



Aetna Supplemental Health Plans

Managing your plans with the My Aetna Supplemental member portal



Plan management at home or on the go

My Aetna Supplemental members can:

- View plan documents
- Submit claims
- Track claims
- View and download other materials or forms from the document library
- Access member discounts
- Sign up for direct deposit
- Contact member services

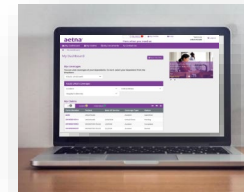
Access made easy:



Download the
**My Aetna
Supplemental**
mobile app



Scan to download now!



Visit online:
[Myaetnasupplemental.com](https://myaetnasupplemental.com)

Member registration and portal access

Currently registered members login here.

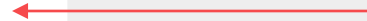
New Members and First Time Users: Start here*

The screenshot shows the Aetna member portal interface. At the top, the Aetna logo is on the left, and the text "Here when you need us" is on the right, next to a "Contact Us" button. Below this is a purple banner for "Coronavirus Updates" with the text "The most recent news and information about Coronavirus (COVID-19)" and a "Learn More" button. The main content area is divided into two sections: "Login" and "First-time users". The "Login" section includes fields for "User name" and "Password", a "Remember me" checkbox, a "Forgot user name or password" link, and a "Sign In" button. The "First-time users" section includes instructions to sign up and a "Register Now" button. To the right of the login section is a promotional banner for "Enhance Your Lifestyle" with a "View more" link. At the bottom, there are three columns: "Benefits of Voluntary Plans" with a list of services, "Printable forms" with a list of forms, and "Download My Aetna Supplemental App" with "Download on the App Store" and "GET IT ON Google Play" buttons.

*All new members receive a custom welcome letter detailing how to access and register on the portal.

New member registration or first time users

You'll need your member ID or Social Security number



Register Now Have an account? Sign In

Personal information
All fields are required unless indicated otherwise.

Sign up using my
 Member ID **Social Security number**

Member ID
MEMBER ID
Find your member ID on your ID card, welcome letter, or any Explanation of Benefits you received from us.

First name **Last name**

Date of birth
mm/dd/yyyy

Continue

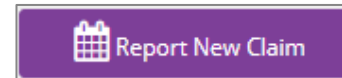
Member dashboard

1. Navigation bar
2. Direct deposit sign up
3. New claim initiation
4. Information carousel (rotates with plan updates, discount information, etc.)
5. Coverages, including dependents listed
6. List of plans
7. Current, pending, and closed claims

The screenshot shows the Aetna Member Dashboard interface. At the top, the Aetna logo is on the left, and navigation links for My Alerts (0), My Profile, and Help are on the right. A 'Welcome NEW MEMBER' message and a Sign Out button are also present. Below this is a purple navigation bar with links for My Dashboard, My Claims, My Documents, and Contact Us. The main content area is titled 'My Dashboard' and includes a 'Direct Deposit Enrollment' button (2) and a 'Report New Claim' button (3). A 'My Coverages' section (5) shows a dropdown menu for 'MEMBER, NEW (self)' and a table of coverages. The 'NEW MEMBER's Coverages' table lists 'Hospital Indemnity' and 'Critical Illness', both with green checkmarks. The 'Critical Illness' row is highlighted with a red box (6). Below this is a 'My Claims' section with a filter bar showing 'All' (3), 'Accident' (2), and 'Critical Illness' (1). A table of claims is displayed with columns for Claim Number, Patient, Date Of Service, Coverage Type, and Status. The first row shows a claim number of 4164 for a NEW MEMBER with Critical Illness coverage, submitted. This row is highlighted with a red box (7). On the right side of the dashboard, there is an information carousel (4) with a video player and text: 'Improve your health and wellness with these programs and resources. Your benefits come with handy programs to better your life. Improving your overall health and well-being ... View more'.

Initiating a claim

Once a member selects **Report New Claim**, they are prompted to select the member for whom the claim is being filed.



Who are you filing a claim for?

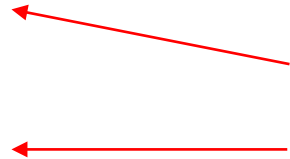
	First Name	Last Name	SSN	Date of Birth	Relationship
<input type="radio"/>	NEW	MEMBER		1/1/1980	Employee
<input type="radio"/>	NEWTON	MEMBER	*****8003	1/1/2010	Child
<input type="radio"/>	SPOUSE	MEMBER	*****7003	1/1/1980	Spouse
<input type="radio"/>	My dependent is not listed				



Submitting a Health Screening Benefit Claim

After choosing the plan associated with your claim, choose Yes – you want to file a health screening claim.

