



Inspired
by you

Your Medicare Advantage plan handbook

aetna[®]

[aetnamedicare.com](https://www.aetnamedicare.com)

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Welcome

We're glad you chose Aetna for your Medicare plan. We created this handbook exclusively for members like you. And that means all of you — body, mind and spirit. Inside, you'll find useful information and tips to help you make the most of your Medicare plan. So you can make the most of the life you love.

Thanks again for being a valued member of the Aetna® family. **We're excited to help you fulfill your health goals.**

What's inside?



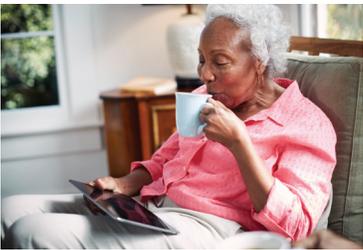
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Get started



Your health journey begins here.

Get off to a great start by following three easy steps.

1

Step 1: Know your plan coverage

You can find complete benefits information for your plan in your Evidence of Coverage (EOC). It has detailed information on your coverage, costs and rules you need to follow. You can view your EOC at aetnamedicare.com/benefits.

2

Step 2: Know your prescription drug coverage

Our prescription drug list — or formulary — shows:

- Medications we cover
- The tier a medication is on — generally, the lower the tier, the less you pay
- Medication requirements or limits
- Mail-order availability

The formulary also shows if there are any rules you need to follow before we cover your medicine. You can view your plan's formulary online at aetnamedicare.com/formulary.

3

Step 3: Know which providers are in your plan's network

Your plan has a network of doctors, hospitals and pharmacies. Sometimes, the networks can change, even throughout the year. It's always a good idea to check the network list before you get care. Register for or log in to your member website at aetnamedicare.com to find a doctor or pharmacy that accepts your plan. Remember, using a preferred lab for your lab work, like Quest, could save you money.

Find what you need online

We offer several online tools to help guide your health journey. Whether you want to access your member ID card, find a network pharmacy or look up your medications, we've got you covered. You have two primary online tools to help you. The first is your secure member website, which contains your personal information. The second is our Medicare website, which has your plan information.

What does each website include? See the chart below for help.

Secure member website	
How to log in or register for a new account	Use it to:
<ol style="list-style-type: none">1. Go to aetnamedicare.com.2. Select "For Members" in the top right corner.3. Select "Log in to our secure member website" in the drop-down menu.	<ul style="list-style-type: none">• Check your claims• View or request a new member ID card• Sign up to receive certain communications by email• Access wellness tools and available discount programs• See your electronic Explanation of Benefits (EOB) statements
Aetna Medicare website: aetnamedicare.com	
Use it to:	
<ul style="list-style-type: none">• See your plan's formulary, or list of prescription drugs we cover• View your EOC• View your flu shot benefits	<ul style="list-style-type: none">• Find forms like mail-order delivery, prescription drug claims forms and more• Find a network doctor, hospital or pharmacy

Help is a call away

Just call Member Services at the number on your member ID card. We're happy to help.

Other important phone numbers

The Resources For Living® program:
Call **1-866-370-4842 (TTY: 711)**,
Monday through Friday, 8 a.m. to 6 p.m.
for all continental U.S. time zones.

We can help connect you to resources in your community — from personal care to housekeeping, maintenance and more.

Ask a nurse 24/7

- Call **1-800-556-1555 (TTY: 711)** anytime.
- If you live in Florida and have a health maintenance organization (HMO) plan or a plan that covers your Medicare and Medicaid, also known as a Special Needs Plan (SNP), call **1-855-353-0840 (TTY: 711)** anytime.

Our Resources For Living® program

At Aetna, we believe getting the right help when you need it can lead to better health. It's called Resources For Living. It's designed to help you find a wide range of services in your area — from personal care, housekeeping and maintenance to caregiver relief and support, and so much more. All to help make life easier for you.

Call Resources For Living at **1-866-370-4842 (TTY: 711)** Monday through Friday, 8 a.m. to 6 p.m. for all continental U.S. time zones.

How can we help you?

Just call us and tell us what you're looking for and what's important to you. Our consultants will conduct research on your behalf and provide you with information on your request. We'll give you the referrals, but it's up to you to decide if you want to use the services. There's no cost to call Resources For Living, and we don't have financial relationships with the companies we refer you to.

