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 <u>PortJ@dvaco.org</u>, Melissa Rafferty at <u>RaffertyMe@mlhs.org</u>, or your payer provider representative.

Additional Reminders:

- 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 Construction Pennsylvania Construction Pennsylvania Person Person

New J	lersey
-------	--------

	First Health.	
SELECT PLAN INCLUDES PHARMACY COVERAGE GRP: 144208-010-00002 Issuer (80840) 914086005 ID W1234 56789	54 Choice POS II	X545093800708
NAME 01 JENNIFER Q SAMPLE-TESTC 02 JONATHAN Q SAMPLE-TESTC 03 CAITLIN Q SAMPLE-TESTCA 04 EMILY Q SAMPLE-TESTCARD	ARD RD	X5450
05 KARA Q SAMPLE-TESTCARD RX BIN# 610502	DEDUCTIBLE MAY APPLY PCP \$ 10 /\$10 /\$40 SPC \$ 40 /\$40 /\$80 HOSP NO COPAY /\$250 /\$700+30% ER \$ 150 /\$150 /\$150	
SELF INSURED		

www.aetna.com	PAYER NUMBER 60054 0062
DVACO: PCP \$10, SPC \$40, UC \$50, DVACO Partners: PCP \$10, SPC \$40 Aetna Network: PCP \$40, SPC \$80,	, UC \$50, ER \$150
Referrals are not required. Some services may also require p See your plan documents for info requirements. This card does not guarantee cov For mental health or substance a questions, call 1-800-424-4047. FIRSTCALL EAP: 1-800-382-2377 MLH Physician Appointments: 1-86	rmation on your plan erage. buse preapproval or coverage
Aetna Life Insu P.O. BOX EL PASO	rance Company 981106 TX 79998-1106
MEMBER SERVICES PROVIDERS CALL RX MEMBER SERVICES	1 - 800 - 841 - 4967 1 - 888 - 632 - 3862 1 - 888 - 792 - 3862

www.aetna.com	PAYER NUMBER 60054 006
DVACO: PCP \$10, SPC \$40, UC \$ DVACO Partners: PCP \$10, SPC \$ Aetna Network: PCP \$40, SPC \$	50, ER \$150 \$40, UC \$50, ER \$150 30, UC \$100, ER \$150
questions, call 1-800-424-404 FIRSTCALL EAP: 1-800-382-2377 MLH Physician Appointments: 1 To precertify, call the member Aetna Life Ir P.O. B	nformation on your plan coverage. a abuse preapproval or coverage 7. -866-CALL-MLH r or provider number listed. Isurance Company 0X 981106
MEMBER SERVICES	TX 79998-1106 1-800-841-496
PROVIDERS CALL RX MEMBER SERVICES	1 - 888 - 632 - 386 1 - 888 - 792 - 386

EXAMPLE 2: MAIN LINE HEALTH EMPLOYEES/DEPENDENTS VALUE PLAN: PCP \$30; SPECIALIST \$60

A SimultiPlan. NAP VALUE PLAN INCLUDES PHARMACY COVERAGE GRP: 144208-012-00001 Issuer (80840) 9140860054 Choice POS II DAME 01 JENNIFER Q SAMPLE-TESTCARD 02 JONATHAN Q SAMPLE-TESTCARD 03 CATTLIN Q SAMPLE-TESTCARD 04 EMILY Q SAMPLE-TESTCARD 05 KARA Q SA

www.aetna.com	PAYER NUMBER 60054 0062
DVACO: PCP \$30, SPC \$60, UC \$300, ER DVACO Partners: PCP \$40, SPC \$80, UC Aetna Network:PCP/SPC deductible & 40	\$300 \$300, ER \$300 0% coinsurance UC/ER \$300
Referrals are not required. Some services may also require prece See your plan documents for informat requirements. This card does not guarantee coverag For mental health or substance abuse questions, call 1-800-424-4047. FIRSTCALL EAP: 1-800-382-2377 MLH Physician Appointments: 1-866-CA	e. preapproval or coverage
	79998-1106
MEMBER SERVICES PROVIDERS CALL RX MEMBER SERVICES	1-800-841-4967 1-888-632-3862 1-888-792-3862

Pennsylvania

New Jersey

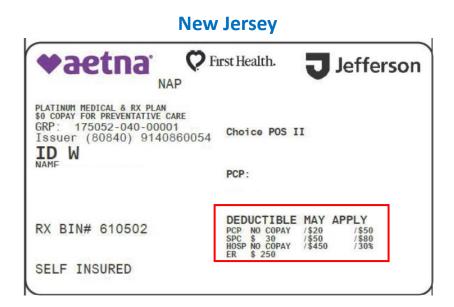
	First Health.
VALUE PLAN INCLUDES PHARMACY COVERAGE GRP: 144208-012-00001 Issuer (80840) 9140860054 ID W1234 56789 NAME 01 JENNIFER Q SAMPLE-TESTCARD 02 JONATHAN Q SAMPLE-TESTCARD 03 CAITLIN Q SAMPLE-TESTCARD 04 EMILY Q SAMPLE-TESTCARD	Choice POS II
05 KARA Q SAMPLE-TESTCARD RX BIN# 610502	DEDUCTIBLE 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 precer See your plan documents for informative requirements. This card does not guarantee coverage For mental health or substance abuse guestions, call 1-800-424-4047. FIRSTCALL EAP: 1-800-382-2377 MLH Physician Appointments: 1-866-CAL To precertify, call the member or pro Aetna Life Insurance P.O. BOX 98110 EL PAS0 TX 7	preapproval or coverage L-MLH vider number listed. Company 6 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

hoice POS II
CP: CP:
•

Tier 1: PCP \$0, SPC \$30, UC \$45, ER \$ Tier 1: JeffConnect on-demand care \$5 Tier 2: PCP \$20, SPC \$50, UC \$55, ER Tier 3: PCP \$50, SPC \$80, UC \$70, ER	\$250
	or full price. For mental or coverage questions, couments for information gency call 911 or go to overage. ovider number listed. Company 06 79998-1106
MEMBER SERVICES PROVIDERS CALL/PRECERT RX MEMBER SERVICES	1-800-769-7517 1-888-632-3862 1-888-792-3862



