

REFERRALS & PRIOR AUTHORIZATION

NaviNet | Phone: (888) 482-8057
EviCore (Radiology - Desert Rad)

FIND NETWORK PROVIDERS, SPECIALISTS AND HOSPITALS

www.aetnamedicare.com/findprovider

PHARMACY MANAGEMENT

Phone: (800) 238-6279

SPECIALTY PHARMACY

Phone: (866) 782-2779

FIND NETWORK PHARMACIES

www.aetnamedicare.com/findpharmacy

CLAIMS STATUS / CORRESPONDENCE

Requests for review must be submitted within 180 days of the Remittance Advice for denials, underpayment, etc.

Aetna Medicare
PO Box 981106
El Paso, TX 69998-1106

NEWSLETTERS, FORMS, EDUCATION & MANUALS

www.aetna.com/providers

Also included on Aetna.com/Providers:

Aetna Secure Provider Website
Payment and Claims
Aetna Dental
Check Fee Schedules
Check Precertification
Update Provider Data

MEMBER SERVICES

For any questions related to claims, benefits, eligibility or any patient related question, provide this number to the patient.

Phone: (800) 282-5336
(TTY: 711)

Hours: 8:00 A.M. -
8:00 P.M.

MON. - FRI. from
February 16, 2019 -
September 30, 2019

RESOURCES FOR LIVING

Consultants assist with management of daily needs.

1-866-370-4842
(TTY: 711)

8:00 A.M. - 6:00 P.M.

Referrals need to contain Member's name, DOB, Aetna ID number, phone number, need, name of person to contact, preferred date of outreach.

AETNA MEDICARE DISEASE MANAGEMENT PROGRAM

Member diagnosed with one of the four main conditions (DM, CVA, CVD, CHF)

Provide patient/member with the Medicare DM toll-free number: **1-866-269-4500, choose option #1**

Provider can fax referral to **1-860-754-5559**

Referrals need to contain Member's name, DOB, Aetna ID number, diagnosis, most recent lab values, referring physician name and provider group name clearly marked on referral form.

ANY QUESTIONS? CONTACT P3 PROVIDER RELATIONS

Phone:
(702) 444-0412

Email:
P3Networksolutions@P3HP.org

**Aetna Medicare Premiere Plan (HMO)
H4711-001**

Service Area	Clark & Nye
Network	Aetna
Monthly Plan Premium	\$0
PCP Referrals Required	Yes
Visitor/Travel Program	Seamless Network



GRP#: XXXXX
ID SAMPLE ID
 NAME JOHN Q SAMPLE
 RxBIN 610502 RxPCN MEDDAET
 RxGRP# RXAETD
 ISSUER (80840)

RX




PRINTED ON:

CMS- XXXXX XXX

BENEFITS

Annual Maximum Out of Pocket (MMOP) - In Network	\$3,4000
Annual Maximum Out-o-_Pocket (MOOP) - Combined	Not applicable
Annual Deductible for Medical Services	\$0
Primary Care Physician (PCP)	\$0
Specialist	\$35
Inpatient Hospital	\$125 per day, days 1-6; \$0 per day, days7-90 \$0 copay for additional days.
Outpatient Surgery - Outpatient Hospital	\$35-100
Outpatient Surgery - Ambulatory Surgery Center	\$50
Diagnostic Radiology & X-Rays	X-Rays: \$10 Diagnostic Radiology: \$0 - \$175
Lab Services	\$0
Urgent Care Facility	\$40
Emergency Room	\$120
Worldwide Coverage	\$120 - Emergency and urgent care
Ambulance/Emergency Transport	\$275
Vision Services - Routine Eye Exams	\$0 (one exam a year)
Vision Services - Contacts and Eyeglasses & Upgrades	\$125 allowance* every year No Network: Member reimbursement
Preventive Dental Services	\$600 allowance*
Comprehensive Dental Services (Non-Medicare Covered)	Allowance* included under preventive dental
Dental Network	No network; member reimbursement
Hearing Services - Hearing Aids	\$1,000 allowance*
Fitness Benefit	Silver Sneakers
Meals	14 meals over a 7-day period

Aetna Medicare Premiere Plan (HMO) H4711-001	
Service Area	Clark & Nye
Network	Aetna
Monthly Plan Premium	\$0
PCP Referrals Required	Yes
Visitor/Travel Program	Seamless Network



aetna™

GRP#: XXXXX
ID SAMPLE ID RX
NAME JOHN Q SAMPLE
 RxBIN 610502 RxPCN MEDDAET
 RxGRP# RXAETD
 ISSUER (80840)

