



Employee Health Plan(s)

Employee Health Plan ID Cards



Cleveland Clinic

Sample ID Cards 2023 — EHP & Under 65 Retiree

EHP



1  
Employee Health Plan (EHP)

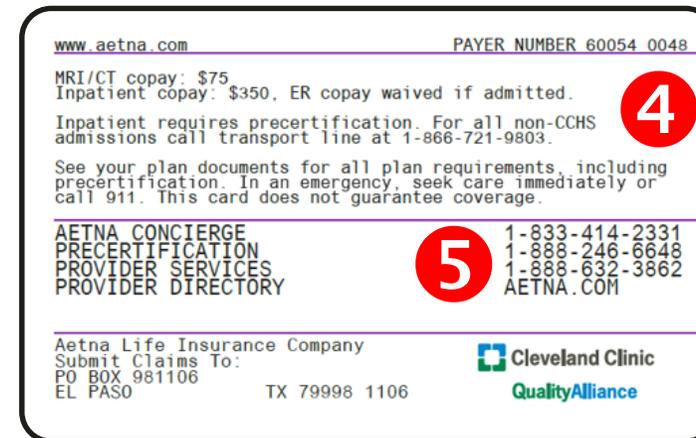
Sample Member

2 ID W
Issuer (80840) 9140860054
GRP: 169570-010-00001

3 Aetna Select Open Access

	NO COPAY
PCP	\$ 35.00
SPC	\$ 250.00
ER	\$ 50.00
UC	\$ 50.00

MEDICAL	INDIVIDUAL	FAMILY
	Tier 1	Tier 1
INN DED	N/A	N/A
INN OOP MAX	\$ 3950	\$ 7900
OOB DED	N/A	N/A
OOB OOP MAX	N/A	N/A



www.aetna.com PAYER NUMBER 60054 0048

MRI/CT copay: \$75
Inpatient copay: \$350, ER copay waived if admitted. **4**

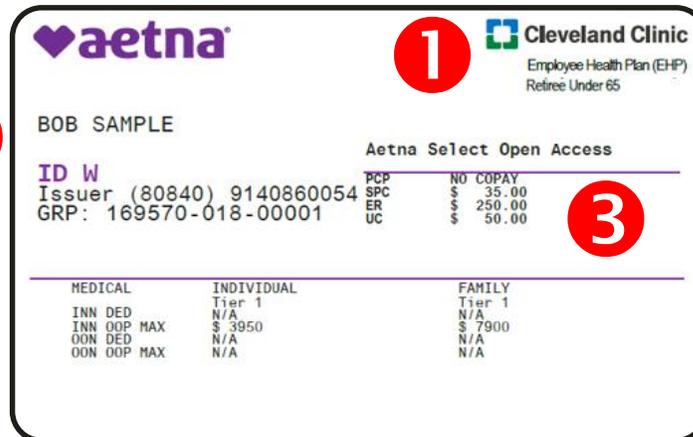
Inpatient requires precertification. For all non-CCHS admissions call transport line at 1-866-721-9803.

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

5 AETNA CONCIERGE 1-833-414-2331
PRECERTIFICATION 1-888-246-6648
PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM

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

EHP
Retiree
Under
65



1  
Employee Health Plan (EHP)
Retiree Under 65

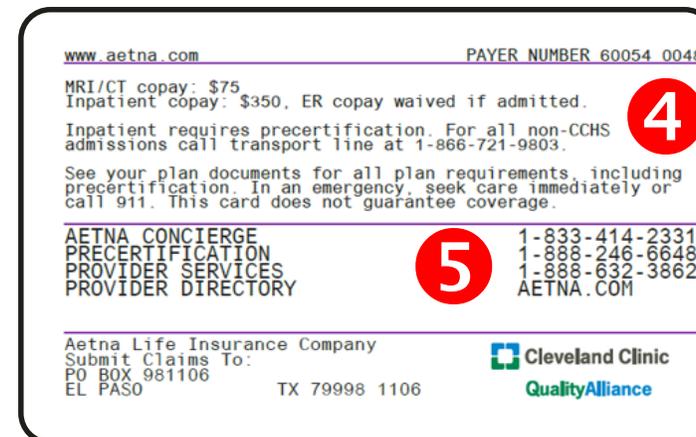
BOB SAMPLE

2 ID W
Issuer (80840) 9140860054
GRP: 169570-018-00001

3 Aetna Select Open Access

	NO COPAY
PCP	\$ 35.00
SPC	\$ 250.00
ER	\$ 50.00
UC	\$ 50.00

MEDICAL	INDIVIDUAL	FAMILY
	Tier 1	Tier 1
INN DED	N/A	N/A
INN OOP MAX	\$ 3950	\$ 7900
OOB DED	N/A	N/A
OOB OOP MAX	N/A	N/A



www.aetna.com PAYER NUMBER 60054 0048

MRI/CT copay: \$75
Inpatient copay: \$350, ER copay waived if admitted. **4**

Inpatient requires precertification. For all non-CCHS admissions call transport line at 1-866-721-9803.

