

AMARAL, SANDRA

6 CATALINA AVE
SALINAS, CA 93901

Member Status

Date of Birth

Gender

Relationship to Su

Active Coverage

Feb 23, 1972

Female

Self

Member ID Card

Patient Cost Estimator

Aetna Provider Referral Directory

Member ID:W278375968

Group Number:019360901000002

Group Name:PGP INTERNATIONAL, INC.

Plan Number:0193609

Plan Begin Date:Jan 6, 2023

Eligibility Begin Date:Jan 1, 2023



Payer: AETNA INC

Other or Additional Payer Information

No additional payer information provided.

▼ Provider Information

Requesting Provider

Name: Total Lipedema Care

Category: Requesting Provider

NPI: 1003417833

FILTER BY NETWORK

Out of Network

In Network

Plan Maximums and Deductibles

▼ Health Benefit Plan Coverage - 30

Active Coverage

Insurance Type: Point of Service (POS)

Plan / Product: OA Managed Choice POS

Coverage Level: Family

Information / Details	Individual	Family
<div>In Network</div> <div>Plan Start Date: Jan 1, 2023</div> <div><div>All Other In-Network Providers</div><div>DED INCLUDED IN OOP</div></div>	<div>\$750 / Calendar Year(s)</div> <div>-\$750 Year to Date</div>	<div>\$0 Remaining</div> <div>\$1,500 / Calendar Year(s)</div> <div>-\$803.31 Year to Date</div>
Annual Deductible		
<div>Out of Network</div> <div>Plan Start Date: Jan 1, 2023</div> <div><div>DED INCLUDED IN OOP</div></div>	<div>\$1,500 / Calendar Year(s)</div> <div>-\$1,500 Year to Date</div>	<div>\$0 Remaining</div> <div>\$3,000 / Calendar Year(s)</div> <div>-\$1,500 Year to Date</div>
<div>In Network</div> <div><div>All Other In-Network Providers</div><div>INT MED AND RX</div></div>	<div>\$3,000</div>	<div>\$6,000</div>

Unlimited

Coverage Level: Family

Limitations

Network Not Applicable

Coverage Level: Family

- This plan may require precert for certain services. To check if one is required please refer to the Code Search Tool on the Aetna website or submit a Precert transaction.

Coverage Level: Family

- Plan includes NAP, but program limitations may apply in relation to Third Party Discount Networks. Final determination is made at the time of claim processing.
- Our records indicate the provider ID you entered is participating in this patient's network.
- COMMERCIAL

Service Level Contact Information

Name: PCP SELECTION NOT REQUIRED

Category: Primary Care Provider

Type: Primary Care Provider

Benefit Disclaimer

THE PROVIDER UNDERSTANDS THAT RECEIPT OR USE OF THIS INFORMATION DOES NOT GUARANTEE PAYMENT OF ANY HEALTH CARE CLAIM BY AETNA AND SUCH INFORMATION IS SUBJECT TO CHANGE, EVEN RETROACTIVELY, AT ANY TIME.