



Customer Service and Eligibility Inquiries
800.925.2272
www.MERITAIN.com

Member

City of Portland

Group #: 18047

Member: FIRST NAME LAST NAME

Member ID: 123456789123

Dependents

DEPENDENT NAME 1

DEPENDENT NAME 2

DEPENDENT NAME 3

DEPENDENT NAME 4

DEPENDENT LONG NAME TEST
EXAMPLE



Medical Plan

Coverage:

Aetna Network



Plan: Aetna Choice POS II

Tier 1: PCP \$0; Spec/ UC \$20; ER \$100

Tier 2: PCP 30% after ded; Spec/ UC \$20; ER \$100

Tier 3: ER \$100; all other services 30% after ded

Pharmacy Plan

RXBIN: 004336

RXPCN: ADV

RXGRP: RX2738



Member: 866.475.7589

Pharmacy: 800.364.6331

Generic \$10 Preferred \$30 Non-Pref \$60

1004-MN 057F 18047-18047-110--1010 M(CP2)(D)(V)

20210422TA8 Sh: 0 Bin 1
J018 Env [1] C Sets 1 of 1



Claims Submission

Mail All Claims & Correspondence to:

Meritain Health
PO Box 853921
Richardson TX 75085-3921

**EDI: Change Healthcare 41124 or McKesson/
Relay Health 1708 or 4561**

NY Electing

Aetna participating Doctors and Hospitals are independent providers and are neither agents nor employees of Aetna.

IMPORTANT INFORMATION:

Tier 1 (INN): Ded: \$400/ \$800 OOP: \$1500/ \$3000

Tier 2 (INN): Ded: \$1000/ \$2000 OOP: \$2500/ \$5000

Tier 3 (OON): Ded: \$1000/ \$2000

Tier 3 (OON): OOP: \$2500/ \$5000

Customer Service

Call 800.925.2272 or visit www.MERITAIN.com for inquiries regarding billing questions, eligibility, claims and plan benefits.

Precertification

For Precertification call: 800.242.1199. Failure to comply with your plan's precertification requirements may result in a reduction of benefits.

24-Hour Automated Customer Service:
800.566.9311 or www.MERITAIN.com



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