



Find your providers

Does your provider participate in the Aetna Medicare Advantage PPO plan network?

The Aetna Medicare Advantage PPO plan gives you the freedom to see any licensed provider or hospital who is eligible to participate in Medicare and accepts your Aetna Medicare Advantage PPO plan. You are not limited to physicians or hospitals in our network. You will pay the same cost share in or out of network.



Search online:
CONY.AetnaMedicare.com



Call **1-855-648-0389 (TTY: 711)**,
Monday–Friday, 8 AM–9 PM ET.

How to search for your provider



1. Go to **CONY.AetnaMedicare.com**
2. Under “**Find doctors & prescription drugs**” select “**Find a doctor or provider (search now)**”



If you are not yet a member go to “**Continue as a guest**” and enter your location to begin your search.

If you are a member, under “**Already a member?**” click “**Log in to Secure Site**” and use the user name and password you created.

CONY.AetnaMedicare.com

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Search steps

- 1** Enter the **zip code** you are searching in.
- 2** Then click on the **category of provider** you are looking for. For example: Medical Doctors & Specialists, Hospital & Facilities or Urgent Care.
- 3** Click on the **type of provider** you are looking for and continue to refine your search.
- 4** **Scroll through the providers** on screen. If you know your provider's name, you can also type it into the search box.



What if I don't see my provider?

If you're browsing through our network and can't seem to find your doctor, don't worry! Just call us at **1-855-648-0389 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET. We'll contact your doctor and confirm, or we can help you find other nearby doctors or hospitals to meet your needs. And you'll pay the same cost share for both in- and out-of-network services.*

You can also refer a provider to Aetna®. Just call and let us know the provider name and address. Our network team will reach out to them. Providers can also call our Provider Contact Center at **1-800-624-0756**, Monday–Friday, 8 AM–5 PM local time.

*Out-of-network doctors and hospitals must be licensed, eligible to accept Medicare payment, and willing to accept your plan.

The provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Aetna 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. 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. 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.



For your doctor

**Provider instructions for your Aetna MedicareSM Plan
Preferred Provider Organization (PPO), also known as
the Aetna Medicare Advantage PPO plan**

