Website Registration (<u>https://www.aetna.com/about-us/login.html</u>)

♥aetr	าลา			Contact us	Espanol	Search	Q	Explore Aetna si	ites 🗸
Who we are	Initiatives	Investors	Health section					Log	gin
	Select y	our role	e to login						
	Member >		MEMBER LOGIN	DON'T	HAVE AN A	CCOUNT	0		
	Agents/Brokers		Find care, manage costs, try a health program and more. It's all about you. If you're a Medicare member login here.	It's easy access t reach y Reg	to register. Ar to tools, tips ar our healthiest ister	nd when yo nd program you.	u do, yo s to help	u'il get p you	
	Employer		Forgot your username or password?	-					
	Medical Provider		HAVING TROUBLE SIGNING IN We're here to help. Just contact Member Services. Or	r call the number o	on your ID card	d.			
	Dental Provider		Download the new Aetna Health SM app to make it ea	sier to manage yo	ur benefits on	the go!			

Create an Account

To get you set up, we just need some basic info.

Your Member Info

Choose how to create your account. Most people use their Member ID. You can find your Member ID on your ID card, Welcome Letter, or any EOB we sent to you.

Choose Social Security number, drop the "U" from your member ID and add dashes as noted	○ Social Security number
<mark>013-12-3456</mark>	٥
Need help finding your Member ID? Your Personal Info Full first name*	See next page for a sample ID card.
Full last name *	

Date of birth*

Month 💌		Day	•	Year	•
---------	--	-----	---	------	---

Zip Code *



Step 1 of 4 – Here's a sample member ID card to help you locate your member ID:

On my ID Card



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	We don't i	recognize your browser		
Step 1 of 4 Personal Info	Step 2 of 4 Validate Identity	Step 3 of 4 Create Acc	step 4 of 4 count Terms and Co	nditions
	How si	hould we send your security code?		_
		Learn More		
	O Text to	***.***		
	O Call to	****** Change		
	O Email to	c***** ∎c@gmail.com ▼ Change		
		Send me the code		
	Privacy Center Terms of Use	Legal Notices Nondiscrimination Notice	G digicert EV SSL B SECURE	

	Add/Change Email ID	
Enter	the email you want your security code to be	sent to
	Email ID	
	xyz@yahoo.com	
	Confirm Email id	
	Cancel Submit	

Example of Adding or Changing Number

Enter	r the mobile number you want your see	curity code to be sent to
	Mobile number	
	(111) 222-3333	
	Confirm mobile number	
	(111) 222-3333	 Image: A set of the set of the



	Additional Authentication Needed	
Step 1 of 3	We need additional authentication because this is a new way to contact you. Please select an option to validate your identity Verify me using my phone number Verify me using Knowledge Based Questions	Step 3 of 3
Your user name	Cancel Next	Choose a new password
	How should we send your security code?	
	O Text to +**+-4382 Change	
	Call to ★***-4382 ▼ Change	
	O Email to c*******ej@aetna.cc▼ Change	
	Send me the code	

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New User Registration

Learn more

Protecting you, first

Protecting your personal identity and health information is important to us. That's why we have the Next Generation Authentication program. It confirms if users are who they say they are.

How it works

All you have to do is enroll your web browser as a "trusted browser" before logging into Aetna Navigator®. If you login through a different web browser we will send you a verification code to confirm your identity. You'll receive this code via phone or email.

What if I can't access the code?

You'll be able to enter in new contact information to receive the code. To keep accounts safe, we may ask you a few questions to confirm your identity before using the new information. Once this process is complete, we'll remember your device and browser for future logins.

Close

Footer links comes here

In this example, the member confirms or changes their mobile number in the **Text to** field and presses the Send me the code button.

How should we send your security code?

۲	Text to	***.***.6655 ▼	Change
0	Call to	***.***.6655 💌	Change
0	Email to	b*****ed@a	etna. 🔻 Ch

Agree to Aetna Security Code - Terms And Conditions – and click on "Send me the code" (prior screen will display again)



If a phone number is changed, there is a phone number screen to enter new phone number (this exists), then user has option to do MNO or KBA (exists with screen you just added), then there needs to be a flow if user choses MNO with a consent screen (see below) and then the confirmation screen (see below).

