

Save money with Aetna’s provider network

By using health care providers in Aetna’s network, you can take advantage of the significant discounts we have negotiated to help lower your out-of-pocket costs for medically necessary care. This can help you get the care you need at a lower price.

Let’s look at some examples, so you can see your network savings in action.

These examples are based on the following Aetna health benefits and insurance plan features and assume you’ve already met your deductible (the fixed amount that you must pay for covered medical services before your plan will pay benefits):

What your plan pays (plan coinsurance):

80% in network/60% out of network

What you pay (coinsurance):

20% in network/40% out of network

Your out-of-pocket maximum: \$4,000

Important Additional Information about the “recognized amount”:

When you receive services from a provider who is not in Aetna’s network, Aetna pays based on what the plan calls the recognized amount/charge. This is described in your benefit plan. In these examples, if you use a health care provider who is not in Aetna’s network, you may be responsible for the entire difference between what the provider bills and the recognized amount/charge. As the examples show, that difference can be large.

Example 1: Office visit

You have been getting care for an ongoing condition from a specialist who is not in Aetna’s network. You are thinking about switching to a specialist in Aetna’s network. This example illustrates what you may save if you switch.

		In network	Out of network
Doctor bill	Amount billed	\$150	\$150
Amount Aetna uses to calculate payment	Aetna’s rate* in network	\$90*	
	Recognized amount** out of network		\$90**
What your plan will pay	Aetna’s negotiated rate/ recognized amount	\$90	\$90
	Percent your plan pays	80%	60%
	Amount of Aetna’s 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***

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Example 2: Outpatient surgery

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

		In network	Out of network
Surgery bill[†]	Amount billed	\$2,000	\$2,000
Amount Aetna uses to calculate payment	Aetna's rate* in network	\$600*	
	Recognized amount** out of network		\$1,600**
What your plan will pay	Aetna's negotiated rate/recognized amount	\$600	\$1,600
	Percent your plan pays	80%	60%
	Amount of Aetna's 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 depending on whether it is in Aetna's network.

		In network	Out of network
Hospital bill	Amount billed	\$25,000	\$25,000
Amount Aetna uses to calculate payment	Aetna's rate* in network	\$8,750*	
	Recognized amount** out of network		\$8,750**
What your plan will pay	Aetna's negotiated rate/recognized amount	\$8,750	\$8,750
	Percent your plan pays	80%	60%
	Amount of Aetna's 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***

*Doctors, hospitals and other health care providers in Aetna's network accept Aetna's payment rate and agree that you owe only your deductible and coinsurance.

**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. See the Important Additional Information on the previous page. Also, your plan may instead call the recognized amount the recognized charge. In these examples, we have assumed that the recognized amount and the negotiated rate are the same amount. Actual amounts will vary.

***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 health care provider's bill and the recognized amount does not 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.

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Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01 and HMO OK POS RIDER 08/07.

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