



Health care 101

Understanding your choices just got easier

[Aetna.com](https://www.aetna.com)

3427575-01-01 (6/24)





Medical plans, plain and simple

If you find health insurance terms to be confusing, you're not alone. That's why we made this handy guide. No more jargon or complicated descriptions. Just straightforward explanations about plans, payments and easy ways to save.

Aetna® is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).



Types of health plans

Knowing the differences between these common plans is your first step. This will help you feel confident about choosing the plan that's right for you. Keep in mind, your actual plan may vary from the descriptions below.



Covered doesn't mean free. A covered health care service is one that your plan recognizes. Your plan only pays for this service after you've met the deductible, coinsurance or copay.



A referral is like a permission slip from your primary care physician (PCP) to see a specialist or another provider. Many doctors can send referrals electronically.



Network providers participate in our network. And they offer special lower rates for our members.

	Preferred provider organization (PPO)	High-deductible health plan (HDHP)	Health maintenance organization (HMO)*
Your contributions	▲ Usually higher than HDHPs and HMOs	▼ Usually lower than PPOs and HMOs	▼ Usually lower than PPOs
Deductible	▼ Lower than HDHPs	▲ Higher than PPOs and HMOs	▼ Lower than HDHPs
Primary care physician (PCP)*	👤 You usually don't need to pick a PCP	☑ Depends if plan is a PPO or HMO	☑ You must pick a PCP and coordinate your care through them
Referrals	👤 You may see any licensed doctor without a referral	📄 Depends if plan is a PPO or HMO	📄 You'll need a referral from your PCP to see other doctors and specialists
Out-of-network coverage	💰 You're covered outside the network, but you'll usually pay more	💰 You're covered outside the network, but you'll usually pay more	⊗ You're not covered outside the network, except for emergency care

*FOR PCP NOTE: In Texas, PCP is known as physician (primary care). In the state of Washington, PCP refers to primary care provider. In Missouri, you do not have to choose a PCP on a PPO plan.

*FOR HMO PRODUCT NOTE: For HMO products in Missouri, you are also covered for two mental health visits.



Paying for care

An overview of terms

Claims

Claims are requests for your plan to pay for services you receive. We use these to check what your plan will cover and the amount we'll pay. You can find the status and amounts billed for your claim on your member website or the Aetna HealthSM app.

Explanation of Benefits (EOB) statements

An EOB shows a breakdown of how we process claims. It's not a bill and may not show the current balance you owe. And anytime something changes with your claim, you'll get a new statement.

Provider bills

Bills show the amount you actually owe for services. Your provider will give this to you. You can make payments for what you owe directly to them or through the "Pay Your Provider" link on each of your claims.

Coordination of benefits (COB)

Some members have health coverage under more than one plan. If so, we work with the other carriers to decide which plan pays first and which pays second, based on the rules in your plan documents. We call this process COB.

YOU PAY

Deductible

The deductible is the amount you pay for out-of-pocket costs for your covered health care before your plan begins to pay.

Each year, you pay 100% of your covered expenses until you meet your deductible amount. For most plans, eligible preventive care is covered at 100% with no deductible when you use network providers.

YOU + THE PLAN PAY

Cost sharing

Once you meet the deductible, you share the cost with the plan. This may be in the form of coinsurance and/or copayments (also called copays).

Coinsurance

This is a fixed percentage. For example, if your care is \$100 and your coinsurance is 20%, you pay \$20.

Copay

This is a fixed dollar amount. For example, you may pay \$25 per doctor office visit.

Out-of-pocket maximum

The maximum you pay each year for covered expenses. Once you hit your maximum, the plan pays 100% of covered expenses for the rest of the year.

In-network care

Who pays for what

Highlights

Choosing in-network providers may help save you money.

These providers contract with us to offer rates that are often lower than their regular fees. They also work directly with us and send us claims for services you receive. Don't worry — this is all behind-the-scenes work when you stay in network.

