For your doctor

Provider instructions

Aetna Medicare℠ Plan (PPO) with Extended Service Area

Verizon.AetnaMedicare.com

1075450-01-01 (4/22)

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Give this important information to your doctor.

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

Dear provider,

Your patient will be a member of the Aetna Medicare℠ Plan (PPO) with Extended Service Area (ESA) — also known as the Verizon Advantage Plan.

Aetna® is a retiree benefits health plan partner. This unique, customized group plan is only available to members whose former employer sponsors this plan.

You can see Verizon Advantage Plan ESA members even if you're not part of our network.

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

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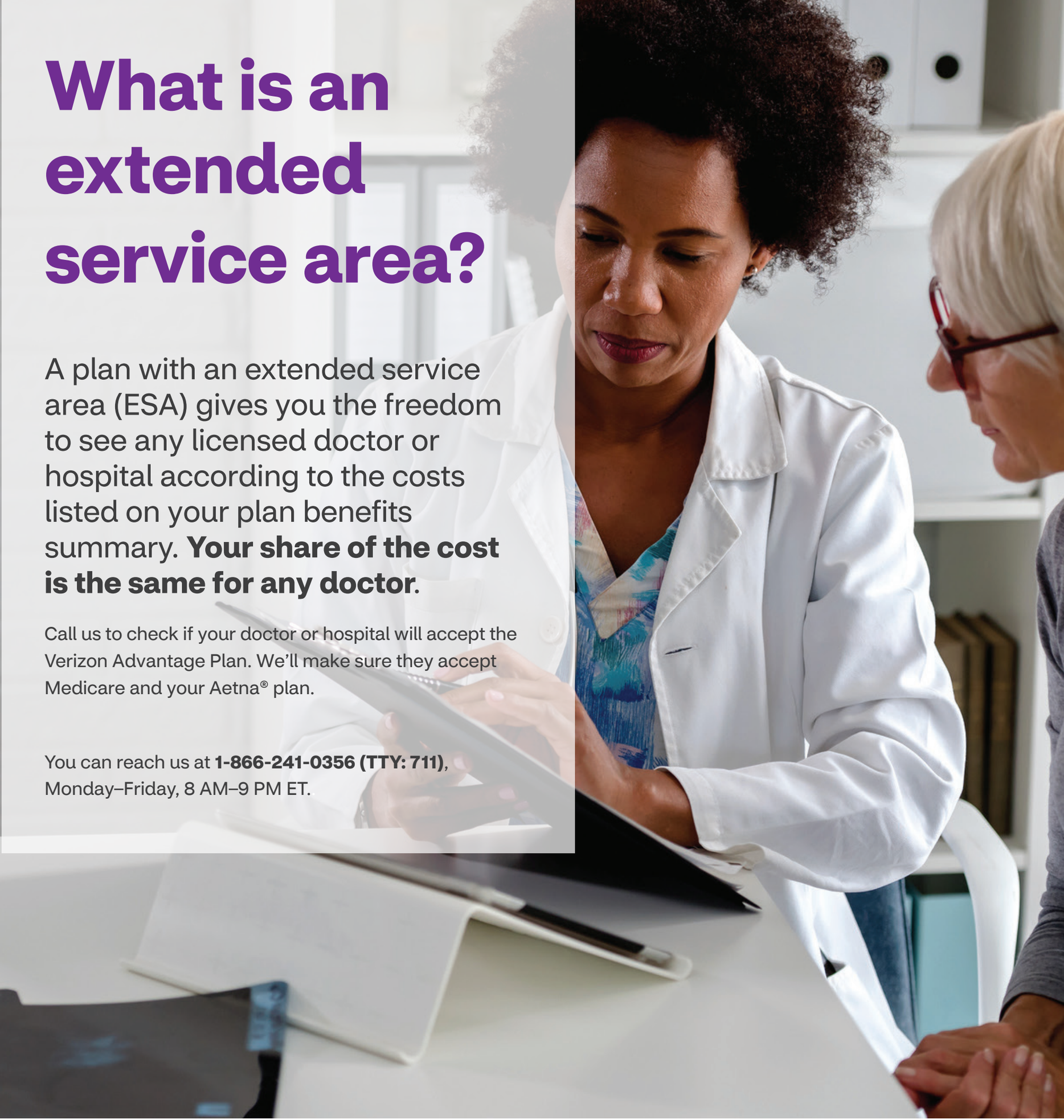
What is an extended service area?

A plan with an extended service area (ESA) gives you the freedom to see any licensed doctor or hospital according to the costs listed on your plan benefits summary. **Your share of the cost is the same for any doctor**.

Call us to check if your doctor or hospital will accept the Verizon Advantage Plan. We'll make sure they accept Medicare and your Aetna® plan.

You can reach us at **1-866-241-0356 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET.



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 Medicare Advantage ESA 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 all **the same benefits as original Medicare and more**, including many preventive services.
- Referrals are **not** required.
- Precertification is recommended, but not required.
- You should collect the copayment, coinsurance and/or deductible for covered services as shown on your patient's Aetna Medicare Advantage 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
- **Less the patient cost share** (copayment, coinsurance and/or deductible) 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:

- Original 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 **www.CMS.gov/nationalcorrectcodinited/**.

Electronic claims submission

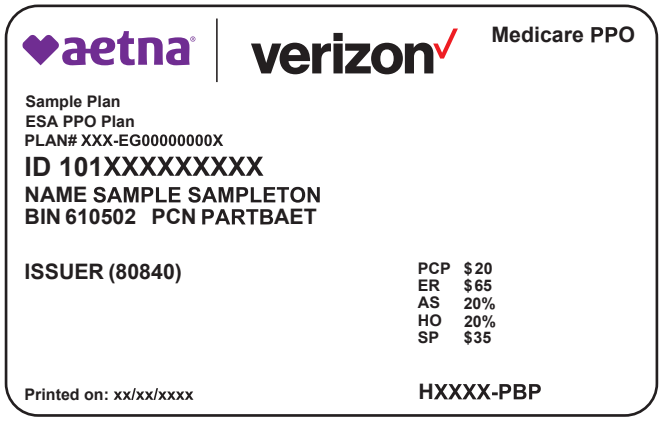
Use our electronic payer ID #60054.

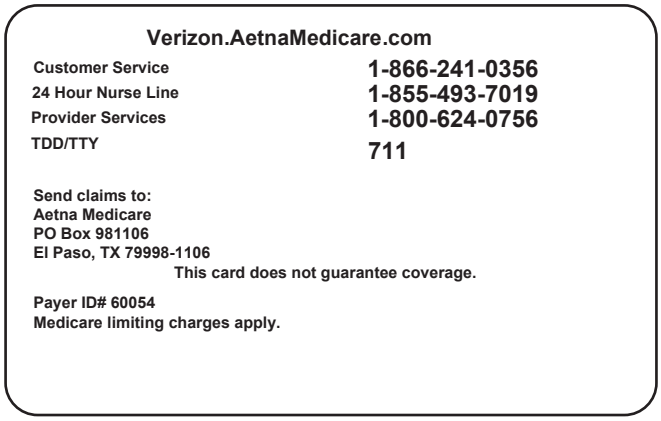
Paper claims submission

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

Here's the Aetna medical ID card your patient will have





For help finding out if your doctor accepts the Verizon Advantage Plan, call us at **1-866-241-0356 (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. 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.

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