

aetna TX Medical Neighborhood **Alief**
Independent School District

ALIEF ISD
TX MEDICAL NEIGHBORHOOD
Issuer (80840) 9140860054 Aetna Select Open Access
GRP: 100085-014-00101
ID W
01
PCP: _____
PCP \$ 30.00

RX BIN# 610502

www.aetna.com PAYER NUMBER 60054 0435

TX Medical Neighborhood - www.Aetna.com
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.

MEDICAL	INDIVIDUAL	FAMILY
In Network Deductible	\$ 1000	N/A
In Network Out Of Pocket Max	\$ 4000	N/A
Out Of Network Deductible	N/A	N/A
Out Of Network OOP Max	N/A	N/A

MEMBER SERVICES 1-866-381-8933
PROVIDERS CALL/PREPERT 1-888-632-3862
MENTAL/BEHAVIORAL HEALTH 1-800-424-4047
RX MEMBER SERVICES 1-888-792-3862

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

aetna Aetna Whole Health™ **Alief**
Memorial Hermann Accountable Care Network Independent School District

ALIEF ISD
MEMORIAL HERMANN
Issuer (80840) 9140860054 Aetna Select Open Access
GRP: 100085-013-00001
ID W
01
PCP: NO ELECTION REQUIRED
PCP \$ 30.00
SPC \$ 40.00

RX BIN# 610502

www.aetna.com PAYER NUMBER 60054 0435

AWH-MEMORIAL HERMANN ACN - WWW.AETNA.COM
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.

MEDICAL	INDIVIDUAL	FAMILY
In Network Deductible	\$ 750	N/A
In Network Out Of Pocket Max	\$ 3000	N/A
Out Of Network Deductible	N/A	N/A
Out Of Network OOP Max	N/A	N/A

MEMBER SERVICES 1-866-381-8933
PROVIDERS CALL/PREPERT 1-888-632-3862
MENTAL/BEHAVIORAL HEALTH 1-800-424-4047
RX MEMBER SERVICES 1-888-792-3862

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

aetna KelseyCare Plan **Alief**
Independent School District

PCP: Kelsey-Seybold CI
IPA: Kelsey-Seybold
ID W
Issuer (80840) 9140860054
GRP# 100085-015-00201
PCP Required Plan
PCP \$ 30.00
SPC \$ 40.00

RX BIN# 610502

MEDICAL	INDIVIDUAL	FAMILY
In Network Deductible	\$ 750	\$ 2250
In Network Out Of Pocket Max	\$ 3000	\$ 6000
Out Of Network Deductible	N/A	N/A
Out Of Network OOP Max	N/A	N/A

www.aetna.com PAYER# 60054 0435
Submit professional claims to Kelsey-Seybold EDI Payer KELSEY
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.

MEMBER SERVICES 1-866-381-8933
PROVIDERS CALL/PREPERT 1-888-632-3862
RX MEMBER SERVICES 1-888-792-3862

Aetna Life Insurance Company
Submit Claims To:
PO BOX 981106
EL PASO TX 79998 1106
SUBMIT CLAIMS: KELSEY-SEBOYLD
EDI PAYER: KELSEY
PO BOX 841209 PEARLAND, TX 77584