Visit [Aetna.com](https://www.aetna.com) to find a network provider.

Benefits

- ✓ Lower out-of-pocket costs
- ✓ No balance billing
- ✓ Less paperwork

How it works



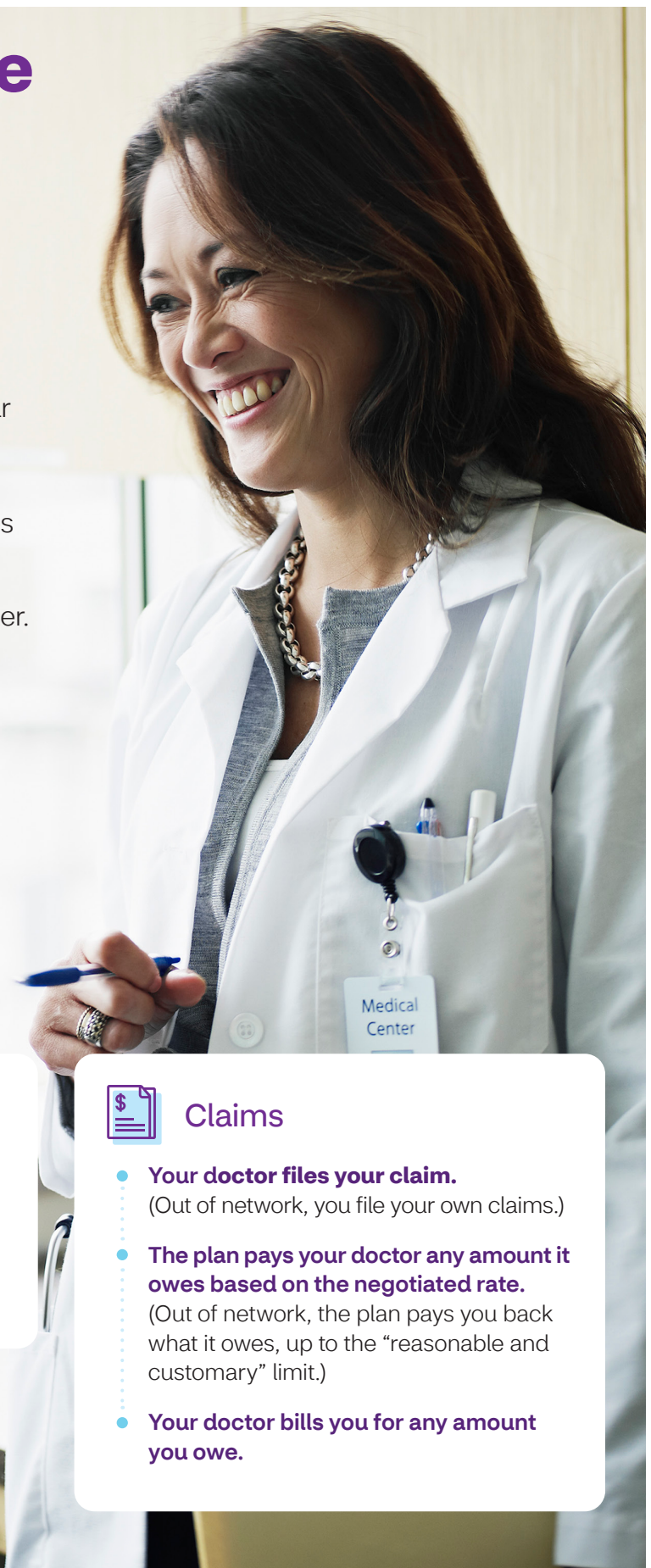
Doctor visit

Visit your doctor and show your Aetna® member ID card. There's no need to pay at your visit unless you have a copay. (Out of network, you may need to pay the full amount at your visit.)



