

CONY.AetnaMedicare.com 1947501-01-01 (3/23)







With the City of New York Retiree Aetna Medicare Advantage PPO plan, you get the freedom to see any licensed provider, as long as they are eligible to participate in Medicare and accept your Aetna Medicare Advantage PPO plan. What makes this plan special is that you will pay the same cost share whether you see a doctor in and outside of our PPO network. You are not limited to physicians or hospitals who are in our network.

If you need help finding out if your doctor accepts the plan, just call us at **1-855-648-0389 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET. We'll contact your provider and confirm, or we can help you find other nearby providers to meet your needs.





Simply tear off this page and hand it to the billing specialist at your doctor's office to help them with your medical plan.

Dear provider,

Your patient is a member of the Aetna MedicaresM Plan (PPO)—also known as the Aetna Medicare Advantage PPO plan offered through the City of New York.

Aetna® is a retiree benefits health plan partner. This unique, customized group plan is only available to City of New York retirees and their dependents.

You can see Aetna Medicare Advantage PPO plan members even if you're not part of our network.

Just read this information sheet to learn how the Aetna Medicare Advantage PPO plan makes it easy for your patients to continue seeing you under our plan, regardless of whether you are in our network.



Provider—Keep this page with your patient's file

What you need to know

- If you already participate with Aetna®, the terms of your agreement apply.
- If you don't currently participate with Aetna, no contract is required to see patients enrolled in the group Aetna Medicare Advantage PPO plan.
- We encourage you to join our network. You'll find it's easy to work with us.
 Visit aet.na/joinAetna today.
- This plan covers the same benefits as Traditional Medicare and more, including many preventive services.
- Referrals are not required.
- Precertification is not required for most services
- You should collect the copayment for covered services as shown on your patient's Aetna ID card.
- Billing is simplified. Submit one bill to Aetna and receive one remittance.
- · Reimbursement is simple and easy.
- The Medicare fee schedule and Medicare limiting charges will apply.

What we pay you

- Medicare-allowable rates for clean claims on covered services under your patient's plan.
- Minus the patient cost share (copayment) under your patient's plan.

How to submit claims

Include the patient-paid amount on claims submitted to us. Claims will be processed based on:

- Traditional Medicare billing rules
- Medicare fee schedule and Medicare limiting charges
- · All prospective payment system requirements
- Local coverage determinations
- The patient's plan documents, including their Evidence of Coverage

With respect to bundling/unbundling logic, we use the National Correct Coding Initiative (NCCI). The link to NCCI on the Centers for Medicare & Medicaid Services (CMS) website is

CMS.gov/nationalcorrectcodinited

Electronic claims submission

Use our electronic payer ID #60054.

Paper claims submission

Submit all paper claims for covered services using an Aetna claim form or by using the standard CMS-1500 or UB-04 form and send to:

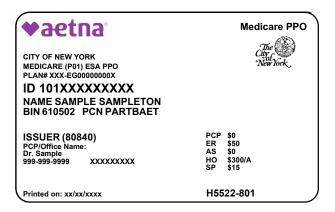
Aetna

PO Box 981106

El Paso, TX 79998-1106

If you have questions, you may contact Provider Services at **1-800-624-0756**, Monday–Friday, 8 AM–5 PM local time. Or call Aetna Member Services at the number on the patients Aetna member ID card.

Here's a sample Aetna medical ID card your patient will have:



CONY.aetnamedicare.com **Customer Service** 1-855-648-0389 24 Hour Nurse Line 1-855-493-7019 Provider Services 1-800-624-0756 TDD/TTY 711 Send claims to: Aetna Medicare PO Box 981106 El Paso, TX 79998-1106 This card does not guarantee coverage. Paver ID# 60054 Medicare limiting charges apply.

For help finding out if your doctor accepts the Aetna Medicare Advantage PPO plan, call us at **1-855-648-0389 (TTY: 711),** Monday–Friday, 8 AM–9 PM ET.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. 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. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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