



Producer guide

Aetna and CoventryOne individual pre-65 health plans

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Some information in this guide does not apply
to Aetna Leap and Innovation Health Leap plans.



Welcome!

Thank you for contracting with Aetna. You are part of a powerful team, a team that represents the future of health care. We recognize and thank you for the truly important role you play in helping your clients choose a plan that best meets their needs. As part of our team, you make a valuable difference in your local market.

We're proud to offer a robust portfolio of high-quality, affordable health plans to keep your clients covered. As you prepare to sell our complete range of on-exchange and off-exchange plans, we want to provide you with the tools that make your job easier.

This Producer Guide provides the key information on operational requirements for you to grow and retain your individual health plan business.

We look forward to supporting you with the tools and service that you need to be successful this year. Our local and national teams are eager to help whenever you need them. So explore the guide, keep the link handy and let us know if you need additional assistance.

Thank you for your business,

Peter Joseph
Executive Director, National Distribution and Channel Management



Knowledgeable brokers are the future of health care. You're the powerful force, Aetna's most valued resource — **the power behind our success**. Which is why we want to give you an even greater advantage: With training, a higher level of support and the forward-thinking resources you need to stay best in class.

A powerful force

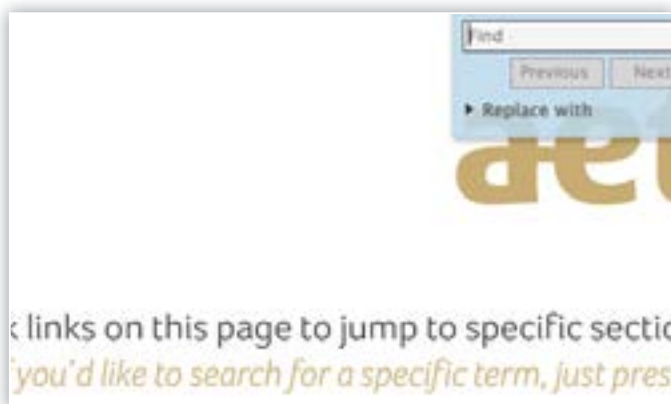


How to use this guide

This document will always be available online on Producer World®. We will notify you when we make any updates or additions.

To do a quick search, just press Ctrl+F. In the search bar, type the words or phrases you want to find.

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You may need to log in to **Producer World** to see some material.



To the extent there is any conflict between the descriptions in this guide and the terms of your contract with Aetna or Coventry, the terms of your contract are binding.

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*Take advantage of every sales opportunity. **Get certified on the FFM. Confirm your certification with us on Producer World. Keep your e-mail current to receive the most up-to-date info via our broker alerts.***

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Introduction

Section 1



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The Aetna brand, mission and values

Who we are

We're building a healthier world

Together, we're driven to make a healthful difference in our lives, in our communities, in our nation, in our world.

Aetna is committed to building healthier lives

We are building a simpler, more connected health care system that allows consumers to get the right care at the right time, with less hassle.

- 90% of members in the stress focus program maintained their stress at the lowest level.
- 58% of members in the tobacco focus program quit smoking.
- 57% of members in the weight focus program improved their weight.
- 86% of members in the physical activity program improved their level of exercise.

Aetna is building healthier communities

We invest in programs that support community health, and are making being healthy simpler and more convenient than ever.

- Aetna and the Aetna Foundation awarded more than \$20 million in grants in 2014
- Employees volunteered over 3.8 million hours of their time since 2003
- We contributed \$465 million in grants and sponsorships since 1980

From 1853 to the digital age, Aetna has been committed to building a healthier world.

**Commissions will only be paid in Kentucky for on-exchange plans. Similarly, commissions will only be paid on Aetna Leap plans for on-exchange plans in AZ, NC, PA and SC*

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The Aetna brand, mission and values

Aetna is committed to building a healthier nation

We use evidence-based analytics to help patients get the right care at the right time. We are focused on improving health.

- Aetna's ActiveHealth Management subsidiary sent more than 30 million care considerations (clinical and wellness health alerts) in 2014 to patients and providers
- We now have over 1,000 value-based care agreements, encompassing nearly 3.2 million medical members, including 50 accountable care collaborations

Aetna is committed to building a healthier world

We invest in programs that support healthy populations. We are focused on the quality, safety and value of health care across borders.

Aetna International membership totals 650,000 members in. We have presence in:

- Europe (Britain, Ireland)
- Middle East & Africa (UAE, Qatar, Kuwait, South Africa)
- China
- Hong Kong
- Japan
- New Zealand
- Southeast Asia (India, Indonesia, Thailand, Singapore, Vietnam)

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The Aetna brand, mission and values

Why we exist: The Aetna mission and values

“Everything we do at Aetna starts with our values — a clear, strongly held set of core beliefs that reflect who we are and what you can expect from us. We created our core values together, as a company and with guidance from our customers. Our values carry through our thoughts and actions every day, inspire innovation in our products and services, and drive our commitment to excellence in all we do.”

— Chairman, CEO and President Mark Bertolini

Simplicity

To us, a better health care system starts with a simpler process, one that lets our members see behind the scenes — to find out what a procedure costs before you get it, for example.

Focus

A better health care system is about more than saving money, of course. It’s about keeping our members healthy. We’re working with doctors, hospitals and health networks to align the economic incentives so everyone’s focus stays on our members’ health.

Connection

Finally, we think a better system is one that is connected. The right technology connects our members and their health care team seamlessly. And it puts valuable information where it needs to be so our members get the right care at the right time.



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Our history

See where we've been, how far we've come and how we lead change

How it all started

Aetna Insurance Company organized an annuity fund to sell life insurance in 1850. In 1853, the annuity department separated from Aetna Insurance and was incorporated as Aetna Life Insurance Company. The “Aetna” name was retained to take advantage of the good reputation of the original Aetna.

We’ve thrived throughout the years as we’ve embraced fortitude and innovation.

Fortitude

We’re grateful for our heritage of resilience. We remained strong through wars, natural disaster and economic downturn — to the point that our assets even dramatically increased in the face of adversity. And because of our good fortune, for more than 160 years we’ve been giving back to the community.

Innovation

Embracing change has led to our success. In 1913, we were one of the first insurers to write group life insurance coverage for businesses. This became the foundation upon which we built our current health care business.

In 1954, we ordered our first computer, an IBM 650, and we continue to use technology to accelerate our service offering.

We paid the first Medicare claim and introduced the first Health Savings Account.

Today, we have completed a series of strategic acquisitions to strengthen our products and services while reaching new customer segments. We’re proud to be recognized as one of the most admired companies in our industry.

Aetna Chairman and CEO Mark Bertolini was named as one of Fortune’s top 50 leaders in 2015. Fortune magazine’s World’s Greatest Leaders list identifies “singular leaders with vision who moved others to act as well, and who brought their followers with them on a shared quest.” Fortune’s list also praises leaders that demonstrated “effectiveness and commitment and for the courage to pioneer.”