Claims

- **Your doctor files your claim.**
(Out of network, you file your own claims.)
- **The plan pays your doctor any amount it owes based on the negotiated rate.**
(Out of network, the plan pays you back what it owes, up to the "reasonable and customary" limit.)
- **Your doctor bills you for any amount you owe.**



In network vs. out of network

In network



This network option may **cost you less.**

Highlights

Choosing in-network providers may help save you money.

These providers contract with us to offer rates that are often lower than their regular fees. They also work directly with us and send us claims for services you receive. Don't worry — this is all behind-the-scenes work when you stay in network.

Visit [Aetna.com](https://www.aetna.com) to find a network provider.

How it works

The provider files your claim and the plan pays them the amount it owes based on the negotiated rate. You pay the remaining costs.

Benefits



Lower out-of-pocket costs



No balance billing



Less paperwork

Out of network



This network option may **cost you more.**

Highlights

Your plan may allow you to visit an out-of-network provider. To find out details, check your Summary of Benefits and Coverage document.

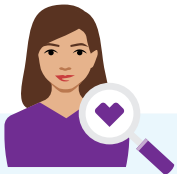
How it works

Out-of-network doctors and hospitals don't contract with us. So that means:

- They normally charge more for their services
- You might have to pay the difference between what your plan pays for services and the amount they charge

Plus, they generally don't send us claims or get approval for coverage. So you may need to handle these details on your own.

Keep in mind



Covered

"Covered" doesn't mean free. A covered health care service is one that your plan recognizes. Your plan only pays for this service after you've met the deductible, coinsurance or copay.



Referral

A referral is like a permission slip from your primary care physician (PCP) to see a specialist or another provider. Many providers can easily send referrals electronically.



In-network providers

Network providers participate in our network and offer special, lower rates for our members. So remember that staying in network can help you save money.



HRA vs. HSA vs. FSA

You may be offered one or more of these tax-free accounts to help pay for qualified health care expenses. Your specific plan may vary, but here are the main differences:

HRA

Health reimbursement arrangement*

- An HRA is part of your medical plan. It automatically pays first for qualified health expenses until the funds run out.
- It usually pairs with an HDHP.
- Only eligible employers can contribute.
- Your balance can carry over as long as you stay in the plan. Your employer may limit how much can carry over.

HSA

Health savings account*

- An HSA is a separate account you own and use for qualified health care expenses as you like.
- It requires an HDHP.
- You, your employer or anyone else can contribute.
- You can use funds now or save them for later. Plus, you keep your account even if you leave the plan or the company.

FSA

Health care flexible spending account

- FSA funds can be used for qualified health care expenses up to the amount you select during enrollment.
- It pairs with most types of health plans, but a health plan isn't required.
- You and your employer can contribute.
- You lose funds if you don't use them before the end of the plan year (plus any grace period or carryover, if offered).



*FOR HRA NOTE: HRAs are currently not available to health maintenance organization (HMO) members in Illinois and Small Group members in Florida.

*FOR HSA NOTE: HSAs are currently not available to health maintenance organization (HMO) members in California and Illinois.



Know more, get more.

Now you know how health plans work. So you can choose confidently and use yours wisely — all year long.

Inspira Financial Health, Inc. does not provide legal, tax or financial advice. Please contact a professional for advice on eligibility, tax treatment, and other restrictions. Inspira and Inspira Financial are trademarks of Inspira Financial Trust, LLC.

Investment services are independently offered through a third party financial institution. By transferring funds into an HSA investment account you will also be exposed to a number of risks, including the loss of principal, and you should always read the prospectuses for the mutual funds you intend on purchasing to familiarize yourself with these risks. The prospectus describes the funds, investment objectives and strategies, their fee and expenses, and the risks inherent to investing in each fund. The HSA investment account is an optional, self-directed service. Mutual funds and brokerage investments are not FDIC-insured and are subject to investment risk, including fluctuations in value and the possible loss of the principal amount invested. System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, system performance, and other factors.

This material is for informational purposes only. It is not an offer of coverage and does not constitute a contract. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change.

[Aetna.com](https://www.aetna.com)