



Aetna  
PO Box 30017  
Pittsburgh, PA 15222-0330

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02/12/2024



Important plan information

## Your health care provider is leaving our network

As of **04/01/2024**, the provider below will no longer be in our network.

Thazin Saw  
**(718) 780-3000**

### What this means for you:

**If your plan requires you to use a network provider**, you won't be able to use this provider starting **04/01/2024**.

**If your plan allows you to use out of network providers**, you can still use this provider. But your out-of-pocket costs may be higher.

**If this provider is your primary care physician (PCP)**, and your plan requires you to have a PCP, we may select one for you. If we do, you will get a new id card. Need to change your PCP? Give us a call.

If you need help with how this change impacts you, call us. We can help explain it. Call Member Services at **1-888-267-2637 (TTY: 711)**. We are available 8 a.m. to 9 p.m. EST, Monday through Friday.

### How to continue your care

Are you in active treatment for a chronic or acute medical condition? You may qualify for "continuation of care." This means we may cover you at the in-network rate if you're already in a treatment course with this provider.

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Form (02/24) 1 of 3



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You and your doctor must complete our Transition of Coverage Request form and send it to us **no later than 90 days after 04/01/2024**. You can get a copy of the form by calling us.

If you need help finding a network provider, call us. Or visit [www.aetnamedicare.com/findprovider](http://www.aetnamedicare.com/findprovider) to access our online directory.

If you want a Provider Directory mailed to you, go to [www.aetnamedicare.com/requestdirectory](http://www.aetnamedicare.com/requestdirectory). Or call us. You'll need to provide your full name and member ID to submit a request for a directory.

### Call us with questions

Have questions about your plan? We're here to help. You can call Member Services at **1-888-267-2637 (TTY: 711)**. We are available 8 a.m. to 9 p.m. EST, Monday through Friday.

### If you want to change Medicare Advantage plans

There are three situations where you can change Medicare Advantage Plans:

- **Medicare Advantage Open Enrollment Period** — This period takes place from January 1 through March 31 annually. It allows individuals enrolled in a Medicare Advantage plan to make a one-time election. They can go to either another Medicare Advantage plan with or without prescription drug coverage or Original Medicare.
- **Annual Enrollment Period** — Anyone eligible for Medicare can make changes to their coverage and enroll in a Medicare plan each year, from October 15 to December 7.
- **Special Election Period (SEP)** — This enables a switch or drop of a Medicare Advantage plan outside the basic enrollment periods. To qualify for an SEP, certain events must occur that require you to change your coverage. You will need to contact Medicare directly at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, 7 days a week for information and to see if you qualify. TTY users should call **1-877-486-2048**.

Participating 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 complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Out-of-network/non-contract 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.

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。