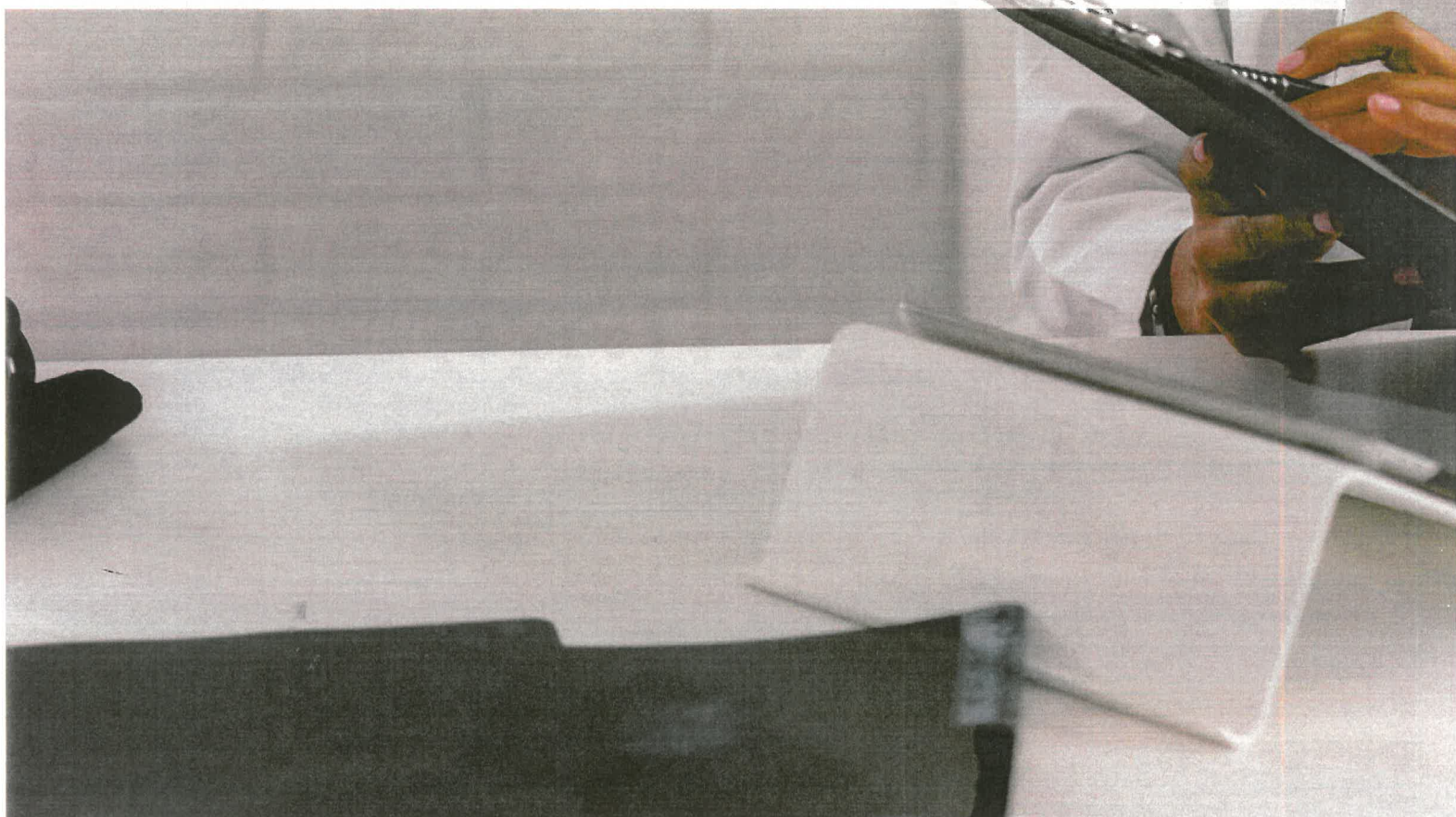
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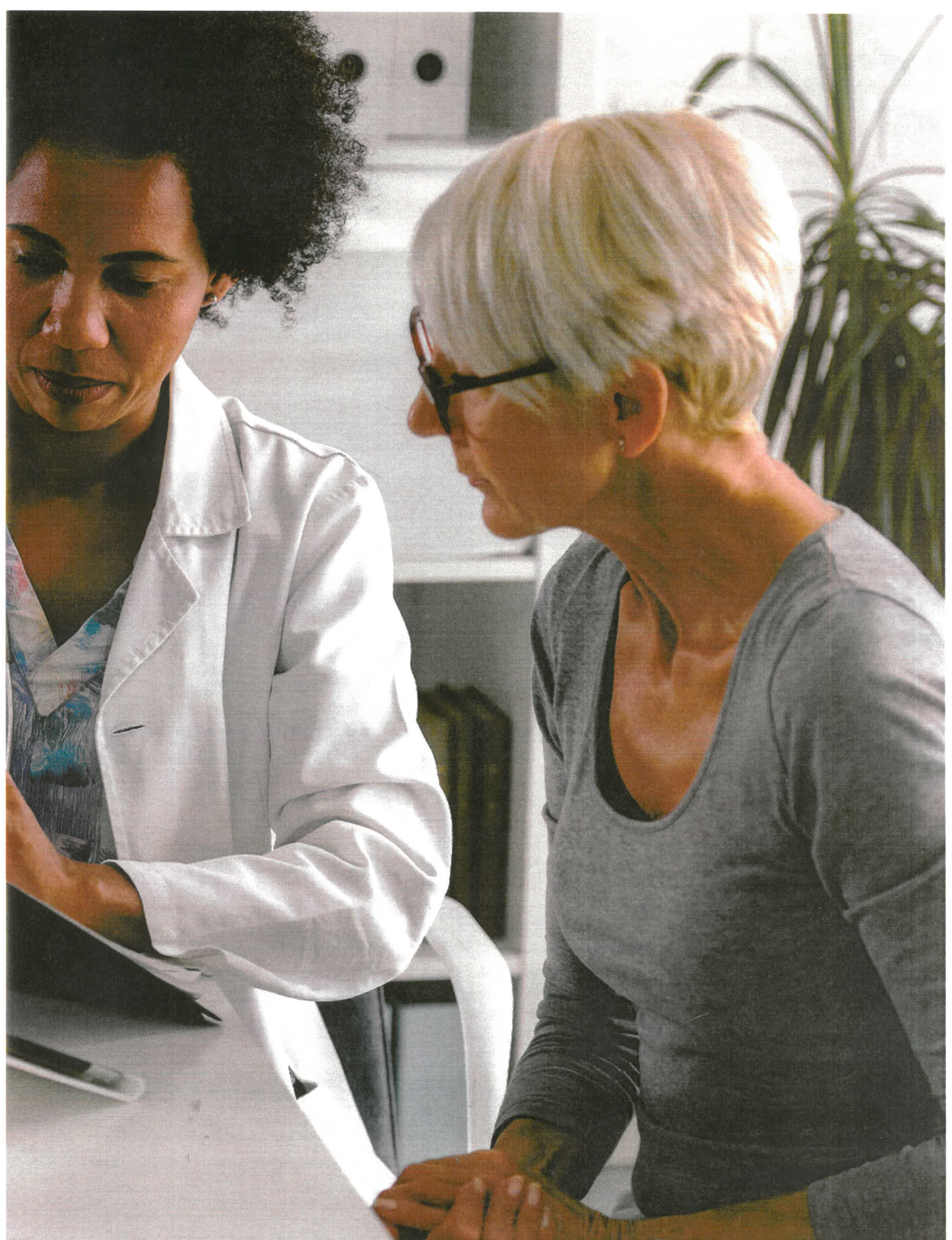


