



Sample Employee Health Plan ID Card

ID Card Legend

- 1 Name of enrolled medical plan, e.g., EHP or EHP Plus.
- 2 Member ID, which begins with a "W." Each member will receive their own health plan ID card and member ID.
- 3 Copay the member is responsible to pay (if applicable).
- 4 In-Network and Out-of-Network deductibles (if applicable); Plan In-Network and Out-of-Network Maximum Out-of-Pocket limit (if applicable).
- 5 Non-Cleveland Clinic health system inpatient admission notification.
- 6 Important contact information and member account log-in/provider directory on Aetna website.



 **Cleveland Clinic**
Employee Health Plan (EHP)

Aetna Select Open Access

PAYER NUMBER 60054 0048
GRP: 169570-042-00001

ID W2961 91468-01
BILL TEST

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

MEDICAL INDIVIDUAL Tier 1	FAMILY Tier 1
INN DED \$ 250	INN DED \$ 500
INN OOP MAX \$ 3950	INN OOP MAX \$ 7900
OON DED N/A	OON DED N/A
OON OOP MAX N/A	OON OOP MAX N/A

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


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

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.

AETNA CONCIERGE
PRECERTIFICATION
PROVIDER SERVICES
PROVIDER DIRECTORY

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

 **Cleveland Clinic**
QualityAlliance

www.aetna.com