	Validata normidantitu	
	Additional Authentication Needed	
	We need additional authentication because this is a new way to contact you.	
Step	Please select an option to validate your identity	
	Verify me using my phone number	3 of 3
	We will send you a one-time security code or call you with your unique PIN for identity verification. We'll confirm the number matches your phone carrier information to ensure account security.	
Your user name	O Verify me using Knowledge Based Questions	pose a new password





How should we cond your security code?

Additional Authentication Needed
Please help us keep your account secure by answering the following questions to validate your identify.
Cancel Start

Member must answer 3 questions correctly. If 1 question incorrect, they will be required to answer an additional 2 questions to pass KBA.

Knowledge Based Authentication				
Please help us keep your account secure by answering the following questions to validate your identity				
Question 1 of 3 🕜				
Where was your social security number issued?				
O Connecticut				
O Wyoming				
O Missouri				
O West Virginia				
None of the above				
Cancel Continue				

Knowledge Based Authentication Success

Open i	in new tab	Knowledge Based Authentication	
	Ø	You have successfully passed	
		Send me the code	

Confirm browser fingerprint using security code

We don't recognize your browser						
Step 1 of 4 Personal Info	Step 2 of 4 Validate Identity		Crea	Step 3 of 4 ate Account	Terms	Step 4 of 4
	We ha	ve sent your code to your pho	ne.			
		Enter the code				
	Get a new code	Change code delivery	Continue			
Pri	vacy Center Terms of Use	Legal Notices	Nondiscrimination Notice	Gigicert EV SSL B SECURE		

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New User Registration						
Step 1 of 4 Personal Info	Step 2 of 4 Validate Identity	Step 3 of 4 Create Account		Step 4 of 4 Terms and Conditions		
	Create a user name* Create a password* Create a password* Retype this password* Select a security question* Select Answer* Email Verify email	©		★marked fields are required		
	Privacy Center Terms of Use	Legal Notices Nondiscrimination Notice a secure				

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User Agreement

The following terms and conditions, including the Legal Statement, Web Privacy Statement and Privacy Notices (located at our Privacy Center), shall govern your use of the information, tools and other content accessible via this website (the "services"). Depending on the specific benefits provided by your health plan, these services may include one or more of the following: Terms of Use »

Privacy Center »

You understand that you must provide, at your own expense, all internet, telephone and other equipment and services necessary to access and use the services.

Health Information and Other Content

You understand and agree that the health information and other content appearing on this website or developed with your input as part of the services:

Is compiled from a variety of sources ("information providers"), including but not limited to the Associated Press, government health agencies and other health organizations, and is for informational purposes only

Is presented in summary form and intended to provide broad consumer understanding and knowledge of health care topics

Does not cover all possible uses, directions, precautions, drug interactions or adverse effects, nor mean that a particular drug or course of treatment is safe, effective or appropriate for you

Is not a substitute for professional health care and is not meant to replace the advice of health care professionals

Does not replace or modify any benefits plan documents or other member materials.

You may display and, subject to any expressly stated restrictions or limitations relating to specific material, downloade portions of the material from the specific services solely for your own noncommercial use. You agree not to change or delete any proprietary notices from any material downloaded from the services.

If you have specific health care needs, or for complete health information, please see a doctor or other health care provider. Neither Aetna nor the information providers make any warranty as to the reliability, accuracy, timeliness, usefulness or completeness of any content appearing on the website. You should never disregard medical advice or delay seeking it because of something you read when accessing the services. Consult your physician before taking any drug, changing your diet, starting or stopping any course of treatment or starting a new fitness regimen.

Electronic Documents

Through this website, you have the ability to view, print and save electronic documents and ID cards. To do so, you must have a computer, mobile device (such as a smartphone), tablet or another electronic device to access the website. This website uses 128-bit encryption to enhance security. Adobe Acrobat 4.0 software or higher is required to view and open documents online.

