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NAP

FirstHealth

Booz | Allen | Hamilton

PLATINUM HSA PLAN
AETNA ONE PREMIER

GRP: 800105-041-00001
Issuer (80840) 9140860054

Choice POS II

ID W1419 23996

NAME

01 HARUMI FUKUTA
02 ARTHUR NGUYEN
03 BRANDON V NGUYEN
04 CHELSEA M NGUYEN

www.aetna.com

PAYER NUMBER 60054 0098

For Rx drug coverage, call CVS/caremark at 1-888-726-1651.
This card does not guarantee coverage. Questions
for mental health/substance abuse coverage, or to precertify,
call 1-800-424-4047. You do not have to choose a primary care
physician (PCP) or obtain referrals. The plan describes what
you need to precertify. If you do not precertify your benefit
will be reduced. EMERGENCY: Call 911 or go to nearest
emergency facility. Contact Member services as soon as
possible. Non-Medicare members - for MRI, CT & PET
USIN scheduling required, call 877-874-6385.

Submit claims to:

P.O. Box 21624, Eagan, MN 55121 or EDI: 50383.
CVS/caremark & USIN are not sponsored by, affiliated
with or administered by Aetna.

Aetna Life Insurance Company
P.O. BOX 981106
EL PASO TX 79998-1106

MEMBER SERVICES	1-888-532-3862
PROVIDERS CALL	1-888-632-3862