vaetna[®]

Aetna Premier Care Network and Aetna Premier Care Network Plus

Provider guide



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What is the Aetna Premier Care Network?

Aetna Premier Care Network is a national network. It has a concentric plan design that combines current performance networks, plus the standard broad networks in the remaining markets.

A concentric plan design means that there are only two levels of benefits:

- 1. In network/maximum savings/best for your plan: This benefit applies when a member gets care from a participating Aetna Premier Care Network provider. We pay claims at the highest benefit level.
- 2. Out of network: This benefit applies to out-of-network facilities/physicians and non-designated physicians/hospitals. Non-designated providers can participate in the regular broad network but be non-participating in an Aetna Premier Care Network. Depending on the provider's contract, we may pay the claim at the preferred provider organization (PPO) contracted rate. The rate will apply to the member's out-of-network benefit, if applicable.

The Aetna Premier Care Network is:

- Built using performance networks with either 12 or 20 designated specialties that will result in the best medical cost savings in each market
- Designed to appear as one plan with one network, the Aetna Premier Care Network
- Seen by members as Aetna Premier Care Network on their card and in the provider search tool, regardless of the networks used in their market
- Based on where they live, members may have a broad or a narrow network, but by using the provider search tool on the member website, they'll only see the providers that will give them the maximum savings.



What is the Aetna Premier Care Network? (Continued)

The base medical plans available with the Aetna Premier Care Network are:

- Choice POS II (self-funded in all markets and fully insured in some markets)
- Open Access Aetna Select[™] plans (self-funded only)

There are two types of providers used for in-network benefits under the:

- Aetna Health Plan network (AHP/Broad/Direct)
- Aetna Premier Care Network performance network

Networks are based on one of the following designation configurations:

- 12 specialties designated
- 20 specialties designated and hospitals tiered

Note: The Aetna Premier Care Network can have all types of providers (PCPs, specialists, hospitals, etc.) or only include 12 specialties or 20 specialties and hospitals. This is because in some geographies, the full network of providers is offered (the AHP broad network). And in other geographies, there is a smaller performance network offering. The performance networks have fewer providers in network than the full AHP network.



What is Aetna Premier Care Network Plus?

The Aetna Premier Care Network Plus differs from the Aetna Premier Care Network. It can be based on an accountable care organization (ACO) or joint venture (JV) network. When based on an ACO or JV, the Aetna Premier Care Network Plus is an exact copy of that network.

In markets where there are no ACO or JVs, the Aetna Premier Care Network Plus is built using performance networks with either 12 or 20 designated specialties. This results in the best medical cost savings in each market.

Aetna Premier Care Network Plus is a program that can be added to the Choice POS II and/or Open Access Aetna Select products. For members to get the highest benefits, they must use providers contracted as an Aetna Premier Care Network Plus provider. This is designated on their plan's network ID.

Aetna Premier Care Network Plus has three ways for a member to access their in-network benefits:

- ACO or JV providers
- Aetna Premier Care Network Plus performance network
- Aetna Health Plan network (AHP/Broad/Direct)

Based on the member's home ZIP code, one of the following market configurations will apply:

- ACO or JV (e.g., Seton Health ACO, Innovation Health JV) access
- Concentric plan with in-network and out-of-network benefits (Choice POS II only)
- Concentric plan with in-network benefits only (Open Access Aetna Select only)



What is the Aetna Premier Care Network Plus Multi-Tier

Some of your patients might be in our new Aetna Premier Care Network Plus Multi-Tier program. This program is a new national performance network offering. Multi-tiered programs sort doctors and facilities into tiers based on their performance and ability to save money. The highest performing and most efficient doctors and facilities are in Tier 1.

This new program introduces a multi-tier option that can be selected by a Plan Sponsor. The APCN Plus Multi-Tier network consists of a 3-tier structure as follows:

- **Tier 1** Aetna Premier Care Network Plus Multi-Tier providers. Using a provider from this tier results in **maximum savings** for Aetna[®] members.
- **Tier 2** Aetna Health broad network providers. Using a provider from this tier results in **standard savings** for Aetna[®] members.
- **Tier 3** Out-of-network providers. Utilizing a provider from this tier results in the lowest amount of savings to an Aetna® member or no coverage at all if offered with an in-network only plan.