Answer these questions and click Save & Continue



aetna My Alerts 8 My Profile Help Welcome TEST MEMBER Sign Out

Here when you need us

My Dashboard My Claims My Documents Contact Us

Create new claim

Create new claim

New Claim Initiation: Transaction - 6543

Benefit Selection [Complete Later](#)

Please select the benefit for the claim you want to file. You will have the option to file multiple claims, after you have completed the first claim.

Accident Critical Illness Hospital Indemnity

Do you want to file a Health Screening claim?
 Yes No

What date did you have your Health Screening Test?
09/15/2022

[Previous](#) [Save & Continue](#)

Submitting a Health Screening Benefit Claim

Note: You **DO NOT need to upload documentation to for a health screening benefit claim.**



aetna My Alerts **3** My Profile Help Welcome **TEST MEMBER** Sign Out

Here when you need us

My Dashboard My Claims My Documents Contact Us

Create new claim

Create new claim

New Claim Initiation: Transaction - 6543

You're almost finished [Complete Later](#)

To process your claim, we will need your itemized medical bills, medical reports or any other [supporting documents](#). (You are not required to upload documentation for your Health Screening benefit, although Aetna reserves the right to audit Health Screening claims.)

If you are unable to load your supporting documents now, you can do the following:

1. Upload the documents later.
2. Fax them to 859-455-8650.
3. Mail them to Aetna Voluntary Plans Attn: Claims Department PO Box 14079 Lexington, KY 40512-4079.

Attention: The ability to upload your documents is based upon the speed of your Internet connection. In the event that you experience a timeout while attempting to upload documents, please reduce the size of your file(s) and try resubmitting them again. Remember, you may only submit up to a maximum of 15 MB at one time.

Upload Files:

Upload File.. [Browse](#)

[Add Another File](#) [Upload Files](#)

File an accident claim

If the member is filing an actual accident benefit, they would select NO to the health screening benefit question.

The following would populate

Members are prompted to fill in their accident plan service and treatment date information and answer a few questions.

NOTE: If a member answers yes to these questions, they will be asked to provide items such as receipts, dates, locations, etc. The system prompts the member to fill in the necessary information. See slide 14 - for more details.


Please select the benefit for the claim you want to file. You will have the option to file multiple claims, after you have completed the first claim.

Accident Critical Illness Hospital Indemnity

Do you want to file a Health Screening claim?

Yes No


What date did you have your Health Screening Test?


mm/dd/yyyy 


New Claim Initiation: Transaction - 3669

ACCIDENT CLAIM INFORMATION

[Complete Later](#)

Date of the accident?
mm/dd/yyyy 

Treatment Start Date
mm/dd/yyyy 

Treatment End Date
mm/dd/yyyy 

Please describe what happened and how the patient was injured?

Did the patient receive initial care for the accident?
 Yes No

Did the patient receive follow-up care for the accident?
 Yes No

Was the patient hospitalized?
 Yes No

Did the patient have surgery?
 Yes No

Did the patient travel from his or her home more than 50 miles one way for treatment?
 Yes No

Did a companion accompany the patient and stay overnight at a hotel or motel?
 Yes No

[<< Previous](#) [Save & Continue >>](#)



File a critical illness claim

The member should select **NO** to the health screening benefit question when filing an actual critical illness benefit.

If a member answers **Yes** to the question re: previous diagnosis, a free-form box will populate. Members should expect outreach from the Aetna claims team if additional information is needed to process a claim.

You will be asked to submit a file or picture of your medical bills showing diagnostic codes.*

*See slide 14 for acceptable documents. Explanations of Benefits (EOBs) do not include the necessary information to pay a claim.


Please select the benefit for the claim you want to file. You will have the option to file multiple claims, after you have completed the first claim.

Accident Critical Illness Hospital Indemnity

Do you want to file a Health Screening claim?

Yes No

What date did you have your Health Screening Test?




Was the patient diagnosed with

Cancer A Heart Attack (Myocardial Infarction) A Stroke Major organ failure

A Coronary Artery Condition Requiring Bypass surgery End Stage Renal failure Any other critical illness covered under the plan

Date of Diagnosis

Remember: The date of diagnosis must be on or after your effective date under this plan. Please refer to your plan certificate for more information.



Was the patient previously diagnosed with this condition?

Yes No

Was the patient previously diagnosed with this condition?

