

Save money with Aetna's provider network

Aetna's provider network keeps quality care affordable.

By using providers in Aetna's network, you can take advantage of the significant discounts we have negotiated to help *lower* your out-of-pocket costs for medically necessary care. This can help you get the care you need at an affordable price.

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

These examples are based on the following Aetna[‡] plan features and assume you've already met your deductible (the fixed amount that you must pay for covered medical services before your plan will pay benefits):

What your plan pays (plan coinsurance):
80% in-network/60% out-of-network

What you pay (coinsurance):
20% in-network/40% out-of-network

Your out-of-pocket maximum: \$4,000

Important Additional Information about the "recognized amount":

When you receive services from a provider who is not in Aetna's network, Aetna pays based on what the plan calls the recognized amount/charge, which is described in your benefit plan. In these examples, if you use a health care provider who is not in Aetna'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.

Example 1: Office visit

You have been getting care for an ongoing condition from a specialist who is not in Aetna's network. You are thinking about switching to a specialist in Aetna's network. This example illustrates what you may save if you switch.

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

[‡]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).

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Example 2: Outpatient surgery

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

| | | In-network | Out-of-network |
|---|--|-----------------|-------------------|
| Surgery bill[†] | Amount billed | \$2,000 | \$2,000 |
| Amount Aetna uses to calculate payment | Aetna's rate* in-network | \$600* | |
| | Recognized amount** out-of-network | | \$600** |
| What your plan will pay | Aetna's negotiated rate/ recognized amount | \$600 | \$600 |
| | Percent your plan pays | 80% | 60% |
| | Amount of Aetna's negotiated rate/recognized amount covered under plan | \$480* | \$360** |
| What you owe | Your coinsurance responsibility | \$120 | \$240 |
| | Amount that can be balance billed to you | \$0 | \$1,400* |
| | Your total responsibility | \$120*** | \$1,640*** |

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 Aetna's network.

| | | In-network | Out-of-network |
|---|--|-------------------|--------------------|
| Hospital bill | Amount billed | \$25,000 | \$25,000 |
| Amount Aetna uses to calculate payment | Aetna's rate* in-network | \$8,750* | |
| | Recognized amount** out-of-network | | \$8,750** |
| What your plan will pay | 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*** |

[†]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.

*Doctors, hospitals and other health care providers in Aetna's network accept Aetna's payment rate and agree that you owe only your deductible and coinsurance.

**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. See the Important Additional Information on the previous page. Also, your plan may instead call the recognized amount the recognized charge.

***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.

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