Our life consultants are simply there to help you live your best independent and healthy life. We can help you find:

- Senior living options, short and long term
- Home-delivered meals
- Pet care services
- Caregiver support groups
- Emergency response systems
- Adult day care programs
- In-home care agencies
- Local senior centers
- Home cleaning agencies, and more

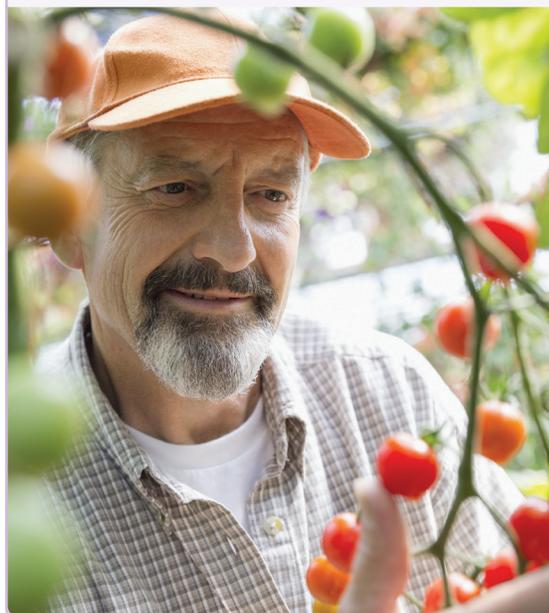
If you choose services that have costs associated with them, you'll be responsible for paying. But there's no cost to speak with Resources For Living.

*For illustrative purposes only.

How Resources For Living helped Stan*

Stan was interested in retirement living options for his next phase of life. But he didn't know where to start. Stan connected with a Resources For Living consultant. Together, they looked at retirement living options in Stan's community based on specific criteria Stan finds important.

The consultant set up time for an over-the-phone review of options in the area with Stan and his children. Stan's now in a better spot to decide which retirement lifestyle option is best for him. He's ready to take the next step.





Your care team



It's important to have a solid support system. And your primary care physician (PCP) plays a critical role in your care.

Why it matters

Your PCP can coordinate your care to help you better manage your health. They can help prevent almost 40 percent of emergency room (ER) visits and up to 17 percent of hospital stays.¹

¹Mostashari F, Sanghavi D, McClellan M. Health reform and physician-led accountable care: the paradox of primary care physician leadership. JAMA. 2014; 311 (18): 1855 – 1856. Available at: <https://jamanetwork.com/journals/jama/fullarticle/1861359>. Accessed August 28, 2018.

How your PCP helps you

Your PCP helps you build a plan to get healthy and stay healthy. Even if you're perfectly healthy, it's good to get the conversation started.

Your PCP:



Gets to know you and your medical history



Sees you for your annual wellness exam, including preventive screenings



Helps guide you on important health decisions



Can treat you when you're sick



Refers you to specialists and directs your care across other facilities in your network

How to find a PCP

Log in to or register for your member website at aetnamedicare.com.

Some plans require you to have a PCP on file with us. If your plan requires one, we'll select one for you if you don't pick one yourself. Check your EOC to see if your plan requires you to have a PCP.

Review your member ID card

- Is your PCP listed? If they are, you don't have to do anything.
- If you want to update your PCP information, just call us or log in to your member website. You'll get a new member ID card in about ten business days.

Get ready for your doctor visit

Make a list of things to talk to your doctor about before you go. Then write down your doctor's answers while you're there. That way, you can refer back to them after you leave the office.

Things to discuss include:

- Your medical history
- Your medicines (prescription and over the counter)
- Recent health changes
- Medicine side effects
- Suggested screenings and vaccines
- Changes to your daily routine or diet
- Major life events
- Prior authorizations required by your plan, such as imaging

Quick tip: What's prior authorization? Some services require your doctor to get approval from the plan before you get care. The approval tells you if the plan covers the service. Check your plan's EOC to see which services need prior authorization.

Behavioral health

Being healthy isn't just eating right and exercising. It's taking care of your mind as well. We're here to make sure you're feeling good physically **and** mentally.