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Key terms

Take a minute to review key terms and acronyms

For a full, “A–Z” listing, visit our glossary on [Aetna.com](#)

Coinsurance	The portion of the cost of covered medical services the member pays under a health plan, after first meeting any applicable plan deductible.
Copayment	A set dollar amount or portion the member pays for medical services. Usually, copays start after the member first pays any plan deductible. Copays may differ by type of service.
Deductible	A set amount the member must pay for their medical services before the health plan starts to pay.
Designated and non-designated network providers	Plans include different benefit levels based upon the type of network provider that a member uses (designated or non-designated) providers. Members can lower their out-of-pocket costs by selecting designated network providers. Cost sharing will be lowest when a member uses the designated network providers.
Exclusions and limitations	Specific conditions or circumstances that aren’t covered under a plan.
Out-of-pocket maximum	The limit on the amount an individual is required to pay for health care services that his/her benefits plan covers.
Premiums	This is the amount paid to a health plan company for coverage. A person can pay it directly. Sometimes a person has a health plan with an employer. Then this cost might be shared between the person and the employer.

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ACO	Accountable Care Organization: A group of doctors, hospitals and other health care providers. They work together to coordinate patient care. Their responsibilities include: improving care quality and efficiency, meeting goals for better health outcomes and lowering overall health costs.
FFM	Federally Facilitated Marketplace. This health insurance marketplace is run by the federal government. It's a resource where consumers can learn about their health coverage options; compare plans based on price, benefits and other important features; and enroll in coverage. The FFM also determines if consumers are eligible for subsidies that can reduce their monthly premiums and out-of-pocket costs of coverage purchased through the Marketplace. Some states operate their own state-based exchanges or marketplaces.
HMO	Health Maintenance Organization: This is a type of health plan. The plan has a network of doctors and hospitals that help coordinate the member care.
HPN	High Performance (HPN) Networks are programs, not products, and are associated with a medical network product (e.g., OAMC, PPO, HMO/OAHNO). They complement our products as one of the programs used to help lower members' costs.
HSA	Health Savings Account: This is a part of a health plan. Members can put money into this account on a pre-tax basis. They can use it to pay for covered health care costs. Or, they can save money in it for future health care costs. The account grows interest. The members can take their account with them if they leave their job. Members must be covered by a high-deductible health plan to qualify for an HSA.
OEP	Open Enrollment Period. Each year CMS holds an Open Enrollment Period where consumers can select an Individual market plan for the following year. Open Enrollment for 2016 begins on November 1, 2015 and ends on January 31, 2016.

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Acronyms

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POS	Point of Service: This is a type of health benefits plan. It lets members see participating providers. They can also see nonparticipating providers. In many POS plans, members who use referrals and see a primary care physician (PCP) get more coverage and may pay less for care. Members can get care from a provider who is not a PCP. They might pay more for care.
PPO	Preferred Provider Organization: This is a type of health benefits plan. Members can choose any doctor. They do not have to name a primary care physician. No referrals are needed. Members who go to network providers usually get more coverage and may pay less for services.
QHP	Qualified Health Plan: Under the Affordable Care Act, an insurance plan that is certified by the Federal Facilitated Marketplace must provide essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts) and meets other requirements. A qualified health plan must be certified by each marketplace in which it is sold (FFM or a state-based marketplace)..
SEP	Special Enrollment Period: Consumers who have a life change may qualify for a Special Enrollment Period outside of Open Enrollment. Life events that may qualify for an SEP include marriage, having a baby, adoption, losing other health coverage, gaining citizenship or lawful presence in the U.S., moving to a new residence or leaving incarceration.

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What we sell

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Product list overview

We offer a wide variety of plans and programs

Be a powerful force. Aetna wants you to succeed, so we've made some changes to make our plans more attractive and easier to sell.

- We are the largest national carrier on the Federal Facilitated Marketplace.
- We've simplified our plan designs to make your job easier.
- In most states, our plans include Bronze, Silver and Gold.
- In many states, we also offer catastrophic plans.
- Our provider networks often include the top hospitals.

On Producer World, click on the product tab to see detailed plan information in your state.

***Thanks to your efforts,
we are the # 1 plan on
the Federal Facilitated
Marketplace.***

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Standalone dental

We want to make dental care easy and affordable. So we offer several types of dental benefits and insurance plans and programs. Coverage can be purchased directly from us. Your clients will have access to one of the largest networks of dental care providers in the country.

You can sell dental insurance as a standalone individual policy to your clients in:

- **Alaska**
- **Arizona**
- **Delaware**
- **Illinois**
- **Pennsylvania**

Members don't need to have one of our medical plans.

On Producer World, select the product tab to access additional information. You'll also be able to see what they cost.

Standalone plans offer coverage for:

- Preventive care services such as cleanings, X-rays and more
- Basic care like fillings, simple extractions, basic restorative work and more
- Major services such as bridges, crowns, dentures and more

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Standalone dental

Who can purchase a policy?

- Sold to individuals and families
- Serves both pre- and post-65 year old markets
- Dental plans are available in Alaska, Arizona, Delaware, Illinois and Pennsylvania

How can an individual enroll?

The application is available on the Aetna website where it can be completed. It can then be printed and mailed in to begin the enrollment process. The application is also available on Producer World in the Product tab. Once enrolled, members receive a welcome kit, which will include their summary of benefits.

What are the commission reimbursements for this plan?

You will receive a first-year commission of 15% monthly on each new policy that you sell. The renewal commission is 3%.

How do I ensure I will be reimbursed for placing someone on an individual dental policy?

To ensure that you are reimbursed for your sale, please make sure you fill out all requested information in section I. (Insurance Producer Information) on the enrollment form.

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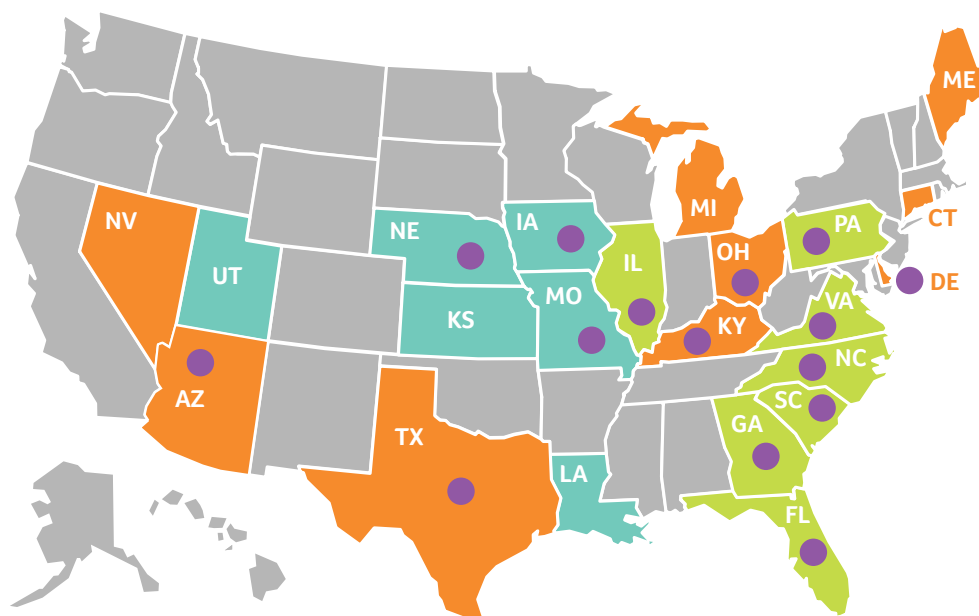


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2016 National footprint



- Aetna-branded plans
- Coventry-branded plans

- Aetna and Coventry-branded plans
- Public on exchange participation (Aetna, Coventry or both)

On and off exchange:

- | | |
|----------|-----------------|
| Arizona* | Nebraska |
| Delaware | North Carolina* |
| Florida | Ohio |
| Georgia | Pennsylvania* |
| Illinois | South Carolina* |
| Iowa | Texas |
| Kentucky | Virginia* |
| Missouri | |

Off exchange only:

- | | |
|-------------|----------|
| Connecticut | Michigan |
| Kansas | Nevada |
| Louisiana | Utah |
| Maine | |

*Aetna Leap plans are available through brokers on exchange only in AZ, NC, PA, and SC. Innovation Health Leap plans are available through brokers on exchange only in VA.

