



Our members come first

Continuity of Care

A change in health plan shouldn't mean a change in care

Here's what you need to know about transitioning to your Aetna plan

We understand that changing plans when you're in the middle of a health care treatment or facing surgery might be worrisome. So we're here to help. We want your transition to be smooth. Our continuity of care nurse team will support you by:

- Answering questions you may have about any ongoing or complex care as you start your new plan.
- Assisting with coordination of services and connecting you with an Aetna Care Management nurse.

Read on to learn more about the resources available to you to ensure that your care needs are met as you transition to your Aetna Medicare Advantage plan.

We want to make your transition to Aetna as smooth as possible.

You can speak with us about this or any other questions or concerns you may have about your new health plan coverage. Just call **1-800-307-4830 (TTY: 711)**, Monday through Friday, 8 AM to 9 PM ET.

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We want to make your transition to Aetna as smooth as possible. In addition, you have access to our Continuity of Care advocates who will support you throughout this transition.

Nurse support: your personal advocates

We know the health care system can be complicated. Speaking with someone who really knows about health care issues can put your mind at ease. If you're currently receiving care for a chronic condition (e.g., heart disease, oncology care, lung disease), or facing an imminent surgery, our care advocacy programs can help. An Aetna nurse is here for you when you need it most. For example, when you're:

- Planning for or coming home from a hospital stay
- Managing a medical condition, such as asthma or diabetes
- Coordinating complex medical treatment among different doctors, hospitals, labs and other health care providers

What to expect next

1. Complete the Continuity of Care form that you will receive in the mail and mail it back to the address listed in the instructions. You may call Aetna directly at **1-800-307-4830 (TTY: 711)**, Monday – Friday, 8 AM to 9 PM ET, if you have questions about the form or any other health care needs.
2. An Aetna nurse will contact you after your plan's start date. They will discuss your care needs and see how we can help you reach your health goals.
3. Your nurse will continue to follow up with you as needed to make sure we support you and your doctors during this time.
4. We may call you to schedule a Healthy Home Visit and arrange for a nurse practitioner to visit you at home or do a virtual visit. They'll review your medical history, conduct a brief physical exam, and answer any questions that you may have. This is voluntary and doesn't replace your relationship with your regular doctor.

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 1-866-234-3129 (TTY: 711) for more information. 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. 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.

What if your doctor is not in the Aetna network?

With the Aetna Medicare Advantage plans, a doctor doesn't have to be in our network to see you. You have the freedom to see any licensed doctor or hospital, as long as they are eligible to receive Medicare payment and accept your plan.

If you choose the Aetna MedicareSM Premier Plan (PPO) with ESA, you have the same cost share for both in- and out-of-network providers. You'll pay the same cost for any doctor or hospital, according to the costs listed on your plan benefits summary.

If you choose the Aetna MedicareSM Basic Plan (PPO), you will likely pay more for an out-of-network provider. We can help you find an in-network provider if needed.

Our Aetna team will work with you to make sure your benefits are applied correctly. We're here to ensure your transition is smooth while you focus on your health.