



# Healthier happens together™

**Information packet 2023**

**Your guide to getting more from the Aetna Medicare<sup>SM</sup> Plan (PPO) also known as the Aetna Medicare Advantage PPO plan and the SilverScript Employer Prescription Drug Plan (PDP)**



## Health coverage focused on you

We want to help you live your best life. That's why we provide a comprehensive approach to your health and well-being. See how these plans can help you enjoy the freedom that retirement brings and make sure each day is your healthiest possible.



### Have questions?

**Aetna® Member Services**

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

# Table of contents



## **About the medical plan**.....4

Benefits at a glance.....5

Get the most from the plan .....6

About the prescription drug plan .....8

Personalized retiree benefits website..... 12



## **Review Medicare's Star Ratings** ..... 14



## **What happens next** ..... 19

Start your journey off right ..... 20

Important resources .....24



TIP

Bring this plan guide with you to one of our informational meetings. Refer to the meeting schedules you received in the mail to attend an in-person meeting or join a web conference or teleconference call. You can also watch a pre-recorded video from the comfort of your home.



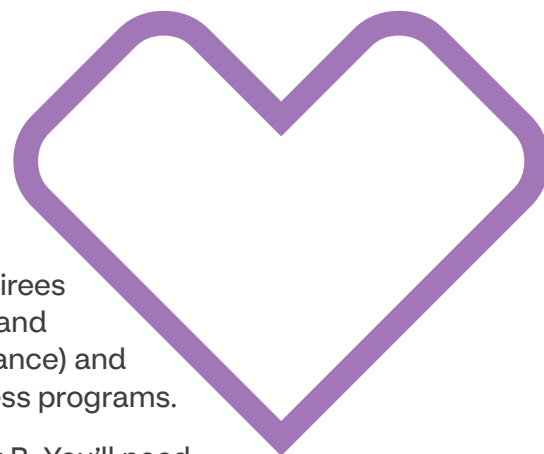
# About the medical plan

## Aetna Medicare Advantage PPO plan

The Aetna Medicare Advantage PPO plan is sponsored by the City of New York, the Municipal Labor Committee (MLC) and Aetna® and it's designed exclusively for City of New York Medicare-eligible retirees and their eligible dependents. It is a type of Medicare Advantage plan and offers the same benefits as Traditional Medicare Part A (hospital insurance) and Part B (medical insurance), plus access to additional health and wellness programs.

To qualify, you must be entitled to Medicare Part A and enrolled in Part B. You'll need to continue to pay your Part B premium (the City reimburses you and your Medicare-eligible dependents for your full Part B premium and IRMAA, if applicable).

The plan also gives you the option to choose a primary care physician. Though choosing a primary care physician is not required, it is highly encouraged for managing your overall health.



### First things first. Does your doctor accept our plan?

Visit **CONY.AetnaMedicare.com** to look up your providers. You can also call us. We can look up your current providers or find providers near you. We'll make sure they accept Medicare and the Aetna Medicare Advantage PPO plan.

Just call us at **1-855-648-0389 (TTY: 711)**. We're available Monday–Friday, 8 AM–9 PM ET.

## How the Aetna Medicare Advantage PPO plan offers value



### Switch your plan, not your doctors

Chances are you will be able to continue seeing your doctors with the new Aetna Medicare Advantage PPO plan. You have the freedom to see any licensed doctor or hospital, as long as they are eligible to participate in Medicare and accept the Aetna Medicare Advantage PPO plan. You will pay the same cost share for both in- and out-of-network services.

If you are currently under care at Memorial Sloan Kettering (MSK) and Hospital for Special Surgery (HSS), you will continue to have access to both MSK and HSS. Both providers are in the Aetna Medicare Advantage PPO network.



### You have a dedicated Member Services team right here in the U.S.

Aetna Member Services representatives are experts on the Aetna Medicare Advantage PPO plan offered by the City of New York. They're here for you at **1-855-648-0389 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET.