Medicare[®]
 Prescription Drug Coverage

PRINTED ON: CMS- XXXXX XXX

BENEFITS	
OTC	\$75 Quarterly
Gap Coverage	Yes - Tier 1 & 2
Rx Deductible	\$0
Tier 1 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 30-day Retail: \$0 90-day Retail: \$0 90-day Mail Order: \$0
Tier 2 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 30-day Retail: \$0 90-day Retail: \$0 90-day Mail Order: \$0
Tier 3 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 30-day Retail: \$47 90-day Retail: \$141 90-day Mail Order: \$141
Tier 4 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 30-day Retail: \$100 90-day Retail: \$100 90-day Mail Order: \$300
Tier 5 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 33% N/A N/A

**Aetna Medicare Prime Plan (HMO)
H4711-002**

Service Area	Clark & Nye
Network	Aetna
Monthly Plan Premium	\$0
PCP Referrals Required	Yes
Visitor/Travel Program	Seamless Network



GRP#: XXXXX
ID SAMPLE ID
NAME JOHN Q SAMPLE
 RxBIN 610502 RxPCN MEDDAET
 RxGRP# RXAETD
 ISSUER (80840)

RX



PRINTED ON:

CMS- XXXXX XXX

BENEFITS

Annual Maximum Out of Pocket (MMOP) - In Network	\$1,500
Annual Maximum Out-of-Pocket (MOOP) - Combined	Not applicable
Annual Deductible for Medical Services	\$0
Primary Care Physician (PCP)	\$0
Specialist	\$0
Inpatient Hospital	\$0 per stay
Outpatient Surgery - Outpatient Hospital	\$0 - \$50
Outpatient Surgery - Ambulatory Surgery Center	\$0 - \$50
Diagnostic Radiology & X-Rays	X-Rays: \$0 Diagnostic Radiology: \$0 - \$100
Lab Services	\$0
Urgent Care Facility	\$40
Emergency Room	\$120
Worldwide Coverage	\$120 - Emergency and urgent care
Ambulance/Emergency Transport	\$275
Vision Services - Routine Eye Exams	\$0 (one exam a year)
Vision Services - Contacts and Eyeglasses & Upgrades	\$150 allowance* every year No Network: Member reimbursement
Preventive Dental Services	\$1,000 allowance*
Comprehensive Dental Services (Non-Medicare Covered)	Allowance* included under preventive dental
Dental Network	No network; member reimbursement
Hearing Services - Hearing Aids	\$1,250 allowance
Fitness Benefit	Silver Sneakers
Meals	14 meals over a 7-day period

**Aetna Medicare Prime Plan (HMO)
H4711-002**

Service Area	Clark & Nye
Network	Aetna
Monthly Plan Premium	\$0
PCP Referrals Required	Yes
Visitor/Travel Program	Not Applicable



GRP#: XXXXX
ID SAMPLE ID
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 RxBIN 610502 RxPCN MEDDAET
 RxGRP# RXAETD
 ISSUER (80840)

RX

MedicareRx
 Prescription Drug Coverage

PRINTED ON:

CMS- XXXXX XXX

BENEFITS

OTC	\$75 Quarterly
Gap Coverage	Yes - Tier 1 & 2
Rx Deductible	\$0
Tier 1 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 30-day Retail: \$0 90-day Retail: \$0 90-day Mail Order: \$0
Tier 2 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 30-day Retail: \$0 90-day Retail: \$0 90-day Mail Order: \$0
Tier 3 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 30-day Retail: \$47 90-day Retail: \$141 90-day Mail Order: \$141
Tier 4 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 30-day Retail: \$100 90-day Retail: \$100 90-day Mail Order: \$300
Tier 5 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 33% N/A N/A

Aetna Medicare Select Plan (PPO) H5521-055	
Service Area	Clark & Nye
Network	Aetna
Monthly Plan Premium	\$73
Out-of-Network Co-Insurance	40%
Visitor/Travel Program	Explorer



GRP#: XXXXX
ID SAMPLE ID RX
NAME JOHN Q SAMPLE
 RxBIN 610502 RxPCN MEDDAET
 RxGRP# RXAETD
 ISSUER (80840)

