

Cost Estimator Tool

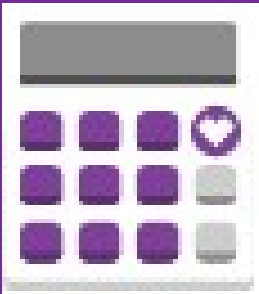
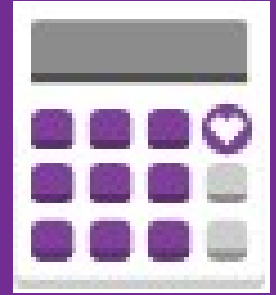


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Cost Estimator Tool



Self-help tool for medical costs

No one likes sticker shock—especially when it comes to medical bills. Do away with the surprises. The Aetna Cost Estimator Tool helps members make more informed health decisions by helping find the best providers and the most cost-effective care.

Provider Search

Finding a doctor or health care facility that is right for you can be based on a whole host of factors—location, in-network status and more. But gaining access to the most accurate, updated information means starting at the Cost Estimator Tool. Our new provider search tool takes the guesswork out of finding a new doctor, clinic or hospital. A 'Go Find Care' feature may be available on your health plan website to identify designated providers if you have tiered benefits.

Doctors by Name and Places by Name

After selecting Doctors or Places by name from the dashboard, enter at least two letters of the provider's last name or the hospital or facility's name.

- Select the provider or place from the displayed dropped down list.
- Clicking enter or the magnifying glass allows you to select a provider or place from a demographic list.

Doctors by name



Type a last name to learn if a doctor is in your network



Places by name



Enter a place's name to find out if it is in your network



Type at least two letters and we can start finding some matches for you

Once a provider or place is selected, a 'Get Cost Estimate' button will display on the bottom right. The button allows you to select the patient and the available service estimates.

Get cost estimate

Use the 'X' in the upper right to close the search box. Click on Dashboard in the upper left to return to the main menu.

Cost Estimate

Federal price transparency mandates bring about a new opportunity to take care of your healthcare costs by providing your out of pocket costs specific to your health plan and the allowed amount by a participating provider. Do you need out of network services? Don't worry, the Cost Estimator Tool provides an estimate for care outside of your health plan's network.

Top Cost Searches Include:

- | | | |
|----------------|-------------------------|-----------------------|
| ✓ Office Visit | ✓ Physical Therapy | ✓ Vasectomy |
| ✓ MRI | ✓ CAT Scan | ✓ Sleepy Study |
| ✓ Pregnancy | ✓ Mammogram | ✓ Skin Lesion Removal |
| ✓ Colonoscopy | ✓ Chiropractic Services | ✓ Pap Test |
| ✓ Ultrasound | ✓ X-Ray | ✓ Hysterectomy |
| ✓ ECG | ✓ Immunization | ✓ GI Endoscopy |

Grouped Services

The Tool provides the ability to display a set of services with unique codes that are commonly completed together in a medical procedure as a group with a combined total cost. For example: You can review an Electrocardiogram, EKG, as a group of services that includes a specialist visit before and after the test.

Cost Estimator Tool Elements:

1. **Estimate cost-sharing liability:** Display the estimate amount for the covered item or service the member will be responsible for based on your individual plan coverage.
2. **Accumulator amounts:** Reflect the financial responsibility for the member at the time of the request considering their deductible and out-of-pocket limit.
3. **Negotiated Rates:** Provide the negotiated rate, reflected as a dollar amount, for the covered item or service for any in-network provider.
4. **Out-of-Network Rates:** Reveal the maximum paid amount for the service or item provided at an out-of-network provider.
5. **Bundled Services:** Present bundled payment arrangements and disclose the included services and their associated cost.
6. **Covered Services:** Notify members at the time of the search if an item or service, covered under their plan, is subject to a prerequisite for coverage.
7. **Reminders:** Inform members in plain language of any specific disclosures like actual charges may vary or that the estimate is not a guarantee of coverage.

Get Cost Estimates

To compare costs, searches for a service, item, or procedure are available by name or code. Once you have types at least two letters, procedures that match you text display. If you are unsure, ask your doctor's office to provide you with the billing code. Results display participating provider's negotiated rates within a mile radius of the location in the upper right of the tool. Your home address is the default location and can be updated to a business, vacation, or other location.