### Stay healthy

Access wellness programs at no extra cost such as a SilverSneakers® fitness benefit, Healthy Home Visit, MDLIVE® virtual behavioral health support, Teladoc®, Resources For Living® community referral program and a 24-hour nurse line. Learn more on pages 6–7.

# Benefits at a glance

The chart below provides a snapshot of the plan.

Aetna Medicare Advantage PPO plan	
Includes all Medicare Parts A and B medical benefits	✓
Offers benefits, programs and services beyond Traditional Medicare	✓
Covers unlimited inpatient hospital days	✓
Covers emergency medical care worldwide	✓
No waiting period for preexisting medical conditions	✓
Includes a member website for claim searches	✓
Lets you see providers in or out of network at the same cost	✓



For more detailed info on what the plan offers, refer to the Summary of Benefits and Evidence of Coverage within the package you received in the mail for a full list of benefits.

# Get the most from your plan

You can count on us for quality health coverage. With the Aetna Medicare Advantage PPO plan, you don't lose your Traditional Medicare coverage. In fact, you must have Traditional Medicare in order to be enrolled in a Medicare Advantage plan. Enjoy the comprehensive coverage you get today, plus these other benefits at no extra cost.



## **SilverSneakers® fitness benefit**

Improve your health by going to any of thousands of participating fitness locations nationwide — or get a fitness kit that you can use at home. Apple Fitness+<sup>1</sup> is included with your SilverSneakers® fitness benefit at no additional cost.<sup>2</sup>



## **Aetna® Healthy Rewards**

Earn up to \$200 in gift cards through our member rewards program for completing important health care activities.



## **Transportation**

We never want you to miss a medical appointment because you don't have a way to get there. Our partner Access2Care<sup>SM</sup> provides you 24 one-way (12 round-trip) nonemergency trips, up to 60 miles per trip.



## **Meal home delivery**

Get delicious and nutritious meals delivered to your home after your hospital stay. You get 28 meals for 14 days.



## **Sidekick Smart smartwatch**

You're eligible to receive a custom-designed smartwatch through LifeStation at no cost. This medical alert system can help you call for help in an emergency, 24/7. It can even track your steps, check the local weather and monitor your heart rate.



## **Hearing aid reimbursement**

Submit your itemized bills showing your costs on hearing aids from any licensed provider that accepts Medicare to Aetna, and you can get reimbursed \$500 per ear every 12 months.



## **Resources For Living® program**

Our Resources For Living program helps get you the right support when and where you need it. It's designed to help you find a wide range of services in your area — from personal care, housekeeping and maintenance, to caregiver relief, pet care services, and local clubs and social programs.

There's no cost to speak with Resources For Living consultants. But if you choose to use services that have associated costs, you'll need to pay those expenses.



## **Healthy Home Visits**

A licensed health care professional can come to your home to review your health needs and do a home safety assessment. You can request a virtual online visit if you feel more comfortable doing so. During the visit, they may also review your medicines, complete some health screening tests if you wish, and recommend services that can support your health needs.

<sup>1</sup>Apple Fitness+ is a third-party service provider and not owned or operated by Tivity Health, Inc. or its affiliates. Users must have internet service to access Apple Fitness+. Internet service charges are responsibility of user.

<sup>2</sup>Apple Fitness+ account may be activated at no cost in 3-month increments and can be renewed at no cost every 3 months through the SilverSneakers member account dashboard or SilverSneakers GO app.



### 24-Hour Nurse Line

Talk to our registered nurses, day or night. Based on your symptoms, they can help you decide if you need a doctor or urgent care visit.



### Nurse care advocacy

We put our heart into helping you achieve optimal health. We have a team of doctors, nurses, social workers, behavioral health clinicians, and pharmacists dedicated to support you along your health journey. Our goal is to give you personalized tools to help you take control of your health, manage chronic conditions and navigate a complex health system. We partner with your providers to support you and your plan of care. We are here for you when you need us most.



