



Employee Health Plan(s)

Employee Health Plan ID Cards



Cleveland Clinic

Sample ID Cards 2024 — EHP & Under 65 Retiree

EHP

1 Cleveland Clinic
Employee Health Plan (EHP)

AL SAMPLE

2 ID W2834 50392-01
Issuer: (80840) 9140860054
GRP: 169570-010-00001

3 Aetna Select Open Access

	PCP	NO	CO-PAY
	\$		\$ 35.00
	\$		\$ 250.00
	\$		\$ 50.00

MEDICAL	INDIVIDUAL	FAMILY
	Tier 1	Tier 1
INN DED	N/A	N/A
INN OOP MAX	\$ 3950	\$ 7900
OOD DED	N/A	N/A
OOD OOP MAX	N/A	N/A

www.aetna.com PAYER NUMBER 60054 0048

MRI/CT copay: \$75
Inpatient copay: \$350, ER copay waived if admitted.

4 Inpatient requires precertification.
For all non-CCHS admissions, call 1-888-246-6648, option 2.

See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.

5 AETNA CONCIERGE 1-833-414-2331
PRECERTIFICATION 1-888-246-6648
PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM

Aetna Life Insurance Company
Submit Claims To:
PO BOX 981106
EL PASO TX 79998 1106

Cleveland Clinic
QualityAlliance

EHP
Retiree
Under
65

1 Cleveland Clinic
Employee Health Plan (EHP)
Retiree Under 65

BEN SAMPLE

2 ID W2834 50393-01
Issuer: (80840) 9140860054
GRP: 169570-010-00004

3 Aetna Select Open Access

	PCP	NO	CO-PAY
	\$		\$ 35.00
	\$		\$ 250.00
	\$		\$ 50.00

MEDICAL	INDIVIDUAL	FAMILY
	Tier 1	Tier 1
INN DED	N/A	N/A
INN OOP MAX	\$ 3950	\$ 7900
OOD DED	N/A	N/A
OOD OOP MAX	N/A	N/A

www.aetna.com PAYER NUMBER 60054 0048

MRI/CT copay: \$75
Inpatient copay: \$350, ER copay waived if admitted.

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PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM

Aetna Life Insurance Company
Submit Claims To:
PO BOX 981106
EL PASO TX 79998 1106

Cleveland Clinic
QualityAlliance

Sample Health Plan ID Card Legend

- 1** Name of enrolled medical plan, i.e. "EHP or EHP Plus"
- 2** Member ID which begins with a "W", each member will receive their own health plan ID card
- 3** Co-payment member is responsible to pay
- 4** Non CCHS inpatient admission notification
- 5** Provider directory to create your personal account on Aetna website

Cleveland Clinic

Sample ID Cards 2024 — EHP Plus & Under 65 Retiree

EHP Plus

1 **aetna** **Cleveland Clinic**
Employee Health Plan Plus (EHP Plus)

DAVID SAMPLE

2 ID W2834 50399-01
Issuer (80840) 9140860054
GRP: 169570-022-00001

3 Aetna Select Open Access

	PCP	NO	COPY
	SPC	\$	35.00
	ER	\$	250.00
	UC	\$	50.00

	MEDICAL	INDIVIDUAL	FAMILY
		Tier 1	Tier 1
		N/A	N/A
	INN DED	\$ 3950	\$ 7900
	INN OOP MAX	N/A	N/A
	OON DED	N/A	N/A
	OON OOP MAX	N/A	N/A

www.aetna.com PAYER NUMBER 60054 0048

MRI/CT copay: \$75
Inpatient copay: \$350, ER copay waived if admitted.
Inpatient requires precertification.
ER admissions: Notification requested for all admissions to non-CCHS Hospitals from ER within 2 business days.
Call: 1-888-246-6648, option 2.
See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.

4

5 AETNA CONCIERGE
PRECERTIFICATION
PROVIDER SERVICES
PROVIDER DIRECTORY

1-833-414-2331
1-888-246-6648
1-888-632-3862
AETNA.COM

Aetna Life Insurance Company
Submit Claims To:
PO BOX 981106
EL PASO TX 79998 1106

Cleveland Clinic
QualityAlliance

EHP Plus Under 65 Retiree

1 **aetna** **Cleveland Clinic**
Employee Health Plan Plus (EHP Plus)
Retiree Under 65

EARL SAMPLE

2 ID W2834 50400-01
Issuer (80840) 9140860054
GRP: 169570-022-00004

3 Aetna Select Open Access

	PCP	NO	COPY
	SPC	\$	35.00
	ER	\$	250.00
	UC	\$	50.00

	MEDICAL	INDIVIDUAL	FAMILY
		Tier 1	Tier 1
		N/A	N/A
	INN DED	\$ 3950	\$ 7900
	INN OOP MAX	N/A	N/A
	OON DED	N/A	N/A
	OON OOP MAX	N/A	N/A

www.aetna.com PAYER NUMBER 60054 0048

MRI/CT copay: \$75
Inpatient copay: \$350, ER copay waived if admitted.
Inpatient requires precertification.
ER admissions: Notification requested for all admissions to non-CCHS Hospitals from ER within 2 business days.
Call: 1-888-246-6648, option 2.
See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.

