Aetna Medicare Advantage plans

Quick reference guide

The summary below explains how our Aetna Medicare Advantage plans work with primary care physician (PCP) selection, referrals and out-of-network benefits.

Aetna Medicare HMO plans and
Aetna Medicare HMO Prime plans

• Patients must choose and use a participating PCP.
• Patients must get referrals from their PCP before getting nonemergency care from other participating providers.
Exception: Behavioral health routine outpatient visits.
• Services received outside of our participating provider network are not covered, except emergency care, out-of-area urgent and emergency care, and out-of-area renal dialysis — unless approved by us prior to receiving services.

Aetna Medicare HMO plans with open access

• Patients are encouraged, but not required, to choose and use a participating PCP.
• PCP referrals are not required.
• Services received outside of our participating provider network are not covered, except emergency care, out-of-area urgent and emergency care, and out-of-area renal dialysis — unless approved by us prior to receiving services.

Aetna Medicare PPO plans and
Aetna Medicare PPO Prime plans

• Patients are encouraged, but not required, to choose and use a participating PCP.
• PCP referrals are not required.
• Patients receiving covered services from a nonparticipating provider are subject to out-of-network deductibles and coinsurance and to potential balance billing.

Visit the Provider Education and Manuals page for more information. If you need Provider Services, call 1-800-624-0756 (TTY: 711) for all Aetna Medicare Advantage plans.

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Contracted Medicare providers must complete an annual Medicare Compliance Attestation by December 31 of each year.

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