Please see next slide for instructions on how to identify patients who are in the APCN Plus Multi-Tier program.



How to identify patients who are in the APCN Plus multi-tier program

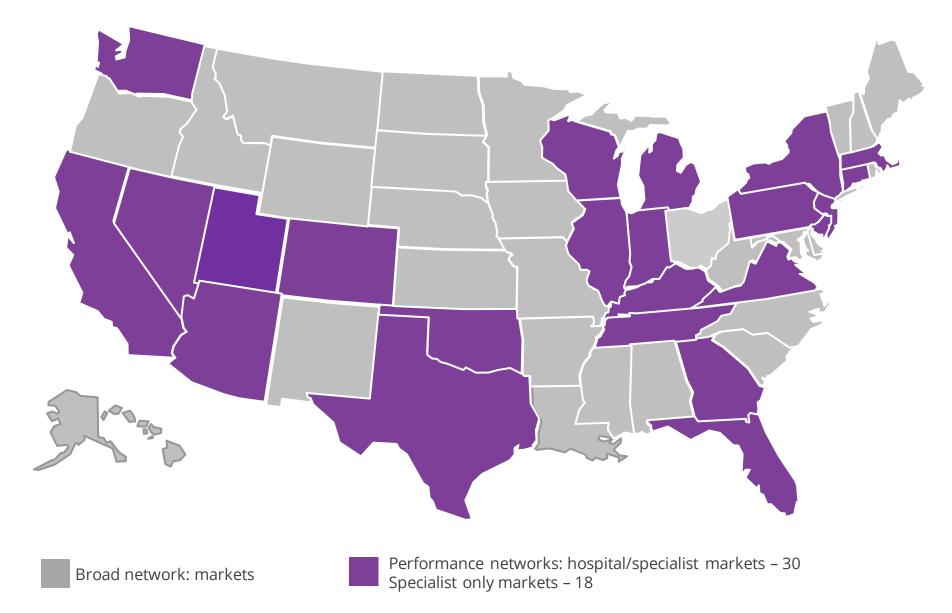
The member ID card will say "Aetna Premier Care Network Plus Multi-Tier."

To check your participation and tier status, visit our <u>provider referral directory</u>. If a hospital or provider doesn't participate with us, it will not appear in the search results.

- **Tier 1** hospitals and providers will see "maximum savings" displayed.
- **Tier 2** hospitals and providers will see "standard savings". They could see both "maximum savings" and "standard savings' if both a hospital and doctors are included under the same tax ID. This is referred to as having a "mixed participation" status. This tier is our broad network of providers. It's covered at a reduced benefits level. Most doctors and hospitals not designated as Tier 1 but contracted with our broad network will be covered at the Tier 2 benefits level.
- **Tier 3** If a hospital or provider is out of the network, the system will display this: "We are unable to determine your participation status . . . Services rendered by providers that are not part of the patient's network are not covered." A member might still be covered for out-of-network benefits.

