



Employee Health Plan(s)

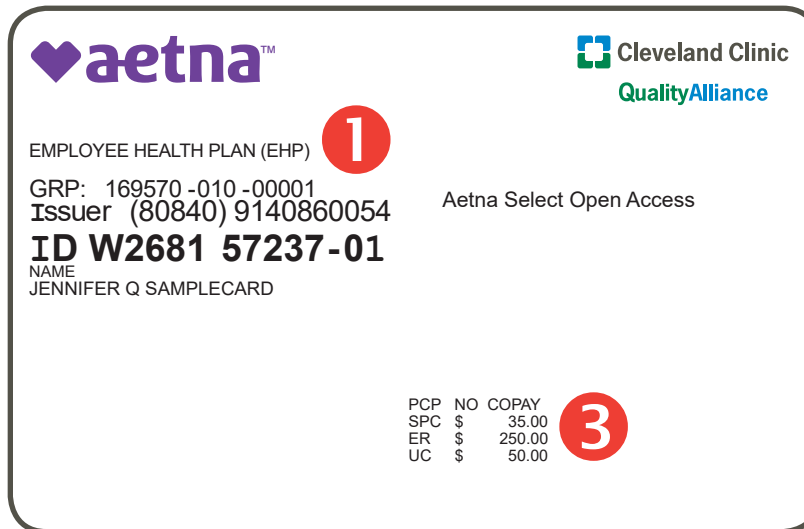
Employee Health Plan ID Cards



Cleveland Clinic

Sample ID Cards 2022 — EHP & Under 65 Retiree

EHP



aetna™ Cleveland Clinic
QualityAlliance

EMPLOYEE HEALTH PLAN (EHP) **1**

GRP: 169570 -010 -00001
Issuer (80840) 9140860054

Aetna Select Open Access

2 ID W2681 57237-01
NAME
JENNIFER Q SAMPLECARD

PCP	NO	COPAY	3
SPC	\$	35.00	
ER	\$	250.00	
UC	\$	50.00	

www.aetna.com PAYER NUMBER 60054 0048

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

Inpatient requires precertification. For all non-CCHS admissions call transport line at 1 - 866 - 721 - 9803 . **4**


Provider directory: Aetna.com
Provider services: 1 - 888 - 632 - 3862 **5**

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
PO BOX 981106
EL PASO TX 79998-1106

AETNA CONCIERGE	1 - 833 - 414 - 2331
PRECERTIFICATION	1 - 888 - 246 - 6648

EHP Plus
Retiree
Under 65



aetna™ Cleveland Clinic
QualityAlliance

EMPLOYEE HEALTH PLAN PLUS
RETIREE UNDER 65 **1**

GRP: 169570 -010 -00004
Issuer (80840) 9140860054

Aetna Select Open Access

2 ID W2681 57237-01
NAME
JENNIFER Q SAMPLECARD

PCP	NO	COPAY	3
SPC	\$	35.00	
ER	\$	250.00	
UC	\$	50.00	

www.aetna.com PAYER NUMBER 60054 0048

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

Inpatient requires precertification. For all non-CCHS admissions call transport line at 1 - 866 - 721 - 9803 . **4**

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Aetna Life Insurance Company
PO BOX 981106
EL PASO TX 79998-1106

AETNA CONCIERGE	1 - 833 - 414 - 2331
PRECERTIFICATION	1 - 888 - 246 - 6648

Sample Health Plan ID Card Legend

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

Cleveland Clinic

Sample ID Cards 2022 — EHP Plus & Under 65 Retiree

EHP Plus



aetna™ **Cleveland Clinic**
QualityAlliance

EMPLOYEE HEALTH PLAN PLUS (EHP PLUS) **1**
GRP: 169570 -010 -00001
Issuer (80840) 9140860054
ID W2681 57237-01
NAME
JENNIFER Q SAMPLECARD

Aetna Select Open Access

PCP	NO	COPAY	3
SPC	\$	35.00	
ER	\$	250.00	
UC	\$	50.00	

www.aetna.com **PAYER NUMBER 60054 0048**

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

Inpatient requires precertification. For all non-CCHS admissions call transport line at 1 - 866 - 721 - 9803 . **4**