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Exchanges: Federally Facilitated Marketplace (FFM)

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Overview

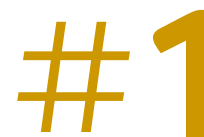
Exchanges are changing the way millions of Americans shop for their health insurance

The Affordable Care Act (ACA) was signed into law on March 23, 2010 to reduce the number of uninsured Americans. The ACA requires a public exchange in every state. Many Aetna and Coventry plans participate in the Federally Facilitated Marketplace (FFM) or state-based marketplaces.

Key tenets of the ACA and what they mean to you and your clients:

- Guaranteed issue: Ensures all consumers have access to health insurance, regardless of their health status or pre-existing conditions.
- Individual mandate: Motivates consumers to buy health insurance each year or face tax penalties.
- Subsidies: Makes health insurance more affordable for many consumers.
- Medicaid expansion: Expands Medicaid eligibility to low-income adults in states that choose to implement expansion.
- Public exchanges: Enables consumers to compare plans and make informed decisions.

By 2025, it's estimated that 22 million people will use public exchanges to shop for their health insurance. That's a business opportunity for you.



Aetna is the largest national carrier on the public exchanges.

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Eligibility

Many Aetna and Coventry plans participate in the Federally Facilitated Marketplace (FFM) or state-based marketplaces. To be eligible for an individual public exchange plan, consumers must be:

- A U.S. citizen, U.S. national or lawfully present immigrant
- A state resident where the exchange is based
- Not incarcerated

Health coverage for immigrants

To be eligible to buy health coverage through the Marketplace, immigrants must provide appropriate documentation to verify their immigration status. See <https://www.healthcare.gov/immigrants/documentation/> for a list of documents that can be used to verify an applicant's immigration status.

Undocumented immigrants are not eligible to buy health coverage through the Marketplace. They're not eligible for premium tax credits or other savings on Marketplace plans.

The Federal Marketplace screens enrollees for income or immigration "inconsistencies." When a member cannot validate the income levels provided to the Marketplace, CMS can lower the member's premium tax credit and/or cost share reduction. If a member cannot provide proof of eligible U.S. residency in compliance with Marketplace requirements, the Marketplace will terminate coverage.

We value your role in ensuring your clients understand the eligibility requirements for Marketplace coverage and come prepared with the appropriate documents needed to complete their applications. To ensure the integrity of the application process, it's important to submit accurate applications, even if that means waiting for the right documentation. See <https://www.healthcare.gov/immigrants/immigration-status/> for more information.

If you have further questions regarding Marketplace eligibility, see www.healthcare.gov/quick-guide/eligibility/ to use the Marketplace on healthcare.gov or you can call the Marketplace Call Center at **1-800-318-2596**.

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Exchange markets

<i>Aetna on-exchange markets:</i>	<i>Coventry on-exchange markets:</i>
Arizona	Florida
Delaware	Georgia
Florida	Iowa
Illinois	Illinois
Kentucky <i>new for 2016 — state exchange</i>	Missouri
North Carolina	North Carolina
Ohio	Nebraska
Pennsylvania	Pennsylvania
South Carolina	South Carolina
Texas	Virginia
Virginia	

Plans in all of the above states except Kentucky are on the Federally Facilitated Marketplace (FFM).

Coventry-branded plans will display on the FFM under an Aetna heading in Georgia, Iowa, North Carolina, Pennsylvania, and South Carolina.

Plan Preview - Plan Details

This Plan Preview screen displays the plan information that will be displayed on the Marketplace portal.

Coventry Silver \$10 Copay 2750

ENROLL

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Available financial assistance (subsidies)

Available assistance

Some consumers who buy on-exchange plans may be eligible for financial assistance called “subsidies.” There are two types of subsidies and eligibility is determined by the Marketplace.

Advance Premium Tax Credit (APTC)

- Tax credits to defray the cost of a member’s monthly premium cost.
- Eligibility depends on household size and income.
- Available to people who meet eligibility criteria and who earn no more than 400% of the federal poverty level.
- In Q1 2016, the Marketplace will send information statements (Form 1095-A) to these members showing the amount of the premiums and advance credit payments so they can compute their premium tax credit on their 2015 tax return.

Cost-sharing Reduction (CSR)

- Savings on out-of-pocket costs (lower deductibles, coinsurance and copayments) for doctor’s visits, lab tests, drugs and other covered services.
- Eligibility depends on household size and income.
- Available to people who meet eligibility criteria and who earn no more than 250% of the federal poverty level.
- People who qualify for Cost-sharing Reductions also receive Advanced Premium Tax Credits.

The majority of Aetna Marketplace members receive subsidies. Subsidies are available only with plans purchased through the Marketplace. To learn more about income eligibility, you can go to:

<https://www.healthcare.gov/lower-costs/>

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Available financial assistance (subsidies)

Help your clients maintain their subsidy

Each year members must file their federal taxes with Form 8962 to reconcile their Advanced Premium Tax Credit (APTC). If your clients have questions, they can contact the IRS directly at www.irs.gov/aca or **1-800-829-0922** or speak with their tax advisor.

In addition to filing their taxes, consumers with Marketplace health insurance must report changes to their income, household, address and health coverage eligibility as soon as possible on <https://www.healthcare.gov/reporting-changes/>. These updates may change the coverage or savings they are eligible for in the Marketplace.

- Anyone who receives Marketplace subsidies must file a tax return with the IRS each year. The IRS has created a special form to include with the tax return, Form 8962.
- People who receive financial assistance through the Marketplaces must use that form to reconcile their actual 2014 income with the level of assistance they received.
- People who received too much assistance could owe money back to the government. People who received less than they were eligible for could get a refund.
- People who received assistance and do not file with the IRS are at risk of losing their subsidies for a new year of coverage.

Understand Medicare and the Marketplace

Members enrolled in Medicare who receive tax subsidies for a Marketplace plan are no longer eligible for those subsidies once their Medicare Part A coverage begins.

Individuals who have a Marketplace plan can keep it until their Medicare coverage starts. Then they can cancel the Marketplace plan without penalty.

If individuals obtain Medicare coverage while continuing to receive subsidies for a Marketplace plan, federal rules may require them to repay the subsidies for which they were no longer eligible when they file their next tax return.

It's against the law for someone who knows an individual has Medicare to sell or issue that individual a Marketplace policy. This is true even if the individual only has Medicare Part A or only Part B.

