Adobe

How Aetna HealthSave plan costs and payments work

When you see a doctor, get lab tests, or fill a prescription, your Aetna HealthSave 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 plan.

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 = $3,400

- 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 $3,400.
- Once he meets his $3,400 deductible, Jim pays 10% of any subsequent in-network nonpreventive care charges up to a cap of $7,800 (the Aetna HealthSave plan out-of-pocket maximum).

Katie, 31
Enrolled in Aetna HealthSave and only covers herself

Annual individual deductible = $1,700

- Her first medical visit of the year is an in-network preventive care exam. She pays nothing, because her preventive care visit is fully paid by the plan.
- She still has $1,700 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 generally 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 file the claim with Aetna for you.

How it works

If you **haven't** met your deductible

You receive an in-network medical service.

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The provider bills Aetna.

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Aetna counts the Aetna HealthSave negotiated rate toward your deductible.

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The provider sends you a bill for the discounted amount.

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You pay the provider the amount billed, which counts toward your annual deductible and out-of-pocket maximum.

If you **have** met your deductible

You receive an in-network medical service.

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The provider bills Aetna.

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Aetna pays their share—90% of the Aetna HealthSave negotiated rate.

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The provider sends you a bill for the remaining 10%.

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You pay the provider for your share, which counts toward your annual out-of-pocket maximum.

How to resolve an issue with a claim

Problem	Solution
Your in-network provider doesn't bill Aetna first, and you get a bill for the full amount.	Ask your provider to submit a claim to Aetna first and only bill you for the balance due. You can also call Aetna at 800-884-9565 for assistance with filing a claim.
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.	Contact HealthEquity to complete the HSA Mistaken Distribution form to put the funds back into your account and avoid contribution limit or taxation issues.

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

With the Aetna HealthSave plan, you pay the full cost of most prescription medications until you meet your deductible.

Need to know

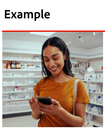
$ See which preventive medicine prescriptions aren't subject to the deductible.

✓ 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.