If you need behavioral health services from a network provider, you can find their information at aetnamedicare.com/findprovider and contact them directly. You can also call the behavioral health number on your member ID card 24/7. We can help you find network providers including inpatient, residential and outpatient behavioral health services. We can also connect you to Medicare behavioral health case managers.

How to get behavioral health care after hours

We require our behavioral health care providers to provide or arrange for on-call coverage 24/7. If you're currently receiving behavioral health care and need services after regular office hours, please:

- Call your behavioral health care provider's office
- Identify yourself as our member (or friend or family member authorized on their behalf)
- Follow your provider's (or the on-call provider's) instructions

In a medical emergency, call 911. Or go to the nearest ER.

Urgent care vs. ER

Did you know?



1 in 4 ER visits can be treated at an urgent care center.²



An urgent care center can save you money.³



90% of patients who went to an urgent care center were in and out in an hour or less.⁴

²Weinick RM, Burns RM, Mehrotra A. How many emergency department visits could be managed at urgent care centers and retail clinics? *Health Affairs (Millwood)*. 2010; 29 (9): 1630 – 1636. Available at: ncbi.nlm.nih.gov/pmc/articles/PMC3412873/. Accessed August 30, 2018.

³Urgent Care Association of America. Urgent Care Association of America releases 2014 urgent care survey, shows major industry-wide expansion. PR Newswire. December 1, 2014. Available at: www.prnewswire.com/news-releases/urgent-care-association-of-america-releases-2014-urgent-care-survey-shows-major-industry-wide-expansion-300001736.html. Accessed August 28, 2018.

⁴Urgent Care Association of America. Benchmarking report summary 2016: headlines on growth. Available at: <http://c.yimcdn.com/sites/www.ucaoa.org/resource/resmgr/benchmarking/2016BenchmarkReport.pdf>. Accessed August 28, 2018.

If you're suddenly sick or injured, your first thought may be to head to the ER. But depending on your medical issue, the ER may not be your best choice. Urgent care facilities can offer a more convenient way to get quick care. Plus, going to an urgent care clinic instead of the ER can help you save money.



Urgent care center



ER

Options when you can't see your PCP

These centers offer treatment for non-life-threatening injuries or illnesses.

The ER offers treatment for serious injuries or illnesses.

When to go

If you need immediate care that isn't serious enough to go to an ER.

If you think your life or health is in serious danger.

Consider if you need treatment for:

- Allergies
- Coughing
- Upset stomach
- Sinus congestion
- Broken bones
- Sore throat
- Flu symptoms
- Pink eye
- Ear infections
- Cuts, bumps or sprains

Consider if you need treatment for:

- Difficulty breathing
- Loss of consciousness
- Severe burns
- Chest pain or suspected heart attack
- Severe bleeding
- Acute stomach pain
- Poisoning

Quick tip:

If you're away from home and need medical care, urgent care may be a good option.

Quick tip:

It usually costs more money to use an ER than to see your doctor or go to an urgent care center.

Advantages

- Convenience (you can walk in, and many accept appointments)
- Flexible hours (many are open late and have weekend hours)
- Faster treatment (you're often treated faster than in an ER)

- Offers emergency care
- Can treat more serious health issues
- Is usually open 24/7

Think twice

This may not be a good option if:

- You have chest pain (go to the ER)
- You need a prescription refilled
- You need preventive care

This may not be a good option if:

- You have symptoms that can be treated in a non-emergency care setting

In the event of a medical emergency, call 911 or go to the closest ER. The options in this material aren't a complete list of where you can get care.



Your prescription coverage



Have a new prescription? Need to find a pharmacy?
We've got you covered.



You have access to over **65,000** pharmacies in our nationwide network.

Did you know?

Generics generally cost less and are just as safe and effective as brand-name medicines. Check with your doctor to see if a generic prescription drug is right for you.



Quick tip: You can search for a network pharmacy, including a preferred pharmacy.* Visit aetnamedicare.com/findpharmacy to find one. Or just call us. We're here to help.

*Not all plans include a preferred pharmacy network.



Find a network pharmacy near you

With limited exceptions, you must use a network pharmacy for your prescription drug coverage. To find a pharmacy in your network, visit aetnamedicare.com/findpharmacy.