Keeping your doctors

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.





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.

[CONY.AetnaMedicare.com](https://www.CONY.AetnaMedicare.com)



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/nationalcorrectcodinitied

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 patient's Aetna member ID card.

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

	Medicare PPO
	
CITY OF NEW YORK MEDICARE (P01) ESA PPO PLAN# XXX-EG00000000X ID 101XXXXXXXXXX NAME SAMPLE SAMPLETON BIN 610502 PCN PARTBAET	
ISSUER (80840) PCP/Office Name: Dr. Sample 999-999-9999 XXXXXXXXX	PCP \$0 ER \$50 AS \$0 HO \$300/A SP \$15
Printed on: xx/xx/xxxx	H5522-801

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.	
Payer ID# 60054 Medicare limiting charges apply.	

Give this important information to your doctor

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.



LET'S GET STARTED!

Get your SilverSneakers Member ID



If you're new to SilverSneakers, go to **SilverSneakers.com/StartHere** and follow the simple steps.



If you're already a member, log in to the **Member Portal** at **SilverSneakers.com** and click **Profile/Member ID**.

My SilverSneakers **ID number**

Write your ID number in the spaces provided. You can either cut this out or take a photo with your phone so you always have your ID with you.

Notes:



Get inspired!

Scan to learn more about SilverSneakers or visit **SilverSneakers.com/AboutUs**



Always talk with your doctor before starting an exercise program.

1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.
2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.
3. 2021 SilverSneakers Annual Participant Survey

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GET ACTIVE WITH SILVERSNEAKERS

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community. Plus, it's included **at no additional cost** in your health plan.

With SilverSneakers, you're free to move in the ways that work for you.

In participating fitness locations

- Thousands of participating locations¹ with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes² designed for all levels

In your community

- Group activities and classes² offered outside the gym
- Events including shared meals, holiday celebrations and class socials

At home or on the go

- SilverSneakers LIVE™ virtual classes and workshops throughout the week
- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers GO™ mobile app with adjustable workout plans and more

Did you know?

88%

of participants say SilverSneakers has improved their quality of life.³

You already have SilverSneakers through your health plan.

You just need your member ID to get started. See other side for more details.

SilverSneakers.com/StartHere

Questions? Call us.

1-888-423-4632 (TTY: 711) Monday – Friday 8 a.m. – 8 p.m. ET





Continuity of care transition assistance form

If you have planned surgery, testing or ongoing treatment after September 1, 2023, complete the form below and mail it to Aetna®. You can use the envelope provided. A nurse case manager will reach out to you to ensure a smooth transition to your new Aetna Medicare Advantage PPO plan.