### Over-the-counter (OTC) benefit

You get \$30 per quarter, up to \$120 per year, to spend on health and wellness products such as vitamins, pain relief and more. You can choose any approved item from the OTC catalog. You can request a printed OTC catalog by calling Member Services at the number on your member ID card.

## Virtual care



### Telehealth

You can get care from any provider that offers telehealth services. You'll pay the same amount as an in-person visit. Contact your doctor or walk-in clinic to learn more.



### Teladoc®

Connect with a Teladoc physician by web, phone or mobile app from home for nonemergency medical needs.

Whether you choose telehealth or Teladoc, you're covered with a \$0 cost share for many nonemergency medical needs, such as cold and flu symptoms, allergies, skin problems and prescription refills.



### MDLIVE®

Get fast, affordable and convenient access to virtual behavioral health services. You can confidentially meet with a MDLIVE licensed therapist or board-certified psychiatrist by phone or video appointment. MDLIVE providers are specially trained in common issues such as anxiety, depression, grief and loss, stress management and more.

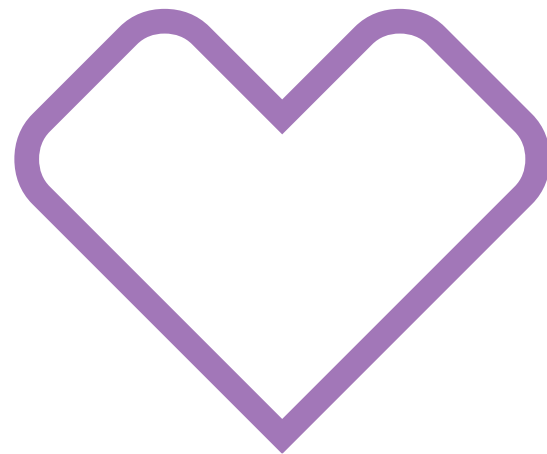
You'll also have no limits on the number of visits and \$0 copay. Appointments are available 24/7.

If you need emergency care, call **911** or go to the nearest emergency room immediately.

If you or a loved one need immediate help, the 988 Suicide & Crisis Lifeline provides 24/7 free and confidential support, prevention and crisis resources for people in distress. Call **988**.



# About the prescription drug plan



## SilverScript Employer PDP

Our prescription drug plan offers:

- A network of pharmacies that includes national chains
- A formulary — or drug list — that includes all Part D drugs
- CVS Caremark® Mail Service Pharmacy for your maintenance drugs
- Specialty pharmacy services for complex-condition medicines that require:
  - Special handling
  - Refrigeration
  - Education and support



Specialty pharmacies fill specialty medicines that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they aren't considered to be mail-order pharmacies. So most specialty medicines aren't available at the mail-order cost share.

## Points to consider

- If you're currently enrolled in an individual Medicare prescription drug plan, enrollment into this group plan will disenroll you from your individual plan.
- If you're enrolled in this group plan, it will provide your Medicare prescription drug coverage.

For more detailed information on what the plan offers, refer to the Summary of Benefits and Evidence of Coverage included with the package you received in the mail.



# A prescription drug plan for you



## Let's start with what matters most.



### A history of care

We've provided access to Medicare coverage for more than 50 years.



### The prescriptions you need

Our plans cover many commonly prescribed drugs. And you can get most of them delivered to you with the CVS Caremark® Mail Service Pharmacy.

## See if your prescriptions are covered

To find your medicine on our formulary (drug list) or to estimate the cost of your drugs:

