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TRADITIONAL PLAN

ID W1788 54507

PAYER NUMBER 60054 0062
GRP: 469691-040-00001

- 01 [REDACTED] PCP: Jacquelyn D Adams
- 02 [REDACTED] PCP: Jacquelyn D Adams
- 03 [REDACTED] PCP: Jacquelyn D Adams
- 05 [REDACTED] PCP: Eric R Lamb
- 07 [REDACTED] PCP: NO ELECTION REQUIRED

Aetna Life Insurance Company
Submit Claims To: PO BOX 981106
EL PASO TX 79998 1106

Providence Preferred

USE WWW.AETNA.COM TO CHOOSE PROVIDERS IN YOUR PLAN

MEDICAL INDIVIDUAL	Tier 1	Tier 3	FAMILY	Tier 1	Tier 3
INN DED	\$ 500	\$ 1000	\$ 1000	\$ 1000	\$ 2000
INN OOP MAX	\$ 3000	\$ 5250	\$ 6000	\$ 10500	\$ 10500
OON DED	N/A		N/A		
OON OOP MAX	N/A		N/A		

MEMBER SERVICES 1-800-544-5108
 PROVIDERS CALL/PRECEP 1-888-632-3862
 SPRING HEALTH MENTAL WELLBEING 1-855-629-0554
 TRINITYHEALTH.SPRINGHEALTH.COM
 TALK TO A DOCTOR 24/7 1-855-TELADOC
 OR TELADOC.COM/AETNA

See your plan documents for all plan requirements, including pre-certification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.
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