



NAP



MOODY'S

## HEALTHSAVER PLAN

GRP: 109200-011-00001

Issuer (80840) 9140860054

Choice POS II

**ID W2493 12136**

NAME

01 ABHINAV SINGHAL

**DEDUCTIBLE MAY APPLY**

PCP NO COPAY

SPC NO COPAY

HOSP 10%

ER 10%

**SELF INSURED**[www.aetna.com](http://www.aetna.com)**PAYER NUMBER 60054 0044**USE [WWW.AETNA.COM](http://WWW.AETNA.COM) TO CHOOSE PROVIDERS IN YOUR PLAN

You do not have to choose a primary care doctor. Referrals are not required. However, some services may also 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.

Vision benefit administered by UHC: 1-800-638-3120

Dental benefit administered by MetLife: 1-800-942-0854

EAP and Claims Advocacy call Health Advocate: 1-866-799-2728

Aetna Life Insurance Company

PO BOX 981106

EL PASO

TX 79998-1106

**AETNA CONCIERGE SERVICES****1-866-267-1480****PROVIDERS CALL****1-888-632-3862****TALK TO A DOCTOR 24/7:****1-855-TELADOC****OR [TELADOC.COM/AETNA](http://TELADOC.COM/AETNA)**