Opting for Electronics Documents only

If you elect to use your member website and have selected the option to turn off paper and receive documents electronically, then you agree to keep your email address up-to-date. You understand that failing to update your email address may result in delays notifying you of online documents. You agree to release the Company and hold it harmless from any consequences of your failure to update your email address. You also agree to receipt of the email notification in lieu of mailed document notifications that may be required by law. In addition, your consent to receive electronic documents also applies to any document that you ask us to send to you electronically in a specific situation, for example, if you have been mailed a letter response to an appeal decision but you also ask us to send it to you by email. If you have elected to receive electronically, you may also print them anytime by logging in to Aetna's member website. You can have any document provided in paper form at no cost to you by calling Aetna Member Services. Your election to receive electronic documents will continue until you change your paper-saving preferences. Your election to receive electronic documents will continue until you change your paper-saving preferences.

Applicability

This agreement shall apply to any and all of your uses of the services via this website. These terms and conditions shall survive any termination of your access to any one or more of the services. Aetna may terminate your access to any one or more of the Services if you violate any of these terms and conditions.

Notice

We may deliver notice to you concerning this agreement by means of electronic mail, by a general notice posted on the website, or by written communication delivered by first-class U.S. mail to your address on record in our files.

Identification

You represent that you have properly identified yourself by entering your own name and personal identifiers when registering for this site and not those of any other person.

I Agree and Continue

Back

Browser fingerprinting - Success





We don't recognize your browser

Success

The next time you log in from the same device, you'll skip this process. If you're on a public computer, please select "Do not remember me"

🔘 Remember Me	O Do not remember me
	Continue

- Remember Me Browser identity will be retained. Member will not be required to go through KBA flow if use same browser.
- Do not remember me Browser identity will not be retained. Member will be required to go through KBA flow. *If member on Public device, this option must be selected.*



When "Continue" is clicked, first time validation screens will appear.

Paper Suppression – Did not provide email address during registration:



Paper Suppression - Provided email address during registration:

SKIP THIS PAGE AS IS NOT APPLICABLE - CLICK CONTINUE



SKIP THIS PAGE AS IS NOT APPLICABLE - CLICK SKIP THIS

	Telephor	ne preferences
2 of 3 steps		
We can serve yo date.	u better by kee	ping your contact information up to
Primary phone		Ext
8605756126		
(Enter numbers	only - no spaces	; or dashes)
Phone type		
Choose one	•	
Time zone		
Eastern	v	
Best time to con	tact	
Daytime	*	
Check the box to health, like digita terms about auto Yes, I want accept the	get updates ab al apps, member omated calls and to know about t terms about aut	oout additional resources for your rships and rewards. Please read the d texts. these helpful resources. I've read and tomated calls and texts.
		Update Skip this

Please share some add	itional details				
2 - 6 2 - +					
We are committed to improving racial and differences in health care.	l ethnic disparities and				
Why should I provide this information?					
 Self-identifying your race and ethnicity helps us to create specific health programs based on risk and certain conditions Responses are voluntary, and we keep this information confidential This information does not affect your healthcare costs or coverage 					
Race/Ethnicity					
Choose one	•				
Primary spoken language					
Choose one	-				
Primary written language					
Choose one	•				
	Go to Profile				
Update and go to site	Skip this and go to site				

iOS

Registration

Registration - iOS

Step 1 Personal Information

K Back

< Back

Step 2 Create

Account and T&C

Step 3 Select Security Question

Step 4 Success



Android

Registration

Registration - Android

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Step 3 Select

Security Question

Step 1 Personal Information

Create an Account							
To get you set up, we just need some basic info.							
First Name John							
Last Name Boggs							
Birth Month February	•	Birth Day 1	•	Birth Year 1951			
Email							
test@aetna.	com						

ZIP Code 22102

Your Member Info

Choose how to create your account. Most people use their Member ID.

Social Security Number

Need help finding your Member ID?