Tier 1: PCP \$0, SPC \$30, UC \$45, ER \$29 Tier 1: JeffConnect on-demand care \$5 Tier 2: PCP \$20, SPC \$50, UC \$55, ER \$ Tier 3: PCP \$50, SPC \$80, UC \$70, ER \$2	250
	full price. For mental pr coverage questions, uments for information ency call 911 or go to erage. ider number listed. company 1998-1106
MEMBER SERVICES PROVIDERS CALL/PRECERT RX MEMBER SERVICES	1-800-769-7517 1-888-632-3862 1-888-792-3862

Pennsylvania

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

urst Health. Jefferson
Choice POS II
PCP:

Pennsylvania

www.aetna.com Tier 1: PCP \$0, SPC \$45, UC \$65, Tier 1: JeffConnect on-demand car Tier 2: PCP \$30, SPC \$75, UC \$75, Tier 3: PCP \$60, SPC \$100, UC \$85	e \$15
Carebridge EAP: 1-800-437-0911 Some services may require precert preapproval, you may pay more or health or substance abuse preappr call 1-800-424-4047. See your plan on your plan requirements. In an	even full price. For mental oval or coverage guestions
on your plan requirements. In an the nearest emergency room. Note: This card does not guarante To precertify, call the member or Aetna Life Insura P.O. BOX 9 EL PASO MEMBER SERVICES	e coverage. provider number listed.

OPERATION Pirst Health. Jefferson So copay for preventative care GRP: 175052-041-00001 Issuer (80840) 9140860054 Choice POS II D W: NAME PCP: RX BIN# 610502 DEDUCTIBLE MAY APPLY PCP NO COPAY /\$30 SPC \$ 45 /\$75 /\$100 HOSP NO COPAY /\$600 /40% SELF INSURED

New Jersey

www.aetna.com	PAYER NUMBER 60054 0062
Tier 1: PCP \$0, SPC \$45, UC \$65, Tier 1: JeffConnect on-demand carr Tier 2: PCP \$30, SPC \$75, UC \$75, Tier 3: PCP \$60, SPC \$100, UC \$85	e \$15
Carebridge EAP: 1-800-437-0911 Some services may require precert preapproval, you may pay more or health or substance abuse preappro call 1-800-424-4047. See your plan on your plan requirements. In an the nearest emergency room. Note: This card does not guarantee To precertify, call the member or Aetna Life Insura P.0. BOX 9 EL PASO	even full price. For mental oval or coverage questions, n documents for information emergency call 911 or go to e coverage. provider number listed.
MEMBER SERVICES PROVIDERS CALL/PRECERT	1-800-769-7517 1-888-632-3862

5

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

	rst Health. Jefferson
SILVER MEDICAL & RX PLAN \$0 COPAY FOR PREVENTATIVE CARE GRP: 175052-042-00001 Issuer (80840) 9140860054 ID W	Choice POS II
NAME	PCP:
RX BIN# 610502	

Pennsylvania

www.aetna.com	PAYER NUMBER 60054 0062
Tier 1: PCP \$0, SPC \$60, UC \$75,	ER 20%
Tier 1: JeffConnect on-demand car	e \$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 precent preapproval, you may pay more or health or substance abuse preappr call 1-800-424-4047. See your pla on your plan requirements. In an the nearest emergency room. Note: This card does not guarante To precertify, call the member or Aetna Life Insur P.0. BOX S EL PASO	even full price. For mental roval or coverage questions, in documents for information emergency call 911 or go to the coverage. rovider number listed.
MEMBER SERVICES	1-800-769-7517
PROVIDERS CALL/PRECERT	1-888-632-3862

New Jersey

	First Health. Jefferson	
SILVER MEDICAL & RX PLAN \$0 COPAY FOR PREVENTIVE CARE GRP: 109021-042-00001 Issuer (80840) 9140860054 ID W2560 82421 NAME 01 VALUENJ SAMPLE	Choice POS II	X492165802254
RX BIN# 610502	DEDUCTIBLE MAY APPLY PCP NO COPAY /\$40 /40% SPC 60 /\$100 /40% HOSP 20% /30% /40% ER 20% /20% /20%	
SELF INSURED)

Tier 1: PCP \$0, SPC \$60, UC \$75 Tier 1: JeffConnect on-demand ca	, ER 20%
Tier 2: PCP \$40, SPC \$100, UC \$ Tier 3: PCP 40%, SPC 40%, UC 40	85, ER 20% %, ER 20%
Carebridge EAP: 1-800-437-0911 Some services may require prece preapproval, you may pay more of health or substance abuse preap call 1-800-424-4047. See your p on your plan requirements. In a the nearest emergency room. Note: This card does not guaran To precertify, call the member of Aetna Life Inst P.0. BOX	r even full price. For mental proval or coverage questions, lan documents for information n emergency call 911 or go to tee coverage. or provider number listed. urance Company 981106
MEMBER SERVICES	TX 79998-1106 1-800-769-7517
PROVIDERS CALL/PRECERT RX MEMBER SERVICES	1-888-632-3862