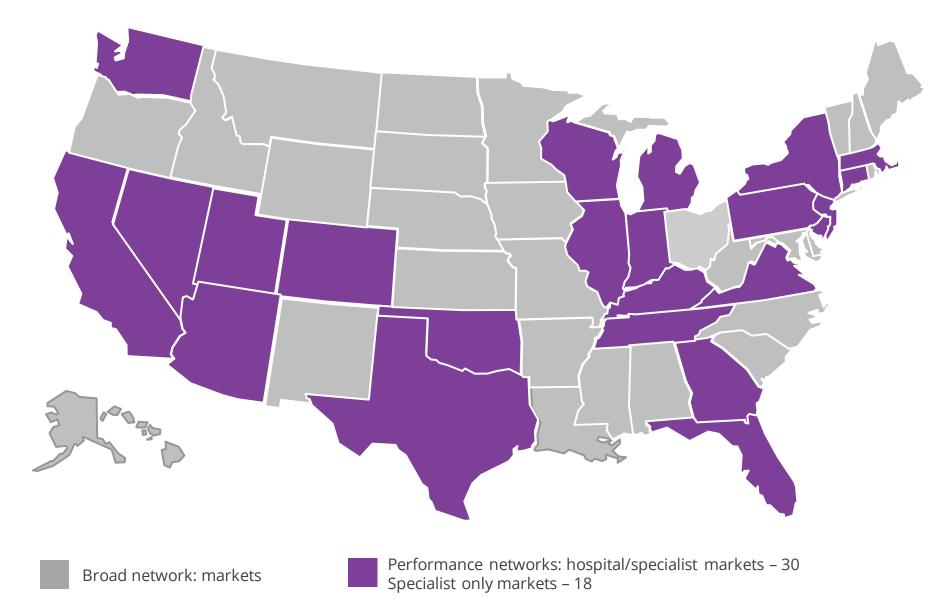


2024 Aetna Premier Care Network market configuration



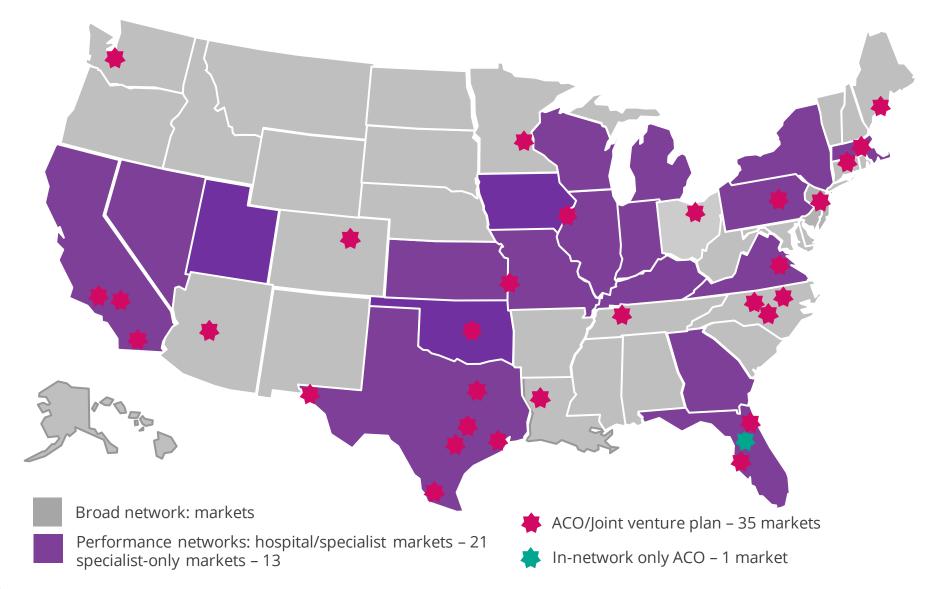


2025 Aetna Premier Care Network market configuration



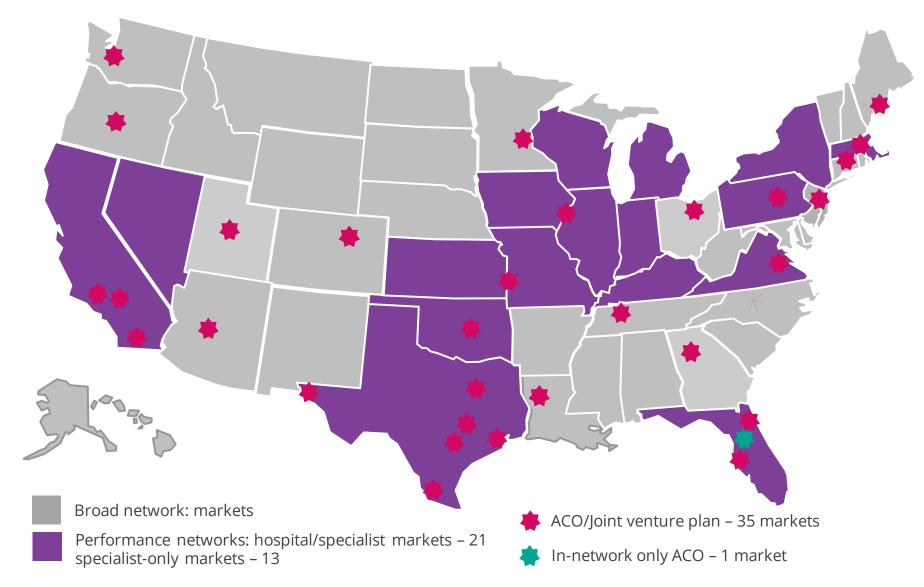


2024 Aetna Premier Care Network Plus Concentric market configuration



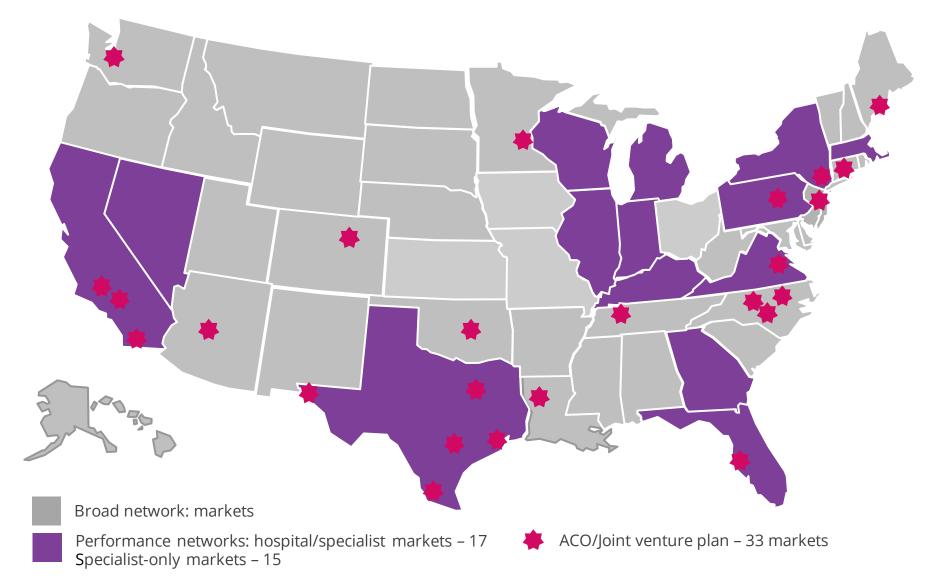


