

	YES	NO
PCP Selection Required		■
PCP Referral Required		■

- Patients receiving covered services from a **nonparticipating provider** are subject to out-of-network deductibles and coinsurance.

### Precertification

- The admitting or treating physician is responsible for precertification. **Patients who choose nonparticipating providers are required to precertify those services themselves.**
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory work should be performed by Aetna participating laboratories.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-888-MD Aetna (1-888-632-3862)**.

## Traditional Choice®

	YES	NO
PCP Selection Required		■
PCP Referral Required		■

- Patient has access to **all** licensed providers for covered benefits.
- Patients are responsible for all applicable deductibles and coinsurance.

### Precertification

- Precertification is required for inpatient hospitalization and is the patient's responsibility. Requirements vary per plan, so the patient should call the precertification phone number on his or her member ID card.

### Laboratory and Radiology Services

- Laboratory and radiology services are available from any licensed provider.

For more laboratory and radiology information, visit [www.aetna.com](http://www.aetna.com), go to "for Health Care Professionals," "Medical" and select Docfind® under shortcuts, or contact our Provider Service Center at **1-888-MD Aetna (1-888-632-3862)**.

**Aetna Medicare Open<sup>SM</sup> Plan (PFFS) (This is a non-contracted product. This is a Medicare Plan)**

	YES	NO
PCP Selection Required		■
PCP Referral Required		■

The Aetna Medicare Open Plan — provides all the benefits of Original Medicare and more, such as unlimited hospitalization and full coverage of preventive services. Most Plan options also include Medicare prescription drug coverage.

- **No precertification or referrals required**
- **Simplified billing** — submit one bill to Aetna and receive one remittance. We pay claims directly to providers.
- **No contract required** — This is a non-network based private fee-for-service (PFFS) plan, so providers do not sign contracts with Aetna before providing covered services to Plan members. Licensed providers who are eligible to receive payment under Original Medicare, who agree to provide covered services to Plan members, and who have reasonable access to the Plan's Terms and Conditions of Participation, are considered participating in the

Aetna Medicare Open Plan ("Deemed Providers"). **Please visit [www.aetna.com](http://www.aetna.com) and follow the navigation information below for further details.**

- **Medicare-allowable rates paid** for covered services rendered by Deemed Providers, as more fully described in the Aetna Medicare Open Plan Reimbursement Grid. Please note that we pay Deemed Providers for covered services rendered under the Aetna Medicare Open Plan in accordance with the Centers for Medicare & Medicaid Services (CMS) reimbursement requirements applicable to Medicare Advantage organizations offering non-network based PFFS plans.

Deemed Providers should collect the Plan member's copayment or coinsurance at the time covered services are rendered and submit all claims for covered services to Aetna for payment.

**For more information, visit us online.**

For more information on this Plan, please go to [www.aetna.com](http://www.aetna.com). Select for "Health Care Professionals" and then "Medical." Then select "Medicare PFFS on the left side of the page under "Shortcuts." Or you can log in to our secure website for health care professionals, available through [www.aetna.com](http://www.aetna.com). If you do not have access to the Internet, contact our Provider Services Center at **1-800-624-0756**.

## Aetna Affordable Health Choices® (PPO)

	YES	NO
PCP Selection Required		■
PCP Referral Required		■

- Patients who choose to go outside the PPO network receive an out-of-network benefit level that varies by plan.
- Submit claims electronically to payer ID number 57604. Submit paper claims (include payer ID number 57604) to the SRC address on the member ID card.

### Precertification

- There are no utilization management requirements, such as precertification or patient management, associated with this benefits plan. You are strongly encouraged to call for eligibility and general benefits information before you administer services by calling the customer service number on the member ID card. Your office will be sent a general benefits and eligibility information fax. This fax is not a guarantee of payment.

### Laboratory and Radiology Services\*

- All laboratory and radiology work should be performed by Aetna participating laboratories and radiology facilities.

\*For more laboratory and radiology information, visit our SRC-specific DocFind® Referral Directory at [www.aetna.com/docfind/custom/aahc/](http://www.aetna.com/docfind/custom/aahc/); or contact SRC customer service at **1-888-772-9682**.

## Aetna Affordable Health Choices® (Indemnity Plan)

	YES	NO
PCP Selection Required		■
PCP Referral Required		■

- Patient has access to **all** licensed providers for covered benefits.
- Patients are responsible for all applicable deductibles and coinsurance.
- Submit all claims to the SRC address on the member ID card.

### Precertification

- There are no utilization management requirements, such as precertification or patient management, associated with this benefits plan. You are strongly encouraged to call for eligibility and general benefits information before you administer services by calling the customer service number on the member ID card. Your office will be sent a general benefits and eligibility information fax. This fax is not a guarantee of payment.

### Laboratory and Radiology Services\*

- Laboratory and radiology services are available from any licensed provider.