MedicareRx
Prescription Drug Coverage

PRINTED ON: CMS- XXXXX XXX

BENEFITS	
Annual Maximum Out of Pocket (MMOP) - In Network	\$5,500
Annual Maximum Out-of-Pocket (MOOP) - Combined	\$10,000
Annual Deductible for Medical Services	\$0
Primary Care Physician (PCP)	\$0
Specialist	\$35
Inpatient Hospital	\$325 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days
Outpatient Surgery - Outpatient Hospital	\$35-\$260
Outpatient Surgery - Ambulatory Surgery Center	\$260
Diagnostic Radiology & X-Rays	X-Rays: \$15 Diagnostic Radiology: \$0 - \$255
Lab Services	\$0
Urgent Care Facility	\$50
Emergency Room	\$90
Worldwide Coverage	\$90 - Emergency and urgent care
Ambulance/Emergency Transport	\$275
Vision Services - Routine Eye Exams	\$0 (one exam a year)
Vision Services - Contacts and Eyeglasses & Upgrades	\$150 allowance* every year No Network: Member reimbursement
Preventive Dental Services	\$750 allowance*
Comprehensive Dental Services (Non-Medicare Covered)	Allowance* included under preventive dental
Dental Network	No network; member reimbursement
Hearing Services - Hearing Aids	\$1,000 allowance
Fitness Benefit	Silver Sneakers
Meals	14 meals over a 7-day period

Aetna Medicare Select Plan (PPO) H5521-055	
Service Area	Clark & Nye
Network	Aetna
Monthly Plan Premium	\$73
Out-of-Network Co-Insurance	40%
Visitor/Travel Program	Explorer




GRP#: XXXXX
ID SAMPLE ID RX
NAME JOHN Q SAMPLE
 RxBIN 610502 RxPCN MEDDAET
 RxGRP# RXAETD
 ISSUER (80840)

MedicareRx
Prescription Drug Coverage

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BENEFITS	
OTC	\$30 Quarterly
Gap Coverage	Yes - Tier 1 & 2
Rx Deductible	\$250 Tiers 3-5
Tier 1 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 30-day Retail: \$0 90-day Retail: \$0 90-day Mail Order: \$0
Tier 2 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 30-day Retail: \$5 90-day Retail: \$15 90-day Mail Order: \$15
Tier 3 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 30-day Retail: \$47 90-day Retail: \$141 90-day Mail Order: \$141
Tier 4 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 30-day Retail: \$100 90-day Retail: \$300 90-day Mail Order: \$300
Tier 5 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30 day supply Retail Pharmacy: 90 day supply Mail Order: 90 day supply 	Preferred 28% N/A N/A

Aetna Medicare Premiere Plan (HMO) H4711-005	
Service Area	Carson City, Churchill, Douglas, Storey, & Washoe
Network	Aetna
Monthly Plan Premium	\$0
PCP Referrals Required	Yes
Visitor/Travel Program	Seamless




GRP#: XXXXX
ID SAMPLE ID RX
NAME JOHN Q SAMPLE
 RxBIN 610502 RxPCN MEDDAET
 RxGRP# RXAETD
 ISSUER (80840)

MedicareRx
Prescription Drug Coverage

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BENEFITS	
Annual Maximum Out of Pocket (MMOP) - In Network	\$3,900
Annual Maximum Out-of-Pocket (MOOP) - Combined	Not Applicable
Annual Deductible for Medical Services	\$0
Primary Care Physician (PCP)	\$0
Specialist	\$35
Inpatient Hospital	\$275 per day, days 1-6; \$0 per day, days 7-90 \$0 copay for additional days
Outpatient Surgery - Outpatient Hospital	\$35-\$300
Outpatient Surgery - Ambulatory Surgery Center	\$250
Diagnostic Radiology & X-Rays	X-Rays: \$10 Diagnostic Radiology: \$0 - \$125
Lab Services	\$0
Urgent Care Facility	\$50
Emergency Room	\$90
Worldwide Coverage	\$90 - Emergency and urgent care
Ambulance/Emergency Transport	\$260
Vision Services - Routine Eye Exams	\$0 (one exam a year)
Vision Services - Contacts and Eyeglasses & Upgrades	\$125 allowance* every year No Network: Member reimbursement
Preventive Dental Services	\$300 allowance*
Comprehensive Dental Services (Non-Medicare Covered)	Allowance* included under preventive dental
Dental Network	No Network; member reimbursement
Hearing Services - Hearing Aids	\$1,000 allowance
Fitness Benefit	Silver Sneakers
Meals	14 meals over a 7-day period

Aetna Medicare Premiere Plan (HMO) H4711-005	
Service Area	Carson City, Churchill, Douglas, Storey, & Washoe
Network	Aetna
Monthly Plan Premium	\$0
PCP Referrals Required	Yes
Visitor/Travel Program	Seamless



GRP#: XXXXX
ID SAMPLE ID
NAME JOHN Q SAMPLE
 RxBIN 610502 RxPCN MEDDAET
 RxGRP# RXAETD
 ISSUER (80840)