If you have:

☐ **Planned surgery or hospitalization after September 1, 2023**

- a) Name of procedure _____
- b) Date _____
- c) Facility _____
- d) Physician name and phone number _____

☐ **Planned testing after September 1, 2023**

- a) Name of procedure/test _____
- b) Physician name and phone number _____

☐ **Ongoing complex medical treatment (for example, chemotherapy, radiation, dialysis, follow-up from surgery)**

- a) Current treatment _____
- b) Physician name and phone number _____

☐ **Ongoing home health care (HCC)**

- a) Type of HHC _____

☐ **Request to speak to a nurse case manager for coaching and support to improve health**

☐ **Ongoing prescription specialty medicine**

- a) Name of medication _____
- b) Ordering physician and phone number _____

Member/alternate contact/provider information and contact authorization (please print)

Member's name Birth date

Address City State ZIP

Home phone Cell phone

Do we have permission to call and text? ☐ Yes ☐ No

Alternate contact person/provider name (if applicable)

Address City State ZIP

Do we have permission to leave your alternative contact person/provider a detailed message? ☐ Yes ☐ No

Appointment of Representative form and Third Party Administrator form provided? ☐ Yes ☐ No

Individual who helped complete this form

Relationship to member

CONY.AetnaMedicare.com



Meals at home

Get home-delivered meals after leaving the hospital

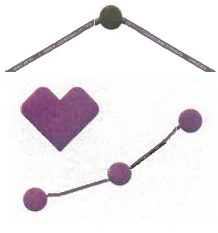
With your Aetna Medicare Advantage plan, you can get healthy, precooked meals delivered to your home after an inpatient hospital stay—**at no extra cost**. This new meal benefit lets you stay focused on recuperating, while getting good nutrition.

Aetna® partners with a vendor called GA Foods® to coordinate this benefit. They deliver high-quality, nutritious meals to members during this important recovery period.

[CONY.AetnaMedicare.com](https://www.CONY.AetnaMedicare.com)

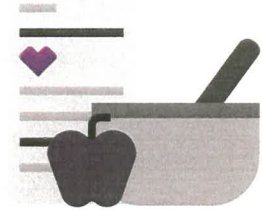
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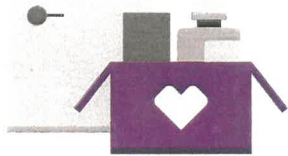
How many meals can you receive?

You'll get 28 meals for 14 days.



What are the meal options?

Each meal includes a chef-inspired entrée, such as pasta, stews and salads. They also feature fruit, vegetables and desserts. The menu is developed by registered dietitians so all meals are low in sodium, fat, cholesterol and sugar, and are high in vitamins and minerals. All meals come frozen, or are shelf-stable, and are easy to prepare.



It's easy to get your meals

After you're discharged to your home from an inpatient hospital stay:

- You'll get a phone call from GA Foods®. On the call, you'll learn about the meal benefit and discuss delivery time frames.
- If you decide to get meals, they will be delivered by FedEx or GA Foods within 48 to 72 hours.



Questions?

For more information, call the number on your Aetna® member ID card.

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.

CONY.AetnaMedicare.com

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A photograph showing a woman in a wheelchair being helped by a caregiver into the back of a car. The woman is smiling and wearing glasses. The caregiver is partially visible on the left, also smiling. The car's interior and a red hard hat are visible in the background.

Cruising ahead

Safe, comfortable transportation to your appointments

We don't want you to worry about how you'll get to your medical appointments. Instead, we want you to focus on what matters, like your health and treatment plans. That's why Aetna® offers optional, non emergency transportation that gets you there and back.

Rides are provided through Access2CareSM, a leading medical provider. Your plan covers 24 trips per plan year with a 60 mile limit per trip. If you need a ride to and from the doctor, you'll use 2 trips.

What's great about the transportation benefit?

- **Convenience** — You can schedule rides for medical appointments.
- **Save money** — These rides are included with your plan at **no extra cost**.
- **Safety** — Professional drivers will bring you comfortably and safely to your destination. And in a vehicle that suits your needs.
- **Improved health** — When you have an easy, reliable way to get to appointments, you're more likely to get the health services you need. This can help you stay active and healthy longer.



If you need to reserve a ride, call **1-855-814-1699 (TTY: 711)**, Monday through Friday, 7 AM–8 PM all time zones. Visit **Access2Care.net** to reserve a ride and get more details.



How can you use your trips?

Appointments

You can get transportation to and from any covered medical appointment:

- Primary care provider (PCP)
- Chemotherapy
- Dialysis facility
- Physical therapy
- Behavioral health
- Dental provider
- Preventive services
- Other plan-approved locations
- Vaccine appointments

Pharmacies

You can also use trips to go to and from the pharmacy for a covered medical service. Using a pharmacy trip to pick up medications will not count against your trip allowance if the pharmacy trip:

- Is within 10 miles of your pick-up or drop-off location
- Occurs while on a trip to or from a medical provider



Questions?

