





Cleveland Clinic

Sample ID Cards 2022 — EHP & Under 65 Retiree

EHP

EMPLOYEE HEALTH PLAN (EHP) **1**

GRP: 169570 -010 -00001
 Issuer (80840) 9140860054

Aetna Select Open Access

2 ID W2681 57237-01

NAME
 JENNIFER Q SAMPLECARD

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

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 . **4**



Provider directory: Aetna.com
 Provider services: 1 - 888 - 632 - 3862 **5**

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
 PO BOX 981106
 EL PASO TX 79998-1106

AETNA CONCIERGE 1 - 833 - 414 - 2331
 PRECERTIFICATION 1 - 888 - 246 - 6648

EHP
 Retiree
 Under 65

EMPLOYEE HEALTH PLAN
 RETIREE UNDER 65 **1**

GRP: 169570 -010 -00004
 Issuer (80840) 9140860054

Aetna Select Open Access

2 ID W2681 57237-01

NAME
 JENNIFER Q SAMPLECARD

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

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 . **4**

Provider directory: Aetna.com
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Aetna Life Insurance Company
 PO BOX 981106
 EL PASO TX 79998-1106

AETNA CONCIERGE 1 - 833 - 414 - 2331
 PRECERTIFICATION 1 - 888 - 246 - 6648

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 2022 — EHP Plus & Under 65 Retiree

EHP Plus

aetna™

EMPLOYEE HEALTH PLAN PLUS (EHP PLUS) **1**
 GRP: 169570-010-00001
 Issuer (80840) 9140860054
ID W2681 57237-01
 NAME
 JENNIFER Q SAMPLECARD

Aetna Select Open Access

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

Cleveland Clinic
QualityAlliance

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 transport line at 1 - 866 - 721 - 9803 .

Provider directory: Aetna.com
 Provider services: 1 - 888 - 632 - 3862 **5**

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
 PO BOX 981106
 EL PASO TX 79998-1106

AETNA CONCIERGE 1 - 833 - 414 - 2331
 PRECERTIFICATION 1 - 888 - 246 - 6648

EHP Plus Under 65 Retiree

aetna™

EMPLOYEE HEALTH PLAN PLUS RETIREE UNDER 65 **1**
 GRP: 169570-010-00004
 Issuer (80840) 9140860054
ID W2681 57440-01
 NAME
 JENNIFER Q SAMPLECARD

Aetna Select Open Access

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

Cleveland Clinic
QualityAlliance

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 transport line at 1 - 866 - 721 - 9803 .

Provider directory: Aetna.com
 Provider services: 1 - 888 - 632 - 3862 **5**

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Aetna Life Insurance Company
 PO BOX 981106
 EL PASO TX 79998-1106

AETNA CONCIERGE 1 - 833 - 414 - 2331
 PRECERTIFICATION 1 - 888 - 246 - 6648

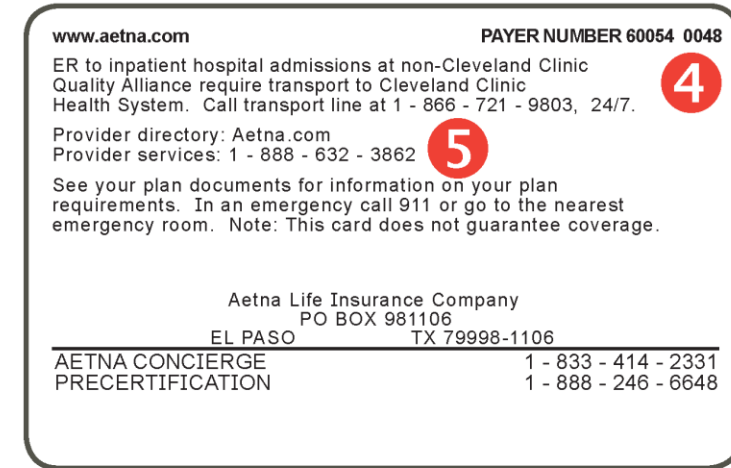
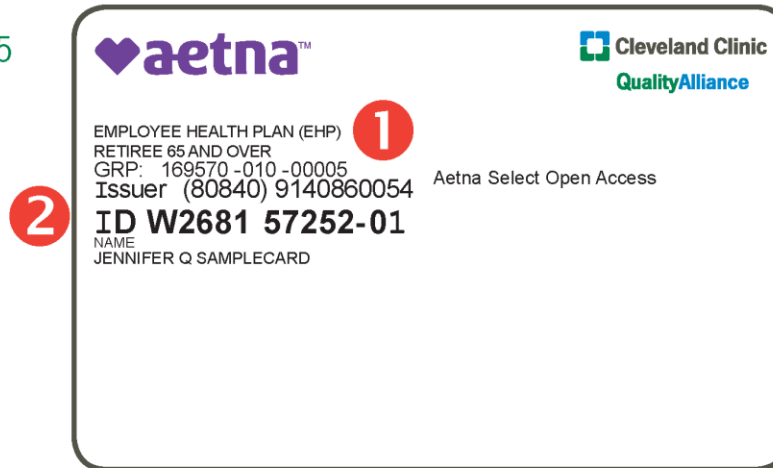
Sample Health Plan ID Card Legend