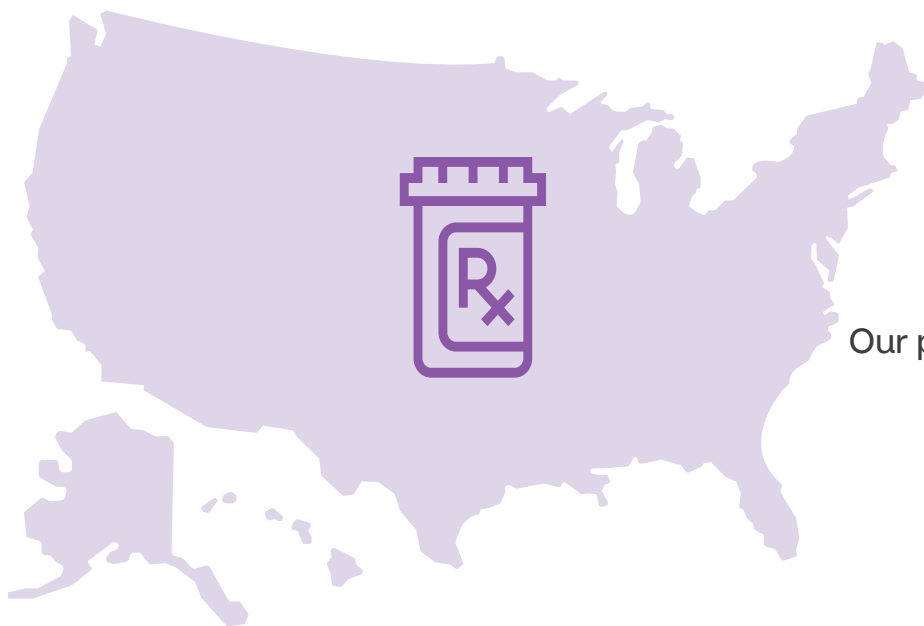


Go to **CONY.AetnaMedicare.com** to use our drug look up tool and to view the SilverScript Employer PDP formulary online.



### No computer or internet? No worries.

Just call us at **1-855-648-0389 (TTY: 711)**. We're available Monday–Friday, 8 AM–9 PM ET.



# A hassle-free pharmacy experience

Our pharmacy network includes includes 65,000+ pharmacies nationwide.



## Finding a network pharmacy is easy

Just visit **CONY.AetnaMedicare.com** to find pharmacies near you.

### Don't have access to a computer or the internet?

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

## Save a trip with home delivery



With CVS Caremark® Mail Service Pharmacy, standard shipping is always free. Your medicine is securely packed. Then it's mailed quickly and safely to you. Registered pharmacists check all orders for accuracy. If you have questions about your medicine, you can call them anytime.

It typically takes up to 10 business days for you to get your shipment after the pharmacy receives the mail order. You also have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at **1-855-648-0389 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET.

## Having trouble paying for your prescription drugs?

If your income is limited, you may qualify for Extra Help to pay for your medicine. To find out if you qualify, you can:

- Call Social Security at **1-800-772-1213 (TTY: 1-800-325-0778)**, Monday–Friday, 8 AM–7 PM, local time
- Contact your state Medicaid office







# Personalized retiree benefits website



Your personalized benefits website will be available on **May 1, 2023**, to provide details about the plan or allow you to opt out. If you are automatically enrolled in the plan, you will need to log in to our secure site if you want to opt out.

To log in to our personalized retiree benefits website, follow the instructions below:

- 1** Visit **CONY.AetnaMedicare.com**
- 2** In the upper right corner, select **“Plan details/opt out”**
- 3** Choose **“Register now”**
- 4** Then complete the required fields to finish your registration.  
It’s important that you enter the first and last name of the retiree that appears on this information packet when you register on the website. For example, if this information packet was addressed to Susan, but you go by Sue, please use Susan.  
  
After you complete your registration, you’ll have access to the website and won’t need to register again. Next time, you can just log in using your new username and password.
- 5** Once you complete your registration, log in with the username and password you created to see the plan details or opt out.  
You can also call Member Services and they can assist you in opting out.  
Just call **1-855-648-0389 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET.

## How to purchase the SilverScript Employer PDP plan

If you are not being automatically enrolled, but are eligible to purchase the Part D prescription drug rider, visit the NYC Office of Labor Relations (OLR) website at **NYC.gov/hbp** to complete a Special Election Form. Follow the instructions provided on the form.



