

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 2021. The three health system provider organizations that currently participate with our employee benefits program include providers from Jefferson Health, Main Line Health Physician Partners as well as 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, Aetna will provide a higher reimbursement directly to offset any reduced copayments based on your existing agreement with these payers.

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 me (Joel Port at [PortJ@dvaco.org](mailto:PortJ@dvaco.org) or 610-225-6253), Melissa Rafferty at [RaffertyMe@mlhs.org](mailto: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 the lower co-pay highlighted on the subsequent slides for each plan (slides 2-6).
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) is advisable.
4. Please note that starting in 2021, Aetna will also be the Pharmacy Benefit Manager for all Jefferson Health and Main Line Health employees and their dependents (see attached slide 7).

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

[www.aetna.com](http://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

### 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

SELF INSURED

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

X545093800708

[www.aetna.com](http://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  
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

Note: As a Maximum Savings Provider affiliated with Jefferson Health System and/or Main Line Health System, please note the highlighted Tier 1 for the appropriate co-pay

## 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


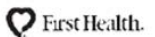


**DVACO: PCP \$30, SPC \$60, UC \$300, ER \$300**  
**DVACO Partners: PCP \$40, SPC \$80, UC \$300, ER \$300**  
~~Aetna Network: PCP/SPC deductible & 40% coinsurance UC/ER \$300~~

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

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

SELF INSURED

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.

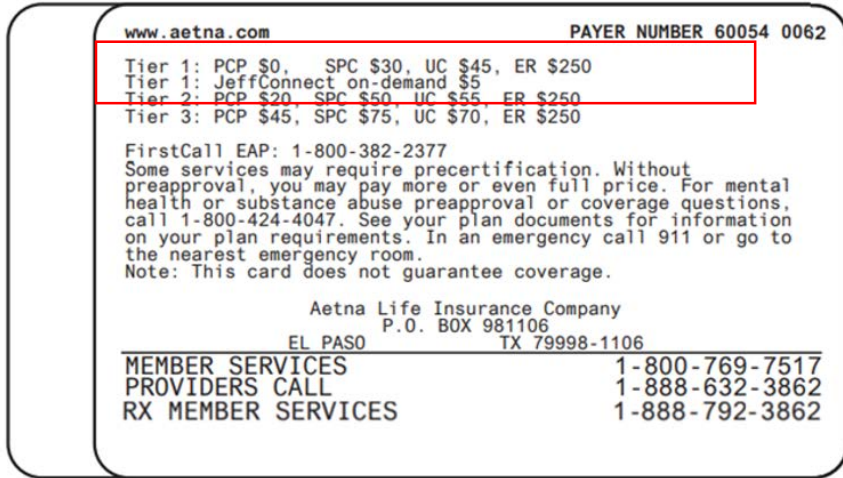
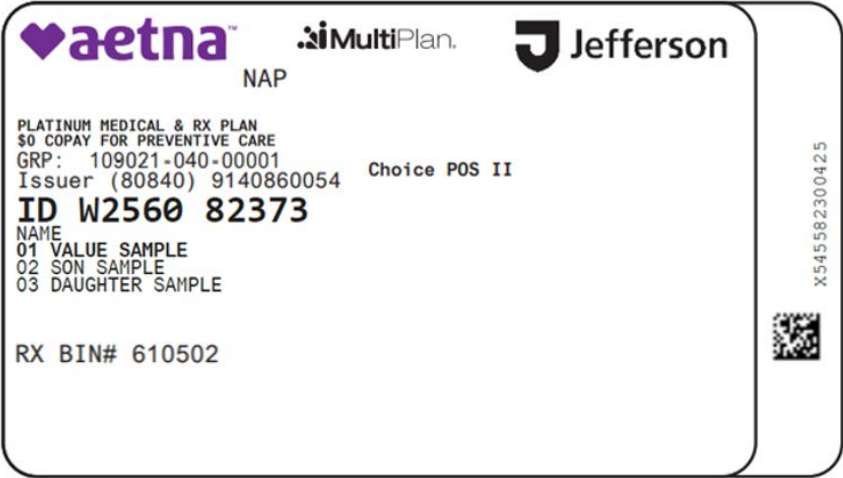
Aetna Life Insurance Company  
P.O. BOX 981106  
EL PASO TX 79998-1106

