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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	\$ 6000	\$10500
OON DED	N/A		N/A	N/A	
OON OOP MAX	N/A		N/A	N/A	

MEMBER SERVICES

1-800-544-5108

PROVIDERS CALL/PREPERT

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.
www.aetna.com