# Features that get you where you need to go

You can see your health care benefits *at any time* on the personalized retiree benefits website. Once you register, just log in at **CONY.AetnaMedicare.com**

You'll find a wealth of information.



## See your benefits and costs



**Use our personal guide.** Ask Emma, our personal guide, can help you understand the plan and any out-of-pocket expenses.



**Estimate your total yearly costs** for each plan — deductibles, copays and coinsurance.



**Search for network primary care physicians,** specialists, hospitals, pharmacies and other health care facilities (for PPO plans only).



**Find prescriptions.** See if your prescription drugs are covered and search for a pharmacy to fill them. You can also learn how much your prescriptions might cost in each plan. If you prefer mail-order pharmacy, there's an option for that.



**Find links** to educational videos and timely topics.



**View plan documents** such as the Evidence of Coverage (EOC).





TIP

---

## **Review Medicare's Star Ratings**

Star Ratings can help you learn more about the Medicare plans you're offered. They can give you insight into the parts of a health plan you care most about. Learn about the plans' Star Rating on the next page.



## **Star Ratings**

Know how well your plan rates





# Here's how Star Ratings work

The Centers for Medicare & Medicaid Services (CMS) reviews plans, member satisfaction results and provider feedback to rate Medicare Advantage and prescription drug (Part D) plans.

Medicare Advantage plans are rated on how well they perform in five different categories:

- ✓ Helping you stay healthy (screenings, tests and vaccines)
- ✓ Managing chronic (long-term) conditions
- ✓ Plan responsiveness and care
- ✓ Member complaints, problems getting services and choosing to leave the plan
- ✓ Health plan customer service

Each plan receives a rating from one star (lowest) to five stars (highest). Star Ratings are calculated each year and may change from one year to the next. CMS helps Medicare Advantage plans with high Star Ratings offer more affordable benefits.



## IMPORTANT INFORMATION:

### 2023 Medicare Star Ratings



#### Aetna Medicare - H5521

For 2023, Aetna Medicare - H5521 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★☆

**Health Services Rating:** ★★★★★☆

**Drug Services Rating:** ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

#### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

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

Y0001\_GRP\_2023\_H5521\_M

## IMPORTANT INFORMATION: 2023 Medicare Star Ratings



### SILVERSCRIPT INSURANCE COMPANY - S5601

For 2023, SILVERSCRIPT INSURANCE COMPANY - S5601 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★  
**Health Services Rating:** Service not offered  
**Drug Services Rating:** ★★★★★

**SilverScript®**

Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

**The number of stars shows how well our plan performs.**

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

#### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact SILVERSCRIPT INSURANCE COMPANY 7 days a week from October 1 – March 31, 8 a.m. to 8 p.m., local time, or 5 days a week (M-F) from April 1 – September 30, 8 a.m. to 8 p.m., local time, at 1-833-526-2445 (toll-free) or 711 (TTY).

Current members please call 24 hours a day local time, 7 days a week, 1-866-235-5660 (toll-free) or 711 (TTY).

SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.



## ▶ **Step by step**

What happens next?

# Start your journey off right

You'll receive welcome materials and information to help you get the most out of the new plans.



## Plan confirmation and acceptance letters

This includes info about the plan's features. We'll send it to you once the Centers for Medicare & Medicaid Services (CMS) approves your enrollment.

**You'll get your letters by mail.**



## Plan member ID cards

Use your new Aetna® member ID card (not your Medicare card) every time you visit the doctor or hospital. Your new SilverScript Employer PDP member ID card will be used for prescription drug services.

**You'll get your new Aetna member ID card by mail. Your new SilverScript Employer PDP member ID card will be attached to your plan confirmation and acceptance letter. You can also find them online.**



## Evidence of Coverage (EOCs)

This is a complete description of the medical and prescription drug plan coverage and your member rights. The prescription drug plan EOC will include information regarding benefits and cost shares.

You can review the EOCs that were sent to you in the mail. You can also visit **CONY.AetnaMedicare.com** to view the EOCs online.



