

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](mailto:PortJ@dvaco.org), 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 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

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

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](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.  
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 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 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

## 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

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

RX BIN# 610502

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
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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 \$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
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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

**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

SELF INSURED

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

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


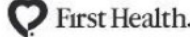

Choice POS II

**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


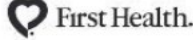

Carebridge EAP: 1-800-437-0911  
 Some services may require precertification. Without preapproval, you may pay more or even full price. For mental health or substance abuse preapproval or coverage questions, call 1-800-424-4047. See your plan documents for information on your plan requirements. In an 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