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FFM certification

As a broker or agent, you will have to complete initial and annual registration requirements that certify you to sell on-exchange insurance plans. If they are not completed prior to Open Enrollment, then you will be unable to assist your clients with all their enrollment options. Open Enrollment for the 2016 plan year begins November 1, 2015.

Initial FFM registration requirements

If it's your first time selling individual plans on the Federally Facilitated Marketplace, then you'll need to complete this two-part registration process.

Part I: Individual Market Training

1. Information is available from [The Center for Consumer Information & Insurance Oversight](#) for the Federally-facilitated Marketplace (FFM) for the individual market and the Federally-facilitated Small Business Health Options Program (FF-SHOP.)
2. Complete the required individual market training.
3. Read and sign the Agent Broker General Agreement.
4. Read and sign the Agent Broker Agreement for the FFM Individual Market, which includes a Privacy and Security Agreement.

Part II: CMS User Account Creation

1. Submit your personal information to create an FFM user account.
2. Confirm your identity with verifiable content.

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FFM certification

Annual FFM registration requirements

To continue your participation in the FFM after initial registration, you'll need to complete an annual renewal process. That way, you stay current on any policy changes that may have occurred during the previous year.

To renew your certification, simply:

1. Log in to your account on the CMS Enterprise Portal <https://portal.cms.gov>
2. Confirm your identity by answering a few simple questions.
3. Complete the marketplace-specific online training course.
4. Agree to comply with federal and state laws, rules, standards and policies. This includes a Privacy and Security Agreement.
5. Receive your active Federally Facilitated Marketplace User ID and your Certificate of Completion.

Confirm that you are on the CMS list of certified brokers

If you are not on the CMS list, then you are not certified. We will not pay you any commission for new business or active re-enrollments if you are not certified prior to us receiving your client's application. If you believe you are certified but the CMS files doesn't reflect that, then you'll need to contact CMS to see what the issue may be. The CMS file is updated every two weeks, so there may be a delay in seeing it in the file. If you do not show up on the report two weeks after you've completed your certification requirements, please **contact CMS**, not Aetna.

If you are not on the CMS list, then you are not certified. We will not pay you any commission for new business or active re-enrollments if you are not certified prior to us receiving your client's application.

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Confirm your certification with us

Once you have completed your FFM agent certification, you will need to report and confirm the certification with Aetna. You will then be able to directly submit applications for on-exchange plans through Aetna's online Individual Quote and Application Tool.

Providing proof of certification to Aetna

1. Log in to Producer World.
2. In the aqua-colored navigation box on the left side of the screen, locate and click on **"Manage Profile & User Access."**
3. Select **"Personal/Firm Profile"** from the list of options that appear onscreen.
4. Now on your profile maintenance page, you can update your FFM information, General Agent affiliation and business address.
5. At the top of the page, find and click **"FFM Certification."**
6. Enter in your FFM ID, certification date, and certification year for 2016.
7. Click **"Submit."**

Need help? [View](#) the step-by-step instructions.

You must complete your FFM registration for the 2016 plan year by October 31, 2015.

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Marketplace resources

For brokers and your clients

For questions about FFM application and enrollment, call:
800-318-2596 (TTY: 1-855-889-4325), available 7 days a week, 24 hours a day.
 Assistance is available in 150 languages. The call is free.

For brokers

For questions about agent/broker participation in the FFM please e-mail:

FFMProducer-AssisterHelpDesk@cms.hhs.gov

For questions/comments about the FF-SHOP:
1-800-706-7893 (TTY: 711), available Monday through Friday, 9 a.m. to 7 p.m. ET

Additional resources can be found on Center for Consumer Information and Insurance Oversight (CCIIO) agent and broker page:

www.cms.gov/CCIIO/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html

For technical assistance and support, please visit: www.REGTAP.info

To assist your clients

To check if your clients may be eligible for SEPs, direct them to the healthcare.gov screener at:
www.healthcare.gov/screener/

For more information on how to upload documents: www.healthcare.gov/help/how-to-upload-documents/

For information on how to file an appeal, direct your clients to: <https://www.healthcare.gov/marketplace-appeals/>

For tips on applying for Marketplace Coverage, direct your clients to <https://www.healthcare.gov/quick-guide/>

For tips on how your clients can stay covered, see [Steps to Staying Covered through the Marketplace](#).

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State exchanges

Some states have set up their own public exchanges. Aetna is currently offering plans on Kentucky's state exchange, KYnect.

Initial registration requirements and market training

- Visit www.kynect.com
- Click on Insurance Agents
- Click on Let's Get Started
- Follow instructions to get registered and complete 12 hours of training

Providing proof of certification

- You are not required to enter proof of certification into Producer World for Kentucky certification.
- Kentucky DOI will validate the agent is certified prior to sending the enrollment to Aetna.

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Quoting

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Quoting

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- [Quoting and the Marketplace](#)
- [How to complete an application](#)

How to quote and run proposals

The powerful Individual Quote and Application Tool

We want to make quoting as simple as possible for you. So we've provided an easy-to-use online tool that generates quotes and proposals and tracks business from one location. And the Individual Quote and Application Tool can be used for both our on and off-exchange plans.

Follow our comprehensive training tutorial here: [Individual Quote and Application Tool](#)

Learn how to:

- Access the tool
- Manage clients
- Quote and apply for both on and off-exchange products
- Use the direct enrollment function to sell on-exchange products
- Use the broker single sign-on

As you manage your account preferences through the Individual Quote and Application Tool, you'll learn how to customize your:

- Account information
- Lead source tracking
- E-mail notifications
- Links

Check out the new single sign-on for Producer World. You'll gain instant access to the quoting tool with a single login.

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Quoting and the Marketplace

Create proposals and much more

The Individual Quote and Application Tool lets you not only create proposals, but also send proposals to clients, track proposal status and even start a client application. And it's easy to see proposal status on the "Track Proposals" screen as each proposal is listed on the right side of the screen. For example, "FFM" indicates that the application has been sent to the Federally Facilitated Marketplace. The "Track Proposals" screen also includes quick-glance windows showing more detailed information about the proposal and its status.

Visit the Quoting tab on the individual page of Producer World for tutorials about our quoting tool.

Client quotes and proposals are now integrated with healthcare.gov so you can directly connect to the Federally Facilitated Marketplace (FFM). One system now provides quotes for Aetna, Coventry and Innovation Health individual plans; plus, brokers have the ability to quote clients from all participating states using a single I-Store link. As you can see, quoting is easier than ever before.

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How to complete an application

Finalizing a client application

When finalizing a client application, an e-mail is sent to the client with a link to the application. You can't edit the main message of this e-mail, but to personalize the e-mail, you can customize a message below the salutation.

Make the process easy for your customers

Use our technology tools to create a link from your website to your personalized application. When your customers are ready to enroll, they simply click the logo icon and it opens up an application that is pre-populated with your broker ID details.

You can access the link, and many other valuable tools, on Producer World; there's even an informative tutorial to help you set things up on your website. Use the "Create and Manage Your Links" screen to send your clients a personalized link to quote all individual markets.

Use our technology to link from your website to your personalized application; see instructions on Producer World.