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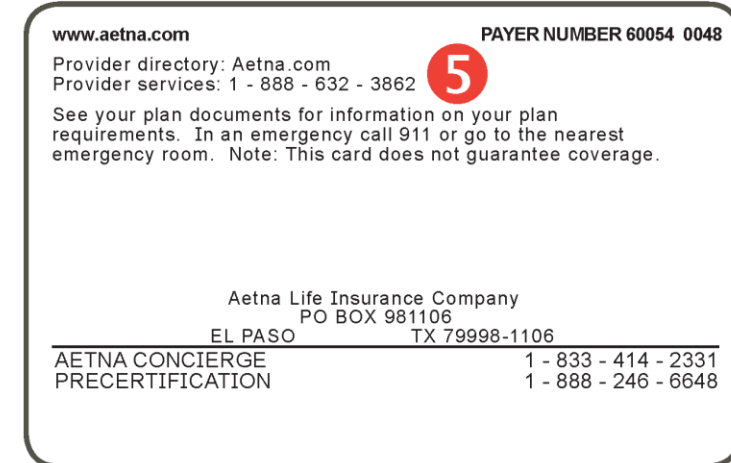
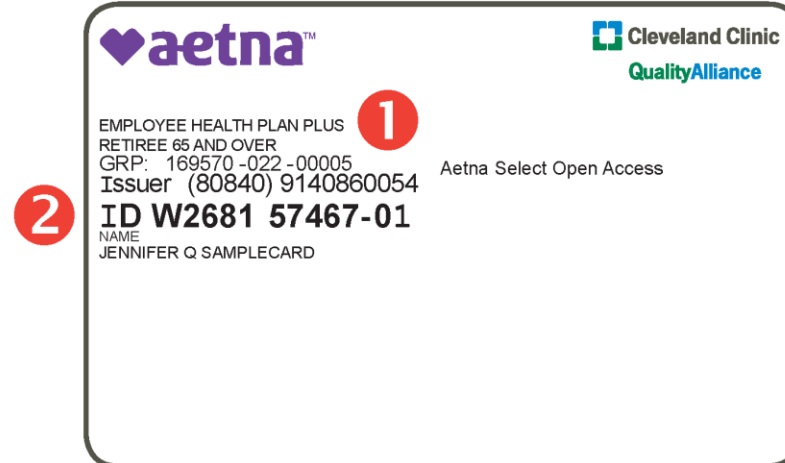
Cleveland Clinic

Sample ID Cards 2022 — EHP & EHP Plus Over 65 Retiree

EHP Over 65
Retiree



EHP Plus
Over 65
Retiree



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 2022 — ONA

EHP ONA Employee Card




EMPLOYEE HEALTH PLAN (EHP) 1

ONA

GRP: 169570-021-00001

Issuer (80840) 9140860054

ID W2685 87956-02

NAME

JENNIFER Q SAMPLECARD

Aetna Select Open Access

www.aetna.com

PAYER NUMBER 60054 0048

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

Inpatient Tier 1 copay \$350, ER copay waived if admitted.

Notification required for non-CCHS hospital admissions. If this is within 50 miles of CCHS hospital call 1 - 866 - 721 - 9803. 4

Provider directory: Aetna.com



Provider services: 1 - 888 - 632 - 3862 5

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
PO BOX 981106
EL PASO TX 79998-1106

AETNA CONCIERGE	1 - 833 - 414 - 2331
PRECERTIFICATION	1 - 888 - 246 - 6648

EHP ONA Dependent Card

EMPLOYEE HEALTH PLAN (EHP) 1

ONA

GRP: 169570-021-00001

Issuer (80840) 9140860054

ID W2685 87956-02

NAME

DANIEL T SAMPLECARD

Aetna Select Open Access

www.aetna.com

PAYER NUMBER 60054 0048

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

Inpatient Tier 1 copay \$350, ER copay waived if admitted.

Notification required for non-CCHS hospital admissions. If this is within 50 miles of CCHS hospital call 1 - 866 - 721 - 9803. 4

Provider directory: Aetna.com

Provider services: 1 - 888 - 632 - 3862 5

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
PO BOX 981106
EL PASO TX 79998-1106

AETNA CONCIERGE	1 - 833 - 414 - 2331
PRECERTIFICATION	1 - 888 - 246 - 6648



Sample Health Plan ID Card Legend

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

Cleveland Clinic

Sample ID Cards 2022 — Residents/Fellows & USW

EHP
Residents/
Fellows

EMPLOYEE HEALTH PLAN (EHP) 1
 MAIN CAMPUS RESIDENT FELLOW
 GRP: 169570 -021 -00003
 Issuer (80840) 9140860054
ID W2685 87978-01
NAME
 JENNIFER Q SAMPLECARD

Aetna Select Open Access

2

www.aetna.com

PAYER NUMBER 60054 0048

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

Inpatient Tier 1 copay \$350, ER copay waived if admitted.

Notification required for non-CCHS hospital admissions. If this is within 50 miles of CCHS hospital call 1 - 866 - 721 - 9803. 4



Provider directory: Aetna.com
 Provider services: 1 - 888 - 632 - 3862 5

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
 PO BOX 981106
 EL PASO TX 79998-1106

AETNA CONCIERGE	1 - 833 - 414 - 2331
PRECERTIFICATION	1 - 888 - 246 - 6648

EHP USW

EMPLOYEE HEALTH PLAN (EHP) 1
 USW
 GRP: 169570 -021 -00003
 Issuer (80840) 9140860054
ID W2685 87974-01
NAME
 JENNIFER Q SAMPLECARD

Aetna Select Open Access

2

www.aetna.com

PAYER NUMBER 60054 0048

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

Inpatient Tier 1 copay \$250, ER copay waived if admitted.

Notification required for non-CCHS hospital admissions. If this is within 50 miles of CCHS hospital call 1 - 866 - 721 - 9803. 4

Provider directory: Aetna.com
 Provider services: 1 - 888 - 632 - 3862 5

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
 PO BOX 981106
 EL PASO TX 79998-1106

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Sample Health Plan ID Card Legend

- | | |
|--|---|
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|--|---|