



How Aetna medical plan costs and payments work

When you see a doctor, get lab tests, or fill a prescription, your Aetna medical plan usually picks up some of the cost. Here's how to determine whether you'll need to pay for some of those expenses.

Note: The examples here are for the [Aetna HealthSave](#) medical plan, but the same concepts apply to the Aetna HealthSave Basic and Aetna Out of Area HealthSave plans.

Tip

You pay nothing for in-network [preventive care](#), which includes services like your annual checkup, routine OB/GYN or prostate exams, and well-child visits.

Deductible

Your annual deductible is the amount you pay for covered services and medications before your medical plan starts to pay. In-network preventive care expenses are not subject to the deductible and are fully paid by the plan.

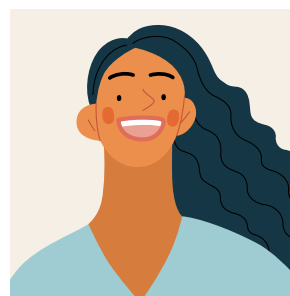
Examples



Jim, 42
Enrolled in Aetna HealthSave and covers himself and his wife

Annual family deductible = \$3,200

- His first medical expense of the year is for an MRI that costs \$300. He pays \$300.
- He keeps paying for any nonpreventive care charges until his out-of-pocket medical expenses add up to \$3,200.
- Once he meets his \$3,200 deductible, Jim pays 10% of any subsequent in-network nonpreventive care charges up to a cap of \$7,400 (the Aetna HealthSave plan out-of-pocket maximum).



Katie, 31
Enrolled in Aetna HealthSave and only covers herself

Annual individual deductible = \$1,600

- Her first medical visit of the year is an in-network preventive care exam. She pays nothing, because preventive care is free.
- She still has \$1,600 left in medical expenses to pay before she meets her deductible.

Even before Jim and Katie meet their deductibles, the amounts they pay for in-network care are lower than market price, because Aetna negotiates a discount. Once they meet their deductibles, the Aetna HealthSave plan picks up 90% of covered, in-network services.

Tip

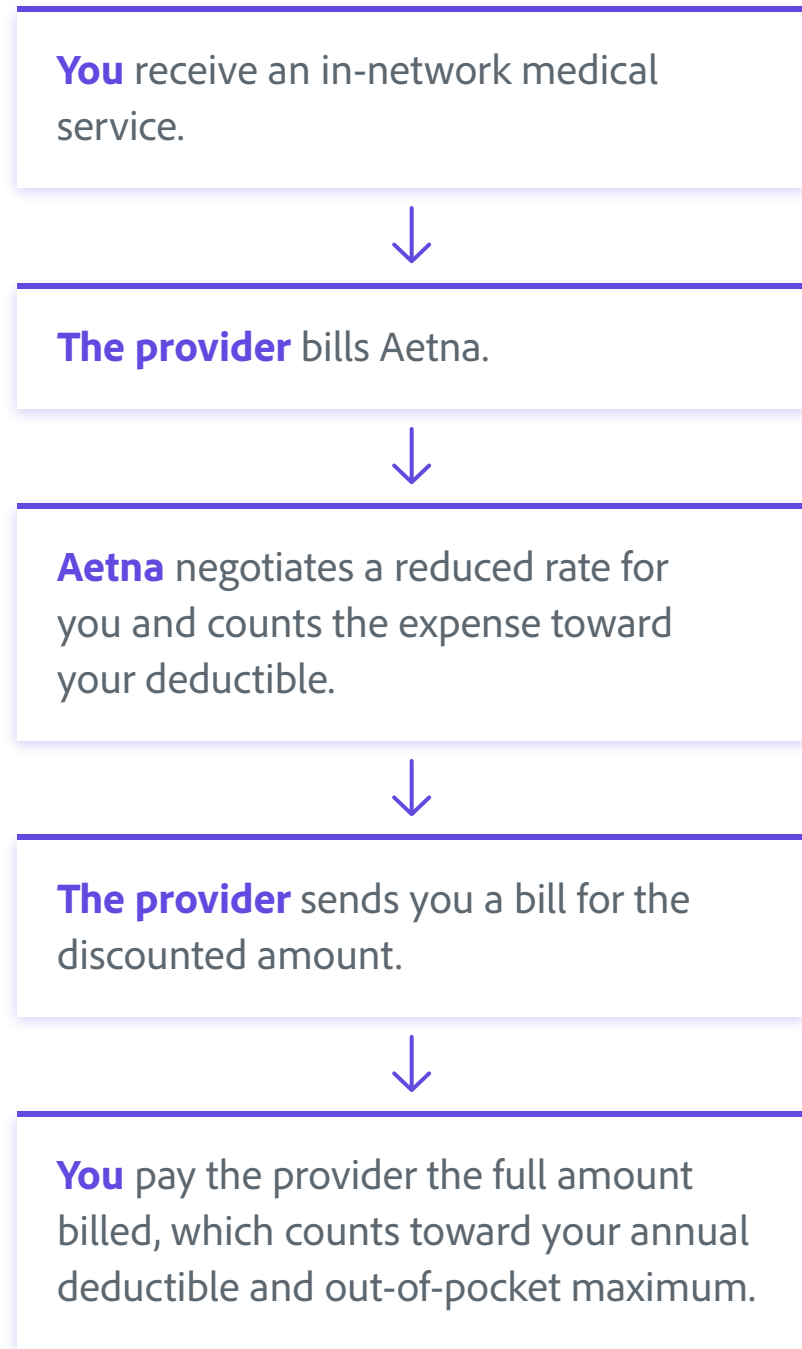
Wondering how close you are to meeting your deductible? Track it online at [aetna.com](#) or in the Aetna app.