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Enrollment

Section 6



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Effective dates

- If a member enrolls between the 1st and 15th day of the month, the effective date will be the first of the next month. So if a member enrolls on January 12th, the member's effective date will be February 1st.
- If a member enrolls between the 16th and last day of the month, the effective date will then be the first of the second following month. So if a member enrolls on January 16th, the member's effective date will then be March 1st.
- **The member must pay their first month premium to become active or effectuated.** Benefits cannot be used until the effective date of coverage.
- Members will be required to re-enroll in the exchange plan each year and an active member's end date will always be December 31st of the current year.
- Effective dates for newborns will always be their date of birth.

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How to submit an application on exchange

for Aetna plans

General on exchange enrollment for Aetna plans

All on exchange enrollment applications must be completed online. Your clients can access the online application either through our Individual Quoting and Application Tool, [healthcare.gov](https://www.healthcare.gov) for the FFM, or their state's website for a state-based marketplace. There is no underwriting any longer. As a result, applications don't have a status beyond active and not active.

Setting expectations

Once your client has picked a plan and submitted their application, their plan becomes active as soon as they pay their first month's premium. They can expect to receive a welcome letter or an invoice in the mail from the plan issuer depending on the status of this first payment. If your clients are concerned about making this first payment, the FFM provides the option for them to pay by credit card and electronic funds transfer (EFT) when they complete their applications online.

Remember: all on exchange applications must be completed online.

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How to submit an application on exchange

for CoventryOne plans

On exchange

On exchange enrollment in CoventryOne states is similar to the rest of Aetna, but with a few subtle differences. Just as before, all on-exchange applications need to be completed online either through our Individual Quoting and Application Tool, healthcare.gov for the website, or the given state's URL for the state-based marketplace.

The process

Because there is no longer any underwriting, the plan becomes active as soon as your client pays their first month's premium. Once this payment has been received, we receive a file from the Marketplace of your client's information along with the plan they chose. We then load this data into our system. Your client will receive their ID card within 7-10 days.

Binder payments

Your client's policy will not become effective until all binder payments have been paid. They have the option to make the payment when they submit their applications, but they will receive a reminder if they do not make the payment during that time. All binder payments must be received before your client's effective date, or coverage will be withheld.

On-exchange plans become active as soon as your customer pays their first month's premium.

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How to submit an application off exchange

for CoventryOne plans

Off exchange enrollment

When it comes to off-exchange enrollment in CoventryOne plans, your clients have the option to complete an online application or a paper application. The online process is essentially the same as before, but the paper application has some variation.

Submitting a paper application

When your client completes a paper application, there will be contact information on the bottom of the application that they can reference. They will find an address, fax number and e-mail address all listed. Returning the application in the mail, by fax or e-mail are all effective ways to submit the application.

Special Enrollment Periods

Just like with on-exchange policies, underwriting is a thing of the past, but if one of your clients applies for a Special Enrollment Period (SEP), some follow-up may be necessary. Usually, some supporting documentation to prove your client qualifies for the SEP is required, and we will reach out to them for this reason.

Setting expectations

Once your client has submitted an off-exchange application, they can expect to receive a welcome letter with a link to their state-based coverage within 7-10 days of its submission.

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What a member can expect after application

Off-exchange

For Aetna plans

- When a member applies online through the Individual Quoting and Application Tool, they can sign up for electronic funds transfer (EFT). No credit/debit card option is available.
- When a member submits a paper application, they can sign up for EFT or use a credit/debit card.

For Coventry plans

- When a member applies online through the Individual Quoting and Application Tool, they can sign up for EFT or use a credit card.
- When a member submits a paper application, they need to check the application for payment options, as it varies by state.

Help manage your client's expectations around enrollment to increase satisfaction rates.

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What a member can expect after application

On-exchange through our Individual Quoting and Application Tool

For Aetna plans

- When members apply for an on-exchange plan through our Individual Quoting and Application Tool, they will receive a paper premium invoice (see “Billing procedures”).
- When members apply for an on-exchange plan through the federal marketplace, they can select recurring EFT or credit/debit card when applying if they pay their binder at time of application and select the recurring draft option.

For Coventry plans

- When members apply for an on-exchange plan through our Individual Quoting and Application Tool or directly through the federal marketplace they have the option to pay by EFT or credit card for their binder payment to activate their coverage.

When are payments due?

- Payments are due prior to the effective date of coverage. Binder payments for new members should be received by December 31, 2015. Help your clients to stay covered by encouraging them to select monthly EFT payments.

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Billing procedures

Payments made easy:

Aetna plans

Paper premium invoices are sent monthly and due by the 1st of each month.

- Mail: PO Box 7247-0204 Philadelphia, Pa. 19170-0204.
- Members can pay online through Aetna Navigator® — EFT or credit/debit card option post after their policy has been issued.

On exchange members can select recurring EFT or credit/debit card when applying thru the federal marketplace if they pay their binder at time of application and select the recurring draft option.

On exchange members who do not pay their binder at time of application can select the recurring EFT or credit/debit card option on the binder payment portal when they make their initial payment.

- Members can pay over the phone **1-877-302-3862**.
- A member can use the phone to set up recurring payments with EFT and credit/debit card.
- A member can make a phone payment through the automated payment system.
- A member can make a payment by speaking to a customer service representative on the phone.

EFT and recurring credit card payments come out of the member's bank account on the last day of each month (the next business day if the last day of the month falls on a weekend or a holiday).

You can also set up your EFT over the phone:

- A member can use the phone to set up recurring payments with EFT — provide banking information including account and routing numbers.
- A member can make a phone payment through the automated payment system.
- A member can make a payment by speaking to a customer service representative on the phone.

Off exchange EFT payments come out of the member's bank account on the 5th of each month (the next business day if the 5th falls on a weekend or a holiday).

On exchange EFT payments come out of the member's bank account on the last day of each month (the next business day if the last day of the month falls on a weekend or a holiday).

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Billing procedures

Payments made easy:

Coventry plans

Paper premium invoices are sent monthly and due by the 1st of each month. This option is available in select markets for off exchange and all markets for on exchange.

- Mail: PO Box 31210, Tampa, FL 33631-3210.
- **EFT and credit cards can be used for recurring payments.**
 - » The online EFT authorization form is at My Online Service (online member portal). Members will be able to complete and submit the form online.
 - » Members can set up the recurring EFT or credit card payments in My Online Service (online member portal) for both on and off exchange plans post issue.
 - » On exchange members can select recurring EFT when applying thru the federal marketplace if they pay their binder at time of application and select the recurring draft option.
 - » On exchange members who do not pay their binder at time of application can select the recurring EFT option on the binder payment portal when they make their initial payment.
 - » A member can use the phone to set up recurring payments with EFT or credit card — provide banking information including account and routing numbers or credit card information **1-877-849-9690**.
- A member can make a phone payment through the automated payment system **1-877-906-1282**.
- A member can make a payment by speaking to a customer service representative on the phone.
- Off exchange EFT payments come out of the member's bank account on the 5th of each month (the next business day if the 5th falls on a weekend or a holiday).
- On exchange EFT payments come out of the member's bank account on the last day of each month (the next business day if the last day of the month falls on a weekend or a holiday).

