

Maximum Allowable Amount (MAA)= Limits on Amount the Plan will cover

The maximum allowable amounts (MAA) are price limits introduced on January 1, 2015 for certain common outpatient procedures. The MAA limit applies to facility costs for common procedures such as colonoscopies and endoscopies, CT scans, MRIs, hernia surgeries, tonsillectomies and cataract surgeries.

Why is there an MAA for these common procedures? Because there's little to no variation in quality regardless of where these procedures are performed. But there is usually a wide variation in cost. Why pay more if the quality is the same? When you have one of the common procedures that has an MAA limit:

- **Your health plan will pay up to the MAA (the price limit) toward facility costs for the service.**
- **You pay any facility* costs above that.**

So shop around. Use your health care dollars wisely. Use the Member Payment Estimator on Aetna.com to find costs at each location, how much the plan will pay, and how much you'll have to pay. **Need more help? Call Aetna at 1-800-367-6276.**

Slides 4-10 explain how to find the list of procedures and MAA (price limits) for the area around your zip code.

**** Facility costs explained on Slide 2.***

What is a Facility Cost?

- **Facility costs** are charged for all procedures
- You'll also see a cost for things like the recovery room, monitoring equipment and other incidental fees. They are usually categorized as "**Other Incidental**" costs.

Several costs for procedure	Amount	Plan pays this much	You pay
Facility cost	\$2,000	\$1,500	\$500
Other cost 1	\$100	\$100	\$0
Other cost 2	\$125	\$125	\$0
Total cost for procedure	\$2,225	\$1,725	\$500

This is the line item with the MAA limit

Maximum Allowable Amount Example

Here's an example for a routine colonoscopy:

	<u>Facility cost</u> of routine colonoscopy which has an MAA limit	<u>Minus:</u> Maximum allowable amount	<u>Equals:</u> YOUR Cost
Location A	\$2,000	\$1,500	\$500
Location B	\$1,500	\$1,500	\$0

You have a choice of scheduling a routine colonoscopy at Location A or B. If you choose Location A, you will be responsible for an out-of-pocket expense of \$500 since that location charges \$500 more than the maximum allowable amount. Or, if you choose Location B, their charge is the same as MAA, so there's no extra that you have to pay for the facility cost portion of the bill.

**To view a complete list of outpatient procedures and their maximum allowable amounts, log in at www.aetna.com and click "I want to . . . View Deductibles & Plan Limits." Scroll to the bottom of the page and look for the "Maximum Allowable Amount" box. You can also contact Member Services at 1-800-367-6276 for additional information.*

SHOP AROUND – use your healthcare dollars wisely. Go to Aetna Navigator at www.aetna.com to see the Member Payment Estimator (MPE)



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See Coverage & Costs

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Complete your Assessment



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- Order Rx • Refill Rx
- Specialty Rx
- Pharmacy Coverage
- Estimate Drug Cost

To get to the MPE once logged into Aetna.com:
1. Click “See Coverage & Costs”

Maximum Allowable Amount

Accessing tools on Aetna Navigator®

2. From the Financial Overview menu click “Medical balances & limits”

The screenshot displays the Aetna Navigator interface. At the top, there is a purple navigation bar with a 'Menu' icon and the text 'See Coverage & Costs'. Below this, three main menu items are visible: 'Financial Overview' (highlighted in purple), 'Coverage & Benefits', and 'Estimate Costs'. The main content area shows the 'Medical balances & limits' section, which is circled in red. This section includes a date range of '01/01/2017 to 12/31/2017' and a dropdown menu for 'Information for' set to 'Family'. Two summary cards are shown: one for 'In-network deductible' with a progress bar and a remaining amount of \$995.91, and another for 'In-network out-of-pocket limit' with a progress bar and a remaining amount of \$10,852.79. Both cards include a 'Claims applied' link.

Menu | See Coverage & Costs

Financial Overview | Coverage & Benefits | Estimate Costs

Medical balances & limits >

Date 01/01/2017 to 12/31/2017

Information for Family

In-network deductible >

Your deductible is an amount that you pay 100% for services before Aetna begins to pay

You have paid \$ 504.09 of \$ 1,500.00

\$ 995.91
remaining

Claims applied >

In-network out-of-pocket limit >

Out-of-pocket expenses are your share of charges for covered services. They're called "out of pocket" because you pay them with your own money.

