What to do if your doctors say they don't accept the Aetna Medicare Advantage Plan

It's easy to get covered care from your doctor under your Aetna Medicare Advantage Preferred Provider Plan (PPO/ESA). The attached flyer and card help your doctor understand how easy it is to work with us.

How your plan works for you and your doctor
You can see any doctor that participates with Original Medicare, even if your doctor isn't in our network. *You will pay the same amount, in or out of network.*

If your doctors say they do not accept Medicare Advantage Plan, show them your Aetna Medicare Advantage TRS ID card. Take this letter and flyer with you. They explain how your TRS Medicare Advantage Plan works. You can call us with your provider contact information. We can make that call for you. Most doctors in Texas accept our plan.

We're here to help you
Call us at **1-800-367-3636 (TTY: 711), Monday to Friday, 8 a.m. to 5 p.m**. **Central time. Press 1 at the prompt to speak to an Aetna Retiree Advocate.**

Medicare Providers:
This Aetna Medicare Advantage Plan is a PPO/ESA Plan. We reimburse non-network doctors by Medicare rules and rates. TRS members receive the same benefits for in and out of network providers.
We're here to help:
Call: **1-800-353-1232 (TTY: 711),** Monday to Friday, 8 a.m. to 6 p.m.

Aetna Medicare is a Medicare Advantage organization with a Medicare contract. Plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

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Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

Nonparticipating provider information
Aetna Medicare℠ Plan (PPO)

We are projecting increased membership in our Medicare Advantage (MA) PPO plans on a national basis. Our MA PPO plan members have the flexibility of obtaining covered services from either nonparticipating or participating providers who are eligible to receive payment from Medicare and are willing to accept the plan. Several large employers have already agreed to offer their Medicare-eligible retirees Aetna's MA PPO plans. As a result, you may see an increase in patients with Aetna Medicare Plan (PPO) coverage. These MA PPO plans provide all the benefits of Original Medicare and more, such as unlimited hospitalization and coverage for certain preventive services.

Aetna Medicare Plan (PPO) nonparticipating provider information

- No contract is required to see members enrolled in these plans.
- Medicare-allowable rates are paid to nonparticipating providers for clean claims for covered services, less the member copayment, coinsurance and/or deductible, as described and required under Medicare Advantage regulations and the member's MA PPO plan. Limiting charge applies.
- Simplified billing — submit one bill to Aetna and receive one remittance.
- No referrals are required to see members enrolled in these plans.
- Precertification is recommended, but not required.
- ID card — "PPO" is indicated in the upper corner of the ID card (see example on the back).

Electronic claims submission

• Submit electronic claims using Aetna's electronic payer ID #60054.

Paper claims submission

Mail to:
**Aetna Life Insurance Company
PO Box 981106
El Paso, TX 79998-1106**

Submit all paper claims for covered services as soon as possible using an Aetna claim form or by using the standard CMS-1500 or UB-04 form.

Reimbursement and claims processing information

Nonparticipating providers should collect the member's copayment, coinsurance and/or deductible for covered services and submit all clean claims for covered services to Aetna for payment. Remember to include the patient-paid amount on claims and encounters submitted to Aetna. Claims will be processed in accordance with:

• Original Medicare billing rules

• Medicare Fee Schedule

• All prospective payment system requirements

• Local Coverage Determinations (LCDs)

• The member's plan documents, including his/her Evidence of Coverage

Medicare limiting charges apply. With respect to bundling/unbundling logic, Aetna uses the Correct Coding Initiative (CCI). The link to CCI on the CMS website is **https://www.cms.gov/nationalcorrectcodinited/**.

Additional online tools and resources available at www.aetna.com

For more information about Aetna Medicare plans, log in to our secure provider website, available through **www.aetna.com**. Once logged in, under "Plan Central," select "Aetna Health Plan," then "Aetna Support Center" from the menu bar on the left. Next, select "Doing Business with Aetna," then "Aetna Benefit Products," then "Aetna Medicare." To verify eligibility, please click on the "Eligibility" tab on the "Plan Central" page.

You can visit **www.aetnaeducation.com** for easy access to training and resources related to Medicare Advantage plans.

If you have additional questions after reviewing the information available on our secure provider website, please call our Provider Service Center at **1-888-MD-Aetna (1-888-632-3862)**.

Aetna Medicare Plan (PPO) member ID card
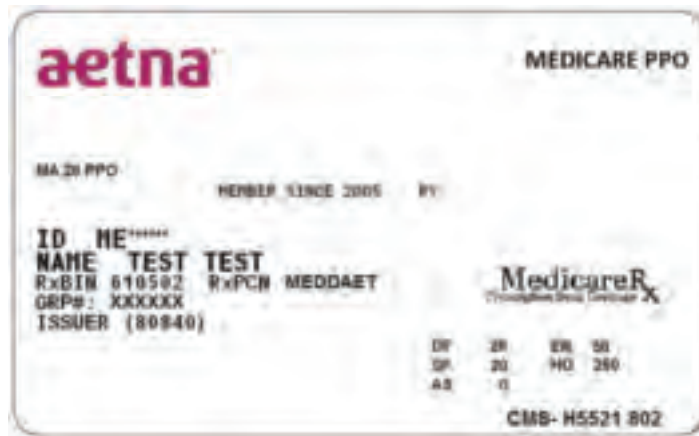
Want to join the Aetna network?
You can apply at **www.aetna.com**. Select "Health Care Professionals" and "Join the Network" on the left side of the page.

www.aetna.com