



Get ready for 2024

The Centers for Medicare & Medicaid Services (CMS) requires us to notify you of an administrative change to your Aetna Medicare Advantage PPO plan effective January 1, 2024. STRS Ohio's current Aetna Medicare Plan is offered under CMS contract H5521 and will be changing to H5522. This change is administrative only and will not impact your coverage, plan programs or provider network. However, you will receive a new ID card. **No action is needed to remain enrolled in STRS Ohio's Aetna Medicare Plan for 2024.**

Note: The information below about being enrolled in another Aetna Medicare Plan applies to this contract change only. You will still be covered by STRS Ohio's Aetna Medicare Plan in 2024.

We are enrolling you in another Aetna Medicare Plan as your retiree health benefit plan beginning January 1, 2024, unless you tell us by December 31, 2023 that you don't want to remain covered by Aetna Medicare and be in your retiree plan. The Aetna Medicare Plan is a Medicare Advantage plan. You will be automatically enrolled into your new plan and this enrollment will automatically cancel your enrollment in the previous Aetna Medicare Advantage plan. Please call us at the number on your ID card if you think you might be enrolled in a different Medicare Advantage plan or a Medicare prescription drug plan.

Again, you don't need to take any action if you would like to continue your current coverage.

Look for your new member ID card

We'll mail it closer to the end of the year. You can start using it January 1, 2024. (Be sure to share it with your doctor, hospital and pharmacy, too.) Until then, keep using your current member ID card.

What do I need to know as a member of the Aetna Medicare Plan?

This mailing includes important information about this plan and the coverage it offers, including information on how to access a Summary of Benefits document. Please review this information carefully. To be enrolled in this Medicare health plan, you don't have to do anything, and your enrollment for 2024 will automatically begin on January 1, 2024.

As a member of the Aetna Medicare Plan, you have the right to appeal plan decisions about payment or services if you disagree.

Be sure to review your 2024 Evidence of Coverage, too. You can access it online. The enclosed Plan Document Notice tells you how. Your Evidence of Coverage will help you to understand which rules you must follow to get coverage with this Medicare Advantage Plan. Enrollment in this plan is generally for the entire year.

You can only be in one Medicare Advantage plan at a time.

OMB Approval 0938-1051 (Expires: February 29, 2024)
GRP_ANOC_2024_L6_31796-5_34827-3
Master Plan ID: 0000520, 0015110
State Teachers Retirement System of Ohio

By joining this Medicare health plan, you acknowledge that the Medicare health plan will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that the Medicare health plan will release your information to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.

What happens if I don't want to continue my Aetna Medicare coverage in 2024?

You aren't required to be enrolled in this plan. You can decide to join a different Medicare plan. If you would like to discuss your options, please call the STRS Service Center at **1-888-227-7877**. You can also call **1-800-MEDICARE** anytime, 24 hours a day, 7 days a week for more information. To request to not be enrolled by this process, call your dedicated Aetna Member Services Center at **1-833-383-4612** which is available Monday-Friday, 8 AM-9 PM ET.

Remember that if you leave this plan and don't have creditable prescription drug coverage (as good as Medicare's prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

For any questions about this letter, please call the number on your ID card.

Thank you.

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.

Aetna Medicare Plan (PPO) offered by Aetna Medicare**Annual Notice of Changes for 2024**

You are currently enrolled as a member of Aetna Medicare Plan (PPO). Next year, there will be some changes to the plan's costs and benefits. **Please see page 6 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage* and the *Schedule of Cost Sharing*, which is located on our website at [STRS.AetnaMedicare.com](https://www.strs.aetna.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage* and/or *Schedule of Cost Sharing*.

What to do now**1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals, and other providers will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices – Your coverage is offered through State Teachers Retirement System of Ohio (STRS Ohio)

It is important that you carefully consider your decision before changing your STRS Ohio coverage. If you disenroll from this Aetna Medicare Advantage plan, to join another Medicare Advantage plan, then your STRS Ohio plan benefits may be cancelled. Please contact STRS Ohio before you make a plan change.

- Contact STRS Ohio to see if there are other options available.
- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

3. CHOOSE: Decide whether you want to change your plan

- If you want to keep the same Aetna Medicare plan, STRS Ohio will give you instructions if there is any action you need to take to remain enrolled.
- You can change your coverage during STRS Ohio open enrollment period. STRS Ohio will tell you what other plan choices might be available to you under your group retiree coverage.
- You can switch to an individual Medicare health plan or to Original Medicare; however, this would mean dropping your group retiree coverage. As a member of a group Medicare plan, you are eligible for a special enrollment period if you leave STRS Ohio plan. This means that you can enroll in an individual Medicare health plan or Original Medicare at any time.

