

# Why pay more than necessary? Check costs for outpatient procedures first

## Check costs for outpatient procedures ahead of time to avoid a surprise out-of-pocket expense

Did you know that different medical facilities, like hospitals and care centers, often charge different amounts for the same basic services? So having a simple outpatient procedure like an MRI done at a local hospital may have a different cost than at a nearby radiology center.

Knowing these cost differences before you seek care is important because the facility you choose will impact your out-of-pocket costs. That's why you should understand your **maximum allowable amount**, the set amount your health plan now pays toward the facility cost for some outpatient procedures. All facility costs over that amount will be paid by you.\*

But rest easy. We provide easy to use tools to help you decide which in-network or participating facility to select so you can limit the amount you spend.

## View included procedures and amounts

It's important to note that not all outpatient procedures have a maximum allowable amount. Visit [www.aetna.com](http://www.aetna.com) and log in to see the outpatient procedures and their maximum allowable amounts. If you have not registered, it takes just a few minutes. Once you are logged in:

1. Look for "I want to" located on the left side of the screen and click on **"View Deductibles and Plan Limits."**
2. Scroll to the bottom of the page and look for the "Maximum Allowable Amount" box; select a member from the drop-down box and click **"Go."**
3. Scroll to the bottom of the page to view the list of included procedures and the maximum allowable amounts.

\*Charges for any service or supply in excess of a maximum allowable amount are not covered by your medical plan.

## Member Payment Estimator gives you an idea of what you'll pay

Our Member Payment Estimator lets you compare and estimate costs\*\* for different procedures at facilities in your area. Once you're on your Aetna Navigator® member website:

- Click on **"Use Member Payment Estimator"** in the "Cost of Care" box.
- Choose the family member who needs the procedure.
- Enter a ZIP code.
- Select a procedure or service.
- View the list of doctors, hospitals or other facilities in your area and their cost estimates.

This tool takes your deductible, cost-sharing and coverage details into account. That way, it can provide you with a good idea of what you'll pay for a medical service.

**Quality is never in question.**  
Procedures selected to have a maximum allowable amount show no difference in quality from one facility to the next.

## Example:

	Facility A	Facility B
Charge for outpatient procedure	\$1,400	\$950
Amount member's plan will pay for outpatient procedure	\$1,000	\$1,000
Remaining balance for procedure	\$400	\$0
Member's deductible***	\$250	\$250
Member's coinsurance†	\$75	\$70
<b>Member's total expense</b>	<b>\$725</b>	<b>\$320</b>

By selecting **facility B** that is within the maximum allowable amount, this member is able to **save money** on the procedure.

\*\*Estimated costs not available in all markets. The tool gives you an estimate of what you would owe for a particular service based on your plan at that very point in time. Actual costs may differ from the estimate if, for example, claims for other services are processed after you get your estimate but before the claim for this service is submitted, or if the doctor or facility performs a different service at the time of your visit. If you are an HMO member, you can only look up estimated costs for doctors and outpatient facility services.

\*\*\*The deductible is the amount a member may pay for covered services before their health plan begins to pay.

†Coinsurance represents the percentage the member pays toward their health care expenses after the deductible has been met.

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