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Billing procedures

Grace periods

- Aetna expects premiums to be paid prior to the member's specified due date. However, Exchange rules require a payment grace period.
- Grace periods are the period of time after a premium payment becomes due in full without policy cancellation.
- The grace period differs for subsidized and non-subsidized members.

Subsidized members	Non-subsidized members
Three-billing month grace period from their billing due date to pay in full.	One-billing month grace period from their billing due date to pay in full.
When payment is past due, member is considered delinquent.	No delinquency status.
For the 1st billing month that a member is delinquent, his/her claims will continue to be paid.	If members do not pay by the end of their grace period, they will be terminated and will not be allowed to enroll in an Exchange plan until the next Open Enrollment period.
If a member has not paid at the beginning of the 2nd month, claims will be pended.	
If member fails to pay all outstanding premiums by the end of the grace period, the member's coverage will be terminated and all pending claims will be denied. The member will not be allowed to enroll in an Exchange plan until the next Open Enrollment period.	

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Renewals

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Renewals

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2016 renewals

Important dates

November 1, 2015: Open Enrollment begins

- This is the first day your clients can log onto healthcare.gov to shop and enroll in a 2016 health insurance plan.

December 15, 2015: Last day to renew or choose a plan to avoid a coverage gap

- December 15, 2015 is the last day to renew or choose a plan to make sure coverage will start on January 1, 2016.
- December 31, 2015 is the last day if they qualify for a Special Enrollment Period.

January 1, 2016: First date health insurance coverage begins

- This is the plan effective date if your clients renew or choose a plan by December 15, 2015. If they enroll by 1/15/16, their plan effective date will be 2/1/16; if they enroll by 1/31/16, their plan effective date will be 3/1/16.

January 31, 2016: 2016 Open Enrollment ends

- This is the last day clients can make changes or enroll in a new 2016 health insurance plan, without potential penalty for being uninsured.

Stay informed and be prepared for open enrollment

Let your clients know they should be on the look-out for renewal information in the mail, prior to the start of Open Enrollment. We'll send them a letter with detailed information about what they need to do to make sure they continue to have health coverage in 2016.

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Important renewal reminders

Members should make sure:

- their doctors, hospitals, and pharmacies are in the network for new plans.
- their prescription medications are covered in their new plan's formulary.
- their household income and size are up to date on healthcare.gov so that their subsidy (APTC) can be correctly calculated, if applicable.
- they make their first payment before December 15, 2015 for coverage effective January 1, 2016. Payment can be made by phone, mail, or online.
- in some markets, that they re-establish recurring payment if they want payments to be made automatically by credit card or electronic funds transfer (EFT) from a bank account.

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Policy changes

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Policy changes

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- Billing and enrollment services
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Making changes to off exchange plans

Use e-mail or fax for the following:

- Changing a plan
- Adding/deleting dependents
- Ending coverage

Making changes to on exchange plans

All on exchange policy changes must be made through the marketplace.

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Billing and enrollment services

Aetna

Off exchange billing and enrollment

Monday through Friday

1-877-302-3862

8 a.m. to 5 p.m. local time

On exchange billing and enrollment

HCREnroll-Billing Mailbox@aetna.com

Reference “Premium Billing” or “Termination” in the subject line.

Fax for plan change and termination requests: **1-855-328-3343**.

New business submission

Mailing address for the following states: AZ, CT, DE, FL, GA, IL, ME, MI, NC, NV, OH, OK, PA, TX, VA, WV, and Innovation Health in VA

Aetna Advantage Plans

PO Box 14381

Lexington, KY 40512-4381

Fax: **1-866-892-8396**

Overnight mail address

AIM-Aetna Enrollment

101 Yorkshire Blvd.

Lexington, KY 40509

Customer service for applicants only: **1-866-898-3267 option #1**.

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Billing and enrollment services

Coventry

Off HIX billing and enrollment

Monday through Friday

1-866-364-5663

8:00 a.m. - 8:00 p.m. EST

On HIX billing and enrollment

Monday through Friday

1-855-449-2889

8:00 a.m. - 8:00 p.m. EST

New business submissions

Coventry Individual Plans

PO Box 31217

Tampa, FL 33631-3217

Fax #: **877-904-7822**

E-mail: cvtynewapps@healthplan.com

Overnight mail address

Coventry Individual Plans

3501 E Frontage Road

Tampa, FL 33607

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Special Enrollment Period (SEP)

Section 9



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Special Enrollment Period (SEP)

- On- and off-exchange qualifying events

On- and off-exchange special enrollment qualifying events

Certain life events and changes in family circumstances can result in individuals qualifying for a Special Enrollment Period (SEP). During this time, there is a small window of time (typically 60 days) for them to enroll in a new health plan and receive coverage.

Common qualifying events for individual policies include:

- Loss of employer coverage
- COBRA expiration
- Loss of government-sponsored plan, including Medicaid or CHIP
- Loss of minimum essential coverage
- Birth, adoption, foster care or legal guardianship
- Marriage
- No longer a dependent
- Divorce from policyholder
- Termination or renewal of a pre-ACA individual plan during 2015
- Move
- Employer's bankruptcy results in loss of coverage for retirees
- Return from active military service
- Release from incarceration
- Unintentional error
- Newly eligible/ineligible for exchange subsidies or premium tax credit or cost-sharing reductions
- Material violation by health plan

Individuals who experience a “qualifying event” have approximately 60 days to enroll in a new health plan.

For more detail on common qualifying events, [click here:](https://www.aetna.com/producer/VoluntaryIndividual/docs/sep_qualifying_events.pdf)

https://www.aetna.com/producer/VoluntaryIndividual/docs/sep_qualifying_events.pdf

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Accountable Care Organization (ACO)

Section 10



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Accountable Care Organization (ACO)

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Overview

An Accountable Care Organization (ACO) is a team of doctors, nurses, health insurance companies, health care providers and even patients working together to promote proactive, healthier living in a whole population. Accountable care organizations focus on the care, quality and costs — as well as the outcomes — of health care. And for every patient. It's about making health the common goal that everyone shares. An ACO makes everyone's health a priority in that Aetna and the ACO work together as one team analyzing, identifying population health trends, and developing improvement plans for patients and to transform the way providers practice.

Geography

Aetna works with multiple ACOs across the country to improve quality of care and reduce the cost of individual plans for your clients. Aetna will be working with these ACOs for individual plans in 2016:

2016 ACOs	County	State	Plan Name	2016 HIX	2016 Off HIX
Banner Health Network	Maricopa	AZ	AZ Banner Health Network	Yes	Yes
Hartford HealthCare & Value Care Alliance (includes 5 hospitals/health systems)	Hartford	CT	CT Aetna Whole Health	No	Yes
Advocate	Cook	IL	IL Aetna Whole Health Chicago	Yes	Yes
Maine Health	Androscoggin, Cumberland, Franklin, Knox, Lincoln, Oxford, Sagadahoc, Waldo, York	ME	ME Aetna Whole Health	Yes	Yes
Memorial Hermann	Harris	TX	TX Aetna Memorial Hermann	Yes	Yes
Coastal VA (with Riverside Health System)	Newport News	VA	VA Coastal VA HP	Yes	Yes

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Overview

2016 ACOs	County	State	Plan Name	2016 HIX	2016 OFF HIX
PinnacleHealth	Dauphin	PA	PA Aetna PinnacleHealth	Yes	Yes
Valley Preferred	Lehigh	PA	PA Aetna Valley Preferred	Yes	Yes
Memorial Hermann	Harris	TX	TX Aetna Memorial Hermann	Yes	Yes
Carilion	Roanoke	VA	VA Aetna Whole Health	Yes	Yes
Coastal VA (with Riverside Health System)	Newport New	VA	VA Coastal VA HP	Yes	Yes

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The ACO advantage

A collaboration that improves care, quality, cost and outcomes

A collaboration that improves care, quality, cost and outcomes

- **Better care** — Fewer repetitive tests and less hassle
- **Better health** — Personal care teams working together to keep members healthy
- **Better cost** — An affordable premium without sacrificing quality care

How does an ACO help members?

