

## Save money with Aetna’s provider network

By using behavioral health care providers in Aetna’s network, you can take advantage of the significant discounts we negotiate to help lower your out-of-pocket costs for medically necessary care. This can help you get the care you need at a lower price.

Let’s look at some examples so you can see your network savings in action.

These examples are based on the following Aetna behavioral health benefits and insurance plan features and assume you’ve already met your deductible (the fixed amount you must pay for covered behavioral health services before your plan will pay benefits):

**What your plan pays (plan coinsurance):**

80 percent in network/60 percent out of network

**What you pay (coinsurance):**

20 percent in network/40 percent out of network

**Your out-of-pocket maximum:** \$4,000

**Important additional information about the “recognized amount”:**

When you receive services from a provider who is not in Aetna’s network, Aetna pays based on what the plan calls the “recognized amount/charge.” This is described in your benefits plan. In these examples, if you use a behavioral health care provider who is not in Aetna’s network, you may be responsible for the entire difference between what the provider bills and the recognized amount/charge. As the examples show, that difference can be large.

**Note:** Be sure to check your benefit plan. The in-network deductible may not apply toward your out-of-network deductible.

**Example 1: Behavioral health office visit (90834)**

You have been getting care for an ongoing condition from a behavioral health specialist who is not in Aetna’s network. You are thinking about switching to a specialist in Aetna’s network. This example illustrates what you may save if you switch.

		In network	Out of network
<b>Doctor bill</b>	Amount billed	\$128	\$156
<b>Amount Aetna uses to calculate payment</b>	Aetna’s rate* in network	\$73*	
	Recognized amount** out of network		\$123**
<b>What your plan will pay</b>	Aetna’s negotiated rate/ recognized amount	\$73	\$123
	Percent your plan pays	80%	60%
	Amount of Aetna’s negotiated rate/ recognized amount covered under plan	\$58*	\$74**
<b>What you owe</b>	Your coinsurance responsibility	\$15	\$49
	Amount that can be balance billed to you	\$0	\$33
<b>Your total responsibility</b>		<b>\$15***</b>	<b>\$82***</b>

\*Doctors, hospitals and other health care providers in Aetna’s network accept Aetna’s payment rate and agree that you owe only your deductible and coinsurance.

\*\*When you go out of network, Aetna determines a recognized amount. You may be responsible for the difference between the billed amount and the recognized amount. Also, your plan may instead call the recognized amount the recognized charge. In these examples, we have assumed that the recognized amount and the negotiated rate are the same amount. Actual amounts will vary.

\*\*\*Most plans cap out-of-pocket costs for covered services. The deductible and coinsurance you owe count toward that cap. But when you go out of network, the difference between the health care provider’s bill and the recognized amount does not count toward that cap.

## Example 2: Inpatient mental health stay (five days)

You need to go to the hospital for a behavioral health issue. It turns out you have to stay in the hospital for five days. This example gives you an idea of how much you might owe to the hospital depending on whether it is in Aetna's network.

		In network	Out of network
<b>Hospital bill</b>	Amount billed	\$7,268	\$6,556
<b>Amount Aetna uses to calculate payment</b>	Aetna's rate* in network	\$5,590*	
	Recognized amount** out of network		\$4,276**
<b>What your plan will pay</b>	Aetna's negotiated rate/recognized amount	\$5,590	\$4,276
	Percent your plan pays	80%	60%
	Amount of Aetna's negotiated rate/recognized amount covered under plan	\$4,472*	\$2,566**
<b>What you owe</b>	Your coinsurance responsibility	\$1,118	\$1,710
	Amount that can be balance billed to you	\$0	\$2,280
<b>Your total responsibility</b>		<b>\$1,118***</b>	<b>\$3,990***</b>

## Example 3: Chemical dependency rehab (14 days)

You need chemical dependency rehab for 14 days and are deciding if you will go to a facility in Aetna's network. This example gives you an idea of how much you might owe depending on your choice.

		In network	Out of network
<b>Facility bill</b>	Amount billed	\$14,152	\$19,307
<b>Amount Aetna uses to calculate payment</b>	Aetna's rate* in network	\$9,729*	
	Recognized amount** out of network		\$17,393**
<b>What your plan will pay</b>	Aetna's negotiated rate/recognized amount	\$9,729	\$17,393
	Percent your plan pays	80%	60%
	Amount of Aetna's negotiated rate/recognized amount covered under plan	\$7,783*	\$10,436**
<b>What you owe</b>	Your coinsurance responsibility	\$1,946	\$6,957
	Amount that can be balance billed to you	\$0	\$1,914
<b>Your total responsibility</b>		<b>\$1,946***</b>	<b>\$8,871***</b>

\*Doctors, hospitals and other health care providers in Aetna's network accept Aetna's payment rate and agree that you owe only your deductible and coinsurance.

\*\*When you go out of network, Aetna determines a recognized amount. You may be responsible for the difference between the billed amount and the recognized amount. See the Important Additional Information on the previous page. Also, your plan may instead call the recognized amount the recognized charge. In these examples, we have assumed that the recognized amount and the negotiated rate are the same amount. Actual amounts will vary.

\*\*\*Most plans cap out-of-pocket costs for covered services. The deductible and coinsurance you owe count toward that cap. But when you go out of network, the difference between the health care provider's bill and the recognized amount does not count toward that cap.

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