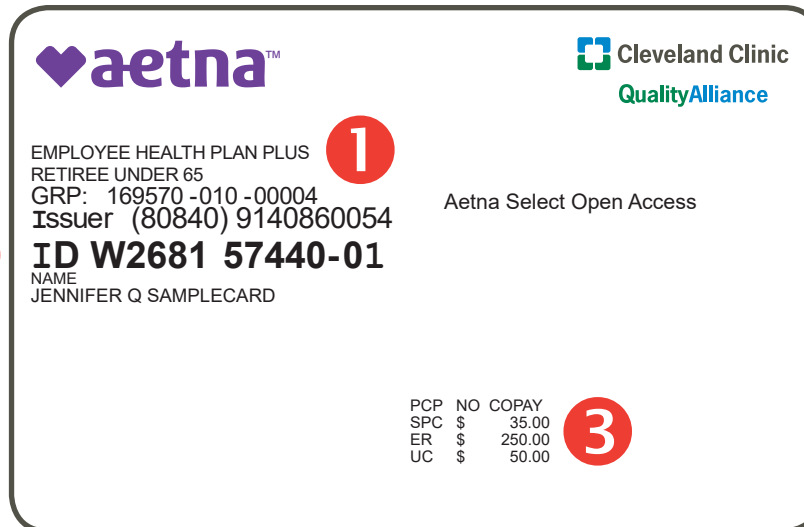
Provider directory: Aetna.com **5**
Provider services: 1 - 888 - 632 - 3862

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
PO BOX 981106
EL PASO TX 79998-1106

AETNA CONCIERGE	1 - 833 - 414 - 2331
PRECERTIFICATION	1 - 888 - 246 - 6648

EHP Plus Under 65 Retiree



aetna™ **Cleveland Clinic**
QualityAlliance

EMPLOYEE HEALTH PLAN PLUS RETIREE UNDER 65 **1**
GRP: 169570 -010 -00004
Issuer (80840) 9140860054
ID W2681 57440-01
NAME
JENNIFER Q SAMPLECARD

Aetna Select Open Access

PCP	NO	COPAY	3
SPC	\$	35.00	
ER	\$	250.00	
UC	\$	50.00	

www.aetna.com **PAYER NUMBER 60054 0048**

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

Inpatient requires precertification. For all non-CCHS admissions call transport line at 1 - 866 - 721 - 9803 . **4**

Provider directory: Aetna.com **5**
Provider services: 1 - 888 - 632 - 3862

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
PO BOX 981106
EL PASO TX 79998-1106

AETNA CONCIERGE	1 - 833 - 414 - 2331
PRECERTIFICATION	1 - 888 - 246 - 6648

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 2022 — EHP & EHP Plus Over 65 Retiree

EHP Plus
Over 65
Retiree



aetna™ Cleveland Clinic
QualityAlliance

EMPLOYEE HEALTH PLAN (EHP) **1**
 RETIREE 65 AND OVER
 GRP: 169570-010-00005
 Issuer (80840) 9140860054 Aetna Select Open Access

2 **ID W2681 57252-01**
NAME
 JENNIFER Q SAMPLECARD

www.aetna.com PAYER NUMBER 60054 0048

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

Inpatient requires precertification. For all non-CCHS admissions call transport line at 1 - 866 - 721 - 9803 . **4**

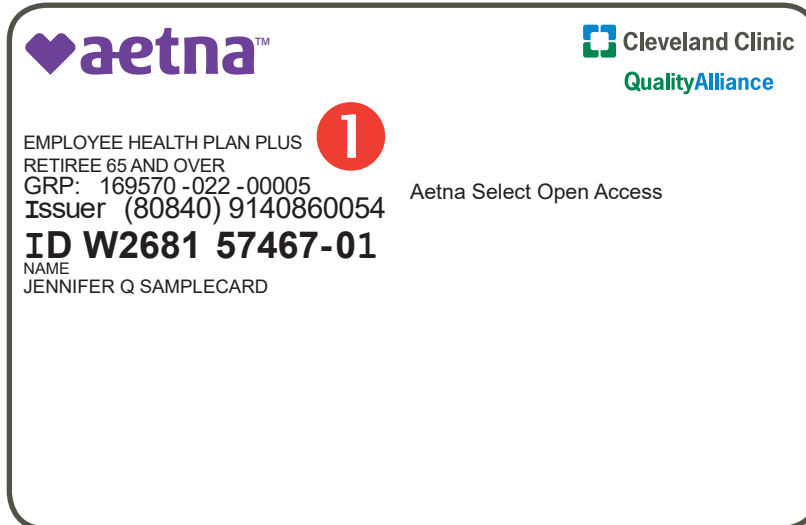
Provider directory: Aetna.com
 Provider services: 1 - 888 - 632 - 3862 **5**

