

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

aetna[®]

How to get the care you need at a lower price

Aetna's provider network

www.aetna.com

What's inside ...

- What Aetna pays and what you pay for a doctor visit, hospital stay and surgery
- How much you can save by using doctors and hospitals in your plan's network



By using health care providers in your plan’s network, you can take advantage of the significant discounts we’ve negotiated with them. This can help lower your out-of-pocket costs for medically necessary care.

Let’s look at some examples, so you can see your network savings in action

These examples are illustrative only. They are based on the following Aetna health benefits and insurance plan features:

What your plan pays (plan coinsurance)

80% in network **60%** out of network

What you pay (your coinsurance)

20% in network **40%** out of network

Out-of-pocket maximum

\$4,000 The maximum amount you have to pay out of your pocket each year*

These examples also assume you’ve already met your deductible. That is the fixed amount you must pay for covered medical services before your plan starts paying.

You’ll also notice something called a “recognized amount.” When you get care outside your plan’s network, Aetna pays based on what the plan calls the recognized amount/charge. This is described in your benefits plan.

If you use a provider outside your plan’s network, you may be responsible for the entire difference between what the provider bills and the recognized amount/charge. As the examples show, that difference can be large. And that additional amount does not count toward your out-of-pocket maximum.*

*The deductible and coinsurance you owe over the course of the year count toward your out-of-pocket maximum. However, anything you owe an out-of-network provider that is above the plan’s recognized amount does not count. In other words, anything you owe to settle a balance bill will not count toward that cap.

Example 1: office visit

You’ve been getting care for an ongoing condition from a specialist who is not in your plan’s network. You’re thinking about switching to a network specialist. This example shows what you may save if you switch.

Office visit benefits details		In network	Out of network
Doctor bill	Amount billed	\$150	\$150
Amount Aetna uses to calculate payment	Aetna’s rate in the network**	\$90**	
	Recognized amount *** out of network		\$90***
What your plan pays	Aetna’s negotiated rate/recognized amount	\$90	\$90
	Percent your plan pays	80%	60%
What you owe	Amount of Aetna’s negotiated rate/recognized amount covered under plan	\$72**	\$54***
	Your coinsurance responsibility	\$18	\$36
Your total responsibility	Amount that can be balance billed to you	\$0	\$60
		\$18†	\$96†

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You can find network doctors and hospitals using our online directory at www.aetna.com.

Example 2: outpatient surgery

You need outpatient surgery for a simple procedure and are deciding if you will have it done by a doctor in your plan's network. This example gives you an idea of how much you might owe depending on your choice.

Outpatient surgery benefits details		In network	Out of network
Surgery bill^{††}	Amount billed	\$2,000	\$2,000
Amount Aetna uses to calculate payment	Aetna's rate ^{**} in the network	\$600 ^{**}	
	Recognized amount ^{***} out of network		\$1,600 ^{***}
What your plan pays	Aetna's negotiated rate/recognized amount	\$600	\$1,600
	Percent your plan pays	80%	60%
	Amount of Aetna's negotiated rate/recognized amount covered under plan	\$480 ^{**}	\$960 ^{***}
What you owe	Your coinsurance responsibility	\$120	\$640
	Amount that can be balance billed to you	\$0	\$400
Your total responsibility		\$120[†]	\$1,040[†]

Example 3: a five-day hospital stay

You need to go to the hospital, but it is not an emergency. It turns out that you have to stay in the hospital for five days. This example gives you an idea of how much you might owe to the hospital depending on whether it is in your plan's network.

Hospital stay benefits details		In network	Out of network
Hospital bill	Amount billed	\$25,000	\$25,000
Amount Aetna uses to calculate payment	Aetna's rate ^{**} in the network	\$8,750 ^{**}	
	Recognized amount ^{***} out of network		\$8,750 ^{***}
What your plan pays	Aetna's negotiated rate/recognized amount	\$8,750	\$8,750
	Percent your plan pays	80%	60%
	Amount of Aetna's negotiated rate/recognized amount covered under plan	\$7,000 ^{**}	\$5,250 ^{***}
What you owe	Your coinsurance responsibility	\$1,750	\$3,500
	Amount that can be balance billed to you	\$0	\$16,250
Your total responsibility		\$1,750[†]	\$19,750[†]

^{**}Doctors, hospitals and other health care providers in Aetna's network accept our payment rate and agree that you owe only your deductible and coinsurance. Individual providers may have different negotiated rates with Aetna.

^{***}When you go out of network, Aetna determines a recognized amount. You may be responsible for the difference between the billed amount and the recognized amount. Also, your plan may instead call the recognized amount the recognized charge. In some of these examples, we have assumed that the recognized amount and the negotiated rate are the same amount. Actual amounts will vary.

[†]Most plans cap out-of-pocket costs for covered services. The deductible and coinsurance you owe count toward that cap. But when you go out of network, the difference between the health care provider's bill and the recognized amount does not count toward that cap.

^{††}You also may be responsible for a portion of fees charged by the facility in which the surgery takes place. The figures in the example do not include those facility fees.

Network doctors and hospitals can save you money. Plus, they're easy to find.

As an Aetna member, you just need to log in to your secure member website at www.aetna.com. Our online directory will help you find doctors and hospitals in your plan's network.

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Policy forms issued in Oklahoma include: HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

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