

# Employee Health Plan ID Cards




# Cleveland Clinic Mercy Hospital

## Sample ID Cards 2023 — EHP & EHP Plus

EHP

2



**1**



Employee Health Plan (EHP)

Sample Member

Aetna Select Open Access

<b>ID W</b>	<b>PCP</b> NO COPAY
Issuer (80840) 9140860054	SPC \$ 35.00
GRP: 169570-010-00001	ER \$ 250.00
	UC \$ 50.00

**3**

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

PAYER NUMBER 60054 0048

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

Inpatient requires precertification. For all non-CCHS admissions call transport line at 1-866-721-9803.

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**

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<b>AETNA CONCIERGE</b> <b>PRECERTIFICATION</b> <b>PROVIDER SERVICES</b> <b>PROVIDER DIRECTORY</b>	<b>5</b> 1-833-414-2331 1-888-246-6648 1-888-632-3862 AETNA.COM
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Aetna Life Insurance Company  
Submit Claims To:  
PO BOX 981106  
EL PASO TX 79998 1106




**Cleveland Clinic**  
QualityAlliance

EHP Plus

2



**1**



Employee Health Plan Plus (EHP Plus)

BRIAN SAMPLE

Aetna Select Open Access

<b>ID W</b>	<b>PCP</b> NO COPAY
Issuer (80840) 9140860054	SPC \$ 35.00
GRP: 169570-030-00001	ER \$ 250.00
	UC \$ 50.00

**3**

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

PAYER NUMBER 60054 0048

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

ER admissions: Notification required for all admissions to non-CCHS Hospitals from ER within 2 business days.  
Call: 1-888-246-6648

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**

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<b>AETNA CONCIERGE</b> <b>PRECERTIFICATION</b> <b>PROVIDER SERVICES</b> <b>PROVIDER DIRECTORY</b>	<b>5</b> 1-833-414-2331 1-888-246-6648 1-888-632-3862 AETNA.COM
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Aetna Life Insurance Company  
Submit Claims To:  
PO BOX 981106  
EL PASO TX 79998 1106



**Cleveland Clinic**  
QualityAlliance

### Sample Health Plan ID Card Legend

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| <ul style="list-style-type: none"> <li><b>1</b> Name of enrolled medical plan, i.e. "EHP or EHP Plus"</li> <li><b>2</b> Member ID which begins with a "W", each member will receive their own health plan ID card</li> <li><b>3</b> Co-payment member is responsible to pay</li> </ul> | <ul style="list-style-type: none"> <li><b>4</b> Non CCHS inpatient admission notification</li> <li><b>5</b> Provider directory to create your personal account on Aetna website</li> </ul> |
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