2025 Aetna Premier Care Network Plus Concentric market configuration



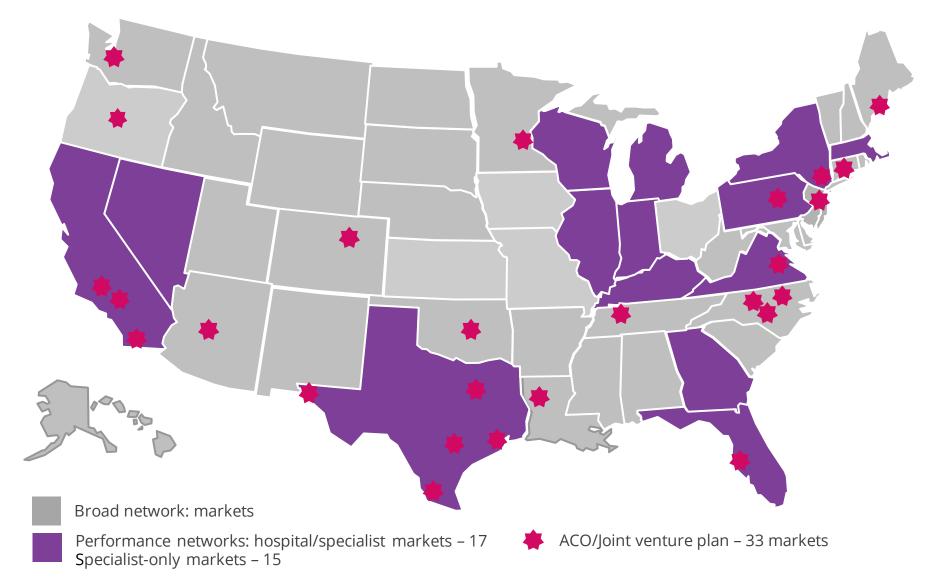


2024 Aetna Premier Care Network Plus Multi-Tier market configuration





2025 Aetna Premier Care Network Plus Multi-Tier market configuration





Designated specialty types

Markets with 12 designated specialties:

