



NAP

INDEED, INC. RX BIN: 004336
PCN: ADV GROUP: RX0480

Issuer (80840) 9140860054 Choice POS II
GRP: 477576-011-00001
ID W2196 54294
01 **THOMAS A GOMEZ**
PCP: NO ELECTION REQUIRED

www.aetna.com

PAYER NUMBER 60054 0106

TALK TO A DOCTOR 24/7: 1-855-TELADOC OR TELADOC.COM/AETNA.
See your plan documents for all plan requirements, including
precertification. In an emergency, seek care immediately or
call 911. This card does not guarantee coverage.

| | | |
|------------------------------|------------|--------|
| MEDICAL | INDIVIDUAL | FAMILY |
| In Network Deductible | \$ 2000 | N/A |
| In Network Out Of Pocket Max | \$ 2000 | N/A |
| Out Of Network Deductible | \$ 2000 | N/A |
| Out Of Network OOP Max | \$ 5000 | N/A |

| | |
|--------------------------|----------------|
| AETNA CONCIERGE SERVICES | 1-866-984-0045 |
| PROVIDERS CALL/PRECERT | 1-888-632-3862 |
| SUPPORTLINC EAP | 1-888-881-5462 |
| MENTAL/BEHAVIORAL HEALTH | 1-800-424-4047 |

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