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

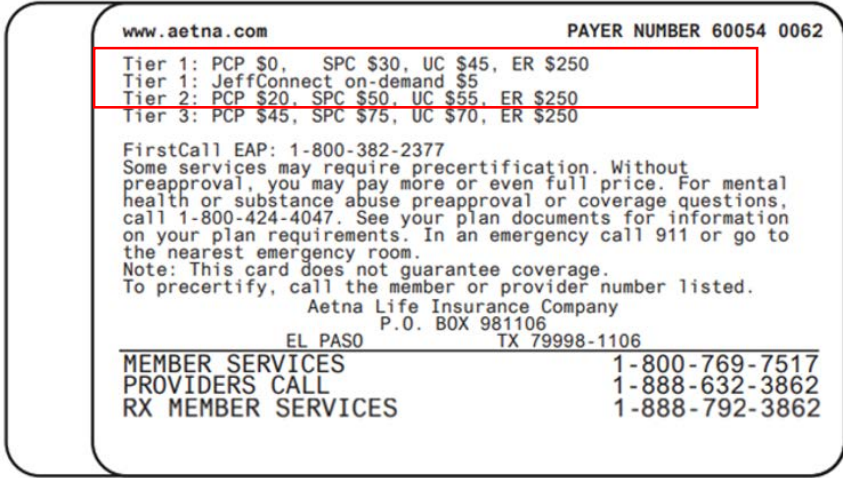
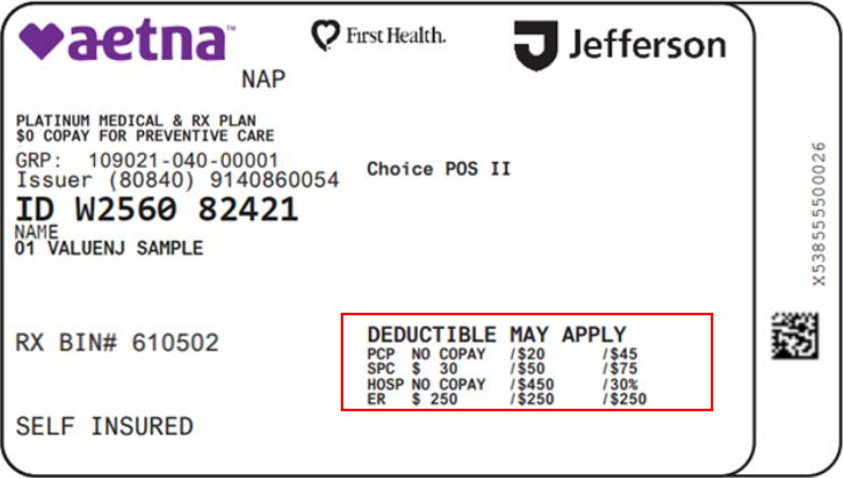
Note: As a Maximum Savings Provider affiliated with Jefferson Health System and/or Main Line Health System, please note the highlighted Tier 1 for the appropriate co-pay

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

**Pennsylvania**



**New Jersey**

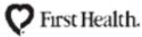



Note: As a Maximum Savings Provider affiliated with Jefferson Health System and/or Main Line Health System, please note the highlighted Tier 1 for the appropriate co-pay



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

### Pennsylvania

   NAP

GOLD MEDICAL & RX PLAN  
\$0 COPAY FOR PREVENTIVE CARE  
GRP: 109021-041-00001  
Issuer (80840) 9140860054 Choice POS II  
**ID W2560 82373**  
NAME  
01 VALUE SAMPLE  
02 SON SAMPLE  
03 DAUGHTER SAMPLE

RX BIN# 610502

X532924300157

www.aetna.com PAYER NUMBER 60054 0062




Tier 1: PCP \$0, SPC \$45, UC \$65, ER \$250  
Tier 1: JeffConnect on-demand \$15  
Tier 2: PCP \$30, SPC \$75, UC \$75, ER \$250  
Tier 3: PCP \$55, SPC \$95, UC \$85, ER \$250

FirstCall EAP: 1-800-382-2377  
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.

