Out-of-Network Benefits for UVa Employees with Aetna Insurance

The recent change in health insurance benefits for employees at the University of Virginia involves a new insurer, Aetna, and Poehailos, Dupont & Associates (PDA) is **not** an in-network provider. Thus, patients can access **out-of-network** benefits to continue to receive services with PDA. This form represents our best understanding of those benefits and our effort to be as clear as possible about our financial agreement**.** Our goal is to provide uninterrupted service to you, while maintaining reasonable collections for the services we provide.

Accessing out-of-network benefits involves first paying a **deductible** which means that for some sessions in the new year (2011) there is no insurance benefit or payment. The amount that is attributed to the deductible is what the insurance company calls the Allowable Rate (or Usual and Customary Rate). The Allowable Rate is likely lower than the **session fee** you will be paying for the services you receive. Thus, you are requested to pay the fee for services you receive until we can clarify that the deductible has been met.

Once the deductible is met, the **out-of-network** benefit is a percentage (75% or 60%) of the Allowable Rate. The Allowable Rate **varies** according to the type of service you receive, the most common of which are: Initial Intake, Individual Therapy, Family Therapy, Medication Management, Psychological Testing. The Allowable Rate also varies according to the discipline of your clinician (Psychiatry, Psychology, Social Work).

Your clinician can provide an **informed estimate** of what Aetna will pay toward these services, but the amounts can vary and change over time, without notification. You will be asked to pay, for each session, the **co-insurance** that covers the difference between the amounts paid by Aetna and the Allowable Rate, plus the balance to pay the established **session fee**. This patient responsibility will be calculated based on the portion of co-insurance that Aetna allows and the additional amount to meet the session fee. This is reflected by the formula below:

Percent of Allowable Rate + Co-insurance + Balance/Patient Responsibility = Session Fee

Thus, you will be billed for the balance between what Aetna pays and the co-insurance you have already paid if the insurance company pays a lower amount than expected. Of course, you will be credited if the insurance company pays more and your co-insurance amount can be adjusted as well. PDA will continue to provide billing services for our patients insured through Aetna and the billing services are considered to be a courtesy service we can provide as a component of our fee structure.

Please discuss these guidelines with your clinician, and discuss any concerns about payment for services with your clinician. The staff at PDA appreciate that this is a change, and for most people a more expensive one. We will maintain our commitment to providing the highest quality service possible.

1/7/11