- Cardiology
- Cardiothoracic surgery
- Gastroenterology
- General surgery
- OB/GYN
- Orthopedics
- Otolaryngology
- Neurology
- Neurosurgery
- Plastic surgery
- Urology
- Vascular surgery

Markets with 20 designated specialties include original 12 and the following 8 more:

- Allergy
- Dermatology
- Endocrinology
- Infectious disease
- Nephrology
- Ophthalmology
- Pulmonary
- Rheumatology

Please note that all other provider specialty types will automatically "default" into Aetna Premier Care Network or Aetna Premier Care Network Plus (non AWH/JV) as a preferred provider since they do not require designation.



Specialist designation cycle and criteria

Market type 1

Markets with 12 specialties based on the following criteria:

- Case volume
- Clinical performance
- Efficiency
- Network adequacy
- Use of Tier 1 hospitals 50 percent or more of the time
- Specialists with little (less than \$1,000) or no hospital spend

Market type 2

Markets with providers in 12 specialties already designated via Method 1 and 8 additional specialties based on:

- Groups that use Tier 1 hospitals 50 percent or more of the time
- Groups that have little (less than \$1,000) or no hospital spend

Market type 3

Markets that are not part of Method 1 and designate 20 provider specialties based on:

- Physicians who use Tier 1 hospitals 50 percent or more of the time
- Groups that have little (less than \$1,000) or no hospital spend

Note: No clinical quality or cost-efficiency data is used to make selections using this method.

- Market types 2 and 3 also require hospital tiering.

- Providers will be notified by email or letter before any change in designation status goes into effect.



Tier 1 hospital designation criteria

Aetna Premier Care Network and Aetna Premier Care Network Plus may include separate tiers of network hospitals within markets. Network hospitals are evaluated on cost-efficiency of inpatient and outpatient cases. Cost-efficiency is then compared to the other hospitals in that market. To evaluate hospital inpatient and outpatient cost, the Aetna[®] "medical case" information for both acute inpatient, inpatient non-acute and outpatient procedures are used.

Medical case claims that are billed by the facility are used to evaluate hospital cost-efficiency. We don't use place of service categories of emergency room or outpatient procedure to determine cost-efficiency for hospitals.

What is medical case?

A medical case summarizes clinical events. It links or associates all of the claims submitted for a member during the same treatment episode. Our Informatics case logic defines clinical events based on contiguous claims for five places of service:

- 1. Inpatient acute
- 2. Inpatient non-acute
- 3. Emergency room
- 4. Outpatient procedure facility
- 5. Outpatient procedure non-facility

All specialist and ancillary claims that are within the starting and ending dates of service for these cases are attached to the case. In our analysis of hospital cost-efficiency measures, we only use claims billed for services by the facility.



Aetna Premier Care Network reciprocity

For a member to receive maximum savings when seeking provider services outside of their home network (reciprocity), the following guidelines on provider selection apply:

APCN (Non-ACO) Reciprocity should be coded as Concentric National			
Member type	Travel To Any APCN Performance Network	Travel to Broad Network	
APCN Performance network home member	APCN Performance network where available	Access to Broad Network	
Broad network home member	Access to Broad Network	Access to Broad Network	



Aetna Premier Care Network Plus reciprocity

For a member to receive maximum savings when seeking provider services outside of their home network (reciprocity), the following guidelines on provider selection apply:

Member type	Travel outside home service area but within market*	Travel to APCN-ACO Network	Travel To APCN performance Network	Travel to Broad Network
APCN Plus performance network home member	Access to Broad Network	Access to Broad network	APCN performance network where available	Access to Broad Network
Broad network home member	n/a	Access to Broad Network	Access to Broad Network	Access to Broad Network
APCN Plus –ACO/JV network home member	ER Care: In Network Benefits Non-ER Care: Out of Network Benefits	Access to Broad network	Access to Broad network	Access to Broad Network

Note: The network reciprocity rule for Aetna Premier Care Network Plus-ACO/JV member is standard AHP networks. If a plan sponsor opts out of any Aetna Premier Care Network Plus-ACO/JV market for an approved reason, the opt-out network is replaced with broad network.