## Schedule of Cost Sharing (SOC)

This is the share of costs covered by Aetna that you pay out of your own pocket.

This can include deductibles, coinsurance, copay or similar charges. But you won't pay more to see an out-of-network provider for medical services.

**This is included as part of the medical EOC only.**



## Formulary

The prescription drug coverage covers many of the most commonly prescribed generic and brand-name drugs. These are listed in the plan's formulary.

You'll find the formulary online at **CONY.AetnaMedicare.com**



## Healthy Home Visit

You'll soon hear from an Aetna representative to schedule your Healthy Home Visit. Through the Healthy Home Visit program, a licensed doctor or nurse comes to your home to review your health needs, do a home assessment, review your medications and ask about your medical and family history.



# Aetna disclaimers

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

SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the Plan depends on Medicare contract renewal.

Every year, Medicare evaluates plans based on a 5-star rating system.

The formulary, provider and/or pharmacy 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.

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.

For accommodation of persons with special needs at meetings, call **1-855-648-0389 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved.

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

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week). If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

Medicare rules don't allow earned rewards to be used for Medicare-covered goods or services, including medical or prescription drug out-of-pocket costs. Earned rewards may not be used to pay for medical copays, prescription costs, or any other Medicare covered good or services. Earned rewards may also not be used on alcohol, tobacco or firearms or be converted to cash.

Rewards earned may be considered taxable income. Please consult your tax adviser if you have any questions regarding the taxability of rewards.

The 2023 Aetna Healthy Rewards program is only applicable to certain MA and/or MAPD plans. Qualifying participants who are eligible to perform the program activities may earn rewards by completing all or some of the program activities. Rewards will be distributed to participants in the form of a gift card. Rewards for 2023 cannot be earned after 12/31/2023, which is the expiration date of the program. Participants should check the terms of their Evidence of Coverage (EOC) prior to participating in any program activities. Except as set forth in the EOC, Aetna shall not be responsible for any costs associated with, or arising from, a participant's performance of program activities. Your participation in Aetna Healthy Rewards program is voluntary and does not affect your benefits from your Aetna health plan. Eligibility is limited to the Aetna member that this communication was addressed to. Subject to benefits and eligibility verification.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-10 days. You can call **1-855-648-0389 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at [https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf).

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

繁體中文 (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。

## **Important information about your enrollment in a Medicare Advantage plan**

### **As an Aetna Medicare member, you agree to the following:**

Aetna Medicare is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare Advantage plan at a time and

The Aetna Medicare Advantage PPO plan serves a specific service area. If I move out of the area that the Aetna Medicare Advantage PPO plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of the Aetna Medicare Advantage PPO plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage from the Aetna Medicare Advantage PPO plan when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

**PPO plans:** I understand I can get care from doctors, specialists, or hospitals in or out of network. I understand that I can only get care from out of network providers who are eligible to participate in Medicare and agree to accept the Aetna Medicare Advantage plan. I understand that beginning on the date the Aetna Medicare Advantage plan coverage begins, I must get all of my health care consistent with my Aetna Medicare Evidence of Coverage (also known as the member contract or subscriber agreement). **WHEN REQUIRED BY THE PLAN, THE AETNA MEDICARE ADVANTAGE PLAN MAY NOT PAY FOR SERVICES WITHOUT AUTHORIZATION.**

### **Release of information**

By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that the Aetna Medicare Advantage plan will release my information to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information, I will be disenrolled from the plan.





## Here for you

We're here to help answer your questions, so you can feel confident about your Medicare coverage. Check out additional helpful resources on the next page.

# Important resources

Check out the helpful resources below.

## Aetna® Member Services

**1-855-648-0389 (TTY: 711)**

Monday–Friday, 8 AM–9 PM ET

**CONY.AetnaMedicare.com**

Want more information about the plans and available wellness programs? Visit **CONY.AetnaMedicare.com** or scan the QR code:



Open your  
phone's  
camera



Focus on the  
QR code



Tap the  
banner that  
appears