Some of our plans have preferred pharmacies in their networks. Using a preferred pharmacy for your prescription drugs may help you save money. Check your EOC to see if your plan offers a preferred pharmacy benefit.



Ask your doctor for a 90-day supply of medicine

Are there medicines you take every day to maintain your health? A 90-day supply* may mean:

- Less chance you'll forget to refill your prescription
- Fewer trips to the pharmacy



Get your medicine delivered to your door with the Aetna Rx Home Delivery® pharmacy

Your plan has a home delivery option for prescription drugs. It's a service for medications you take regularly — also called “maintenance” medications. You might be taking them for chronic conditions, like arthritis, high cholesterol and others. Learn more at aetnamedicare.com/rxdelivery, or call us at the number on your member ID card.

- Get more: Depending on your plan, you can get up to a 90-day supply of medicine.* And standard shipping is always free.
- Save time: Refill your prescriptions just once every three months — with no trips to the pharmacy. You can reorder online, by phone or by mail.
- Don't worry: Registered pharmacists check all orders for accuracy. Your medicine is securely packed, then mailed quickly to your home. If you have an emergency, you can call our pharmacists anytime.

Quick tip: Ask your doctor to send an electronic prescription (e-prescribe) to Aetna Rx Home Delivery. Give your doctor this number NPI:1033185186 to send your prescription to us.

*Federal or state limitations may apply.



Aetna Specialty Pharmacy® services provide extra support for complex medical conditions

Specialty medicines help people with complex conditions. These medicines often require special shipping or storage. With Aetna Specialty Pharmacy medicine and support services, you'll get reliable and secure delivery to your home** or another location you choose. And there's no extra cost. To learn more, call **1-866-782-2779 (TTY: 1-877-833-2779)**. You can talk with someone 24/7. Or visit aetnaspecialtyrx.com.



Why tiers matter: Check what your prescription drugs will cost you

To check the cost of your drug, you need to know what tier it's on. Your formulary tells you the tier. Generally, the lower the tier, the less you pay. Talk to your doctor about covered alternatives on a lower tier. Bring your formulary along. Your EOC shows you the drug cost for each tier.

**This service is different than Aetna Rx Home Delivery.



Formulary 101

How to read a formulary (drug list)

Your formulary is the key to helping you understand:

- The drug(s) covered by your plan
- The tier level of each drug — drugs in different tiers may have different costs
- Any special rules that you'll need to follow to have certain drugs covered — like prior authorization, quantity limit or step therapy

Locate your formulary

Find it at aetnamedicare.com/formulary.

Your formulary will include a table similar to this one:

Drug name	Drug tier	Requirements/limits
<i>sample_drug</i>	1	MO
SAMPLE_DRUG	4	QL (30 EA per 30 days) MO

You'll notice drug names are either in ***italics*** or **CAPITAL** letters. These mean:

- ***Italics*** — generic drugs that generally have lower copays and costs
- **CAPITALS** — brand-name drugs that generally have higher copays and costs

What does MO mean?

MO stands for mail order. The presence of MO in the formulary informs you the drug is available for up to a 90-day supply through Aetna Rx Home Delivery.

Find your prescription drugs

There are two ways to find drugs in the formulary:

- Search by **category**. For example, omeprazole is under "Gastrointestinal agents."

- Search by name in the **index**. The drugs in this section are listed alphabetically.

