



welcome

aetna[®]

6 Steps to Help You Get the Most Out of Your Plan

Step 1

Look for your Member ID card



It's your all-access pass to better care

We'll send your Member ID card in the mail, so keep an eye out for it. We recommend keeping your Member ID card with you at all times, so you have it when you need it. Your card has:

- **Your Member ID number** — used when seeking care and registering online
- **Member Service Center phone number** — if you have questions
- **Emergency Services phone number** — for easy access in case of a potential medical evacuation



Step 2

Sign up for simple and secure online access

Health Hub is your personalized, secure member website that's fast and easy to use on any device.

With Health Hub you can: find care outside of the United States, access your plan documents and take advantage of industry-leading tools to help you manage your benefits. It's optimized to work equally well on any device, including your mobile phone or tablet. Using Health Hub, you can:

- Find nearby doctors and hospitals
- Access your health care plan documents
- Submit claims faster and easier
- Browse a library of health and wellness topics
- Take your health assessment to determine your current state of health

It's easy to register

1. Go to **aetnainternational.com** and click "**Register now**" under the "Log in" section
2. Select your plan type
3. Fill in your name, date of birth and Member ID number found on your Member ID card

If you're already logged into Health Hub, you can easily access **Aetna Navigator** without a separate sign-in. It lets you:

- Find U.S. doctors, hospitals and walk-inclinics
- Track your claims status
- Access your digital Member ID card
- Estimate your out-of-pocket costs
- Compare costs and quality of area hospitals, medical procedures and prescriptions
- Take advantage of a whole host of health and wellness programs



Step 3

You'll want to know these

Insurance terms can sometimes be daunting. Here's a few we think you'll want to know when looking at your plan documents, seeking care or reviewing bills.

Coinsurance

The percentage of covered medical expenses you're responsible for paying. For example, in an 80 percent coinsurance plan, we pay 80 percent of your covered expenses and you pay 20 percent. Your plan documents show the coinsurance for various medical costs.

Copayment (or "copay")

The fixed dollar amount you pay when you receive care. See your plan documents to find out if you have a copay for certain procedures or medical visits.

Deductible

The amount you pay for covered medical services before your plan will begin to pay. For example, let's say your plan has a \$200 deductible. If a covered medical expense is \$500, you pay \$200 and we pay the remaining \$300. Once your deductible has been met within a calendar year, we'll pay all other covered expenses (excluding coinsurance and/or copays) incurred in that year. Your deductible may not apply to certain services, so you'll want to check your plan documents to see whether you have a deductible and how much it is.

Letter of Authorization (LOA)/Guarantee of Payment (GOP)

These preauthorization documents are like a referral. They authorize treatment and let doctors know your plan will pay for their services. These are sometimes needed before you see a doctor (except in cases of emergency).

Direct settlement

An agreement we make with hospitals and clinics to have them bill us directly for covered medical services. It helps:

- Lower your out-of-pocket costs at the time of service
- Make it easier for you to prepay, submit claims and get reimbursed
- By sending your Letter of Authorization/Guarantee of Payment directly to the treatment facility

We may even be able to negotiate a one-time direct settlement arrangement when you need to see a doctor outside of our network.

Explanation of benefits (EOB)

This document details:

- Recent charges for medical services
- Which services were covered by your plan
- Who is responsible to pay



Step 4

Get the scoop on submitting claims

When claims are required

If you choose a doctor in our direct settlement network, you can usually access care without having to submit a claim.

If you choose to go outside the network for care, you'll need to pay at the time of service and then submit a claim for reimbursement.

Before you submit your claim

- You'll need to submit your claim within 180 days of your treatment
- Have all supporting documents on hand, including original receipts, certificates and X-rays
- Put your Member ID number on each document you submit
- Be ready to provide complete details of your visit, including the reason for it and a description of services provided
- Know what currency and method — check, wire or electronic funds transfer (EFT) — you'd like to be reimbursed in. (We don't charge processing fees for EFT, wire transfers or direct deposits, but your bank might, so make sure you check.)

Submitting your claim

1. **Log in to Health Hub at aetnainternational.com**
2. Click **"My Claims,"** then select **"New claim"** to be taken to your online claim form, which is prefilled with as many details as we have
3. **Complete the online form**
4. **Scan and upload your receipts**
5. Select your preferred currency and method of reimbursement in the **"Summary of Reimbursement"** and **"Banking"** sections on your claim form
6. **Submit** your claim, noting your reference tracking number to check your claim status

You can also submit a claim by traditional mail or secure fax. But, you'll usually get your money faster by submitting your claim electronically.

After submitting your claim

Your claim will show up in the claim center section of Health Hub under "Online submission history." Keep your original receipts in case they're needed for verification purposes.

How to track your claim

1. **Log in to Health Hub** and select **"My Claims"**
2. Select **"Aetna Navigator."** You'll be taken to a screen where you can view the status of your claims and your Explanation of Benefits.

For future claims

You can submit another claim for the same provider in the future by using the "modify" feature from your previous claim to submit a new claim.

Set up automatic payments

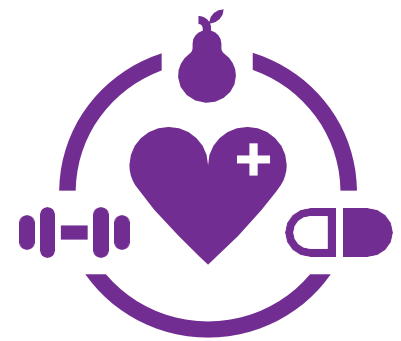
You can also set up a recurring repayment option with multiple reimbursement methods. Select any previously saved payment method when completing and submitting your claims online to ensure your payment is sent to the most convenient place for you.

Here's how:

1. **Log in to Health Hub** and click **"My Claims"**
2. Under **"Get reimbursed,"** select **"More about the claims process"**
3. Look at the **"Repeat repayment details"** page to make sure the information is accurate
4. Select country under **"Add a new payment method,"** then click "Continue"
5. **Complete the form,** then click "Submit" to save this repeat repayment payment method for future use

Step 5

Discover ways to reach your best health



Customizing your health and wellness experience

Our approach to supporting you in your health journey is highly personalized through:

Aetna International In Touch Care, providing you with one-on-one assistance from a clinician on the CARE team when you're managing a chronic or acute health condition

Health assessments to help determine your current state of health, evaluate your personal health risks and recommend an action plan to get you on the road to your best health

Find out about all the valuable benefits your plan includes

Once you've registered for Health Hub (Step 2) — your personalized, secure member website — you'll be able to log in and see all the great health and wellness benefits and resources available to you.

We want to help you get started:

1. **Log into aetna.com** and find health and wellness programs
2. **Or call our CAREteam** using the number on your Member ID card to talk about what support is available for your specific needs. Ask to speak with a CARE nurse or receive a call back.



Step 6

Let us know if you have questions

Our Member Service Center representatives are here for you 24/7 to answer any questions you may have. To reach them, simply **call the number on your Member ID card** for help.

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