4

5 AETNA CONCIERGE
PRECERTIFICATION
PROVIDER SERVICES
PROVIDER DIRECTORY

1-833-414-2331
1-888-246-6648
1-888-632-3862
AETNA.COM

Aetna Life Insurance Company
Submit Claims To:
PO BOX 981106
EL PASO TX 79998 1106

Cleveland Clinic
QualityAlliance



Sample Health Plan ID Card Legend

- 1** Name of enrolled medical plan, i.e. "EHP or EHP Plus"
- 2** Member ID which begins with a "W", each member will receive their own health plan ID card
- 3** Co-payment member is responsible to pay
- 4** Non CCHS inpatient admission notification
- 5** Provider directory to create your personal account on Aetna website

Cleveland Clinic

Sample ID Cards 2024 — EHP & EHP Plus Over 65 Retiree

EHP
Over
65
Retiree

1   Cleveland Clinic
Employee Health Plan (EHP)
Retiree 65 and Over

CHARLES SAMPLE

Aetna Select Open Access


2 ID W2834 50394-01
Issuer (80840) 9140860054
GRP: 169570-010-00005

MEDICAL	INDIVIDUAL	FAMILY
	Tier 1	Tier 1
INN DED	N/A	N/A
INN OOP MAX	\$ 3950	\$ 7900
OON DED	N/A	N/A
OON OOP MAX	N/A	N/A



www.aetna.com PAYER NUMBER 60054 0048

See your plan documents for all plan requirements.
In an emergency, seek care immediately or call 911. **3**
This card does not guarantee coverage.

AETNA CONCIERGE 1-833-414-2331
PRECERTIFICATION 1-888-246-6648
PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM **4**

Aetna Life Insurance Company
Submit Claims To:
PO BOX 981106 TX 79998 1106  Cleveland Clinic
QualityAlliance

EHP
Plus
Over 65
Retiree

1   Cleveland Clinic
Employee Health Plan Plus (EHP Plus)
Retiree 65 and Over

FRAN SAMPLE

Aetna Select Open Access


2 ID W2834 50401-01
Issuer (80840) 9140860054
GRP: 169570-022-00005

MEDICAL	INDIVIDUAL	FAMILY
	Tier 1	Tier 1
INN DED	N/A	N/A
INN OOP MAX	\$ 3950	\$ 7900
OON DED	N/A	N/A
OON OOP MAX	N/A	N/A

www.aetna.com PAYER NUMBER 60054 0048

See your plan documents for all plan requirements.
In an emergency, seek care immediately or call 911. **3**
This card does not guarantee coverage.

AETNA CONCIERGE 1-833-414-2331
PRECERTIFICATION 1-888-246-6648
PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM **4**

Aetna Life Insurance Company
Submit Claims To:
PO BOX 981106 TX 79998 1106  Cleveland Clinic
QualityAlliance

Sample Health Plan ID Card Legend

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Cleveland Clinic Sample ID Cards 2024

Main Campus Residents/Fellows Weston Residents/Fellows Martin Hospital Retiree Under 65

EHP
FL/OH Main
Campus
Residents &
Fellows

Martin Hospital
Retiree Under 65

1 Cleveland Clinic
Employee Health Plan (EHP)
FL/OH Main Resident/Fellow
Martin Hospital Retiree under-65

GAIL SAMPLE

2 ID W2834 50402-01
Issuer (80840) 9140860054
GRP: 169570-021-00003

Aetna Select Open Access

MEDICAL	INDIVIDUAL		FAMILY	
	Tier 1	Tier 2	Tier 1	Tier 2
INN DED	N/A	\$ 500	N/A	\$ 1500
INN OOP MAX	\$ 3950	\$ 4750	\$ 7900	\$ 9500
OON DED	N/A		N/A	
OON OOP MAX	N/A		N/A	

www.aetna.com **3** PAYER NUMBER 60054 0048

Copays	PCP/Virtual	SPC	MRI/CT	UC	ER
Tier 1 CCHS OA	\$0	\$35	\$75	\$50	\$250
Tier 2 Aetna Select OA	\$25	\$50	\$75	\$50	\$250

Inpatient Tier 1 copay \$350. ER copay waived if admitted
ER admissions: Notification requested for all admissions to non-CCHS Hospitals from ER within 2 business days.
Call: 1-888-246-6648, option 2. Inpatient requires precert. See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.