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PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM

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

Sample Health Plan ID Card Legend

- 1** Name of enrolled medical plan, i.e. "EHP or EHP Plus"
- 2** Member ID which begins with a "W", each member will receive their own health plan ID card
- 3** Co-payment member is responsible to pay
- 4** Non CCHS inpatient admission notification
- 5** Provider directory to create your personal account on Aetna website

Cleveland Clinic

Sample ID Cards 2023 — EHP Plus & Under 65 Retiree

EHP Plus

1 Cleveland Clinic
Employee Health Plan Plus (EHP Plus)

BRIAN SAMPLE

2 **ID W**
Issuer (80840) 9140860054
GRP: 169570-030-00001

3 **Aetna Select Open Access**

	PCP	NO	NO
	SPC	COPY	COPY
		\$	\$
	ER	\$	250.00
	UC	\$	50.00

MEDICAL	INDIVIDUAL	FAMILY
	Tier 1	Tier 1
INN DED	N/A	N/A
INN OOP MAX	\$ 3950	\$ 7900
OON DED	N/A	N/A
OON OOP MAX	N/A	N/A

www.aetna.com PAYER NUMBER 60054 0048

MRI/CT copay: \$75
Inpatient copay: \$350, ER copay waived if admitted. **4**

ER admissions: Notification required for all admissions to non-CCHS Hospitals from ER within 2 business days.
Call: 1-888-246-6648
See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.

5 AETNA CONCIERGE 1-833-414-2331
PRECERTIFICATION 1-888-246-6648
PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM

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

Cleveland Clinic
QualityAlliance

EHP
Plus
Under
65
Retiree

1 Cleveland Clinic
Employee Health Plan Plus (EHP Plus)
Retiree Under 65

JULIA SAMPLE

2 **ID W**
Issuer (80840) 9140860054
GRP: 169570-022-00004

3 **Aetna Select Open Access**

	PCP	NO	NO
	SPC	COPY	COPY
		\$	\$
	ER	\$	250.00
	UC	\$	50.00

MEDICAL	INDIVIDUAL	FAMILY
	Tier 1	Tier 1
INN DED	N/A	N/A
INN OOP MAX	\$ 3950	\$ 7900
OON DED	N/A	N/A
OON OOP MAX	N/A	N/A

www.aetna.com PAYER NUMBER 60054 0048

MRI/CT copay: \$75
Inpatient copay: \$350, ER copay waived if admitted. **4**

ER admissions: Notification required for all admissions to non-CCHS Hospitals from ER within 2 business days.
Call: 1-888-246-6648
See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.

5 AETNA CONCIERGE 1-833-414-2331
PRECERTIFICATION 1-888-246-6648
PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM

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

Cleveland Clinic
QualityAlliance

Sample Health Plan ID Card Legend

- 1** Name of enrolled medical plan, i.e. "EHP or EHP Plus"
- 2** Member ID which begins with a "W", each member will receive their own health plan ID card
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- 5** Provider directory to create your personal account on Aetna website

Cleveland Clinic

Sample ID Cards 2023 — EHP & EHP Plus Over 65 Retiree

EHP
Over
65
Retiree

1

aetna **Cleveland Clinic**
Employee Health Plan (EHP)
Retiree 65 and Over

JOHN SAMPLE **Aetna Select Open Access**

2 **ID W**
Issuer (80840) 9140860054
GRP: 169570-010-00005

MEDICAL	INDIVIDUAL	FAMILY
INN DED	Tier 1	Tier 1
INN OOP MAX	N/A	N/A
OOB DED	\$ 3950	\$ 7900
OOB OOP MAX	N/A	N/A

3

www.aetna.com PAYER NUMBER 60054 0048

ER to inpatient hospital admissions at non-Cleveland Clinic Quality Alliance require transport to Cleveland Clinic Health System. Call transport line at 1-866-721-9803, 24/7.

