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**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
INN DED	\$ 250	
INN OOP MAX	\$ 3950	
OON DED	N/A	
OON OOP MAX	N/A	

FAMILY	Tier 1
	\$ 500
	\$ 7900
	N/A
	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**

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

www.aetna.com


**Cleveland Clinic**  
**QualityAlliance**

## 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.