\*For more laboratory and radiology information, visit our SRC-specific DocFind® Referral Directory at [www.aetna.com/docfind/custom/ahhc/](http://www.aetna.com/docfind/custom/ahhc/); or contact SRC customer service at **1-888-772-9682**.

## Aetna HealthFund® Health Reimbursement Arrangement (HRA)

Aetna HealthFund Health Reimbursement Arrangement (HRA) is one of the Aetna HealthFund family of products and 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 plans currently offered with the Aetna HealthFund HRA are: Open Choice PPO, Aetna Open Access Managed Choice, Aetna Choice POS II, Open Access Elect Choice and Open Access Aetna Select.

Below is key information about Aetna HealthFund HRA. For more details about PCP selection and referral requirements, find the base health plan listed on the front of your patient's Aetna member ID card and go to its corresponding page in this booklet.

- Patients receive highest benefits level by accessing participating providers.
- Patient receives an allocated health fund from employer to assist with payments, deductibles and coinsurance.
- If the health fund is depleted, the patient is responsible for the applicable deductibles and coinsurance.

- Health care providers should bill Aetna directly for all services.
- No copayments are required.

### Precertification

- The admitting or treating physician is responsible for precertification. **Patients who choose nonparticipating providers are required to precertify those services themselves.**
- Access the list of services requiring precertification via **www.aetna.com**. Go to "for 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 and Radiology Services\*

- Laboratory:
  - > All laboratory and radiology work should be performed by Aetna participating laboratories and radiology providers.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to "for Health Care Professionals," "Medical" and select Docfind® under shortcuts, or contact our Provider Service Center at **1-888-MD Aetna (1-888-632-3862)**.

## Aetna HealthFund® Health Savings Account (HSA)

Aetna HealthFund Health Savings Account (HSA) is one of the Aetna HealthFund family of products. 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 high-deductible health plans currently offered with the HSA are: Open Choice PPO, Aetna Open Access Managed Choice, Aetna Choice POS II, Aetna Open Access Elect Choice, Aetna Select, Open Access Aetna Select, Managed Choice POS, Elect Choice (EPO) and Traditional Choice.

Below is key information about Aetna HealthFund HSA. For more details about PCP selection and referral requirements, find the base health plan listed on the front of your patient's Aetna member ID card and go to its corresponding page in this booklet.

- 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.
- **Patient is responsible for the applicable deductibles and coinsurance, and may use their HSA to help pay for those expenses**
- Health care providers should bill Aetna directly for all services.
- No copayments are required.

## **Precertification**

- The admitting or treating physician is responsible for precertification. **Patients who choose nonparticipating providers are required to precertify those services themselves.**
- Access the list of services requiring precertification via **www.aetna.com**. Go to “for 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 and Radiology Services\***

- Laboratory:
  - > All laboratory work should be performed by Aetna participating laboratories.
- Radiology:
  - > Direct patients to a participating radiology provider.

\*Some markets may require a valid physician order.

For more laboratory and radiology information, visit **www.aetna.com**, go to “for Health Care Professionals,” “Medical” and select Docfind® under shortcuts, or contact our Provider Service Center at **1-888-MD Aetna (1-888-632-3862)**.

# Working electronically with Aetna's online resources



## Aetna Service Options<sup>SM</sup> for health care professionals

We are dedicated to making your electronic service experience fast, easy and efficient. We have a dedicated team to assist your office in identifying a solution that best meets your needs for doing business with Aetna.

### [www.aetna.com](http://www.aetna.com)

Our secure website for participating physicians, hospitals and health care professionals offers transactions, including online claims submission for physicians and physician groups, claims status inquiry, eligibility and benefits inquiry, precertification and referrals. You can also update office information, access CME programs, review claims payment policies and code editing logic, and much more. All available 24 hours a day, 7 days a week, free of charge!

To access the website go to [www.aetna.com](http://www.aetna.com) and select “for Health Care Professionals,” “Medical” then:

- Log In
- or
- Register Now

## Electronic vendors and clearinghouses

To find out more about vendors doing business with Aetna, or to get connected electronically, visit [www.aetna.com](http://www.aetna.com) and select “for Health Care Professionals,” “Medical” then “Service Solutions.” You’ll find details on:

- Vendors doing business with Aetna
- Vendor overviews and transaction capabilities
- Vendor contact and service information

Or call **1-888-247-1023** for electronic connectivity information. Select option 1 for ERA/EFT and option 2 for other electronic transactions.

## Telephone contact information

We have two provider toll-free numbers: HMO-based benefits plans: **1-800-624-0756** Indemnity and PPO-based benefits plans: **1-888-632-3862**.

By dialing either of these numbers 24 hours a day, 7 days a week, you will reach Aetna Voice Advantage<sup>®</sup>, our interactive voice response system, where you can:

- Check the status of a claim
- Verify patient coverage and benefits
- Choose to receive faxed copies of claims status and coverage and benefits information
- Transfer to Medical Precertification
- Obtain important Aetna contact information

We want you to know<sup>®</sup>



[www.aetna.com](http://www.aetna.com)