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

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

### New Jersey

   NAP

GOLD MEDICAL & RX PLAN  
\$0 COPAY FOR PREVENTIVE CARE  
GRP: 109021-041-00001  
Issuer (80840) 9140860054 Choice POS II  
**ID W2560 82421**  
NAME  
01 VALUENJ SAMPLE

RX BIN# 610502

SELF INSURED

DEDUCTIBLE MAY APPLY

PCP	NO COPAY	/ \$30	/ \$55
SPC	\$ 45	/ \$75	/ \$95
HOSP	NO COPAY	/ \$600	/ 40%
ER	\$ 250	/ \$250	/ \$250

X532924300157

www.aetna.com PAYER NUMBER 60054 0062

Tier 1: PCP \$0, SPC \$45, UC \$65, ER \$250  
Tier 1: JeffConnect on-demand \$15  
Tier 2: PCP \$30, SPC \$75, UC \$75, ER \$250  
Tier 3: PCP \$55, SPC \$95, UC \$85, ER \$250

FirstCall EAP: 1-800-382-2377  
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 1-888-632-3862  
RX MEMBER SERVICES 1-888-792-3862

Note: As a Maximum Savings Provider affiliated with Jefferson Health System and/or Main Line Health System, please note the highlighted Tier 1 for the appropriate co-pay

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

### Pennsylvania

**aetna** **MultiPlan** **Jefferson**  
NAP

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

**ID W2560 82373**

NAME  
01 VALUE SAMPLE  
02 SON SAMPLE  
03 DAUGHTER SAMPLE

RX BIN# 610502

X545582300427

www.aetna.com PAYER NUMBER 60054 0062

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

FirstCall EAP: 1-800-382-2377  
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.

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

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

### New Jersey

**aetna** **First Health** **Jefferson**  
NAP

SILVER MEDICAL & RX PLAN  
\$0 COPAY FOR PREVENTIVE 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%
HDSP	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 \$20  
Tier 2: PCP \$40, SPC \$100, UC \$85, ER 20%  
Tier 3: PCP 40%, SPC 40%, UC 40%, ER 20%

FirstCall EAP: 1-800-382-2377  
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 1-888-632-3862  
RX MEMBER SERVICES 1-888-792-3862

Note: As a Maximum Savings Provider affiliated with Jefferson Health System and/or Main Line Health System, please note the highlighted Tier 1 for the appropriate co-pay

## We're making changes to our pharmacy vendor

Starting **January 1, 2021**, Jefferson Health and Main Line Health are changing pharmacy vendors from MedImpact to Aetna Pharmacy Management. This change supports our commitment to high quality, cost-effective health care.

You can visit [www.aetnapharmacy.com/standard](http://www.aetnapharmacy.com/standard) to view **the most recent** formulary drug guide and exclusions list.

For your patients who currently take certain medications that are impacted by this change in pharmacy vendors, Aetna Pharmacy Management will suggest that they contact you to discuss changing to a preferred alternative at a lower out-of-pocket cost.

If the patient is impacted by the transition to Aetna Pharmacy Management, the patient and the prescribing doctor will receive a letter listing the impacted drugs in late November 2020. Although the letter will show what the change is, we do not require your patient(s) to change their medications. This letter does not reflect any conclusions about the patient's need for the drug or whether the drug is appropriate for them. As with all pharmacy plans, if a patient is taking any medications that are excluded and not covered on the plan, the patient would pay the full price of the medication.

### Medical Exceptions

**After January 1, 2021** you can request a medical exception to the precertification, step therapy, quantity limit requirements, and prescription drugs that are not covered. If your exception is approved, your patient will only pay their copay after they have met their deductible.

Ways to submit your medical exception request:

Submit your completed request form through our secure provider website.

Fax your completed Prior Authorization Request Form to **1-877-269-9916**.

Call the Aetna Pharmacy Precertification Unit at **1-855-240-0535 (TTY:711)**.

### **Learn more**

If you have any questions, please call Aetna at **1-800-AETNA RX (1-800-238-6279) (TT:711)**.