

We've got a lot of this and a lot of that.

And we've made it easy.

Our product overview

Our simple product summary

Health maintenance organization (HMO) and exclusive provider organization (EPO) plans

Our plans make it easy for your patients to choose in-network care. This reduces out-of-pocket expenses for your patients and overall costs for you. Services outside the network are not covered — except in the case of emergency or urgent care.

	HMO	Aetna Health Network Only SM HMO ^{***}	Aetna Select SM EPO	Open Access Aetna Select SM EPO [†]	Aetna Open Access [®] Elect Choice [®] EPO ^{**}
Primary care physician (PCP) required*					
Referrals required					
Core wellness programs**					
National performance networks					

*In Texas, PCP is known as physician (primary care). In the state of Washington, PCP refers to primary care provider. Even when it is not required, members are encouraged to select a PCP.

**Some plans may also include discounts, health assessments, online programs and our 24-hour nurse line — as well as MinuteClinic[®] wellness coaching, where available.

***Aetna Health Network Only is not available in California.

In Idaho, health benefits and health insurance plans are offered and/or underwritten by Aetna Health of Utah Inc. and Aetna Life Insurance Company. For all other states, health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Point-of-service (POS) and preferred provider organization (PPO) plans

Your patients have options. They can go directly to health care professionals and facilities in or out of the network — with or without referrals. Depending on the plan they choose, patients may share costs through copays, deductibles and coinsurance.

	Quality Point-of-Service® (QPOS®)†	Managed Choice® POS†,‡‡	Aetna Open Access® Managed Choice POS†,‡,‡‡	Aetna Choice® POS II‡	Aetna Health Network Option SM †,‡,‡‡	Open Choice® PPO
PCP required*						
Referrals required						
Core wellness programs**						
National performance networks						

Other provider options

We also offer a variety of HMO and PPO Medicare plans, and even Medicaid coverage through Aetna Better Health® plans.

†QPOS is available in HMO-based service areas. Managed Choice offers broader geographic service area availability.

‡‡Aetna Open Access Managed Choice and Managed Choice are not available for Missouri residents.

‡‡‡Aetna Health Network Option is not available in California.

‡If plan sponsor elects the PCP Choice feature, then a Primary Care physician (PCP) is required for Open Access Aetna Select EPO and Aetna Choice POS II (referrals not required).

‡‡If plan sponsor elects the PCP Choice feature, then a Primary Care physician (PCP) is required in select states for Aetna Open Access Managed Choice POS and Aetna Open Access Elect Choice EPO (referrals not required).

Quality, cost-efficient care with our offerings

National performance networks

Aetna Premier Care Network is our nationwide chain of physicians, specialists and hospitals — in network and out of network. And Aetna Premier Care Network Plus includes all those features, plus access to accountable care organizations and joint ventures. These are both high-performing networks where doctors meet quality measures. These high-quality networks are available to certain providers.

Procedure-based networks

Our Institutes of Quality® national network of more than 600 providers is recognized for bariatric, cardiac and orthopedic procedures. Our Institutes of Excellence™ national network is recognized for transplant and fertility procedures.

Value-based contracting solutions

Our value-based contracting solutions build healthier patient populations by paying for value, not volume. We offer several model options, including pay-for-performance, patient-centered medical homes, episode-based bundles, accountable care organization attribution and accountable care organization products (like Aetna Whole HealthSM plans) and joint ventures. Plus, we can tailor value-based solutions based on your needs.

Partner networks

You could be part of a wide network that works together with us to provide quality care, while still operating independently.

Indemnity plan

Your patients can go to any health care professional or facility at any time — no referrals and no networks — with the Traditional Choice® indemnity insurance plan.

Aetna HealthFund® plans

We offer a variety of plans to make it easier for your patients to pay for care.



Treating the whole person

We believe in treating all aspects of your patients' health. Our approach can integrate medical, dental, vision, pharmacy and behavioral health care.

To help your patients achieve whole health — body, mind and spirit.

All this to say,
we've got a lot to offer.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. MinuteClinic is a registered trademark of MinuteClinic, LLC. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. For plans that require the selection of a primary care physician and the primary care physician is part of an integrated delivery system or physician group, the primary care physician will generally refer to specialists and hospitals that are affiliated with the delivery system or physician group. Independent practice association arrangements do not currently exist in Missouri. Health benefits and health insurance plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules, and are unfunded liabilities of the employer. Fund balances are not vested benefits. Investment products and solutions will be offered by an independent third-party financial institution. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to **Aetna.com** for more information about Aetna® plans.

Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29N.

Policy forms issued in Idaho by Aetna Life Insurance Company include: GR-9/GR-9N, GR-23, GR-29/GR-29N, AL HGrpPol 04, AL SG HGrpPol 03.

Policy forms issued in Idaho by Aetna Health of Utah Inc. include: HI HGrpAg 04, HI SG HGrpAg 03.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, AL SG GrpPolAmend 2019 01, HI SG GrpAgAmend 2019 01.