4

AETNA CONCIERGE 1-833-414-2331
PRECERTIFICATION 1-888-246-6648
PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY **5** AETNA.COM

Aetna Life Insurance Company
Submit Claims To: Cleveland Clinic
PO BOX 981106 EL PASO TX 79998 1106

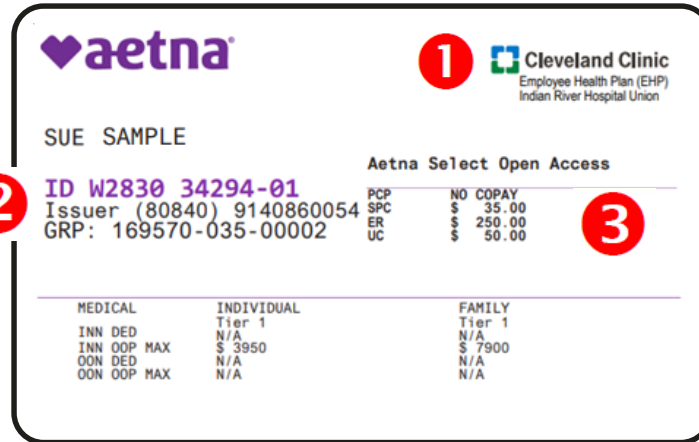
Sample Health Plan ID Card Legend



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- 2** Member ID which begins with a "W", each member will receive their own health plan ID card
- 3** Co-payment member is responsible to pay
- 4** Non CCHS inpatient admission notification
- 5** Provider directory to create your personal account on Aetna website

Cleveland Clinic

Sample ID Cards 2024 — EHP & EHP Plus Indian River Hospital Union

EHP
Indian River
Hospital
Union



1   Cleveland Clinic
Employee Health Plan (EHP)
Indian River Hospital Union

SUE SAMPLE

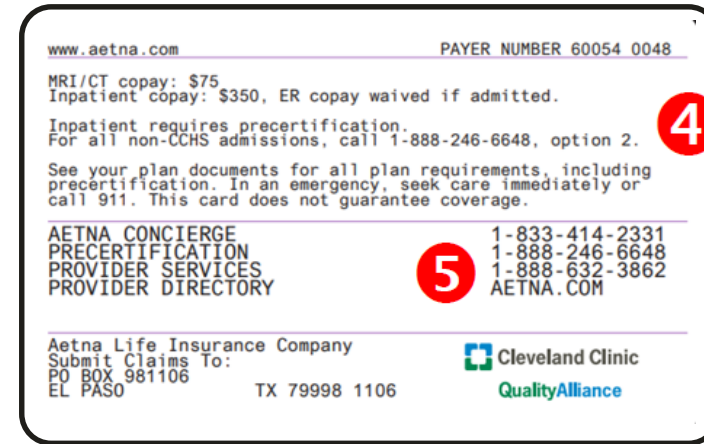
2 ID W2830 34294-01

Issuer (80840) 9140860054
GRP: 169570-035-00002

3 Aetna Select Open Access

	NO	COPY
PCP	\$	35.00
SPC	\$	250.00
ER	\$	50.00
UC	\$	50.00

MEDICAL	INDIVIDUAL	FAMILY
INN DED	Tier 1	Tier 1
INN OOP MAX	N/A	N/A
OOB DED	\$ 3950	\$ 7900
OOB OOP MAX	N/A	N/A



www.aetna.com PAYER NUMBER 60054 0048


MRI/CT copay: \$75
Inpatient copay: \$350, ER copay waived if admitted.

4 Inpatient requires precertification.
For all non-CCHS admissions, call 1-888-246-6648, option 2.

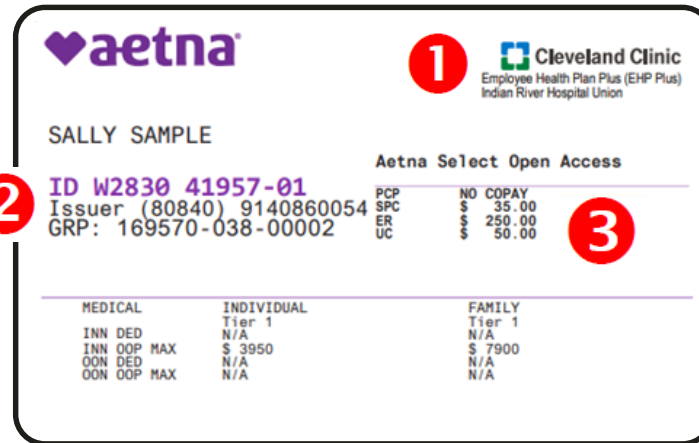
See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.