*This applies to markets where the ACO/JV network has a more narrow service area than the AHP network in the geography. For example, the New Jersey statewide ACO covers 19 counties but the AHP network covers 21 counties. When an Aetna Premier Care Network Plus member leaves the 19 counties and travels into the other 2 for non-ER care, out-of-network benefits are applied.



Frequently asked questions and answers

Can a provider be "recommended" for designation in Aetna Premier Care Network and/or Aetna Premier Care Network Plus from an outside source?

No. A provider can only participate in the Aetna Premier Care Network if all qualifications are met during the designation process.

How will I know if I have been designated as an Aetna Premier Care Network/Aetna Premier Care Network Plus participating provider?

A designation cycle is completed once every two years. All providers selected for designation will get an email/letter. It will inform them of their new participating status. We will notify any provider who doesn't pass the designation requirements during a subsequent cycle.

Will all providers in a group be either designated or non-designated?

Due to multi-specialty groups, it is possible for a group to have some designated and some non-designated providers. However, an attempt is made to keep groups whole when possible. In addition, any provider with a specialty that does not require designation (such as primary care) will automatically be put into the network.

If providers are referring a member to another provider specialty, should the Aetna Premier Care Network/Aetna Premier Care Network Plus status of that provider be checked?

Yes, the status of the provider the member is being referred to should be checked. This ensures they are also in network for Aetna Premier Care Network/Aetna Premier Care Network Plus.

If an Aetna® member calls and asks if the provider is participating with Aetna, should additional information be obtained before the provider answers?

The provider should ask for more details on the type of Aetna plan. While a provider may be participating with our broad network, they may or may not participate in the Aetna Premier Care Network or Aetna Premier Care Network Plus performance network.



APCN Broad Network Plan

(Logo: RNAPCN, Background: STD, D150: Use www.aetna.com to choose providers in your plan)

♥aetna [®]		Use www.aetna.com to choose provide MEDICAL INDIVIDUAL Tier 1	FAMILY Tier 1
Product Name Line One Product Name Line Two ID W1234 56789 01 AUDREY Q SAMPLE-TESTCARD	PLAN SPONSOR NAME LINE ONE PLAN SPONSOR NAME LINE TWO PAYER NUMBER 60054 NNNN GRP: 888888-011-00101	INN DED \$\$\$\$\$ INN OOP MAX \$\$\$\$\$ OON DED \$\$\$\$\$ OON OOP MAX \$\$\$\$\$	\$\$\$\$\$\$ \$\$\$\$\$\$ \$\$\$\$\$\$ \$\$\$\$\$\$ \$\$\$\$\$
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APCN Narrow Network Plan (Except Milwaukee)

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APCN Narrow Network Plan Milwaukee

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APCN Plus Broad Network Plan

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APCN Plus Narrow Network Plan (Except Milwaukee)

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APCN Plus Narrow Network Plan Milwaukee

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APCN Plus MT Broad Network Plan (Logo: RN0058, Background: STD, D150: Use www.aetna.com to choose providers in your plan) ♥aetna[®] Use www.aetna.com to choose providers in your plan. MEDICAL INDIVIDUAL Tier 1 FAMILY Tier 1 INN DED \$\$\$\$\$\$ \$\$\$\$\$\$ Product Name Line One \$\$\$\$\$\$ INN OOP MAX \$\$\$\$\$ PLAN SPONSOR NAME LINE ONE Product Name Line Two PLAN SPONSOR NAME LINE TWO OON DED \$\$\$\$\$\$ \$\$\$\$\$\$ PAYER NUMBER 60054 NNNN ID W1234 56789 OON OOP MAX \$\$\$\$\$\$ \$\$\$\$\$\$ GRP: 888888-011-00101 01 AUDREY Q SAMPLE-TESTCARD PCP: ABC PRACTICE ASSOCIATES MEMBER/PROVIDER SERVICES 1-888-888-8888 02 JESSIE Q SAMPLE-TESTCARD RX MEMBER SERVICES 1-888-888-8888 PCP: ABC PRACTICE ASSOCIATES PCP \$ 35.00 03 CAITLIN Q SAMPLE-TESTCARD MENTAL/BEHAVIORAL HEALTH 1-888-888-8888 SPC \$ 50.00 PCP: ABC PRACTICE ASSOCIATES 04 EMILY Q SAMPLE-TESTCARD PCP: ABC PRACTICE ASSOCIATES 05 KARA Q SAMPLE-TESTCARD PCP: ABC PRACTICE ASSOCIATES See your plan documents for all plan requirements, including Medical Legal Entity Prints Here Aetna Premier Care precertification. In an emergency, seek care immediately or Submit Claims to: PO BOX 981106 Network Plus call 911. This card does not guarantee coverage. EL PASO TX 79998-1106 www.aetna.com

