



CONTACT INFORMATION

Broker Support: BOR changes, renewals and group terminations	<i>Contact your Aetna Account Manager</i>												
Adds/Terms	<i>Contact your Aetna Account Manager</i>												
Billing	<i>Mail premium payment to address shown on statement</i>												
Payments	<i>Mail premium payment to address shown on statement</i>												
Provider Services/Eligibility Verification	<p><i>HMO Provider Services 800-624-0756</i></p> <p><i>Traditional Provider Services 888-MD Aetna (632-3862)</i></p> <p><i>Prior Carrier Deductible Credit Fax: 1-866-474-4040 (Include a cover letter with new Aetna ID number and/or SSN and the term "SFRE" noted on top right hand corner along with Explanation of Benefits showing deductible applied from prior carrier.)</i></p>												
Member Support/Bilingual Support	<p><i>877-350-2217 (HMO) - option 4 Spanish</i></p> <p><i>888-802-3862 (PPO/Indemnity) - option 4 Spanish</i></p>												
Internet Support	<p><i>www.aetna.com</i></p> <p><i>www.aetnavigators.com</i></p>												
Claims	<table border="0"> <tr> <td><i>HMO</i></td> <td><i>PPO</i></td> </tr> <tr> <td><i>Aetna</i></td> <td><i>Aetna</i></td> </tr> <tr> <td><i>Attn: Claims</i></td> <td><i>Attn: Claims</i></td> </tr> <tr> <td><i>P.O. Box 14079</i></td> <td><i>P.O. Box 14079</i></td> </tr> <tr> <td><i>Lexington, KY 40512</i></td> <td><i>Lexington, KY 40512</i></td> </tr> <tr> <td><i>888-702-3862</i></td> <td><i>888-702-3862</i></td> </tr> </table>	<i>HMO</i>	<i>PPO</i>	<i>Aetna</i>	<i>Aetna</i>	<i>Attn: Claims</i>	<i>Attn: Claims</i>	<i>P.O. Box 14079</i>	<i>P.O. Box 14079</i>	<i>Lexington, KY 40512</i>	<i>Lexington, KY 40512</i>	<i>888-702-3862</i>	<i>888-702-3862</i>
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Tax ID Number	<p><i>HMO</i></p> <p><i>Aetna, Inc.: 23-2229683</i></p> <p><i>MC</i></p> <p><i>Aetna Life Insurance Company: 06-6033492</i></p>												



PROVIDER NETWORKS

HMO Networks	<i>Aetna HMO, Aetna Value Network, Basic HMO, AWH Southern HMO. HMO Deductible Network (available to existing groups only)</i>
PPO Networks	<i>OAMC OPEN ACCESS Managed Choice, AWH Southern OAMC/EPO</i>

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date *1st of the 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



PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	101	101
Max. # of employees	5000	5000

Minimum Employer Contribution

	Group Size
	101+
Employees	75%
For Dependents	0%
% of Total Cost	50/50

PARTICIPATION

Contributory	
	Group Size
	101+
Employees	◆◆ 65% minimum 60 enrolled
Dependents	N/A
Non-Contributory	
Employees	◆◆ 65% minimum 60 enrolled
Dependents	N/A

◆◆ In order to *NOT* be considered eligible, the other coverage must be a group plan, Medicare or Medicaid. New calculation will round down and not up, so we will require 3 applications for participation to be met.



COVERAGE RESTRICTIONS

Are commission-only employees allowed?	<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>
Are 1099 employees allowed?	<i>No—1099 employees are not eligible for coverage.</i>
Are employees covered if traveling out of USA?	<i>Emergency services. Other services are paid at the non-network benefit level.</i>
Is coverage available for out-of-state employees?	<i>Yes—product availability is based on network availability where employees/dependents reside. HMO network is available outside of CA with a minimum of 5 enrolling in a geographic area.</i>
Max. percentage of employees residing out-of-state allowed	<i>N/A</i>

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: Visit www.aetna.com and click on the "Find a Doctor" link

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?
HMO plans	<i>Generally under the 4th tier Prescription Drug Benefit</i>	<i>Depends on drug*</i>	<i>Typically through Aetna Specialty Pharmacy</i>
EPO & MC plans	<i>Generally under the 4th tier Prescription Drug Benefit</i>	<i>Depends on drug*</i>	<i>Typically through Aetna Specialty Pharmacy</i>
PPO & Indemnity plans	<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*

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.*