You have paid \$ 1,147.21 of \$ 12,000.00

\$ 10,852.79
remaining

Claims applied >

Plan Balances & Limits page

3. You'll arrive at this page..
Scroll to bottom to see list of procedures affected by MAA limits, and the amounts shown are MAAs for your home zip code.

4. Need to change zip code?
Type it here and click the **CHANGE** button to see amounts for that zip code.

5. When you're ready to shop, click **GET AN ESTIMATE** at bottom.

On next screen you'll choose the procedure and zip code to get a list of estimates in that area.


Maximum Allowable Amount

Location Member JULIE (You) ▼ [Change](#)

This is the most your plan will pay for the facility fee* part of the following procedures at an outpatient health care facility. Aetna may change... [Learn More >](#)

Procedure	Maximum Allowable Amount
CARPAL TUNNEL RELEASE	\$4,172.00
CATARACT REMOVAL	\$1,187.00
COLONOSCOPY	\$1,536.00
CT SCAN WITHOUT CONTRAST	\$254.00
CT SCAN WITH CONTRAST	\$482.00
INGUINAL HERNIORRHAPHY	\$5,878.00
MRI WITHOUT CONTRAST	\$580.00
MRI WITH CONTRAST	\$813.00
TONSILLECTOMY/ADENOIDECTOMY	\$3,959.00
UPPER ENDOSCOPY	\$2,114.00

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 [Get an Estimate >](#)

To find out what you'll pay for one of the procedures or to compare costs at different health care facilities

Aetna may change a maximum allowable amount at any time, but in no event more than twice during a calendar year. The maximum allowable amount in effect on the date the service was provided will be the amount used to pay the claim.

'Not Applicable' means the procedure does not have a Maximum Allowable Amount that applies.


*Facility fees are only part of the cost of a procedure. There are usually other costs such as doctor fees.

Member Payment Estimator Instructions

5. Choose the person, the zip code, and the procedure.

Estimate Costs > Member Payment Estimator

Select a member and location

 Choosing the right member and location will help ensure accurate estimate results. If you are unable to find a particular procedure within Member Payment Estimator please contact customer service at the number listed on your ID card to obtain an estimate.

Select a member

KARIN - Subscriber



Your medical plan contains a **Maximum Allowable Amount** feature which limits the amounts the plan will pay on certain facility costs.

Current location

75149 (Mesquite, Texas) [Change location](#)

Continue

MPE – Compare Costs

6. Now, use this comparison list to help you decide where to have the procedure. Your Estimated Cost is on the right and includes: any amount over MAA limit, your current deductible situation, and your plan's coverage level. Click 'View Details' for breakdown.

CALL AETNA at the number on your medical insurance ID card if you have questions.

MPE – View Details

7. Now you can see the details. Any amounts above Maximum Allowable Amount shows under “Not paid for services you plan doesn’t cover.”

CALL AETNA at the number on your medical insurance ID card if you have any questions.

USE YOUR HEALTHCARE DOLLARS WISELY

Procedure:	Carpal Tunnel Release Carpal Tunnel release include uncomplicated surgery performed in an outpatient setting including 60 minutes of anesthesia as well as typical associated facility charges. Learn more about this service: Compare Hospital Quality Information >
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Cost of Service
\$14,582.65

Aetna member rate
Estimated amount your plan may pay for this service.

\$5,979.15

You Save **\$8,603.50**

Your plan pays
Plan pays the amount below towards your service

\$5,003.76

Your plan pays **\$5,003.76**

Your total estimated payment
The estimated out of pocket amount you are responsible for.

\$768.45

Amount paid toward meeting your deductible	\$92.38
Amount paid toward your copay	\$0.00
Amount paid toward your remaining coinsurance	\$555.98
Not paid for services your plan doesn't cover	\$327.03

[Terms & Definitions](#)

What's included in this service?

Carpal Tunnel release include uncomplicated surgery performed in an outpatient setting including 60 minutes of anesthesia as well as typical associated facility charges.