



CONTACT INFORMATION

Member Support	888-702-3862 (HMO/HNO) 888-802-3862 (OAMC/Indemnity) 877-238-6200 (DENTAL)	
Bilingual Support	888-702-3862 (HMO/HNO) 888-802-3862 (OAMC/Indemnity)	
Internet Support	www.aetna.com www.aetn navigator.com	
Provider Eligibility Verification	888-632-3862	
Provider Services	888-632-3862	
Broker Support	800-343-6101 Email: SelectAnswerTeamWest@Aetna.com	
Commissions	800-622-3435	
Employer Support	800-343-6101	
Adds/Terms	Email: EnrollmentSGW@aetna.com For urgent adds, call Aetna Answer Team 800-343-6101 option #6	
Billing	800-343-6101	
Pharmacy	800-238-6279 (Prompt 1 for Member)	
Mail Order Drug	866-612-3862 (Prompt 1 for Member)	
Claims Reimbursement	<p>HMO/HNO Aetna P.O. Box 24019 Fresno, CA 93779</p> <p>OAMC/Indemnity Aetna P.O. Box 981204 El Paso, TX 79998-1204</p> <p>This may or may not match what is on the employee's ID card.</p>	
Tax ID Number	61-345436	
PayFlex (HSA Banking Partner)	<p>Member Services</p> <p>Employer Services</p> <p>Broker Services</p> <p>Website</p>	<p>855-384-8249</p> <p>855-462-3056</p> <p>855-462-3056</p> <p>www.payflexwallet.com</p>



PROVIDER NETWORKS

HMO Networks *Aetna Whole Health HMO, Aetna Health Network Only*

PPO Networks *Open Access Managed Choice (OAMC), Open Choice PPO*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date *1st of the month*

Premium Amount Required for 15th? *One month*

Applications must be dated within *Within 90 days prior to the effective date*

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

FEES

Enrollment Fee Amount *None*

Type of Enrollment Fee *N/A*

Monthly Administration Fee *None*

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

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

Dependents who reside separately from the employee and are not in an approved Aetna 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). Any dependent that is currently enrolled in the out-of-area dependent Aetna PPO plan will not be impacted by this change so long as they remain eligible for coverage.



PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	After Issue
Min. # of employees	51*
Max. # of employees	N/A

*A group of 2 with one valid waiver due to other group coverage, individual or Medicare.

Minimum Employer Contribution

	Group Size
	<i>Pick-A-Plan 3 51-100</i>
Employees	<i>Two Options: 1. 50% of the employee rate for plan employee selects; 2. Defined contribution of at least \$120 or the actual cost of the plans picked, whichever is less</i>
For Dependents	
% of Total Cost	

PARTICIPATION

Contributory

	Group Size
	<i>51-100</i>
Employees	<i>75% excluding valid waivers</i>
Dependents	N/A

Non-Contributory

Employees	<i>100%</i>
Dependents	N/A



COVERAGE RESTRICTIONS

Are commission-only employees allowed?	Yes—must be full-time employee, have an employer/employee relationship and have workers' comp coverage. Need to submit wage and tax reports for proof
Are 1099 employees allowed?	No
Are employees covered if traveling out of USA?	Emergency services only
Is coverage available for out-of-state employees?	HNO and HMO: No OAMC: May be exception that will be determined at time of underwriting Indemnity: Yes—except in HI & VT
Max. percentage of employees residing out-of-state allowed	OAMC only - Group must be headquartered in NV with 1 NV employee enrolling on the plan

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

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

[†]Vendors for Diabetes Equipment: For Insulin Pumps please see DocFind. Glucose Monitors can be obtained at any retail pharmacy.

Self-Injectable Drug Benefits

	Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?	Is pre-authorization required?	Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?
State-mandated HMO plans	Medical Benefit	Depends on drug*	Typically through Specialty Pharmacy Network
NV AWH Las Vegas HMO plans	Generally under the 4th tier Prescription Drug Benefit	Depends on drug*	Typically through Specialty Pharmacy Network
HNO plans	Generally under the 4th tier Prescription Drug Benefit	Depends on drug*	Typically through Specialty Pharmacy Network
OAMC & Indemnity Plans	Generally under the 4th tier Prescription Drug Benefit	Depends on drug*	Typically through Specialty Pharmacy Network

* Check Aetna's Rx formulary at 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.