Member ID

Member ID 300002899800



Step 2 Create Account and T&C

\leftarrow Creat

Create a Username & Password				
Username				
BJohn18				
Password				
Confirm Password				

I Agree and Continue

User Agreement

The following terms and conditions, including the Legal Statement, Web Privacy Statement and Privacy Notices (located at our Privacy Center), shall govern your use of the information, tools and other content accessible via this website (the "services"). Depending on the specific benefits provided by your health plan, these services may include one or more of the following; Aetna member website, Simple Steps To A Healthier Life®, CVS Caremark® Mail Service Pharmacy and the Personal Health Record. You acknowledge that you have read, understand and agree to the following: Terms of Use

Privacy Center

You understand that you must provide, at your own expense.

Pick a Security Question If you forget your password, we'll ask you this question. This is to protect your account and make sure it's you. What is your father's middle name? Your Answer 0 •••• Next

Step 4 Success



Cost Estimator Tool Instructions

www.aetna.com/docfind (your browser will be directed to this page automatically).

Register using the button below (see blue arrow).

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Directory of Health Care Professionals						
Already a member?	Continue as a guest					
Login to Secure Site Register Now	Please enter your home location (zip, city, county or state) to access providers specific to your plan benefits. Enter location here Traveling? You can change your location after you select your plan					
You will be able to find all your coverage information online when you need it. Searching as a member is better You Can: Set results for your View cost Select a primary care	Look within 25 Miles 0 Miles 100 Miles					
plan estimates doctor	Search					

After logging into the secure site using your credentials, the following page header is displayed. Select, Find Care & Pricing



The following menu will display. Select Go Find Medical Pricing

Go Find Care	
Go Find Medical Pricing [亿	
Quick Care	
Virtual Care Providers	
Dentists	
Your Providers	

The following page will display



Select **Get Cost Estimates**, and enter a procedure, then select which procedure in the list that displays.

Using biopsy as an example: A list of biopsy procedures will display, member can select the specific procedure to see the cost.

The next screen displays with the office visits necessary before and after the procedure with the estimated costs for each.

About

DESCRIPTION

This procedure involves the removal of a suspicious sample of the cervix to check for the presence of abnormal, or cancerous, cells. This group of services includes an office visit before and after the surgical procedure.

	Expand all
Step 1 Office Visit 3 service(s)	\$152 🗸
Step 2 Office Visit with Specialist for Evaluation 2 service(s)	\$418 🗸
Step 3 Cervical Biopsy 4 service(s)	\$1,175
Step 4 Follow-up Office Visit 1 service(s)	\$147 🗸
Total cost 10 service(s)	Local average \$1,892

For each procedure, more details are available when selecting the type of procedure. Click on More details in the highlighted box.

SPECIALTIES	CONTACT	LANGUAGES SPOKEN	
Nurse Practitioner	Main: (206) 402-5767	English	\$317 / you pay
	Email: None		
OFFICE HOURS	+ 1 more	BOARD CERTIFICATION	More details
Call (206) 402-5767		None	

THE FOLLOWING IS NOT APPLICABLE:

Details of Your benefits will display, including Paid this year to date, Amount that will be applied to the deductible for this service and the Amount left to meet the deductible.

Out-of-Pocket Max information is displayed, including amount Paid this year to date, Amount that will be Applied to this service, and the Amount left to meet out-of-pocket maximum

CALL THE TRUST OFFICE FOR YOUR SPECIFIC BENEFITS, DEDUCTIBLE MET AND OUT-OF-POCKET MAX INFORMATION .

✓ Office	\$317	
✓ Off Campus-Outpatient Hospital	\$317	
✓ Inpatient Hospital	\$317	
✓ On Campus-Outpatient Hospital	\$317	
✓ Ambulatory Surgical Center	\$317	
✓ Independent Clinic	\$317	

Print this screen

SOUND HEALTH TRUST USES AETNA CHOICE POS II PREFERRED PROVIDER NETWORK

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Disclaimer

Additional information about this service or data

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. To the extent permitted by law, out-of-network (nonparticipating) providers may bill you for the difference between what they charge and what we pay.

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.