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APCN Plus MT Narrow Network Plan (Except Milwaukee)

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Medical Legal Entity Prints Here Aetna Premier Care Submit Claims to: PO BOX 981106 Network Plus EL PASO TX 79998-1106 Multi-Tier	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. www.aetna.com	

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APCN Plus MT Narrow Network Plan Milwaukee

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PCP: ABC PRACTICE ASSOCIATES Medical Legal Entity Prints Here Submit Claims to: PO BOX 981106 EL PASO TX 79998-1106	Aetna Premier Care Network Plus Multi-Tier W	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. www.aetna.com	

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NY – APCN Plus MT AWH New York (Logo: RN0279, Background: STD, D150: Use www.aetna.com to choose providers in your plan.) ♥aetna[®] Use www.aetna.com to choose providers in your plan. MEDICAL INDIVIDUAL Tier 1 Tier 3 FAMILY Tier 1 Tier 3 \$\$\$\$\$\$ \$\$\$\$\$\$ INN DED \$\$\$\$\$\$ \$\$\$\$\$\$ Product Name Line One INN OOP MAX \$\$\$\$\$ \$\$\$\$\$\$ \$\$\$\$\$\$ \$\$\$\$\$\$ PLAN SPONSOR NAME LINE ONE Product Name Line Two PLAN SPONSOR NAME LINE TWO \$\$\$\$\$\$ \$\$\$\$\$\$ OON DED PAYER NUMBER 60054 NNNN ID W1234 56789 OON OOP MAX \$\$\$\$\$\$ \$\$\$\$\$\$ GRP: 888888-011-00101 01 AUDREY Q SAMPLE-TESTCARD PCP: ABC PRACTICE ASSOCIATES MEMBER/PROVIDER SERVICES 1-888-888-8888 02 JESSIE Q SAMPLE-TESTCARD RX MEMBER SERVICES 1-888-888-8888 PCP: ABC PRACTICE ASSOCIATES PCP \$ 35.00 03 CAITLIN Q SAMPLE-TESTCARD MENTAL/BEHAVIORAL HEALTH 1-888-888-8888 SPC \$ 50.00 PCP: ABC PRACTICE ASSOCIATES 04 EMILY Q SAMPLE-TESTCARD PCP: ABC PRACTICE ASSOCIATES 05 KARA Q SAMPLE-TESTCARD PCP: ABC PRACTICE ASSOCIATES See your plan documents for all plan requirements, including Medical Legal Entity Prints Here Aetna Premier Care Network Plus Multi-Tier precertification. In an emergency, seek care immediately or Submit Claims to: PO BOX 981106 call 911. This card does not guarantee coverage. EL PASO TX 79998-1106 Aetna Whole Healthsm www.aetna.com New York

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Important resources

- The Aetna[®] website can be used to check a provider's participating status for Aetna Premier Care Network and/or Aetna Premier Care Network Plus: **Aetna.com/health-care-professionals.html**
- The Aetna OfficeLink Updates[™] newsletter includes valuable information on Aetna Premier Care Network and Aetna Premier Care Network Plus: Aetna.com/health-careprofessionals/newsletters-news/office-link-updates.html
- Contact the Provider Service Center with any questions: **1-888-MD-AETNA (1-888-632-3862)**