Yes No

Please provide the date and describe the nature of the previously diagnosed condition?

File a hospital indemnity claim

Please select the benefit for the claim you want to file. You will have the option to file multiple claims, after you have completed the first claim.

Accident Critical Illness Hospital Indemnity

Because the hospital plan only covers events that are coded as inpatient hospital admissions, a member must answer YES to at least one of these questions. They cannot proceed if they answer NO to both.

You will be asked to submit a file or picture of your medical bills showing diagnostic codes.*

HOSPITAL INDEMNITY CLAIM INFORMATION

* Did the patient have an inpatient stay in the hospital?

Yes No

Enter the inpatient start date

05/03/2022



* Did the patient have any outpatient care?

Yes No

*See slide 15 for acceptable documents. Explanations of Benefits (EOBs) do not include the necessary information to pay a claim.



Finalize your claim

Prior to reviewing and finalizing the claim, members are prompted to provide supporting documentation.

Members can upload files directly into the portal.

MEMBER TIP:
Don't forget to hit Submit!

New Claim Initiation: Transaction - 3670

You're almost finished 🕒 Complete Later

To process your claim, we will need your itemized medical bills, medical reports or any other [supporting documents](#).
If you are unable to load your supporting documents now, you can do the following:

1. Upload the documents later.
2. Fax them to 859-455-8650.
3. Mail them to Aetna Voluntary Plans Attn: Claims Department PO Box 14079 Lexington, KY 40512-4079.

Attention: The ability to upload your documents is based upon the speed of your Internet connection. In the event that you experience a timeout while attempting to upload documents, please reduce the size of your file(s) and try resubmitting them again. Remember, you may only submit up to a maximum of 10 MB at one time.

Upload Files:

🔍 Browse

[Add another file](#)

Submit Documents to Aetna

[⏪ Previous](#) 👉 Review your claims submission
[👉 File another claim](#)

Finalizing claims

The member is given opportunity to select how they would like to receive their funds.



The required non-discrimination notice is provided, as well as a final acknowledgement of the claim being submitted.



Payment Preference

NEW! Get payments faster by signing up for Direct Deposit

- Yes, I'd like to have my claim check deposited directly into my bank account
- No, I prefer to receive my claim payment via paper check mailed to me

Authorization and Acknowledgements

AUTHORIZATION:

For the purpose of evaluating and administering my claim for benefits, I hereby authorize the disclosure of information concerning health care advice, treatment or supplies (including that related to mental illness and HIV) provided to me and, if applicable, my dependents, to Aetna Life Insurance Company (Aetna) and its affiliates and authorized representatives. If applicable, I also authorize the disclosure of information concerning my employment. This authorization is valid for the term of the policy or certificate under which the claim has been submitted. I know that I may request a copy of this authorization, and I agree that a copy of this authorization is as valid as the original.

You can view the Non-discrimination Notice and Availability of Language Assistance Services by clicking the link below:
[Non-discrimination Notice and Availability of Language Assistance Services](#)

The completion of this form does not guarantee payment.

I have read and understand the authorization and acknowledgements above.

By typing my name below, I am electronically signing this form.

Patient name	<input type="text"/>
Employee name	<input type="text"/>
Email address	<input type="text" value="rjohnson@aetna.com"/>
Submission date (mm/dd/yyyy)	<input type="text" value="2/1/2019"/>

« Previous

» Submit Claim



Submit Claim!



Necessary plan information

Aetna Accident & Hospital Plan required documentation:

To process a claim, Aetna will need forms directly from your medical care provider. Ask your doctor to provide you with a UB04 form or itemized invoice that contains the procedure/revenue codes along with diagnosis and dates of service (you will need the admission and discharge dates for inpatient hospital stays). The Explanation of Benefits from your medical insurance provider will not contain all the information needed to process your claim. If you have a question about what documentation is needed, call Aetna Member Services at 800-998-3797 or log on to www.myaetnasupplemental.com and review your plan certificate.

Lodging benefit requires a hotel receipt. The hospital address, and an eligible hospital stay. See screenshot from the Certificate below.

Transportation benefit requires the name and address of the location in which member needed to travel for services. See screenshot from the Certificate below.

Lodging

We will pay the *Lodging* benefit amount shown on the *Schedule of benefits* for one motel/hotel room for a companion to accompany you when you have a **hospital stay** due to an **accidental injury**.

This benefit is payable only for motel/hotel stays during the period of time you have a **hospital stay**. In order for this benefit to be payable, the **hospital** must be more than 50 miles from your residence. We will measure the mileage for the most direct route from your residence to the motel/hotel.