- Finds more at-risk patients with sophisticated data and information
- Engages members with proactive, doctor-driven outreach
- Closes gaps in care with alerts to members and their providers
- Enhances the patient experience with streamlined, convenient care
- Personalizes plans for members who need extra support from a special care team

A new way of looking at health care

- Rewards doctors for improving patient care quality and health outcomes
- Reduces waste while improving care coordination
- Supports innovative technology and care programs so patients get the care they need sooner

Our goal is to support smarter health care decisions among doctors, patients, and caretakers for improved quality, efficiency and affordability of health care.

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Accountable Care Organization (ACO)

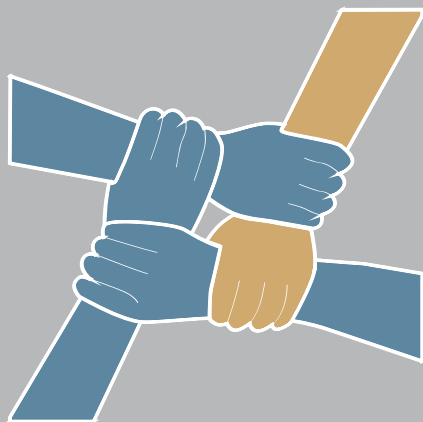
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How an ACO works

The member's health is paramount in the ACO model. That means providers, doctors, Aetna and the patient work together. With proactive encouragement from the doctor, more patients are engaged in programs that can help them manage their own care. And both the patient and the doctor are alerted when gaps in care, such as missed prescriptions, are found.

Using ACO's, doctors can:

- Identify patients at risk earlier
- Get the benefit of one care team
- Engage patients earlier
- Increase patient engagement through doctor-driven outreach
- Get useful population health tools
- Achieve better outcomes
- Share risk and reward among providers
- Get incentives based on value, not volume of service



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Producer World

Producer World. One resource. Many answers.

We created Producer World to make your job easier. It's a one-stop resource for producer information to support your business, newly redesigned and updated for the individual product portfolio.



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Producer World

One resource. Many answers.

See how much you can do with Producer World

Need information, forms, or answers to your questions? Producer World has it all, and now it's better than ever. We've redesigned Producer World for the individual product line, making everything quick and easy to find.

- Get quotes faster with our new single sign on, create and send proposals, and manage your clients—all in one place
- Find product, rate and compensation information
- Add/view/edit your FFM ID and certification
- Pull book of business reports - includes new fields for application status, subscriber payment method, binder payment, and more
- Check your license status and update your contact information or e-mail address
- Set up direct deposit

Log on today to see how powerful your business can be with Producer World

Check out the quick links to instantly access key tasks and information that you use the most.

- Get an individual quote
- View plan documents
- Commissions
- Renewals
- View your book of business
- Order enrollment kits

***Keep your e-mail address updated.
Check your e-mail frequently for
important broker alerts.***

How to search for a provider using Producer World

- On the left navigation bar, select "Find a Doctor." On the next page, you will see two options.
- **Aetna** — will direct you to find a doctor depending on whether the member's plan is on or off exchange.
- **Coventry** — will direct you to the Coventry website to find a doctor.
- For Aetna, select either on or off exchange. On the next page, select a state and then choose the plan.
- On the next page enter the ZIP code, county or state (county is the best way to search) and enter who or what you are looking for.

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Book-of-business tool

Book-of-business reporting tool:

Based on your valuable feedback, we recently made some enhancements to our individual book-of-business reporting tool. These enhancements will provide you easier access and help you manage your business. They include:

- **Single sign-on.** Once you sign on to the Producer World service center, you have immediate access to your individual book-of-business without having to sign in separately to the reporting tool
- **The commission agreement ID number**, which looks different (Example: IA123456789201202150). The number contains the member's W ID number along with their policy effective date

The reporting tool contains:

1. **Broker book of business:** Includes all active subscribers and terminations within the past six months. It also provides details on the member plan, premium payments, demographics and the broker relationship
2. **Broker pre-dunning:** Includes all subscribers that are in a "past due" status for their premium payment
3. **Broker rate increase:** Includes all subscribers who have been sent a rate action letter and provides up to three alternate plan options

Coventry business is now included in the book-of-business tool.

Note: The reports above are also available if you are a General Agent (GA).

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Book-of-business tool

Not sure who paid, how much and for what month?

The broker book-of-business report contains four premium and date columns (premium columns N through Q). These four columns show the amount of the last premium posted on the account, the date it was posted, the month it was applied to and base premium for the subscriber.

If you sell as an individual and through a firm, you can view book-of-business reports for both you and your firm. **If you sell as just an individual, you can only see your own book-of-business. You must have either Compensation Designee or View Compensation privileges to view the book-of-business.**

Easily manage your Aetna business with the book-of-business tool. Run a report to show the last premium paid for each of your clients.

Note: The reports above are also available if you are a General Agent (GA).

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Using our logos

You can use our logo on your website or other marketing materials; just be certain that you allow enough time for the request permission process.

Follow these links to learn more

Logo

- Using our logos
 - a. **Aetna** — Submit form at:
<https://www.aetna.com/about-us/forms/advertising-marketing-requests/use-aetna-logo-producers.html>
 - b. **Coventry** — e-mail: CoventryLogoLicenseRequests@aetna.com




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Keeping your information current

You are a very important part of Aetna, and we want to keep the lines of communication open between us. Please keep your contact information current in Producer World.

How to update your e-mail address, business and residence address, and phone:

- Before starting, make sure you are using Internet Explorer® as your Internet browser
- Log in to Producer World from the [Aetna.com](#) producer page by selecting “**Login/register**” with your username and password
- Once logged in, select the “**individual**” tab on the top toolbar
- On the toolbar on the far left, select “**Manage Profile and User Access**”. This section will open and provide a drop-down menu. Select “**Personal/Firm Profile**”. There will be options to update some or all of your personal profile information. Select “**Update**” in the section you would like to update

Visit Producer World to view quick links to:

- **Quoting**
- **Plan documents**
- **Commissions**
- **Renewals**
- **Enrollment kit orders**

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Accessing formularies

Overview

It's important for your client to understand and keep track of their prescription drug formulary. A plan's formulary includes an exhaustive list of generic and brand-name drugs and shows which tier, or category, the drug falls under. The amount that Aetna covers for a given drug depends on its tier within the formulary.