Check if your drugs have coverage rules

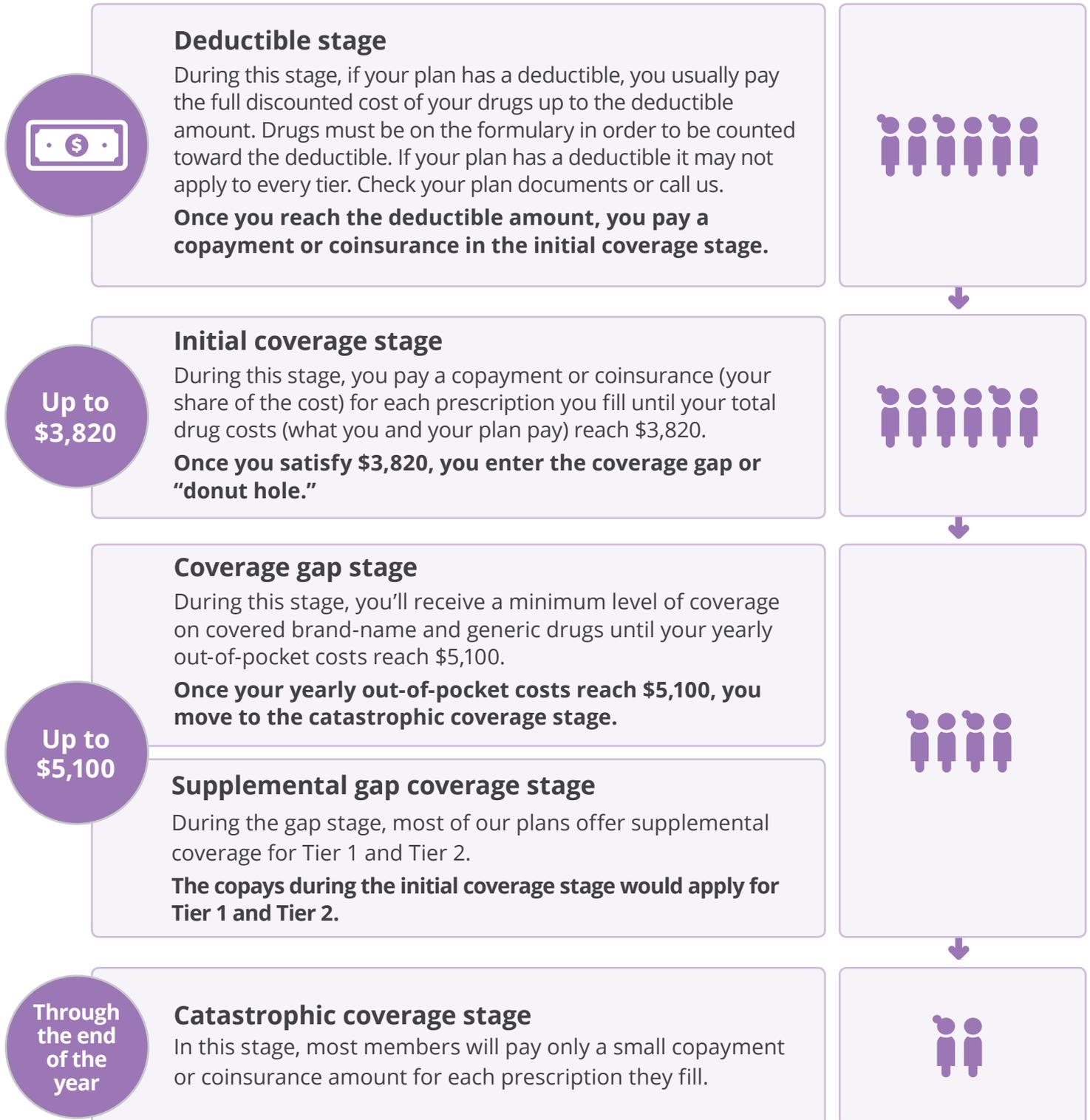
For some drugs, you have to follow special rules before we can cover them. If a drug has a special rule, talk with your doctor about your options.

- **Step therapy:** You'll need to try certain drugs first before we'll cover another option. A drug like this will have "ST" in the "Requirements/limits" column.
- **Prior authorization:** Your doctor needs to get approval from us before we cover the drug. A drug like this will have "PA" in the "Requirements/limits" column.
- **Quantity limit:** There is a limit on the amount of the drug that we cover. A drug like this will have "QL" in the "Requirements/limits" column.

Quick tip: Reference your formulary when you work with your doctor.

It can help your doctor prescribe drugs covered by your plan. You can find your formulary online at aetnamedicare.com/formulary.

Understanding drug payment stages*



Have questions about drug payment stages? Just call us. We’re here to help.

*See EOC for more details.



Your preventive care plan



Stay healthy and keep moving forward on your health ambitions by getting routine and preventive care. This includes getting your annual physical exam, annual wellness exam, health screenings and tests, and vaccinations. How do you create your preventive care plan? Just call your PCP and schedule your visits. They can help you put a preventive care plan in place.