Sorting:

- Best Match
- Distance (Closest)
- Name (A-Z)
- Name (Z-A)
- Cost (Low to High)
- Cost (High to Low)

Filters:

- ✓ Show Primary Care Providers
- ✓ Specialty
- ✓ Provider Type
- ✓ Gender
- ✓ Accepting New Patients
- ✓ Search Area
- ✓ Patient Age
- ✓ Languages Spoken by Provider
- ✓ Provider Name

Display Example:

Name of the Procedure

Filters

- Name
- Specialty
- Search area and more

Provider name

Provider's Address and Phone Number

Provider Information

Estimate

Total Out-of-pocket Costs

Add to compare

Features

The list of estimates are displayed showing the procedure, provider or facility's name, new patient indicator, location specifics, specialties, contact information, National Provider Identifier (NPI), office hours, gender, and your out of pocket costs. In the upper right, you can change the view from a list to a Map view.

- **Location:** Selecting the location button switches the view to map the address.
- **More Details:** The more details screen shares service details, cost details, and out of network information.
- **View Profile:** Displays pre-requisites of coverage notice, service details including place of service, and cost details with out of pocket accumulators (deductible, coinsurance, copays, etc.)
- **Add to Compare:** This feature allows you to compare up to three providers or facilities or add to your favorites.

Cost Details

The 'you pay' amount takes your health plan's benefits and any remaining accumulator amounts at the time of the estimate into consideration with the negotiated provider rate. The total cost is the estimated costs for the service. This is the estimated Out of Pocket amount.

The costs provided in this tool are estimates only and are not a guarantee of payment or benefits. Your actual costs may be higher or lower than the estimate. There are many reasons why your actual costs may differ from the estimate, including a change in the items or services provided at the point of care, the intensity of the treatment or the way your provider bills us. To help manage your costs we encourage you to use an in-network provider and to talk with your provider about the care you plan to receive.

Notes

In-Network

Important Note for members with a Tiered Network Plan: Tiered network plans have a higher benefit level for services provided by a "Tier 1" or "Preferred" provider. This means that members with a tiered network plan will pay less for services when visiting a provider in Tier 1 than you would pay when seeing providers in other tiers. Keeping your wallet in mind, this cost estimate will show the highest possible amount you would be responsible for. You may be able to reduce your out of pocket costs if you visit a provider in Tier 1. We encourage you to refer to your plan documents for your Tier 1 cost sharing level. You can also contact member services by calling the number on your ID card.

The amount you'll pay is an estimate and isn't a guarantee of coverage or payment. For example, we may need to determine whether the item or service is medically necessary in your case before making a payment. Actual costs may differ from an estimate for various reasons. For example, if your physician provides additional services during your visit, your charges could be more than the cost estimate. If you or your dependent have coverage under another plan, the payment we make may be lower. This is a result of coordination of benefits.

If the item or service is billed as preventive care, you or your dependent may not need to pay out of pocket.

We can't guarantee the availability of any particular provider. And the provider network is subject to change.

The provider may send different procedure codes on the claim. These aren't reflected in this estimate. You should review this information with your provider and discuss your share of the costs. You'll need to do this before services are done.

The provider charges may vary from the provided estimate.

Services may be subject to prior approval, concurrent review or other medical management requirements under your medical plan. Before you get care, you should talk with your provider. You'll want to be sure that all necessary approvals are in place.

Need help understanding this estimate? Call us at the toll-free number on your medical ID card.

Different Places of Service

Your insurance provides different levels of coverage depending on the type of place where this service is performed. Your place of service can change depending on where your provider schedules the service to take place. For the most accurate costs, please confirm the place of service with your provider.

Out-of-Network

About your liability when going out-of-network.

If your doctor's bill is higher than what your plan will pay, you might have to pay the difference. This estimate is based on the maximum amount that your plan will pay for this service if it is received out-of-network. If the doctor or facility charges more than your plan is willing to pay, you could be responsible for paying the difference in addition to your deductible, copay, and/or coinsurance (balance billing). You should consider going to in network doctors and facilities because these providers have agreed not to charge you more than the agreed-upon cost (ie negotiated rate). The estimate is not a guarantee that coverage will be provided for those items and services. The actual charges for the covered items and services may be different from those described in this estimate, depending on the actual items and services received at the point of care.

Things to Remember

- Estimates are based on out-of-pocket accumulator amounts at time of estimate.
- The place the procedure is performed can cause additional medical bills.
- Non participating provider rates are based on the location in the upper right of the Cost Estimator Tool and not specific to any provider or facility.
- Currently, Tiered Network Providers are only displayed at the lowest benefit rate.