As your clients work with their doctors, it's important that the cost of a prescription is considered. Doctors should study prescriptions from the formulary that will best help your client from a medical standpoint, but will also be the most cost-effective. Often, there are multiple companies that make the same drug, so if one brand isn't covered, then there might be another that is.

Keep Aetna's formulary handy

The Aetna drug formulary is a good resource to keep handy as you sit down with your clients to discuss their plan options. Many times, clients have questions about specific medications they already take. It's also a resource they might not be aware of yet.

To see the most up-to-date information on formularies, you can either go to www.aetna.com/formulary or access the guide from Producer World.

CoventryOne Prescription Drug Search

You may search for pharmaceutical products in several different ways.

- First, you may search by using the drug name where products are listed by both generic (chemical) and brand (trade) names.
- Second, you may search using the therapeutic class of the product you are looking for.
- <http://client.formularynavigator.com/Search.aspx?siteCode=5312228803>

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Get ready to sell

Get ready to sell

It's simple

When you join our team, you'll find a full range of tools and resources to help you sell. That's because we share the same goals — to provide our customers with the products and services that best meet their needs and to help you grow your business, too.

Expand your business potential

- As a licensed Aetna producer you are eligible to sell to the individual, small group and Medicare markets. Contact your broker sales rep for more information.
- **Or contact us via e-mail: laau@aetna.com or by phone at 1-866-511-2863.**
- **Download producer agreement:** We encourage you to download and review our producer agreement online and/or print a copy for your files.

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Member resources

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Convenient, online help

Helping Aetna members

Teach your clients to use the web for quicker access to valuable information

- www.WelcomeToAetna.com for new members (not applicable to Aetna LeapSM and Innovation Health LeapSM plans)
- Aetna Navigator[®] – members' personalized, secure, go-to resource for managing their health benefits
- Register for an account in minutes
- Find a doctor
- Compare costs for office visits, tests and procedures
- Save on health-related products and services
- Store and share their personal health history
- Get instant access to claims and explanation of benefits (EOB's) statements
- Track their health goals
- Research prescription drugs
- Find forms and order ID cards



Members can access temporary ID cards by going to www.aetna.com. Hover over the Individuals & Families menu to see Helpful Links for Members, and then select Get an ID Card. Alternatively, visit: <https://www.aetna.com/individuals-families/aetna-navigator.html>. Then simply log in to register for Aetna Navigator.

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Convenient, online help

Helping Coventry members

Teach your clients to use the web for quicker access to valuable information

- My Online Services: www.coventryone.com
- To register, go to “My Online Services” under “Coverage Tools”
- Click “Get Started”
- Click on the “Register Now” link
- View your claims, explanations of benefits (EOBs) and benefit usage details
- Access valuable health and wellness tools
- Research cost of care data, if available for your plan
- Request, display or print your member ID card
- Search for doctors, hospitals and other providers within your network

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Member tools

We offer many apps, tools and services to our members.

Health Connections Disease Management

<https://www.welcometoaetna.com/health-tools-and-apps>

When you have an ongoing health condition, you may face more challenges, like scheduling regular doctor's visits or taking multiple drugs. Our Health Connections Disease Management program can help you stay on track with your care and improve your quality of life.

Member Payment Estimator

Price shopping for health care is a new idea for many people. But a little research can save you big money. Our Member Payment Estimator helps you compare costs for procedures and services, calculate your out-of-pocket expenses and more.

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Member tools

Good health to go: Mobile apps made just for you

No matter where you are, Aetna Mobile Web gives you easy access to your health information, and tools that help you make informed decisions. Aetna Mobile Web and the Aetna Mobile app put our most popular online features at your fingertips. You can:

- Search for a doctor, dentist, hospital or pharmacy.
- View your claims.
- View your coverage and benefits.
- Access your Personal Health Records.
- View your member ID card.
- Check drug prices.
- Contact us by phone.



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Member tools

iTriage

The two most common medical questions are probably, “What’s wrong with me?” and “What should I do about it?” You can answer both quickly and easily with iTriage.

- Check symptoms.
- Learn about possible causes.
- Research medications.
- Decide what to do.
- Find and compare nearby care options.
- Choose a provider.
- Manage your health.



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Choosing a doctor

How to find an Aetna doctor



Help your clients search for their doctors within our network.

Go to http://www.aetna.com/dse/PublicExchange?site_id=QualifiedHealthPlanDoctors or visit Aetna.com, select Individuals & Families in the top menu, and scroll down to **Find a doctor, dentist, facility or vision provider.**

Once a member is enrolled, we strongly recommend using Aetna Navigator to check for providers Aetna Navigator knows what plan the member is enrolled in and is able to display more data specific to that member.

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Choosing a doctor

How to find a Coventry doctor



Help your clients search for their doctors within our network.

- Go to www.coventryone.com
- From the top navigation bar, select Find a Doctor
- Using the drop-down menu select a state and click “Submit”
- On the next page, users can choose to locate a provider using the public search tool OR sign in to My Online Services for a personalized search
- If you choose to use the public online search, select the product or network. The search can then be narrowed by ZIP code, county/city, and/or specialty

Other network providers, such as those for vision, dental and behavioral health are unique to each health plan and not available within the provider search tool. To find out information about these specialty networks, please use the state selector on the right-hand side of the page.

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Helpful contact information

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Helpful contact information

Helpful contact information

Aetna and Coventry

Broker Support:

Phone: **1-888-542-3862 (1-888-54-AETNA)**

E-mail: **AIMBrokerSupport@aetna.com**

Representatives are available Monday – Friday from 7:30 a.m. to 6:00 p.m. Central time.

Aetna

Billing and Enrollment:

Off exchange phone: **1-877-302-3862**

E-mail: **HCREnroll-BillingMailbox@aetna.com**

Commission Inquiries phone:

1-800-622-3435

E-mail: **brokercomm@aetna.com**

Coventry

Billing and Enrollment:

On exchange phone: **1-855-449-2889**

Off exchange phone: **1-866-364-5663**

Commissions/Compensation:

Florida, e-mail: **brokercommissionsSF@aetna.com**

Coventry, all other markets, e-mail:
commissions@aetna.com





This information is intended for brokers only.

Aetna individual health insurance plans are underwritten by Aetna Life Insurance Company, Aetna Health Inc., and/or by Aetna Health of Utah Inc. (Aetna).

Coventry health plans are underwritten by Aetna Heath Inc., Aetna Health of Utah Inc. and/or the following affiliates of Aetna Life Insurance Company: Coventry Health and Life Insurance Company, Coventry Health Care of Florida, Inc., Coventry Health Care of Kansas, Inc., Coventry Health Care of Nebraska, Inc., Coventry Health Care of Illinois, Inc., and Coventry Health Care of Virginia, Inc.

Coventry Health Care of Georgia, Inc., Coventry Health Care of the Carolinas, Coventry Health Care of Louisiana, Inc., Coventry Health Core of Iowa, Coventry Health Plan of Florida, Inc., Coventry Health Care of Virginia, Inc., and HealthAmerica Pennsylvania, Inc., plans are underwritten by Aetna Health Inc.

Innovation Health health insurance plans are underwritten by Innovation Health Insurance Company and Innovation Health Plan, Inc., affiliates of Inova and of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to Innovation Health.