Preventive care reminders

We're your partner in health. We'll send you reminders to get certain services, depending on your care needs, like:

- Blood pressure and cholesterol screenings
- Vaccines, like for the flu
- Mammograms
- Cervical cancer and colorectal screenings

Routine Ob/Gyn exams

Female plan members can go straight to an obstetrician/gynecologist (Ob/Gyn) for their routine Pap smear and pelvic exam. Medicare covers these exams.

Fitness at your fingertips

There's no extra cost to get healthy with the SilverSneakers® fitness program

Exercise doesn't always have to be expensive or boring. It can be fun and provide many benefits like improving your mood, maintaining a healthy weight and more. Get a jump start on your health with your SilverSneakers fitness benefit.

With your SilverSneakers benefit, you can:

- Join a participating SilverSneakers fitness location, at no extra cost to you, in places across the U.S.
- Pick more than one fitness location — anywhere, anytime
- Make new friends and enjoy getting healthier together
- Be more flexible and have better balance
- Improve your memory and think more clearly
- Enjoy access to classes, pools, exercise equipment and more, where available

Designed for all levels and abilities, the SilverSneakers fitness benefit gives you access to fitness equipment, group exercise classes and more at over 14,000 participating SilverSneakers locations nationwide. Getting started is as easy as 1-2-3.

1

Go to **silversneakers.com** to get your SilverSneakers ID number.

2

Take your SilverSneakers ID number to your nearest participating SilverSneakers network facility, or simply show your Aetna ID card or provide the facility with your name and date of birth.

3

Get started on your fitness goals.

If a traditional gym isn't your style, you can also try SilverSneakers FLEX® classes offered at retirement communities, parks and recreation centers.

Visit **silversneakers.com** to find a location near you.



Your personal care



We're your partner on your health journey. It's our job to help you achieve your best health — however you define it. One way we do this is by offering support programs tailored to your health needs.



Healthy home visits

If you choose to participate, a licensed health care professional will come to your home to review your health needs and do a home safety assessment. They'll also review your medicines and ask about your medical history. During the visit, the licensed health care professional may recommend services that we offer to support you on your healthy journey. For continued coordination of care, we communicate the results of your visit with your PCP on file.

Case management services

Case management programs are for people who need extra assistance and support. If you qualify, we'll assign you a case manager. This person will work with you and your physicians to support your care plan. Some of the case management programs include:

Readmission avoidance program

- We can help you avoid another hospital stay.

Comorbid condition management program

- We can help those with multiple medical conditions.

Compassionate care program

- We'll provide an extra layer of support to members with Advanced Illness.

Meals at Home

Some of our plans offer a Meals at Home program. Because after a hospital stay, you need to focus on your recovery, not what to cook for dinner each night. That's why we offer the convenience of home-delivered meals — all at no extra cost. Through our Meals at Home program, we partner with GA Foods to bring nutritious SunMeadow® meals right to your door. So you can get back to doing what you love most. Save your energy for the healing process — we've got the kitchen covered. Check your EOC to see if your plan offers this program.

Call a registered nurse anytime

Sometimes you need a quick answer to a health question. Maybe your concern can't wait until you see your doctor. You can talk to our registered nurses day or night to get help with:

- Deciding whether to visit a doctor or urgent care center
- Understanding your symptoms
- Managing chronic conditions
- Learning about treatment options and medical procedures

YOUR PERSONAL CARE

Get your questions answered

- Call **1-800-556-1555 (TTY: 711)** anytime.
- **Florida residents:** If you have a health maintenance organization (HMO) plan or a plan that covers your Medicare and Medicaid (Special Needs Plan), call **1-855-353-0840 (TTY: 711)** anytime.

Medication therapy management

Our medication therapy management (MTM) program helps you and your doctor manage your medicines. If you qualify for the program, a pharmacist will review your medicines and talk with you about:

- How to get the most benefit from the drugs you take
- Any side effects or reactions
- Any questions or concerns you have
- Options that may help you save money

If you qualify, we'll automatically enroll you in the program. Participation is voluntary. You can opt out of the program at any time.