If you have any questions about the transportation benefit, just contact Aetna® Member Services at the number on your member ID card.

It's easy to schedule a ride

To schedule a ride, just call Access2Care's toll-free number, **1-855-814-1699 (TTY: 711)**, Monday through Friday, 7 AM–8 PM for all time zones.

- You must schedule trips at least 48 hours in advance. You can schedule trips up to 30 days in advance.
- You can have an escort (family member or caregiver) ride with you.
- You are responsible for being ready when the driver arrives. Drivers are not responsible for assisting you from home door to vehicle or vehicle to office door.

What are the vehicle options?

Two options are available to service different health needs. Options include:

- **Ambulatory vehicle (such as sedan or van)** — Select this option if you can move on your own or with an assistive device such as a walker or cane.
- **Wheelchair vehicle** — Select this option if you will need to stay in a wheelchair during the trip.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.



Stay active and safe

With a **Sidekick Smart smartwatch** through LifeStation, you have access to a medical alert system and more, all in one wearable device. It provides you with:

- **Prevention** — track your steps, monitor your heart rate or check the local weather
- **Independence** — provides support to live in your home, on your own, for longer
- **Peace of mind** — for caregivers, family and friends
- **Safety and security** — you have round-the-clock access to qualified, trained LifeStation care specialists for emergency help



What's included?

Heart rate monitor: Use Sidekick Smart smartwatch to measure heart rate.

Pedometer: Tracks step count to monitor daily activity and help improve physical well-being.

Location services: Combines GPS & WiFi signals to pinpoint your location.

Weather forecast: Use your Sidekick Smart smartwatch to check the weather at any time.

Water resistant: Wear while showering, washing hands and during everyday activities for 24/7 protection.



In case of emergency, how does the Sidekick Smart smartwatch work?

You can get help with the press of a button, even when you can't reach a phone.

- 1 Press your device's help button.
- 2 Your call is answered in seconds.
- 3 The situation is quickly assessed.
- 4 Help is on the way.



Questions?

For more information, call the number on your Aetna® member ID card.

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.

[CONY.AetnaMedicare.com](https://www.CONY.AetnaMedicare.com)

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Benefits are effective September 1, 2023

SUMMARY OF BENEFITS

Primary Care Physician (PCP): You have the option to choose a PCP. When we know who your provider is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.

Prior Authorizations: The City of New York has a customized and limited list of Prior Authorization. Your doctor will work with us to get approval before you receive certain services. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

PLAN FEATURES	Network & out-of-network providers.
Monthly Premium	\$0 this plan is premium free
Annual Deductible	\$0 deductible for 2023 \$150 calendar year deductible beginning 2024

This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.

Annual Maximum Out-of-Pocket Amount

Annual maximum out-of-pocket limit \$1,500
amount includes any deductible, copayment or coinsurance that you pay.

It will apply to all medical expenses except Hearing Aid Reimbursement that may be available on your plan.

HOSPITAL CARE	This is what you pay for network & out-of-network providers.
Inpatient Hospital Care*	\$0 per stay in 2023 \$300 per stay, maximum of \$750 per year beginning calendar year 2024



The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Observation Stay	Your cost share for Observation Care is based upon the services you receive
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Frequency:	per stay
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Outpatient Services & Surgery	\$0
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Ambulatory Surgery Center	\$0
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PHYSICIAN SERVICES	This is what you pay for network & out-of-network providers.
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Primary Care Physician Visits	\$0
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Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.

Physician Specialist Visits	\$15
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PREVENTIVE CARE	This is what you pay for network & out-of-network providers.
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Medicare-covered Preventive Services	\$0
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- Abdominal aortic aneurysm screenings
- Alcohol misuse screenings and counseling
- Annual Well Visit - One exam every 12 months.
- Bone mass measurements
- Breast exams
- Breast cancer screening: mammogram - one baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.
- Cardiovascular behavior therapy
- Cardiovascular disease screenings
- Cervical and vaginal cancer screenings (Pap) - one routine GYN visit and pap smear every 24 months.
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screenings
- Diabetes screenings
- HBV infection screening
- Hepatitis C screening tests