5 AETNA CONCIERGE 1-833-414-2331
PRECERTIFICATION 1-888-246-6648
PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM

Aetna Life Insurance Company
Submit Claims To:
PO BOX 981106 TX 79998 1106
EL PASO

 Cleveland Clinic
QualityAlliance

EHP Plus
Indian River
Hospital
Union



1   Cleveland Clinic
Employee Health Plan Plus (EHP Plus)
Indian River Hospital Union

SALLY SAMPLE

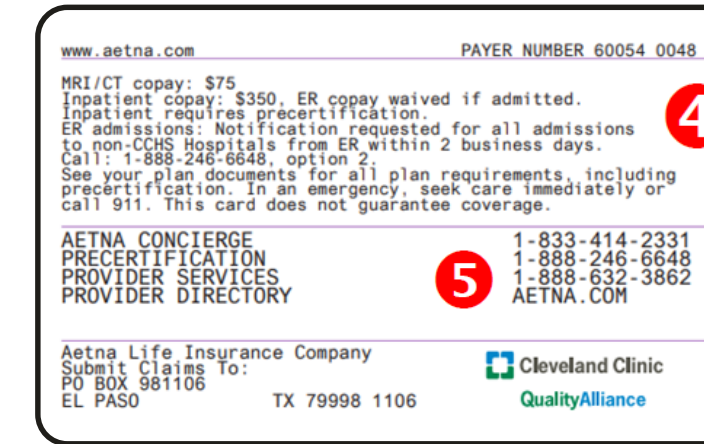
2 ID W2830 41957-01

Issuer (80840) 9140860054
GRP: 169570-038-00002

3 Aetna Select Open Access

	NO	COPY
PCP	\$	35.00
SPC	\$	250.00
ER	\$	50.00
UC	\$	50.00

MEDICAL	INDIVIDUAL	FAMILY
INN DED	Tier 1	Tier 1
INN OOP MAX	N/A	N/A
OOB DED	\$ 3950	\$ 7900
OOB OOP MAX	N/A	N/A




www.aetna.com PAYER NUMBER 60054 0048

MRI/CT copay: \$75
Inpatient copay: \$350, ER copay waived if admitted.
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PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM

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Submit Claims To:
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EL PASO

 Cleveland Clinic
QualityAlliance

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Cleveland Clinic

Sample ID Cards 2024 — EHP & EHP Plus Union Hospital ONA

EHP
Union
Hospital
ONA

1 **1** Cleveland Clinic
Employee Health Plan (EHP)
Union Hospital ONA

BOB SAMPLE

2 ID W2830 27430-01
Issuer (80840) 9140860054
GRP: 169570-046-00001

Aetna Select Open Access

	PCP	NO	COPAY	3
	SPC	\$	35.00	
	ER	\$	250.00	
	UC	\$	50.00	

MEDICAL	INDIVIDUAL	FAMILY
INN DED	Tier 1	Tier 1
INN OOP MAX	N/A	N/A
OOD DED	\$ 3950	\$ 7900
OOD OOP MAX	N/A	N/A

Aetna Life Insurance Company
Submit Claims To:
PO BOX 981106
EL PASO TX 79998 1106

Cleveland Clinic
QualityAlliance

www.aetna.com PAYER NUMBER 60054 0048

MRI/CT copay: \$75
Inpatient copay: \$350, ER copay waived if admitted. **4**

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PROVIDER DIRECTORY AETNA.COM **5**

Aetna Life Insurance Company
Submit Claims To:
PO BOX 981106
EL PASO TX 79998 1106

Cleveland Clinic
QualityAlliance

EHP Plus
Union
Hospital
ONA

1 **1** Cleveland Clinic
Employee Health Plan Plus (EHP Plus)
Union Hospital ONA

BILL SAMPLE

2 ID W2828 07711-01
Issuer (80840) 9140860054
GRP: 169570-047-00002

Aetna Select Open Access

	PCP	NO	COPAY	3
	SPC	\$	35.00	
	ER	\$	250.00	
	UC	\$	50.00	

MEDICAL	INDIVIDUAL	FAMILY
INN DED	Tier 1	Tier 1
INN OOP MAX	N/A	N/A
OOD DED	\$ 3950	\$ 7900
OOD OOP MAX	N/A	N/A

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PO BOX 981106
EL PASO TX 79998 1106

Cleveland Clinic
QualityAlliance

www.aetna.com PAYER NUMBER 60054 0048

MRI/CT copay: \$75
Inpatient copay: \$350, ER copay waived if admitted. **4**

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PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM **5**

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Submit Claims To:
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EL PASO TX 79998 1106

Cleveland Clinic
QualityAlliance

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