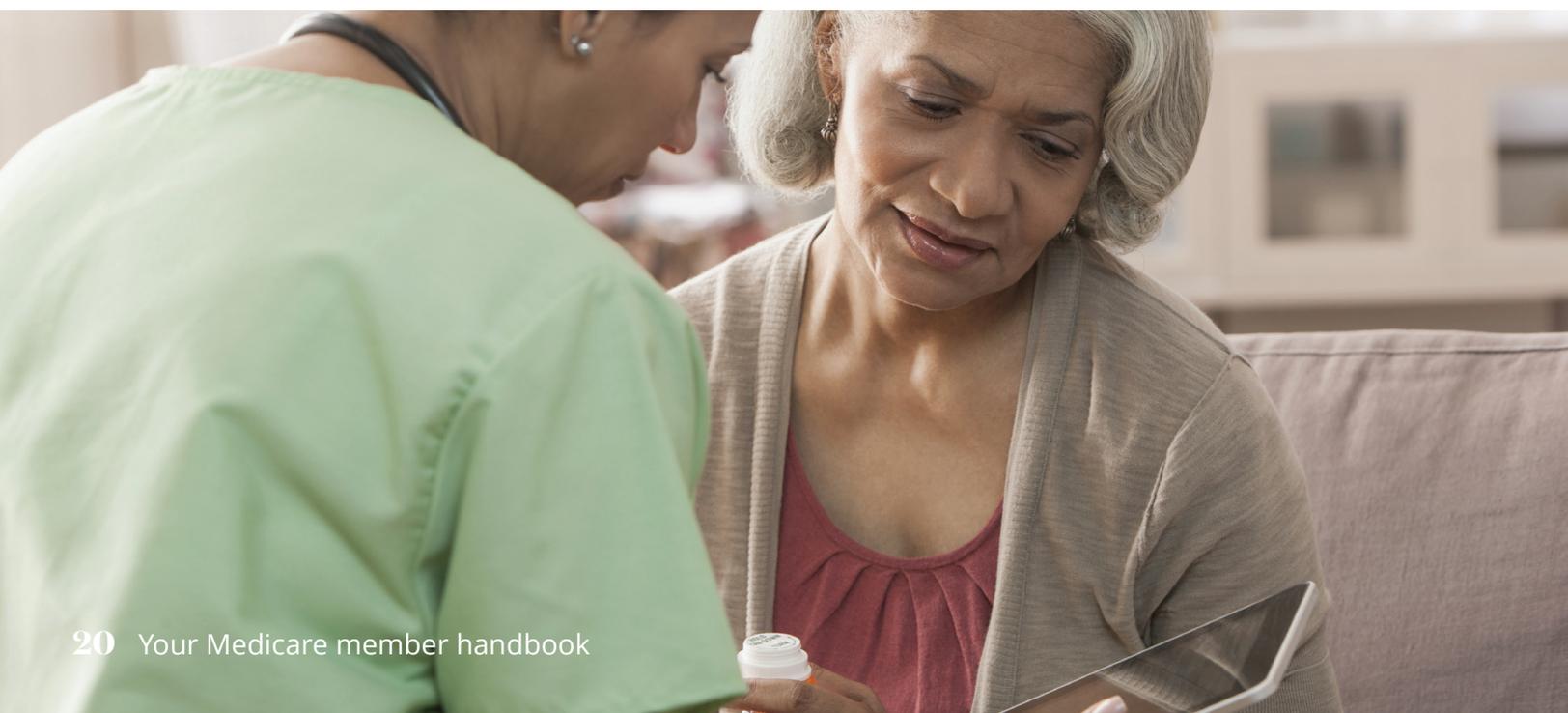
How the program works

Once in the program, you're offered a comprehensive medication review. It includes several steps:

1. A pharmacist from your plan reviews all your medicines to see if there are any drug therapy issues.
2. If needed, the pharmacist will work with your doctor to resolve any drug therapy issues.
3. The pharmacist will talk with you over the phone or in person at your local pharmacy. They'll review your current medicines (both prescription and over the counter) and your medical conditions. This will take about 30 minutes.
4. The pharmacist will give you a personal medicine list and an action plan to help you manage your medicines. Be sure to share this information with your doctor.

What does it cost?

There's no added cost to be in our MTM program. If you qualify, we'll automatically enroll you in the program. Participation is voluntary. You can opt out of the program at any time.