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- HIV screenings
 - Lung cancer screenings and counseling
 - Medicare Diabetes Prevention Program - 12 months of core session for program eligible members with an indication of pre-diabetes.
 - Nutrition therapy services
 - Obesity behavior therapy
 - Pelvic Exams - one routine GYN visit and pap smear every 24 months.
 - Prolonged Preventive Services - prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service
 - Prostate cancer screenings (PSA) - for all male patients aged 50 and older (coverage begins the day after 50th birthday)
 - Sexually transmitted infections screenings and counseling
 - Tobacco use cessation counseling
 - Welcome to Medicare preventive visit

Immunizations	\$0
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- Flu
- Hepatitis B
- Pneumococcal

Additional Medicare Preventive	\$0
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Services

- Barium enema - one exam every 12 months.
- Diabetes self-management training (DSMT)
- Digital rectal exam (DRE)
- EKG following welcome exam
- Glaucoma screening

EMERGENCY AND URGENT MEDICAL CARE	This is what you pay for network & out-of-network providers.
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Emergency Care; Worldwide (waived if admitted)	\$50
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Urgently Needed Care; Worldwide	\$15
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DIAGNOSTIC PROCEDURES	This is what you pay for network & out-of-network providers.
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CITY OF NEW YORK
Aetna MedicareSM Plan (PPO)
Aetna Medicare Advantage PPO Plan

Diagnostic Radiology	\$15
CT scans	
Diagnostic Radiology	\$15
Other than CT scans	
Lab Services	\$15
Diagnostic testing & procedures	\$15
Outpatient X-rays	\$15
HEARING SERVICES	This is what you pay for network & out-of-network providers.
Routine Hearing Screening	\$0
We cover one every twelve months	
Medicare Covered Hearing Examination	\$15
Hearing Aid Reimbursement	\$500 once every 12 months
DENTAL SERVICES	This is what you pay for network & out-of-network providers.
Medicare Covered Dental	\$15
Non-routine care covered by Medicare.	
VISION SERVICES	This is what you pay for network & out-of-network providers.
Routine Eye Exams	\$0
One annual exam every 12 months.	
Diabetic Eye Exams	\$0
Medicare Covered Eye Exam	\$15
MENTAL HEALTH SERVICES	This is what you pay for network & out-of-network providers.
Inpatient Mental Health Care*	\$0 per stay in 2023 \$300 per stay, maximum of \$750 per year beginning calendar year 2024
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Mental Health Care	\$15
Individual visit	
Partial Hospitalization	\$15



Inpatient Substance Abuse*	\$0 per stay in 2023 \$300 per stay, maximum of \$750 per year beginning calendar year 2024
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Substance Abuse	\$15
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Individual visit

SKILLED NURSING SERVICES	This is what you pay for network & out-of-network providers.
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Skilled Nursing Facility (SNF) Care*	\$0 per day, days 1-100
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Limited to 100 days per Medicare Benefit Period.

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

PHYSICAL THERAPY SERVICES	This is what you pay for network & out-of-network providers.
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Outpatient Rehabilitation Services	\$15
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(Speech, physical, and occupational therapy)

AMBULANCE SERVICES	This is what you pay for network & out-of-network providers.
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Ambulance Services	\$0
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Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.

TRANSPORTATION SERVICES	This is what you pay for network & out-of-network providers.
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Transportation (non-emergency)	24 one-way trips with 60 miles allowed per trip
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MEDICARE PART B PRESCRIPTION DRUGS	This is what you pay for network & out-of-network providers.
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Medicare Part B Prescription Drugs*	\$0
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ADDITIONAL PROGRAMS AND SERVICES	This is what you pay for network & out-of-network providers.
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Allergy Shots	\$0
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Allergy Testing	\$0
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Blood	\$0
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All components of blood are covered beginning with the first pint.

Cardiac Rehabilitation Services	\$0
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Chiropractic Services	\$15
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Medicare covered benefits only.

Diabetic Supplies	\$0
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Includes supplies to monitor your blood glucose.

Durable Medical Equipment/	\$0
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Prosthetic Devices	
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Home Health Agency Care*	\$0
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Hospice Care	Covered by Original Medicare at a Medicare certified hospice.
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Medical Supplies	Your cost share is based upon the provider of services
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Medicare Covered Acupuncture	\$15
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Outpatient Dialysis Treatments	\$0
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Podiatry Services	\$15
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Medicare covered benefits only.