This benefit is payable within 90 days after your **accidental injury**.

Transportation

We will pay the *Transportation* benefit amount shown in the *Schedule of benefits* when you must travel by taxi, plane, train, bus, or personal car from your residence more than 50 miles one way on **physician's** advice for treatment of an **accidental injury**. This benefit will be paid for travel due to:

- A **hospital stay**
- Outpatient **surgery**
- A **physician's** office visit

We will measure the mileage for the most direct route from your residence to the facility where treatment is received.

This benefit is not payable if you are transported by ground ambulance or air ambulance.

This benefit is payable within 90 days after your **accidental injury**.

Necessary plan information

Aetna Critical Illness Plan required documentation:

The required documents and/or tests and/or test results are listed in the certificate under each benefit. Each illness has a defined clinical criteria.

For example, if a member were filing a claim for a heart attack, this is what the claims team would be looking for when deciding if the claim is payable:

Heart attack means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. **Diagnosis** of a **heart attack** requires all three of the following criteria:

- Clinical picture of myocardial infarction;
- New electrocardiogram (EKG or ECG) findings consistent with myocardial infarction; and
- Elevation of cardiac enzymes above standard laboratory levels of normal (in case of CPK, a CPK-MB measurement must be used).

Confirming diagnostic data from one or more of the following test results, or other diagnostic tests as may be determined, may also be required in support of a **diagnosis** of myocardial infarction:

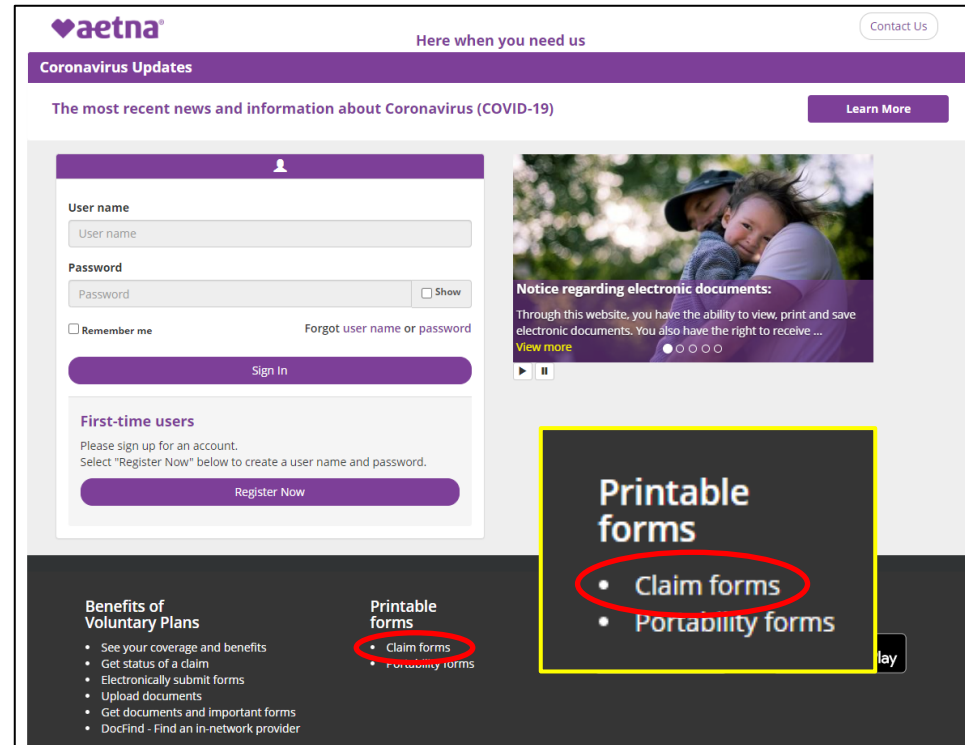
- Thallium;
- PECT;
- Stress echo results; or
- Cardiac catheterization.

Submitting a paper claim

Using the web browser on your computer or mobile device, simply go to **Myaetnasupplemental.com**.

Claim forms are available for download from the bottom of the screen when you access the member portal. You may also call Member Services at **1-800-998-3737 (TTY: 711)** and we'll send you a form.

Select **Claim Forms** link at the bottom of page to open the menu.



Completing a paper claim

Select the form category you need and download.

Print and complete your paper claim form.

Mail the completed form to:

**Aetna Voluntary Plans,
PO Box 14079,
Lexington, KY 40512-4079.**

You may also fax your form
to **1-859-455-8650.**