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

4

AETNA CONCIERGE 1-833-414-2331
PRECERTIFICATION 1-888-246-6648
PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM

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

Cleveland Clinic
QualityAlliance

EHP
Plus
Over 65
Retiree

1

aetna **Cleveland Clinic**
Employee Health Plan Plus (EHP Plus)
Retiree 65 and Over

BILL SAMPLE **Aetna Select Open Access**

2 **ID W**
Issuer (80840) 9140860054
GRP: 169570-022-00005
SELF INSURED

MEDICAL	INDIVIDUAL	FAMILY
INN DED	Tier 1	Tier 1
INN OOP MAX	N/A	N/A
OOB DED	\$ 3950	\$ 7900
OOB OOP MAX	N/A	N/A

3

www.aetna.com PAYER NUMBER 60054 0048

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

4

AETNA CONCIERGE 1-833-414-2331
PRECERTIFICATION 1-888-246-6648
PROVIDER SERVICES 1-888-632-3862
PROVIDER DIRECTORY AETNA.COM

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

Cleveland Clinic
QualityAlliance

Sample Health Plan ID Card Legend

- 1** Name of enrolled medical plan, i.e. "EHP or EHP Plus"
- 2** Member ID which begins with a "W", each member will receive their own health plan ID card
- 3** Non CCHS inpatient admission notification
- 4** Provider directory to create your personal account on Aetna website

Cleveland Clinic Sample ID Cards 2023 — ONA

EHP ONA



1



JILL SAMPLE

Aetna Select Open Access

ID W
 Issuer (80840) 9140860054
 GRP: 169570-021-00001

MEDICAL	INDIVIDUAL	FAMILY
	Tier 1 Tier 2	Tier 1 Tier 2
INN DED	N/A \$ 500	N/A \$ 1500
INN ODP MAX	\$ 3950 \$ 4750	\$ 7900 \$ 9500
OOD DED	N/A	N/A
OOD ODP MAX	N/A	N/A

www.aetna.com

PAYER NUMBER 60054 0048

Copays	PCP/Virtual	SPC	MRI/CT	UC	ER
Tier 1 CCHS OA	\$0	\$35	\$75	\$50	\$250
Tier 2 Aetna Select OA	\$25	\$50	\$75	\$50	\$250

Inpatient Tier 1 copay \$350. ER copay waived if admitted. Notification required for non-CCHS hospital admissions. If this is within 50 miles of CCHS hospital call 1-866-721-9803. See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.

AETNA CONCIERGE
 PRECERTIFICATION
 PROVIDER SERVICES
 PROVIDER DIRECTORY

1-833-414-2331
 1-888-246-6648
 1-888-632-3862
 AETNA.COM

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



Sample Health Plan ID Card Legend

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2 Member ID which begins with a "W", each member will receive their own health plan ID card

3 Co-payment member is responsible to pay
- 4 Non CCHS inpatient admission notification

5 Provider directory to create your personal account on Aetna website

Cleveland Clinic

Sample ID Cards 2023 — Residents/Fellows

EHP
Main Campus
Residents &
Fellows

1

  **Cleveland Clinic**
Employee Health Plan (EHP)
Main Campus Resident/Fellow

JILL SAMPLE Aetna Select Open Access

2 ID W
Issuer (80840) 9140860054
GRP: 169570-021-00001

MEDICAL	INDIVIDUAL		FAMILY	
	Tier 1	Tier 2	Tier 1	Tier 2
INN DED	N/A	\$ 500	N/A	\$ 1500
INN OOP MAX	\$ 3950	\$ 4750	\$ 7900	\$ 9500
OOB DED	N/A	N/A	N/A	N/A
OOB OOP MAX	N/A	N/A	N/A	N/A

www.aetna.com PAYER NUMBER 60054 0048

Copays	PCP/Virtual	SPC	MRI/CT	UC	ER
Tier 1 CCHS OA	\$0	\$35	\$75	\$50	\$250
Tier 2 Aetna Select OA	\$25	\$50	\$75	\$50	\$250

3
4

Inpatient Tier 1 copay \$350. ER copay waived if admitted. Notification required for non-CCHS hospital admissions. If this is within 50 miles of CCHS hospital call 1-866-721-9803. See your plan documents for all plan requirements, including precertification. In an emergency, seek care immediately or call 911. This card does not guarantee coverage.

5

AETNA CONCIERGE	1-833-414-2331
PRECERTIFICATION	1-888-246-6648
PROVIDER SERVICES	1-888-632-3862
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