Pulmonary Rehabilitation Services	\$0
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Radiation Therapy	\$0
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ADDITIONAL PROGRAMS (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network & out-of-network providers.
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CITY OF NEW YORK
Aetna MedicareSM Plan (PPO)
Aetna Medicare Advantage PPO Plan

Fitness Benefit	SilverSneakers®
Healthy Rewards	Covered
Personal Emergency Response System	Smartwatch
Meals	\$0
Covered up to 28 meals following an inpatient stay.	
Over-the-counter (OTC) items	\$0
OTC Kit	N/A
Allowance	\$30
Frequency	quarterly
Are you offering Nicotine Replacement Therapy (NRT) as a Part C OTC benefit?	Yes
Resources For Living®	Covered
For help locating resources for every day needs.	
Teladoc™	\$0
Telemedicine services with a Teladoc™ provider. State mandates may apply.	
Telehealth	Covered
Telemedicine Services. Member cost share will apply based on services rendered.	
Telehealth PCP	\$0
Telehealth Specialist	\$15
Telehealth Occupational Therapy Services	\$15
Telehealth PT and SP Services	\$15
Telehealth Other Health care Providers	\$15
Telehealth Individual Mental Health	\$15
Telehealth Group Mental Health	\$15
Telehealth Individual Psychiatric Services	\$15
Telehealth Group Psychiatric Services	\$15



Telehealth Individual Substance Abuse Services \$15

Telehealth Group Substance Abuse Services \$15

Telehealth Behavioral Health \$0

Vendor: MD Live

Telehealth Kidney Disease Education Services \$0

Telehealth Diabetes Self-Management Training \$0

Telehealth Opioid Treatment Program Services \$15

Telehealth Urgent care \$15

ADDITIONAL SERVICES (NOT COVERED BY ORIGINAL MEDICARE) **This is what you pay for network & out-of-network providers.**

Routine Podiatry \$15
Frequency unlimited visits every year

Routine Physical Exams \$0
One exam per calendar year

Private Duty Nursing 20%
Benefit Frequency every year
Benefit Maximum \$5,000

Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

Medical Disclaimers

For more information about Aetna plans, go to **CONY.AetnaMedicare.com** or call Member Services at toll-free at 1-855-648-0389 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

The provider network may change at any time. You will receive notice when necessary. In case of emergency, you should call 911 or the local emergency hotline. Or you should go



The complete list of services can be found in the Evidence of Coverage (EOC). You can request a copy of the EOC by contacting Member Services at 1-855-648-0389 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your Evidence of Coverage
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Out-of-network/non-contracted providers are under no obligation to treat Aetna 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.

Aetna will pay any non contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare covered services under the plan.

Plan Disclaimers

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna).

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.



To join the Aetna Medicare Advantage PPO , you must meet the requirements of the plan sponsor/your former employer, be entitled to Medicare Part A, enrolled in Medicare Part B.

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage.

The provider network may change at any time. You will receive notice when necessary.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

You can read the Medicare & You 2023 Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-855-648-0389 (TTY: 711). Spanish: **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-648-0389 (TTY: 711). Traditional Chinese: **注意：**如果您使用中文，您可以免費獲得語言援助服務。請致電 1-1-855-648-0389 (TTY: 711).

You can also visit our website at CONY.AetnaMedicare.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-648-0389. Someone who speaks English/Language can help you. This is a free service.



Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-648-0389. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-648-0389。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-648-0389。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-648-0389. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-648-0389. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-648-0389 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-648-0389. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-648-0389 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.



Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-648-0389. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

:Arabic

،إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-648-0389. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-648-0389 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-648-0389. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-648-0389. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-648-0389. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-648-0389. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-855-648-0389にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



CITY OF NEW YORK
Aetna MedicareSM Plan (PPO)
Aetna Medicare Advantage PPO Plan

Hawaiian: He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-855-648-0389. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

*****This is the end of this plan benefit summary*****

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Welcome

Invite us over for a Healthy Home Visit

Do you want a great way to help maintain your health at home?

Once we schedule your appointment, a licensed and board-certified nurse practitioner or doctor will go to your home to provide an assessment. This Healthy Home Visit takes place at no extra cost to you. During the visit, they will also check your home for potential issues that may increase your chances of falling.

We work with nurse practitioners and doctors around the country to offer you this service. Every year, about 500,000 Aetna Medicare Advantage members take part in the Healthy Home Visit program.

But you already have a doctor, so why take the time?

