

aetna®

Save money by staying in the network



When you use Aetna network doctors and facilities, the amount you pay for services is generally reduced, often by a lot. We negotiate lower fees with these providers. They are not allowed to charge you more. And the percentage of the negotiated fee you need to pay — your coinsurance percentage — is also lower.

There are over 1,000,000 health care professionals in the Aetna network.*

* As of 10/2015



Out-of-network care

If you go outside the network, the amount you pay may increase three different ways:

- 1) There is no discounted fee arrangement. Plan reimbursements are based on the Recognized Charge (also known as the “Reasonable and Customary charge,” or “R&C charge”*), which is often higher.
- 2) Your coinsurance percentage — the amount of the Recognized Charge that you need to pay — is higher.
- 3) You may have to pay the full amount of a provider’s charges that exceed the Recognized Charge.

*This brochure reflects the current administrative procedures for determining the Recognized Charge. Those procedures as well as the terms of the plan may change from time to time.

Recognized Charge for out-of-network doctors and other professionals

The Recognized Charge (also known as the “Reasonable and Customary charge,” or “R&C charge”) is a fee that is determined to be consistent with that of doctors, hospitals or other health providers for a given procedure in a given geographical area. If you go outside the network, we will conduct a detailed review of your claim and compare it to industry data to determine the Recognized Charge and how much you will need to pay.

To determine Recognized Charges for professionals, we first get information from FAIR Health, Inc. FAIR Health gathers data about health claims across the country and combines this information in databases that show doctor charges for just about any service in any ZIP code.

Then we calculate the portion the plan will pay. The 90th percentile is used to calculate how much to pay for out-of-network services. Payment at the 90th percentile means 90 percent of charges in the database are the same or less for that service in a particular ZIP code.

Sometimes what the plan pays is less than what your doctor charges. In that case, your doctor may require you to pay the difference.

We may consider other factors to determine what to pay if a service is unusual or not performed often in the doctor’s area. These factors can include the:

- Complexity of the service
- Degree of skill needed
- Doctor’s specialty
- Prevailing charge in other areas

Recognized Charge for out-of-network hospitals and facilities

The Recognized Charge (also known as the “Reasonable and Customary charge,” or “R&C charge”) is a fee that is determined to be consistent with that of doctors, hospitals or other health providers for a given procedure in a given geographical area. When you access care from an out-of-network provider, we determine the Recognized Charge for the service provided. For care provided by hospitals and other facilities, we review the services provided to determine the Recognized Charge for the service. We do this by comparing the services provided to generally accepted standards of medical practice, cost report information provided to government agencies and data submitted by commercial insurance carriers to external agencies for the relevant geographical area. Payment is based on the Recognized Charge, which may be less than the charge submitted by the provider. As part of this process, Aetna will request that the provider accept the Recognized Charge. If you do receive a bill from the provider for an amount above the Recognized Charge, please contact Member Services at **1-877-512-0363**. Since Aetna cannot guarantee a reduction in charges, you may be responsible for paying the remaining balance.

Your Plan has Out-of-Pocket Maximums, which limit the amounts you will pay in a Plan Year. The Out-of-Pocket Maximums include your Annual Deductible and the coinsurance amounts you pay after you meet your deductible. The Plan pays 100% of eligible expenses for the rest of the year once you reach your Out-of-Pocket Maximums. Amounts you pay above the Recognized Charge do NOT count toward the Out-of-Pocket Maximums.



Savings example*

Let's look at a couple of examples so you can see your network savings in action. These examples assume that you've already met your Annual Deductible.

Outpatient surgery for knee arthroscopy

	In-Network	Out-of-Network
Total billed charges from doctor and facility	\$29,375	\$29,375
Aetna adjusted rate	\$4,550 (negotiated rate)	\$18,200 (Recognized Charge)
Plan pays	\$3,640 (80% of negotiated rate)	\$12,740 (70% of Recognized Charge)
Your coinsurance	\$910 (20% of negotiated rate)	\$5,460 (30% of Recognized Charge)
Additional amount you may owe	\$0	\$11,175 (amount of total charge above Recognized Charge)
Total amount you pay	\$910	\$16,635 (amount over Recognized Charge plus coinsurance)

Outpatient dermatology office visit and skin biopsy

	In-Network	Out-of-Network
Total billed charges from doctor	\$500	\$500
Aetna adjusted rate	\$150 (negotiated rate)	\$300 (Recognized Charge)
Plan pays	\$120 (80% of negotiated rate)	\$210 (70% of Recognized Charge)
Your coinsurance	\$30 (20% of negotiated rate)	\$90 (30% of Recognized Charge)
Additional amount you may owe	\$0	\$200 (amount of total charge above Recognized Charge)
Total amount you pay	\$30	\$290 (amount over Recognized Charge plus coinsurance)

*This data is a representative sample taken from actual claims. Examples are for illustrative purposes only and will vary by provider and services received.

Know the cost before you go

Use your Aetna tools to compare costs for network providers near you: Visit WellMatch® on Aetna Navigator®, your secure member website. Log on at www.aetna.com and click on WellMatch in the left-hand menu. This website contains other information that may help you understand your costs and benefits.

It's also a good idea to submit a Pre-Determination of Medical Benefits form before you have a service performed to be sure the service is covered under your plan.

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