





Give this important flyer to your doctor



Keeping your doctors

The Aetna Medicare Advantage PPO plan with extended service area (ESA) is different than many other PPO plans.

It allows you to see any provider (whether in the network or not), as long as the provider is:

- Eligible to receive payment under Medicare
- Willing to bill and accept payment from Aetna®

And you won't pay more for covered medical benefits when going out of network.



If you need help finding out if your doctor accepts the plan, just call us at <u>1-866-241-0356</u> (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.

Dear provider,

Your patient is a member of the Aetna Medicare[™] Plan (PPO) with 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 and their dependents whose former employer sponsors this plan.

You can see these 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 or not.





Provider — Keep this 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 Verizon Advantage Plan
- We encourage you to join our network; you'll find it's easy to work with us. Visit <u>aet.na/joinAetna</u> today.
- This plan covers 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 for covered services as shown on your patient's Aetna member 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:

- · 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

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:

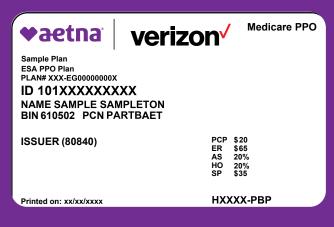
Aetna

PO Box 981106

El Paso. TX 79998-1106

If you have questions, you may contact Provider Services at <u>1-800-624-0756</u>, Monday–Friday, 8 AM–5 PM local time.

Here's the Aetna member ID card your patient will have:



Verizon.AetnaMedicare.com **Customer Service** 1-866-241-0356 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.