Sure, this doesn't take the place of a physical exam from your own doctor.

But it can be a critical part of managing your health at home. After your visit, we share the information with your doctor. Partnering in this way helps us better manage your overall health care needs. It does not affect your coverage in any way.

We are committed to supporting your best health. Meeting you in your home is for your convenience and comfort.

A holistic look at your health in the comfort of your home

What does the Healthy Home Visit involve?

You can use this yearly visit to:

- Ask health care questions
- Review your medicines
- Update your medical history
- Discuss issues you may have getting the health resources you need
- Discuss concerns you may have about moving around safely in your home

The visit lasts about an hour. It includes a limited, noninvasive physical exam.

If need be, the nurse practitioner or doctor may recommend that you be further evaluated. Your doctor will get a report.

Again — this visit is at no extra cost to you. It is all part of your Aetna® benefits.

Telehealth appointments may also be available in your area.

You can schedule a Healthy Home Visit today.
Just call the number on your Aetna Medicare ID card.

Frequently asked Healthy Home Visit questions

1. How often can I have a Healthy Home Visit?

A nurse practitioner or doctor can visit your home once a year.

2. What does Aetna do with the information you collect?

We share it with your primary care doctor.

This helps to better coordinate your care and to help ensure your care needs are met. We follow all privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). We may also refer you to a health advocacy program, such as our Diabetes Management Program or another program that can help you.

3. My spouse has the same insurance that I do. Can my spouse take part in the program, too? Yes.

When scheduling your appointment, the representative can schedule the visit for both of you.

4. Does Aetna know the nurse practitioner or physician is getting in touch with me? Yes.

We are partnering with the nurse practitioners and doctors to provide this service. We also work closely with them. We want to make sure that our members are assessed in the most professional manner.

5. What does this cost?

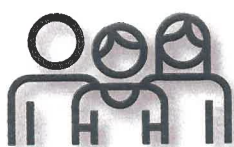
The Healthy Home Visit costs you nothing extra. We do offer additional screenings, such as bone density, diabetic retinal screening and HBA1c testing. You may have to pay a copay for these screenings, depending on your benefits. However, they're voluntary, so you're not required to participate.

6. Is it going to raise my premium after the visit? No.

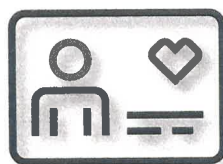
We don't use the information you give us to raise costs, including your premium or other cost share amounts.

7. How do I know the clinician that comes to my home is with the Healthy Home Visit program?

All clinicians will have an employee ID card from either Signify or Matrix with them to properly identify themselves.



Every year, about
500,000
Aetna Medicare Advantage
members get a Healthy
Home Visit.



Importantly, over
95% of the members
we surveyed said they were
satisfied with their visit.*

How home visits help members

Bethany's* story ...

"Aetna called me and had a nurse come out to the house to do a physical and have some conversations about my health. I really appreciated the 45 minutes of talking during my Healthy Home Visit. The nurse reviewed all of my prescriptions, as well as over-the-counter medication I was taking. She also suggested that maybe I should not take two of them at the same time; and instead take one in the evening, which eliminated the leg cramps I was having while trying to fall asleep. I was really happy to hear that my primary care doctor was getting a copy of the notes from our visit."

*Actual member story from 2021. Name has been changed to protect privacy.

Patricia's** story ...

Pat Respert says she's lucky to be here today. After arranging a Healthy Home Visit for her and her husband, Herman, an Aetna-approved, registered nurse came to their house. This was at no extra cost to them.

During this visit, the nurse discovered Pat's blood pressure was dangerously high. Although Pat felt fine, the nurse insisted she go to the hospital. Pat was in danger of having a stroke. Pat says, "If it wasn't for Aetna, I wouldn't be here today."

**Actual member story from 2018.



Things to do before your visit

- ☐ You may have family or friends present during the visit, so invite a loved one over if you wish.
- ☐ Write a list of health questions you might want to discuss with the nurse practitioner or doctor. Think about any health concerns or difficulties you have trying to get care. You can use the note page here to write down your questions.
- ☐ Gather all medicines you take, including prescriptions, over-the-counter medicines, vitamins and herbal supplements.
- ☐ List out any recent care you have received from a provider, including testing such as lab work, X-rays or screenings.
- ☐ Wear comfortable clothes that can easily be rolled up when the provider checks your blood pressure and vital signs.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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