



**CONTACT INFORMATION**

<b>Broker Support: BOR changes, renewals and group terminations</b>	Contact Dedicated Account Client Managers, or submit to <a href="mailto:nationalSSCSmallGroup@aetna.com">nationalSSCSmallGroup@aetna.com</a>
<b>Broker licensing and appointment information</b>	866-511-2863, <a href="mailto:LAU@aetna.com">LAU@aetna.com</a>
<b>Commissions</b>	800-622-3435, <a href="mailto:BrokerComm@aetna.com">BrokerComm@aetna.com</a>
<b>Employer Support</b>	Aetna Answer Team: 1-800-343-6101 or <a href="mailto:WestAAT@aetna.com">WestAAT@aetna.com</a>
<b>Adds/Terms</b>	Additions and Terminations can be processed online at <a href="http://aetna.com/employer">aetna.com/employer</a> . If additional assistance is needed, please contact the enrollment department at <a href="mailto:enrollmentsgw@aetna.com">enrollmentsgw@aetna.com</a>
<b>Enrollment Department</b>	Aetna Answer Team: 1-800-343-6101 or <a href="mailto:WestAAT@aetna.com">WestAAT@aetna.com</a>
<b>Payments</b>	Refer to invoice for correct payment mailing address
<b>Provider Services/Eligibility Verification Prior Carrier Deductible Credit</b>	888-632-3862 Fax: 859-455-8650 (include new Aetna ID number and a copy of ID card and/or SSN and date of birth)
<b>Member Support/Bilingual Support</b>	888-702-3862 (HMO) - option 4 Spanish 888-802-3862 (PPO/Indemnity) - option 4 Spanish
<b>Pre-Authorization &amp; Pre-Certification Department</b>	800-333-4432
<b>Internet Support</b>	Aetna Navigator and Producer World: 1-800-225-3375 Producer World Technical support: 1-866-910-9895
<b>Cal COBRA Department</b>	888-595-1542 Fax: 866-651-3120
<b>Claims</b>	Refer to Back of Medical ID card for mailing address. Aetna Answer Team: 1-800-343-6101, option 2 or Member Services: 1-866-529-2517 (HMO) & 888-802-3862 (PPO/Indemnity)
<b>Billing</b>	Aetna Answer Team: 1-800-343-6101 or <a href="mailto:WestAAT@aetna.com">WestAAT@aetna.com</a>
<b>Account Services, Eligibility, Release Authorization (for HIPAA Release Forms), Pharmacy Services, Account Service &amp; Membership Accounting Dept., and Producer Services</b>	Aetna Answer Team: 1-800-343-6101 or <a href="mailto:WestAAT@aetna.com">WestAAT@aetna.com</a>
<b>To contact by mail, or for payment submission</b>	Aetna Answer Team: 1-800-343-6101 or <a href="mailto:WestAAT@aetna.com">WestAAT@aetna.com</a>
<b>Benefits</b>	Aetna Answer Team: 1-800-343-6101 or <a href="mailto:WestAAT@aetna.com">WestAAT@aetna.com</a> or Member Services: 1-866-529-2517 (HMO) & 888-802-3862 (PPO/Indemnity)
<b>Client Management Dept. (for rates and service issues) and Small Group Cancellations/Reinstatements</b>	Contact Dedicated Account Client Managers, or submit to <a href="mailto:nationalSSCSmallGroup@aetna.com">nationalSSCSmallGroup@aetna.com</a>
<b>Broker Licensing Department</b>	Broker Licensing: <a href="http://www.aetna.com">www.aetna.com</a> 1-866-714-9301, 8 a.m. - 6 p.m. ET Broker Commissions: <a href="mailto:BrokerComm@aetna.com">BrokerComm@aetna.com</a>



**PROVIDER NETWORKS**

**HMO Networks** *Full HMO, HMO Deductible, AVN HMO, Basic HMO, AWH HMO Southern*

**PPO Networks** *Full MC, PPO, Savings Plus, AWH MC Southern, Open Choice PPO*

**EPO Networks** *Elect Choice EPO, AWH EPO Southern*

**UNDERWRITING & ENROLLMENT REQUIREMENTS**

**Carrier's Effective Date** *Effective 4/1/2020 and beyond, new business case submission will be the 5th of the month for first of the month cases; 20th of the month for 15th of the month cases. If the cutoff date falls on the weekend, the case will need to be submitted by end of day on the Monday following.*

**Premium Amount Required for 15th?** *One month*

**Applications must be dated within** *Before & within 90 days of requested effective date*

**Spouse/Domestic Partner Employees - 1 application or 2?** *Either 1 or 2 applications*

**FEES**

**Enrollment Fee Amount** *N/A*

**Type of Enrollment Fee** *N/A*

**Monthly Administration Fee** *N/A*

**24 HOUR COVERAGE**

**Is Workers' Comp required on corporate officers, partners and sole proprietors?** *No*

**Is on-the-job covered for corporate officers, partners and sole proprietors?** *Yes*

**Is there a premium adjustment for 24 hour coverage?** *No*

**SPECIAL CONSIDERATIONS (IF APPLICABLE)**

*Groups 6+ do not need DE-9C*

*Groups will go through the Aetna re-verification annually. Aetna sends out the documentation 6 months prior to the effective date directly to the employer.*

