

Dear Main Line Health Physician Partners Participating Provider Office,

Thank you for being part of our employee benefits program, designed to offer value-based care to the employees and dependents of Main Line Health (MLH). You are receiving this email because your practice continues to be part of our physician network as a Maximum Savings Provider for 2022. The three health system provider organizations that currently participate with our employee benefits program include providers from Main Line Health Physician Partners, Jefferson Health, and Doylestown Health Partners.

Employees and their dependents are encouraged to use providers through significantly reduced copays and deductibles when they choose to see providers in our network. Please note that **your payment is not impacted** by collecting a lower copay at the time of service in your office. In fact, Main Line Health offsets any reduced copayments based on your existing payer agreement in a higher reimbursement from Aetna (third-party administrator for the plan).

To assist your office in charging the correct copay at time of service, attached below are copies of each organization's benefit cards. If you have any questions, please do not hesitate to contact Joel Port at PortJ@dvaco.org, Melissa Rafferty at RaffertyMe@mlhs.org, or your payer provider representative.

Additional Reminders:

1. Since you are a Maximum Savings Provider due to your affiliation with Jefferson Health and/or Main Line Health Systems, please note that your office should collect the DVACO or Tier 1 copay as outlined on the subsequent slides for all professional services rendered to a plan participant by a provider who bills out of your practice's Tax ID Number (TIN).
2. To ensure that you will be paid appropriately as a Maximum Savings Provider, please make sure to update your credentialing information in CAQH as needed.
3. Referring to other Maximum Savings Providers (i.e.- Jefferson and Main Line Health affiliated providers) may save significant out of pocket expenses in the form of lower deductibles and copays for our employees and their dependents. Encouraging employees to check their coverage before scheduling and receiving any medical services (For example: lab, radiology, medical/surgical procedures, etc.) is advisable.

Thank you for your consideration!

Sincerely,

Joel Port
Senior Vice President, Business &
Network Development
Delaware Valley ACO

Melissa A. Rafferty
System Director, Primary Care Services and
Main Line Health Physician Partners

EXAMPLE 1: MAIN LINE HEALTH EMPLOYEES/DEPENDENTS PPO SELECT: PCP \$10; SPECIALIST \$40

Pennsylvania

   
NAP





SELECT PLAN
INCLUDES PHARMACY COVERAGE
GRP: 144208-010-00001
Issuer (80840) 9140860054 Choice POS II

ID W1234 56789

NAME
01 JENNIFER Q SAMPLE-TESTCARD
02 JONATHAN Q SAMPLE-TESTCARD
03 CAITLIN Q SAMPLE-TESTCARD
04 EMILY Q SAMPLE-TESTCARD
05 KARA Q SAMPLE-TESTCARD

RX BIN# 610502

New Jersey

   
NAP

SELECT PLAN
INCLUDES PHARMACY COVERAGE
GRP: 144208-010-00002
Issuer (80840) 9140860054 Choice POS II

ID W1234 56789

NAME
01 JENNIFER Q SAMPLE-TESTCARD
02 JONATHAN Q SAMPLE-TESTCARD
03 CAITLIN Q SAMPLE-TESTCARD
04 EMILY Q SAMPLE-TESTCARD
05 KARA Q SAMPLE-TESTCARD

RX BIN# 610502

DEDUCTIBLE MAY APPLY		
PCP \$ 10	/ \$10	/ \$40
SPC \$ 40	/ \$40	/ \$80
HOSP NO COPAY	/ \$250	/ \$700+30%
ER \$ 150	/ \$150	/ \$150

SELF INSURED

X545093800708

www.aetna.com PAYER NUMBER 60054 0062

DVACO: PCP \$10, SPC \$40, UC \$50, ER \$150
DVACO Partners: PCP \$10, SPC \$40, UC \$50, ER \$150
Aetna Network: PCP \$40, SPC \$80, UC \$100, ER \$150

