



Health care 101

Understanding your choices just got easier

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

[Aetna.com](https://www.aetna.com)

1120516-01-01 (6/22)





Medical plans, plain and simple

If you find health insurance terms to be confusing, you're not alone. That's why we made this handy guide. No more jargon or complicated descriptions. Just straightforward explanations about plans, payments and easy ways to save.

Types of health plans

Knowing the differences between these common plans is your first step. This will help you feel confident about choosing the plan that’s right for you. Keep in mind, your actual plan may vary from the descriptions below.



Covered doesn’t mean free. A covered health care service is one that your plan recognizes. Your plan only pays for this service after you’ve met the deductible, coinsurance or copay.

A referral is like a permission slip from your primary care physician (PCP) to see a specialist or another provider. Many doctors can send referrals electronically.

Network providers participate in our network. And they offer special lower rates for our members.

	Preferred provider organization (PPO) * Aetna Student Health Plan	High-deductible health plan (HDHP)	Health maintenance organization (HMO)
Your contributions	▲ Usually higher than HDHPs and HMOs	▼ Usually lower than PPOs and HMOs	▼ Usually lower than PPOs
Deductible	▼ Lower than HDHPs	▲ Higher than PPOs and HMOs	▼ Lower than HDHPs
Primary care physician (PCP)*	You usually don’t need to pick a PCP	☑ Depends if plan is a PPO or HMO	☑ You must pick a PCP and coordinate your care through them
Referrals	You may see any licensed doctor without a referral	📄 Depends if plan is a PPO or HMO	📄 You’ll need a referral from your PCP to see other doctors and specialists
Out-of-network coverage	💰 You’re covered outside the network, but you’ll usually pay more	💰 You’re covered outside the network, but you’ll usually pay more	⊗ You’re not covered outside the network, except for emergency care**

*In Texas, PCP is known as physician (primary care). In the state of Washington, PCP refers to primary care provider. In Missouri, you do not have to choose a PCP on a PPO plan.

**For HMO products in Missouri, you are also covered for two mental health visits.

Paying for care

An overview of terms

PROCESSING



Claims

Claims are requests for your plan to pay for services you receive. We use these to check what your plan will cover and the amount we'll pay. You can find updated status and amounts billed for your claim on your member website or the Aetna HealthSM app.



Provider bills

Bills show the amount you actually owe for services. You'll get this from your provider. You can make payments for what you owe directly to your provider or through the "Pay Your Provider" link on each of your claims.



Explanation of Benefits (EOB) statements

An Explanation of Benefits, or EOB, statement shows a breakdown of how we process your claims. It is not a bill and may not show the current balance you owe. Anytime something changes with your claim, you'll get a new statement.



Coordination of benefits

Some members have health coverage under more than one health plan. When this happens, we work with the other carriers to decide which plan pays first and which plan pays second, based on the rules in your plan documents. We call this process "coordination of benefits," or COB.

YOU PAY



Deductible

Each year, you pay 100% of your covered expenses until you meet your deductible amount.

For most plans, eligible preventive care is covered at 100% with no deductible when you use network providers.

YOU + THE PLAN PAY



Cost sharing

Once you meet your deductible, you share the cost with the plan. Your share may be in the form of coinsurance and/or copayments (also called copays).

Coinsurance

A fixed percentage. For example, if your care is \$100 and your coinsurance is 20%, you pay \$20.

Copay

A fixed dollar amount. For example, you may pay \$25 per doctor office visit.

THE PLAN PAYS



Out-of-pocket maximum

The maximum you pay each year for covered expenses. Once you hit your maximum, the plan pays 100% of covered expenses for the rest of the year. Copays/deductibles may accumulate towards meeting the maximum out of pocket expenses for your plan.

In-network care

Who pays for what



Visit your doctor and show your ID card.



There's no need to pay at your visit unless you have a copay.

(Out of network, you may need to pay the full amount at your visit.)



Your doctor files your claim.
(Out of network, you file your own claims.)

The plan pays



The plan pays your doctor any amount it owes based on the negotiated rate.

(Out of network, the plan pays you back what it owes, up to the "reasonable and customary" limit.)



Your doctor bills you for any amount you owe.

5 ways to save

1 Stay in the network

In-network doctors, labs, hospitals and other health care providers charge lower, negotiated rates. Plus, your coinsurance is lower. You can use the provider search tool at [Aetna.com](https://www.aetna.com) to find network providers.

2 Get preventive care

Keep up with preventive services to catch any problems early. You pay nothing as long as you stay in the network.

3 Pay less for prescriptions

Generic drugs can be just as effective as name-brand, and they usually cost less. If your plan offers mail order pharmacy benefits you can also save by using your plan's home delivery service for regular prescriptions.

4 Compare costs before you go

Use your cost-of-care tools to compare costs before you go to the doctor.

5 Use the ER for emergencies only

Visit an urgent care center or walk in clinic for non life threatening medical issues.





Know more, get more.

Now you know how health plans work.
So you can choose confidently and
use yours wisely — all year long.

This material is for information only. It does not contain legal or tax advice. You should contact your legal counsel or your tax adviser if you have any questions or if you need additional information. Providers are independent contractors and are not agents of Aetna®. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Health benefits and health insurance plans contain exclusions and limitations. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions. Refer to **Aetna.com** for more information about Aetna® plans. Refer to **PayFlex.com** for more information about PayFlex®.

[Aetna.com](https://www.aetna.com)

©2022 Aetna Inc.
1120516-01-01 (6/22)