*Dependents who reside separately from the employee and are not in an approved Aetna HMO service area will be enrolled on the subscriber's HMO plan and will need to access care via the selected Primary Care Physician in the subscriber's/family's HMO service area (except for urgent and emergency care).*

Effective Date	Submission deadline
<i>1st of the month</i>	<i>1st of the month</i>
<i>15th of the month</i>	<i>15th of the month</i>





**PLAN ELIGIBILITY REQUIREMENTS**

**Enrollment Group Size**

	Initial	After Issue
Min. # of employees	1*	1*
Max. # of employees	100	100

\*AB 1672 group of 2 with one valid waiver due to other group coverage, Medicare or Medicaid

**Minimum Employer Contribution**

	Group Size
	<b>1-100</b>
Employees	Employer may choose from any of the below contribution amounts: <ul style="list-style-type: none"> <li>At least 50% of the employee-only rate of whichever plan the employee selects; or</li> <li>At least \$80; or</li> <li>Actual cost of the plan</li> </ul>
For Dependents	N/A
% of Total Cost	N/A

**PARTICIPATION**

**Contributory**

	Group Size	
	<i>Promotional relaxed participation through 12/31/20 effective dates:</i>	
	1-4	5-100
Employees ♦♦	65% participation required for four or less subscribers enrolled.	25% participation for groups of five or more enrolled subscribers.
	<ul style="list-style-type: none"> <li>Aetna will allow one other Carrier HMO and/or PPO alongside (excludes EPO plans)</li> <li>Participation with another carrier is not considered a valid waiver</li> </ul>	
Dependents	N/A	N/A

**Non-Contributory**

Employees ♦♦	100% of eligible employees, excluding valid waivers	100% of eligible employees, excluding valid waivers
Dependents	N/A	N/A

Those covered by another plan are NOT considered eligible in calculating participation

♦♦ In order to NOT be considered eligible, the other coverage must be a group plan, Individual on/off exchange, Medicare or Medicaid. Calculation for participation rounds down, not up. For example, a group of 5 employees on a Contributory Plan requires only 3 applications instead of 4 (5 x 75% = 3.75).



**COVERAGE RESTRICTIONS**

<b>Are commission-only employees allowed?</b>	<i>Yes—must be full-time employee, have an employer/employee relationship and have workers' comp coverage. Need to submit DE-9C for proof</i>
<b>Are 1099 employees allowed?</b>	<i>No</i>
<b>Are employees covered if traveling out of USA?</b>	<i>Yes. Only emergency services will be covered outside of USA.</i>
<b>Is coverage available for out-of-state employees?</b>	<i>Yes—employees who reside out-of-state will be offered California plans and rates. Product availability is based on network availability:</i> <ul style="list-style-type: none"> <li><i>Out-of-state employees who reside in an area with an MC network must enroll in an MC plan;</i></li> <li><i>Out-of-state employees who reside outside the MC network must enroll in the Open Choice PPO Plan;</i></li> <li><i>HMO plans are not available outside California</i></li> </ul>
<b>Max. percentage of employees residing out-of-state allowed</b>	<i>Aetna does not have a maximum out-of-state percentage. However, if more than 49% of employees reside outside of CA, group will not be guarantee issue.</i>

**DIABETIC & SELF-INJECTABLE DRUG BENEFITS**

**Diabetes Benefits**

<b>Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?</b>						
	<b>Insulin</b>	<b>Needles &amp; Syringes</b>	<b>Chem-Strips and/or Testing Agents</b>	<b>Insulin Pump Supplies</b>	<b>Insulin Pump†</b>	<b>Glucose Monitor†</b>
<b>Rx Drug Benefit</b>	■	■	■			
<b>Medical/Durable Medical Equipment Benefit*</b>				■	■	■

*\*Vendors for Diabetes Equipment: Visit [www.aetna.com](http://www.aetna.com) and click on the "Find a Doctor" link*

**Self-Injectable Drug Benefits**

	<b>Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?</b>	<b>Is pre-authorization required?</b>	<b>Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?</b>
<b>HMO plans</b>	<i>Generally under the 4th tier Prescription Drug Benefit</i>	<i>Depends on drug*</i>	<i>Typically through Aetna Specialty Pharmacy</i>
<b>MC plans</b>	<i>Generally under the 4th tier Prescription Drug Benefit</i>	<i>Depends on drug*</i>	<i>Typically through Aetna Specialty Pharmacy</i>
<b>PPO &amp; Indemnity plans</b>	<i>Generally under the 4th tier Prescription Drug Benefit</i>	<i>Depends on drug*</i>	<i>Typically through Aetna Specialty Pharmacy</i>

*\* Check Aetna's Rx formulary at [www.aetna.com/formulary](http://www.aetna.com/formulary)*

**For Prescription information, refer to comparison chart in the front of this guide.**

**These services may change at any time without notice. Please contact your Word & Brown rep for specific inquiries on listed services**

*Benefit information shown on this page is a brief summary. Limitations and exclusions apply. Please refer to certificate book, evidence of coverage or call representative for details.*

