



Soar high

Aetna's provider network

Reach more savings with network providers

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How to get the care you need at a lower price

Take a look at the examples of network savings

Remember these are for example purposes only. They're based on the following Aetna® health benefits and insurance plan features:

What your plan pays (plan coinsurance)	
80% in network	60% out of network
What you pay (your coinsurance)	
20% in network	40% out of network
Out-of-pocket maximum	
\$4,000	The maximum amount you have to pay out of your pocket each year

These examples also assume you've already met your deductible. That is the fixed amount you must pay for covered services before your plan starts paying.

You'll also notice something called a "recognized amount." We pay based on the recognized amount/charge when you get care outside the plan's network. This is described in your benefits plan.

With out-of-network providers, you may have to pay the difference between the provider's bill and the recognized amount/charge. As the examples show, that difference can be large. And that additional amount does not count toward your out-of-pocket maximum.*

Example 1: office visit

You've been getting care for an ongoing condition from an out-of-network specialist. You're thinking about switching to a network specialist. This example shows what you may save if you switch.

Office visit benefits details	In network	Out of network
Doctor bill		
Amount billed	\$150	\$150
Amount Aetna uses to calculate payment		
In-network rate**	\$90**	
Recognized amount*** out of network		\$90***
What your plan pays		
Negotiated rate/recognized amount	\$90	\$90
Percentage your plan pays	80%	60%
Negotiated rate/recognized amount covered under plan	\$72**	\$54***
What you owe		
Your coinsurance responsibility	\$18	\$36
Amount that can be balance billed to you	\$0	\$60
Your total responsibility		
	\$18†	\$96†

*The deductible and coinsurance you owe over the course of the year count toward your out-of-pocket maximum. However, anything you owe an out-of-network provider that is above the plan's recognized amount doesn't count. In other words, anything you owe to settle a balance bill won't count toward your out-of-pocket maximum.

**Doctors, hospitals and other health care providers in Aetna's network accept our payment rate and agree that you owe only your deductible and coinsurance. You also may owe a copay. Individual providers may have different negotiated rates with Aetna.

***When you go out of network, Aetna determines a recognized amount. You may be responsible for the difference between the billed amount and the recognized amount. Also, your plan may instead call the recognized amount the recognized charge. In some examples, we've assumed that the recognized amount and the negotiated rate are the same. Actual amounts will vary.

Example 2: outpatient surgery

You need outpatient surgery for a simple procedure. You're deciding if you will have it done by a doctor in your plan's network. This example gives you an idea of how much you might owe depending on your choice.

Outpatient surgery benefits details	In network	Out of network
Surgery bill^{††}		
Amount billed	\$2,000	\$2,000
Amount Aetna uses to calculate payment		
In-network rate ^{**}	\$600 ^{**}	
Recognized amount ^{***} out of network		\$1,600 ^{***}
What your plan pays		
Negotiated rate/recognized amount	\$600	\$1,600
Percentage your plan pays	80%	60%
Negotiated rate/recognized amount covered under plan	\$480 ^{**}	\$960 ^{***}
What you owe		
Your coinsurance responsibility	\$120	\$640
Amount that can be balance billed to you	\$0	\$400
Your total responsibility		
	\$120[†]	\$1,040[†]

Example 3: a five-day hospital stay

You need to go to the hospital, but it is not an emergency. It turns out that you have to stay in the hospital for five days. This example gives you an idea of how much you might owe to the hospital. This depends on whether it is in your plan's network.

Hospital stay benefits details	In network	Out of network
Hospital bill		
Amount billed	\$25,000	\$25,000
Amount Aetna uses to calculate payment		
In-network rate ^{**}	\$8,750 ^{**}	
Recognized amount ^{***} out of network		\$8,750 ^{***}
What your plan pays		
Negotiated rate/recognized amount	\$8,750	\$8,750
Percentage your plan pays	80%	60%
Negotiated rate/recognized amount covered under plan	\$7,000 ^{**}	\$5,250 ^{***}
What you owe		
Your coinsurance responsibility	\$1,750	\$3,500
Amount that can be balance billed to you	\$0	\$16,250
Your total responsibility		
	\$1,750[†]	\$19,750[†]

[†]Most plans cap out-of-pocket costs for covered services. The deductible and coinsurance you owe count toward that cap. But when you go out of network, the difference between the provider's bill and the recognized amount doesn't count toward that cap.

^{††}You also may be responsible for a portion of fees charged by the facility in which the surgery takes place. The figures in the example do not include those facility fees.

Go in network and save

Want to pay less? Check out our online provider directory to find in-network doctors and hospitals.

Also visit your member website for more plan details.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. 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. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **aetna.com**.

Policy forms issued in Oklahoma include: HMO OK POS RIDER 08/07, GR-23 and/or GR-29N.

Policy forms issued in Idaho by Aetna Life Insurance Company include: GR-9/GR-9N, GR-23, GR-29/GR-29N, AL HGrpPol 04, AL SG HGrpPol 03.

Policy forms issued in Idaho by Aetna Health of Utah Inc. include: HI HGrpAg 04, HI SG HGrpAg 03.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HO HGrpPol 01, HI HGrpAg 01.