RX
MedicareRx
Prescription Drug Coverage

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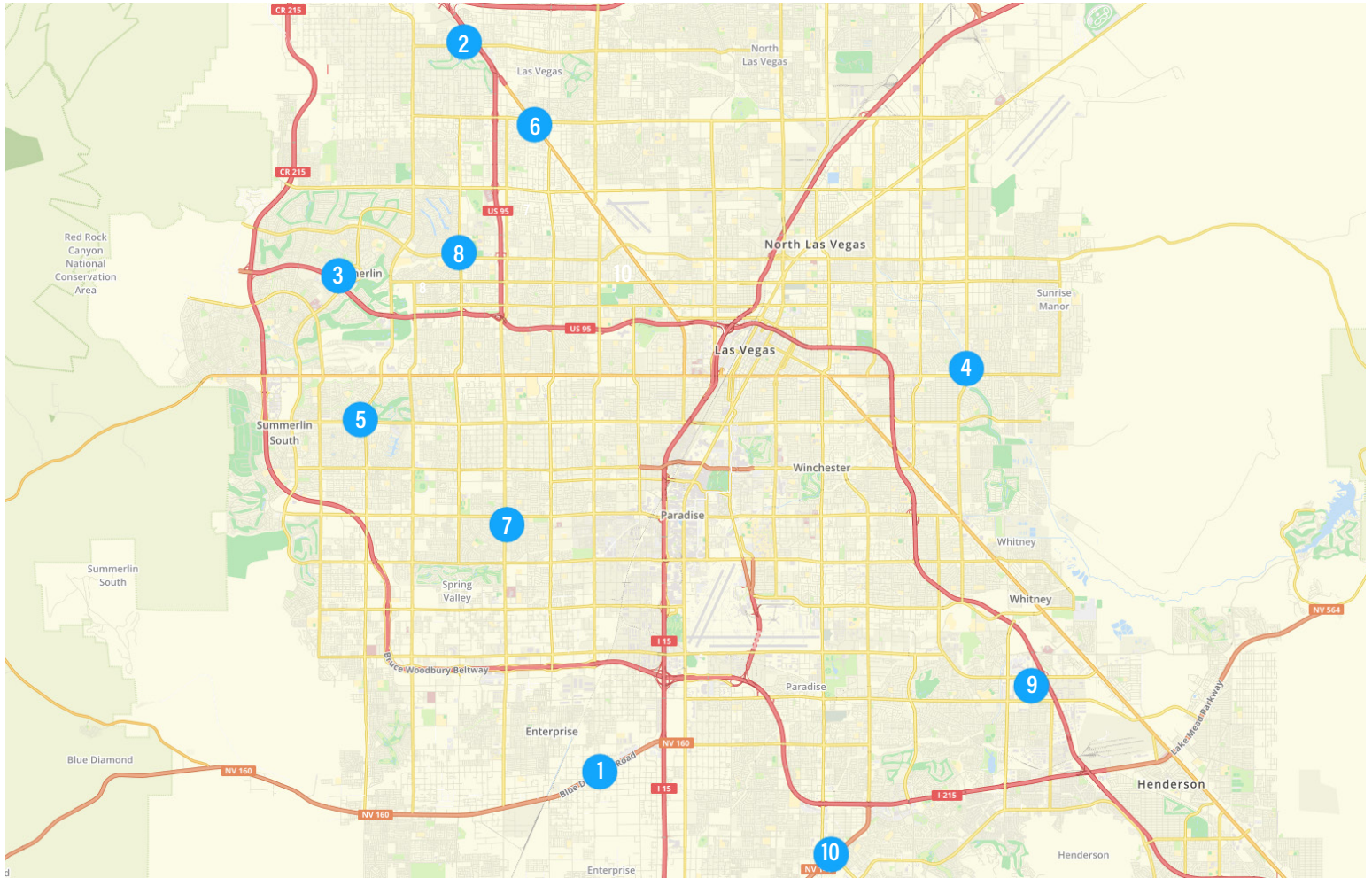
BENEFITS	
OTC	\$75 Quarterly
Gap Coverage	Yes - Tier 1 & 2
Rx Deductible	\$0
Tier 1 Drugs: <ul style="list-style-type: none"> • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply 	Preferred 30-day Retail: \$0 90-day Retail: \$0 90-day Mail Order: \$0
Tier 2 Drugs: <ul style="list-style-type: none"> • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply 	Preferred 30-day Retail: \$0 90-day Retail: \$0 90-day Mail Order: \$0
Tier 3 Drugs: <ul style="list-style-type: none"> • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply 	Preferred 30-day Retail: \$47 90-day Retail: \$141 90-day Mail Order: \$141
Tier 4 Drugs: <ul style="list-style-type: none"> • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply 	Preferred 30-day Retail: \$100 90-day Retail: \$300 90-day Mail Order: \$300
Tier 5 Drugs: <ul style="list-style-type: none"> • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply 	Preferred 33% N/A N/A

