



151 Farmington Avenue
Hartford, CT 06156

Instructions for Aetna Medicare Advantage members with a doctor who is not in the Aetna Medicare Advantage network

You can help your doctor understand your plan

It's easy to receive covered care from your doctor under your Aetna MedicareSM Plan (PPO) with Extended Service Area (ESA). Just show them your Aetna Medicare ID card.

How our plan works for you and your doctor

You can see any doctor who participates with Original Medicare, even if they're not in our network. You'll pay the same amount, in or out of network.

Cut out the handy slip below. Show your doctor the slip or the more detailed flyer (image below) included with this letter before getting care. The flyer will help them learn more about working with us.

We're here to help you

Call us at **1-855-524-6027 (TTY: 711)**, Monday to Friday, 8 a.m. to 6 p.m.



Medicare providers:

Our Medicare Advantage PPO/ESA Plan is a Medicare Advantage Plan. We reimburse out-of-network doctors by Medicare's rules.

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For providers out of the Aetna Medicare network:

How to accept and bill claims for the Aetna MedicareSM Plan (PPO) with Extended Service Area (ESA)

Your patient's plan is a customized group Aetna Medicare Advantage PPO plan with Extended Service Area (ESA).

Under this plan, members pay the same amount, whether they visit in-network or out-of-network providers.

Your patient's services will be covered as long as you are:

- Eligible to receive payment from Medicare, and
- Willing to accept the plan.

About the plan

The Aetna Medicare Advantage ESA PPO plan provides all the benefits of Original Medicare -- and more. The plan includes coverage for unlimited hospitalization and certain preventive/wellness services beyond what Medicare covers. It also features:

- No contract
- Medicare rates for doctors who do not participate for good order claims (less member copayments, coinsurance or deductible, as required under Medicare Advantage regulations and the member's plan)
- One bill and one payment
- No referrals required
- Prescription recommended, but not required
- ID card indicating "Medicare ESA PPO" below Aetna logo

Claims instructions for your staff

For Aetna Medicare Advantage ESA PPO patients, your staff should:

- Collect the patient's copayment for covered expenses
- Submit all good order claims for covered services for payment
- Submit the patient-paid amount on claim

Aetna will process claims using:

- Original Medicare billing rules
- The Medicare fee schedule
- Prospective payment system requirements
- Local Coverage Determinations (LCDs)

• The patient's plan documents, including Evidence of Coverage

Medicare-limiting charges will apply. Aetna uses the Correct Coding Initiative (CCI) for bundling/unbundling logic. For more information, use the CCI link on the CMS website: <http://www.cms.gov/nationalcorrectedited/>.

More information about doing business with Aetna

Go to <http://www.aetna.com/health-care-professionals.html> for information and resources.

We're here to help you and your Aetna Medicare Advantage plan patients. Call us at 1-800-634-0796 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m., Local Time.

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Call us at **1-800-624-0756 (TTY: 711)**, Monday through Friday, 8 a.m. to 5 p.m., Local time.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our Special Needs Plans also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. Plans are offered by Aetna Life Insurance Company (Aetna).

You must continue to pay your Medicare Part B premium. Discount offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. The member is responsible for the full cost of discounted services. Aetna may receive a percentage of the fee paid to a discount vendor.

Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next. This material is for informational purposes only and is not medical advice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Contact a health care professional with any questions or concerns about specific health care needs. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetnamedicare.com.

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