Disease management program

If you have certain health conditions, like diabetes, we offer a disease management program just for you. This program is designed to help you understand your condition and follow your doctor's treatment plan. If you qualify, you'll get:

- A total health perspective — we see people as people, not conditions. This holistic approach helps us deliver a helpful combination of information and support.
- Personal attention — you'll have access to registered nurses to answer questions about your conditions and treatment.

OneTouch® by LifeScan is our exclusive diabetes supply vendor

If you have diabetes, you know how quickly the costs can add up. All the medicines, test strips and other supplies needed to control and monitor blood glucose can be expensive. We've got great news — you can get OneTouch by LifeScan blood glucose meters and test strips at no extra cost.

What does this mean for you?

As our member, you can get OneTouch by LifeScan blood glucose meters and test strips at no extra cost. We cover the OneTouch Verio®, OneTouch Ultra® and OneTouch UltraMini® glucose meters and test strips.

It's easy to get your OneTouch by LifeScan meter

You can get your OneTouch meter at no extra charge, 24/7. Simply go to onetouch.orderpoints.com or call **1-877-764-5390**. You can use order code 123AET200. Work with your doctor to get a prescription for additional LifeScan test strips, which you can fill at any network pharmacy. You'll get up to 100 test strips per month at no extra cost to you.

Along with the OneTouch by LifeScan meter, your first kit includes:

- Ten test strips
- Educational materials

Are there any exceptions?

We generally won't cover other brands of meters and test strips unless you or your doctor requests a medical exception. If your request is approved, you may have a 20 percent coinsurance for non-LifeScan diabetes supplies. That means you may pay 20 percent of the costs, and we'll cover the rest.

Quick tip: Your EOC lists the diabetes supplies covered by your plan.

Insurance 101

Key terms

Coinsurance

This is the amount you may have to pay for your share of services. Coinsurance is usually a percentage (for example, 20 percent).

Copayment (or copay)

This is the amount you may have to pay for your share of services. Copays are usually a set amount (for example, \$10 for a prescription drug or \$20 for a doctor visit).

Cost sharing

These are amounts that your plan may require you to pay for your care. Examples of cost sharing can include deductibles, copays or coinsurance.

Deductible

This is the amount some plans require you to pay for covered services before the plan starts to pay.

Maximum out-of-pocket amount

This is the most you'll pay in a year for certain health services. See your EOC for more information, including the maximum amount you'll pay.

Premium

This is the amount you pay your plan for coverage.

True out-of-pocket (TrOOP) cost

This is the amount you pay for covered Part D drugs that counts toward your drug plan's out-of-pocket threshold. Your yearly deductible, coinsurance or copayments, and what you pay in the coverage gap all count toward this out-of-pocket limit. The limit doesn't include the drug plan's premium.

Your healthy goals checklist

What motivates you to be your best? How do you overcome obstacles? What inspires you?

We all have different ways of tackling our healthy goals. Research shows that you become 42 percent more likely to achieve your goals and dreams by simply writing them down on a regular basis.⁵

So take a moment to jot down your healthy goals. It could be something as simple as “I want to start taking yoga.” or “I want to get seven to eight hours of sleep every night.”

Have a wedding coming up? Maybe you want to add 30 minutes of brisk walking a day so you’ll feel energized to dance the night away.

Are you a lifelong runner? Or just trying something new with your doctor’s approval? Set a goal to participate in a 5K walk or run in your neighborhood.

Feeling like your fridge is getting a little stale? Make a healthy choice to cook more at home throughout the week.

There’s no healthy goal too big or small. And we’ll be there to help you every step of the way!

⁵Morrissey, Mary. The power of writing down your goals and dreams. The Huffington Post. December 6, 2017. Available at: huffingtonpost.com/marymorrissey/the-power-of-writing-down_b_12002348.html. Accessed August 16, 2018.

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

This information is not a complete description of benefits. Call the phone number on your member ID card for more information.

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

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 – 14 days. You can call the phone number on your member ID card if you do not receive your mail-order drugs within this timeframe.

Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Aetna Medicare’s pharmacy network includes limited lower cost, preferred pharmacies in: rural Missouri, rural Maine and rural South Dakota. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call the number on your ID card or consult the online pharmacy directory at [aetnamedicare.com/pharmacyhelp](https://www.aetnamedicare.com/pharmacyhelp).

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.



[aetnamedicare.com](https://www.aetnamedicare.com)