Claim

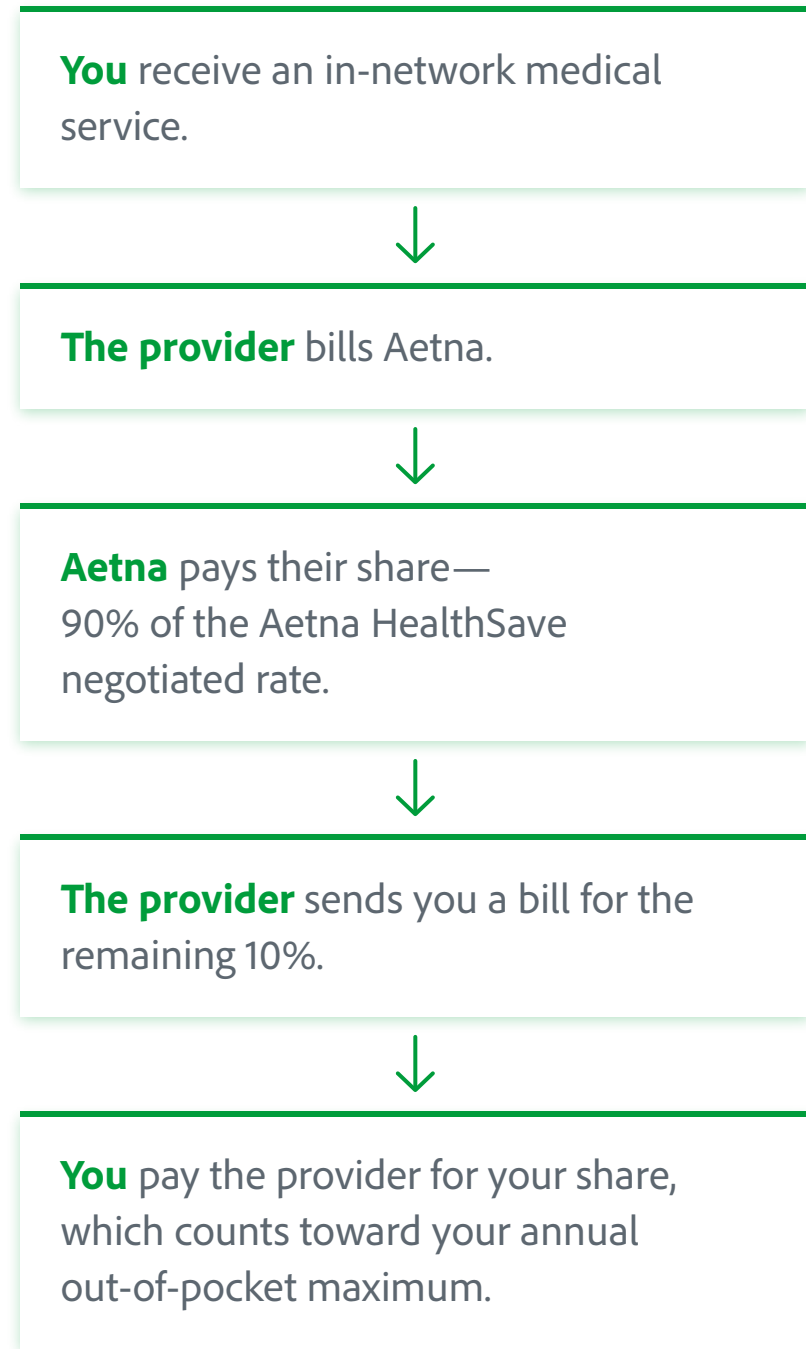
A claim is a request to Aetna for payment. In-network providers should file the claim with Aetna for you.

How it works

If you haven't met your deductible



If you have met your deductible



How to resolve an issue with a claim

Problem

Your in-network provider doesn't bill Aetna first, and you get a bill for the full amount.

Solution

Ask your provider to submit a claim to Aetna first and only bill you for the balance due. You can also pay the bill and then submit a claim to Aetna for reimbursement.

The amount on your explanation of benefits (EOB) from Aetna and your bill from the provider don't match.

Contact Aetna at 800-884-9565 for an explanation and assistance on how to resolve the discrepancy.

An out-of-network provider asks to be paid at the time of service.

Pay the provider, and then submit a claim to Aetna. If you want, you can use your HSA to cover your share of the cost shown on your EOB.

You have overpaid an amount using your HSA funds, and you receive a refund from your provider or Aetna.

Deposit the refunded amount in your HSA and contact [HealthEquity](#) to complete the HSA Mistaken Distribution form so you're not taxed in error.

Tip

You can pay your share of medical expenses with your [HealthEquity HSA card](#) or through the [HealthEquity site](#). You can also pay with your personal card and reimburse yourself later from your HSA through the [HealthEquity site](#).

Prescription drugs

The cost of most prescriptions counts toward your Aetna HealthSave deductible.

Need to know

- See which [preventive medicine prescriptions](#) aren't subject to the deductible.
- After you meet your deductible, you pay only the copay when you purchase your medication.
- Your copay varies based on two factors:
 - You'll pay less for generic than for brand-name prescriptions.
 - You'll save when you order a larger supply of a mail-order prescription.

Example

Q: Your nonpreventive prescription is \$350, with a \$45 copay. How much do you pay?

A: It depends.

- If you've met your deductible, you pay only the \$45 copay.
- If you haven't met your deductible, you pay the full \$350.

Tip

You save money when you purchase a generic instead of a brand-name drug. Ask your doctor if there is a generic drug that would work for you.