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
 PO BOX 981106
 EL PASO TX 79998-1106

AETNA CONCIERGE 1 - 833 - 414 - 2331
 PRECERTIFICATION 1 - 888 - 246 - 6648

EHP Plus
Over 65
Retiree



aetna™ Cleveland Clinic
QualityAlliance

EMPLOYEE HEALTH PLAN PLUS **1**
 RETIREE 65 AND OVER
 GRP: 169570-022-00005
 Issuer (80840) 9140860054 Aetna Select Open Access

2 **ID W2681 57467-01**
NAME
 JENNIFER Q SAMPLECARD

www.aetna.com PAYER NUMBER 60054 0048

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

Inpatient requires precertification. For all non-CCHS admissions call transport line at 1 - 866 - 721 - 9803 . **4**

Provider directory: Aetna.com
 Provider services: 1 - 888 - 632 - 3862 **5**

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
 PO BOX 981106
 EL PASO TX 79998-1106



AETNA CONCIERGE 1 - 833 - 414 - 2331
 PRECERTIFICATION 1 - 888 - 246 - 6648

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 2022 — ONA

EHP ONA Employee Card

EMPLOYEE HEALTH PLAN (EHP) **1**
 ONA
 GRP: 169570 -021 -00001
 Issuer (80840) 9140860054
ID W2685 87956-02
 NAME
 JENNIFER Q SAMPLECARD

Aetna Select Open Access

www.aetna.com **PAYER NUMBER 60054 0048**

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

Inpatient requires precertification. For all non-CCHS admissions call transport line at 1 - 866 - 721 - 9803 . **4**



Provider directory: Aetna.com
 Provider services: 1 - 888 - 632 - 3862 **5**

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
 PO BOX 981106
 EL PASO TX 79998-1106

AETNA CONCIERGE	1 - 833 - 414 - 2331
PRECERTIFICATION	1 - 888 - 246 - 6648

EHP ONA Dependent Card

EMPLOYEE HEALTH PLAN (EHP) **1**
 ONA
 GRP: 169570 -021 -00001
 Issuer (80840) 9140860054
ID W2685 87956-02
 NAME
 DANIEL T SAMPLECARD

Aetna Select Open Access

www.aetna.com **PAYER NUMBER 60054 0048**

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

Inpatient requires precertification. For all non-CCHS admissions call transport line at 1 - 866 - 721 - 9803 . **4**

Provider directory: Aetna.com
 Provider services: 1 - 888 - 632 - 3862 **5**

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
 PO BOX 981106
 EL PASO TX 79998-1106

AETNA CONCIERGE	1 - 833 - 414 - 2331
PRECERTIFICATION	1 - 888 - 246 - 6648

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 2022 — Residents/Fellows & USW

EHP Plus
Residents/
Fellows

1




EMPLOYEE HEALTH PLAN (EHP) **1**
 MAIN CAMPUS RESIDENT FELLOW
 GRP: 169570 -021 -00003
 Issuer (80840) 9140860054
2 **ID W2685 87978-01**
 NAME
 JENNIFER Q SAMPLECARD
 Aetna Select Open Access

4

www.aetna.com **PAYER NUMBER 60054 0048**

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

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

Provider directory: Aetna.com
 Provider services: 1 - 888 - 632 - 3862 **5**



See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
 PO BOX 981106
 EL PASO TX 79998-1106

AETNA CONCIERGE 1 - 833 - 414 - 2331
 PRECERTIFICATION 1 - 888 - 246 - 6648

EHP USW

1

EMPLOYEE HEALTH PLAN (EHP) **1**
 USW
 GRP: 169570 -021 -00003
 Issuer (80840) 9140860054
2 **ID W2685 87974-01**
 NAME
 JENNIFER Q SAMPLECARD
 Aetna Select Open Access

4

www.aetna.com **PAYER NUMBER 60054 0048**

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

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

Provider directory: Aetna.com
 Provider services: 1 - 888 - 632 - 3862 **5**

See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.

Aetna Life Insurance Company
 PO BOX 981106
 EL PASO TX 79998-1106

AETNA CONCIERGE 1 - 833 - 414 - 2331
 PRECERTIFICATION 1 - 888 - 246 - 6648

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