Laboratory	CPL, Quest, Lab Corp
Radiology	Desert Radiology, Steinberg Diagnostic
Home Health	Physician's Choice Home Health; Dynamic Health Care
Hospice	Nathan Adelson or Aviant
Preferred Glucometer	OneTouch by LifeScan
Mail Order Pharmacy	Aetna RX Home Delivery 800-641-6444 NPI: 14270968809
Meal Home Delivery Program	GA Foods Program
Health & Fitness Partner	Silver Sneakers (888) 423-4632 (TTY: 711) MON - FRI 8:00 A.M. - 8:00 P.M. EST silversneakers.com/Check
Dental	(800) 451-7715
Transplant Program	(877) 212-8811
Durable Medical Equipment (DME)	Preferred Home Care (702) 951-6900 Gable Distributes LLC (702) 489-2288 Bennett Medical Services (702) 382-4940 Principal Medical Equipment, Inc. (702) 384-2424

Important formulary tips
You can view our formularies at
[**www.aetnamedicare.com/formulary**](http://www.aetnamedicare.com/formulary)

Call
1-755-338-7027
(TTY: 711)

- | | | |
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| <p>Albertsons including:
ACME Pharmacy
Osco
Sav-on
Shaws
United Supermarkets of Texas</p> <p>Bartell Drugs</p> <p>BI-LO Pharmacy, including:
Harvey's
Win Dixie</p> <p>Big Y</p> <p>Brookshire Grocery Company, including Super 1 Foods</p> <p>Coborn's, including Cashwise</p> <p>Costco</p> <p>CVS Pharmacy, including:
Eaton Apothecary
Longs¹
Minute Clinics
Navarro
CVS at Target</p> <p>Dierbergs</p> <p>Discount Drug Mart</p> <p>fred's Pharmacy^{1,2}</p> <p>Giant Eagle
Harmon's Whole Health</p> | <p>H-E-B</p> <p>Hy-Vee</p> <p>Ingles Markets</p> <p>Kmart</p> <p>Kroger, including:
Bake's¹
City Market¹
Copps
Dillons¹
Fred Meyer
Fry's
Gerbes
Harris Teeter
Kessel
King Soopers
Kroger Sav-on
Mariano's
QFC
Pick 'n' Save
Ralph's¹
Roundy's
Scotts¹
Smith's¹</p> <p>Lewis Drugs</p> <p>Marc's</p> <p>Meijer, including Aureus PillPack</p> <p>Price Chopper¹
Publix</p> | <p>QuickChek</p> <p>Raley's, including Nob Hill Pharmacy</p> <p>Safeway, including:
Carrs¹
Haggen
Pavilions¹
Randalls¹
Tom Thumb
Vons</p> <p>Save Mart</p> <p>Schnucks Supermarkets</p> <p>Shopko</p> <p>ShopRite¹</p> <p>SUPERVALU, including:
Cub¹
Farm Fresh
Shop 'n Save</p> <p>Thrifty White^{1,3}</p> <p>Walmart²</p> <p>Wegman's</p> <p>Weis Markets</p> |
|--|--|---|



1 | Blue Diamond Quick Care Center

(702) 383-2300

4760 Blue Diamond Rd. #110
Las Vegas, NV 89139

4 | Nellis Quick Care Center

(702) 383-6240

61 North Nellis Blvd
Las Vegas, NV 89110

8 | Summerlin Quick Care Center

(702) 383-3750

2031 North Buffalo Dr.
Las Vegas, NV 89128

2 | Centennial Quick Care Center

(702) 383-6270

5785 Centennial Center Blvd. #190
Las Vegas, NV 89149

5 | Peccole Quick Care Center

(702) 383-3850

9320 West Sahara Ave.
Las Vegas, NV 89117

9 | Sunset Quick Care Center

(702) 383-2610

525 Marks St.
Henderson, NV 89014

3 | Enterprise Quick Care Center

(702) 646-0298

1700 Wheeler Peak St.
Las Vegas, NV 89106

6 | Rancho Quick Care Center

(702) 383-3800

4321 North Rancho Rd.
Las Vegas, NV 89130

10 | Advanced Urgent Care

(702) 361-2273

9975 South Eastern Ave. #110
Henderson, NV 89183

7 | Spring Valley Quick Care Center

(702) 383-3645