Referrals are not required.
Some services may also require precertification.
See your plan documents for information on your plan requirements.
This card does not guarantee coverage.
For mental health or substance abuse preapproval or coverage questions, call 1-800-424-4047.
FIRSTCALL EAP: 1-800-382-2377
MLH Physician Appointments: 1-866-CALL-MLH

Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES	1-800-841-4967
PROVIDERS CALL	1-888-632-3862
RX MEMBER SERVICES	1-888-792-3862

www.aetna.com PAYER NUMBER 60054 0062

DVACO: PCP \$10, SPC \$40, UC \$50, ER \$150
DVACO Partners: PCP \$10, SPC \$40, UC \$50, ER \$150
Aetna Network: PCP \$40, SPC \$80, UC \$100, ER \$150





Referrals are not required.
Some services may also require precertification.
See your plan documents for information on your plan requirements.
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For mental health or substance abuse preapproval or coverage questions, call 1-800-424-4047.
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To precertify, call the member or provider number listed.

Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES	1-800-841-4967
PROVIDERS CALL	1-888-632-3862
RX MEMBER SERVICES	1-888-792-3862

EXAMPLE 2: MAIN LINE HEALTH EMPLOYEES/DEPENDENTS VALUE PLAN: PCP \$30; SPECIALIST \$60

Pennsylvania

NAP

VALUE PLAN
INCLUDES PHARMACY COVERAGE
GRP: 144208-012-00001
Issuer (80840) 9140860054 Choice POS II

ID W1234 56789

NAME
01 JENNIFER Q SAMPLE-TESTCARD
02 JONATHAN Q SAMPLE-TESTCARD
03 CAITLIN Q SAMPLE-TESTCARD
04 EMILY Q SAMPLE-TESTCARD
05 KARA Q SAMPLE-TESTCARD

RX BIN# 610502

www.aetna.com PAYER NUMBER 60054 0062





DVACO: PCP \$30, SPC \$60, UC \$300, ER \$300
DVACO Partners: PCP \$40, SPC \$80, UC \$300, ER \$300
Aetna Network: PCP/SPC deductible & 40% coinsurance UC/ER \$300

Referrals are not required.
Some services may also require precertification.
See your plan documents for information on your plan requirements.
This card does not guarantee coverage.
For mental health or substance abuse preapproval or coverage questions, call 1-800-424-4047.
FIRSTCALL EAP: 1-800-382-2377
MLH Physician Appointments: 1-866-CALL-MLH

Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES 1-800-841-4967
PROVIDERS CALL 1-888-632-3862
RX MEMBER SERVICES 1-888-792-3862

New Jersey

NAP

VALUE PLAN
INCLUDES PHARMACY COVERAGE
GRP: 144208-012-00001
Issuer (80840) 9140860054 Choice POS II

ID W1234 56789

NAME
01 JENNIFER Q SAMPLE-TESTCARD
02 JONATHAN Q SAMPLE-TESTCARD
03 CAITLIN Q SAMPLE-TESTCARD
04 EMILY Q SAMPLE-TESTCARD
05 KARA Q SAMPLE-TESTCARD

RX BIN# 610502

SELF INSURED

DEDUCTIBLE MAY APPLY		
PCP \$ 30	/ \$40	/ 40%
SPC \$ 60	/ \$80	/ 40%
HOSP 20%	/ 30%	/ 40%
ER \$ 300	/ \$300	/ \$300

www.aetna.com PAYER NUMBER 60054 0062

DVACO: PCP \$30, SPC \$60, UC \$300, ER \$300
DVACO Partners: PCP \$40, SPC \$80, UC \$300, ER \$300
Aetna Network: PCP/SPC deductible & 40% coinsurance UC/ER \$300

Referrals are not required.
Some services may also require precertification.
See your plan documents for information on your plan requirements.
This card does not guarantee coverage.
For mental health or substance abuse preapproval or coverage questions, call 1-800-424-4047.
FIRSTCALL EAP: 1-800-382-2377
MLH Physician Appointments: 1-866-CALL-MLH
To precertify, call the member or provider number listed.

Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES 1-800-841-4967
PROVIDERS CALL 1-888-632-3862
RX MEMBER SERVICES 1-888-792-3862

EXAMPLE 3: JEFFERSON HEALTH EMPLOYEES/DEPENDENTS PLATINUM PLAN – PCP \$0; SPECIALISTS \$30

Pennsylvania



NAP

PLATINUM MEDICAL & RX PLAN
\$0 COPAY FOR PREVENTATIVE CARE
GRP: 175052-040-00001
Issuer (80840) 9140860054

Choice POS II

ID W
NAME

PCP:
PCP:

RX BIN# 610502

www.aetna.com

PAYER NUMBER 60054 0062

Tier 1: PCP \$0, SPC \$30, UC \$45, ER \$250
Tier 1: JeffConnect on-demand care \$5
Tier 2: PCP \$20, SPC \$50, UC \$55, ER \$250
Tier 3: PCP \$50, SPC \$80, UC \$70, ER \$250

Carebridge EAP: 1-800-437-0911
Some services may require precertification. Without preapproval, you may pay more or even full price. For mental health or substance abuse preapproval or coverage questions, call 1-800-424-4047. 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. To precertify, call the member or provider number listed.
Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES
PROVIDERS CALL/PRECERT
RX MEMBER SERVICES

1-800-769-7517
1-888-632-3862
1-888-792-3862

New Jersey



NAP

PLATINUM MEDICAL & RX PLAN
\$0 COPAY FOR PREVENTATIVE CARE
GRP: 175052-040-00001
Issuer (80840) 9140860054

Choice POS II

ID W
NAME

PCP:

RX BIN# 610502

DEDUCTIBLE MAY APPLY

PCP	NO	COPAY	/\$20	/\$50
SPC	\$	30	/\$50	/\$80
HOSP	NO	COPAY	/\$450	/30%
ER	\$	250		

SELF INSURED

www.aetna.com

PAYER NUMBER 60054 0062

Tier 1: PCP \$0, SPC \$30, UC \$45, ER \$250
Tier 1: JeffConnect on-demand care \$5
Tier 2: PCP \$20, SPC \$50, UC \$55, ER \$250
Tier 3: PCP \$50, SPC \$80, UC \$70, ER \$250


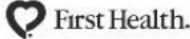

Carebridge EAP: 1-800-437-0911
Some services may require precertification. Without preapproval, you may pay more or even full price. For mental health or substance abuse preapproval or coverage questions, call 1-800-424-4047. See your plan documents for information on your plan requirements. In an emergency call 911 or go to the nearest emergency room.
Note: This card does not guarantee coverage. To precertify, call the member or provider number listed.
Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES
PROVIDERS CALL/PRECERT
RX MEMBER SERVICES

1-800-769-7517
1-888-632-3862
1-888-792-3862

EXAMPLE 4: JEFFERSON HEALTH EMPLOYEES/DEPENDENTS GOLD PLAN – PCP \$0; SPECIALISTS \$45

Pennsylvania

NAP

GOLD MEDICAL & RX PLAN
\$0 COPAY FOR PREVENTATIVE CARE
GRP: 175052-041-00001
Issuer (80840) 9140860054




Choice POS II

ID W
NAME

PCP:

RX BIN# 610502

New Jersey

NAP

GOLD MEDICAL & RX PLAN
\$0 COPAY FOR PREVENTATIVE CARE
GRP: 175052-041-00001
Issuer (80840) 9140860054

Choice POS II

ID W
NAME

PCP:

RX BIN# 610502

DEDUCTIBLE MAY APPLY

PCP	NO COPAY	/ \$30	/ \$60
SPC	\$ 45	/ \$75	/ \$100
HOSP	NO COPAY	/ \$600	/ 40%
ER	\$ 250		

SELF INSURED

www.aetna.com PAYER NUMBER 60054 0062

Tier 1: PCP \$0, SPC \$45, UC \$65, ER \$250

Tier 1: JeffConnect on-demand care \$15

Tier 2: PCP \$30, SPC \$75, UC \$75, ER \$250

Tier 3: PCP \$60, SPC \$100, UC \$85, ER \$250

Carebridge EAP: 1-800-437-0911
Some services may require precertification. Without preapproval, you may pay more or even full price. For mental health or substance abuse preapproval or coverage questions, call 1-800-424-4047. 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. To precertify, call the member or provider number listed.

Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES	1-800-769-7517
PROVIDERS CALL/PRECERT	1-888-632-3862
RX MEMBER SERVICES	1-888-792-3862

www.aetna.com PAYER NUMBER 60054 0062

Tier 1: PCP \$0, SPC \$45, UC \$65, ER \$250

Tier 1: JeffConnect on-demand care \$15

Tier 2: PCP \$30, SPC \$75, UC \$75, ER \$250

Tier 3: PCP \$60, SPC \$100, UC \$85, ER \$250




Carebridge EAP: 1-800-437-0911
Some services may require precertification. Without preapproval, you may pay more or even full price. For mental health or substance abuse preapproval or coverage questions, call 1-800-424-4047. 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. To precertify, call the member or provider number listed.

Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES	1-800-769-7517
PROVIDERS CALL/PRECERT	1-888-632-3862
RX MEMBER SERVICES	1-888-792-3862

EXAMPLE 5: JEFFERSON HEALTH EMPLOYEES/DEPENDENTS SILVER PLAN – PCP \$0; SPECIALISTS \$60

Pennsylvania

NAP

SILVER MEDICAL & RX PLAN
\$0 COPAY FOR PREVENTATIVE CARE
GRP: 175052-042-00001
Issuer (80840) 9140860054




Choice POS II

ID W
NAME

PCP:

RX BIN# 610502

New Jersey

NAP

SILVER MEDICAL & RX PLAN
\$0 COPAY FOR PREVENTATIVE CARE
GRP: 109021-042-00001
Issuer (80840) 9140860054

Choice POS II

ID W2560 82421
NAME
01 VALUENJ SAMPLE

RX BIN# 610502

SELF INSURED

DEDUCTIBLE MAY APPLY			
PCP NO COPAY	/ \$40	/ 40%	
SPC \$ 60	/ \$100	/ 40%	
HOSP 20%	/ 30%	/ 40%	
ER 20%	/ 20%	/ 20%	

X492165802254

www.aetna.com PAYER NUMBER 60054 0062

Tier 1: PCP \$0, SPC \$60, UC \$75, ER 20%
Tier 1: JeffConnect on-demand care \$20
Tier 2: PCP \$40, SPC \$100, UC \$85, ER 20%
Tier 3: PCP 40%, SPC 40%, UC 40%, ER 20%

Carebridge EAP: 1-800-437-0911
Some services may require precertification. Without preapproval, you may pay more or even full price. For mental health or substance abuse preapproval or coverage questions, call 1-800-424-4047. 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. To precertify, call the member or provider number listed.

Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES	1-800-769-7517
PROVIDERS CALL/PRECERT	1-888-632-3862
RX MEMBER SERVICES	1-888-792-3862

www.aetna.com PAYER NUMBER 60054 0062

Tier 1: PCP \$0, SPC \$60, UC \$75, ER 20%
Tier 1: JeffConnect on-demand care \$20
Tier 2: PCP \$40, SPC \$100, UC \$85, ER 20%
Tier 3: PCP 40%, SPC 40%, UC 40%, ER 20%

Carebridge EAP: 1-800-437-0911
Some services may require precertification. Without preapproval, you may pay more or even full price. For mental health or substance abuse preapproval or coverage questions, call 1-800-424-4047. 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. To precertify, call the member or provider number listed.

Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES	1-800-769-7517
PROVIDERS CALL/PRECERT	1-888-632-3862
RX MEMBER SERVICES	1-888-792-3862