Additional Resources

- This document is available for free in Spanish. Este documento está disponible sin cargo en español.
- Please contact our Member Services at the telephone number on your member ID card or call our general Member Services at 1-833-383-4612 for additional information. (TTY users should call 711.) Hours are 8 AM to 9 PM ET, Monday through Friday. This call is free.
- This document may be available in other formats such as braille, large print or other alternate formats. Please contact Member Services for more information.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Aetna Medicare Plan (PPO)

- Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Aetna Medicare. When it says “plan” or “our plan,” it means Aetna Medicare Plan (PPO).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Aetna Medicare Plan (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Deductible	In-network: \$150	In-network: No Deductible
	Combined in-network and out-of-network deductible: \$500	Combined in-network and out-of-network deductible: \$500 except for insulin furnished through an item of durable medical equipment.
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	From network providers: \$1,500	From network providers: \$1,500
	From network and out-of-network providers combined: \$2,500	From network and out-of-network providers combined: \$2,500
Doctor office visits	<u>In-network:</u> Primary care visits: \$15 copay per visit.	<u>In-network:</u> Primary care visits: \$0 copay per visit.
	Specialist visits: \$25 copay per visit.	Specialist visits: \$25 copay per visit.
	<u>Out-of-network:</u> Primary care visits: \$40 copay per visit.	<u>Out-of-network:</u> Primary care visits: \$40 copay per visit.
	Specialist visits: \$55 copay per visit.	Specialist visits: \$55 copay per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	<u>In-network:</u> 4% per stay	<u>In-network:</u> 4% per stay
	<u>Out-of-network:</u> 8% per stay	<u>Out-of-network:</u> 8% per stay

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Premium

Your coverage is provided through a contract with STRS Ohio. STRS Ohio will provide you with information about your plan premium (if applicable).

You must also continue to pay your Medicare Part B premium.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket during the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles, if applicable) from network providers count toward your maximum out-of-pocket amount. Your plan premium (if applicable) does not count toward your maximum out-of-pocket amount.	\$1,500	\$1,500 Once you have paid \$1,500 out-of-pocket for covered services, you will pay nothing for your covered services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles, if applicable) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium (if applicable) does not count toward your maximum out-of-pocket amount.	\$2,500	\$2,500 Once you have paid \$2,500 out-of-pocket for covered services, you will pay nothing for your covered services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Updated directories are located on our website at [STRS.AetnaMedicare.com](https://www.strsaetna.com). You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you,

please contact Member Services so we may assist.

Section 1.4	Changes to Benefits and Costs for Medical Services
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We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
The annual deductible does not apply to the following services	The in-network deductible does not apply to the following services: Preventive services, Part B drugs, Continuous Glucose Monitors (CGM), diabetic supplies, diabetic eye exam, additional Medicare-covered preventive services, emergency room visits, emergency ambulance, urgent care, renal care, some Medicare-covered diagnostic tests and labs (Urine protein, Prothrombin testing, HBA1C, FIT Screening, Fundus Testing, gFOBT Testing and COVID lab tests), acupuncture (office visit only), wigs, MDLive, lab work and any services where a copayment is applied, excluding skilled nursing and home health services.	No in-network deductible
Continuous Glucose Monitors	Continuous Glucose Monitors can be obtained at participating DME providers.	You can get a Dexcom or FreeStyle Libre brand continuous glucose monitor and supplies at a participating pharmacy location or participating DME provider. If you choose any other brand, you can only use a participating DME provider. You will need a prescription to get your monitor and supplies.
Emergency transportation (worldwide)	Emergency transportation services (worldwide) are <u>not</u> covered.	You pay 4% of the total cost for each service. Cost sharing is <u>not</u> waived if you are admitted to the hospital.
Hearing aids	Hearing aids are <u>not</u> covered.	We will reimburse you up to \$1,000 once every 36 months.

Cost	2023 (this year)	2024 (next year)
In-home support services	In-Network: In-home support services are <u>not</u> covered.	In-Network: You pay a \$0 copay for 6 hours per discharge when eligible. Services are provided by The Helper Bees.
Primary care physician (PCP) services	In-Network: You pay a \$15 copay for each Medicare-covered service.	In-Network: You pay a \$0 copay for each Medicare-covered service.
Telehealth additional services — primary care physician (PCP)	In-Network: You pay a \$15 copay for each primary care physician service.	In-Network: You pay a \$0 copay for each primary care physician service.
The yearly deductible does not apply to these services	Out-of-Network: The annual combined (plan level) deductible does not apply to the following out-of-network services: Preventive services, additional Medicare covered preventive services, emergency room visits, emergency ambulance, urgent care and wigs.	Out-of-Network: The annual combined (plan level) deductible does not apply to the following out-of-network services: Preventive services, additional Medicare covered preventive services, Part B Insulin, emergency room visits, emergency ambulance, urgent care and wigs.
Transportation services (non-emergency)	Unlimited ESRD transportation services are <u>not</u> covered.	If you are diagnosed with ESRD, you get unlimited trips to covered medical appointments at \$0 copay. <ul style="list-style-type: none"> • Trips must be within 60 miles of provider location.
Wigs	You pay 4% of the total cost for wigs. <ul style="list-style-type: none"> • Wigs maximum allowance - \$300 • Wigs allowance frequency - every year 	You pay a \$0 copay for wigs. <ul style="list-style-type: none"> • Wigs maximum allowance - \$400 • Wigs allowance frequency - every year

SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
Contract change	Your plan for 2023 is on CMS contract H5521.	Your plan for 2024 will be on CMS contract H5522.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 If you want to stay in Aetna Medicare Plan (PPO)

STRS Ohio will tell you if you need to do anything to stay enrolled in your Aetna Medicare Plan.

Section 3.2 If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan. STRS Ohio will let you know what options are available to you under your group retiree coverage.
- You can switch to an individual Medicare health plan.
- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

It is important that you carefully consider your decision before changing your STRS Ohio coverage. If you disenroll from this Aetna Medicare Advantage plan, to join another Medicare Advantage plan, then your STRS Ohio plan benefits may be cancelled. Please contact STRS Ohio before you make a plan change.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Aetna Medicare Plan (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Aetna Medicare Plan (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - or -- Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

You may be able to change to a different plan during STRS Ohio open enrollment period. Your plan may allow you to make changes at other times as well. STRS Ohio will let you know what other plan options

may be available to you.

Are there other times of the year to make a change?

As a member of a group Medicare plan, you are eligible for a special enrollment period if you leave STRS Ohio plan. This means that you can enroll in an individual Medicare health plan or Original Medicare at any time during the year.

It is important that you carefully consider your decision before changing your STRS Ohio coverage. If you disenroll from this Aetna Medicare Advantage plan, to join another Medicare Advantage plan, then your STRS Ohio plan benefits may be cancelled. Please contact STRS Ohio before you make a plan change.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIP at the phone number in **Addendum A** at the back of the *Evidence of Coverage*.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Many states have a program called the State Pharmaceutical Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in **Addendum A** at the back of the *Evidence of Coverage*).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the AIDS Drug Assistance Program (ADAP) for your state. **Note:** To be eligible for the ADAP operating in your State, individuals must meet

certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP for your state (the name and phone number for this organization is in **Addendum A** at the back of the *Evidence of Coverage*).

SECTION 7 Questions?

Section 7.1 Getting Help from Aetna Medicare Plan (PPO)

Questions? We're here to help. Please call Member Services at the telephone number on your member ID card or call our general Member Services at 1-833-383-4612. (TTY only, call 711.) We are available for phone calls 8 AM to 9 PM ET, Monday through Friday. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* and the *Schedule of Cost Sharing* for Aetna Medicare Plan (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services. A copy of the *Evidence of Coverage* is located on our website at [STRS.AetnaMedicare.com](https://www.strs.aetna.com). The *Schedule of Cost Sharing* lists the out-of-pocket cost share for your plan; a copy is also located on the [STRS.AetnaMedicare.com](https://www.strs.aetna.com) website. You can request a mailed copy of either of these materials directly from the website or by calling Member Services.

Visit our Website

You can also visit our website at [STRS.AetnaMedicare.com](https://www.strs.aetna.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 7.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2024

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked

questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

See the *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.

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call 1- 877-486-2048), 24 hours a day/7 days a week). If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

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, your 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. Your health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, call Customer Service at the phone number 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.

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。

How we guard your privacy

What personal information is — and what it isn't

By “personal information,” we mean information that can be used to identify you. It can include financial and health information. It doesn't include what the public can easily see. For example, anyone can look at what your plan covers.

How we get information about you

We get information about you from many sources, including you. We also get information from your employer, other insurers, or health care providers like doctors.

When information is wrong

Do you think there's something wrong or missing in your personal information? You can ask us to change it. The law says we must do this in a timely way. If we disagree with your change, you can file an appeal. Information on how to file an appeal is on our member website. Or you can call the toll-free number on your ID card.

How we use this information

When the law allows us, we use your personal information both inside and outside our company. The law says we don't need to get your OK when we do. We may use it for your health care or use it to run our plans. We also may use your information when we pay claims or work with other insurers to pay claims. We may use it to make plan decisions, to do audits, or to study the quality of our work. This means we may share your information with doctors, dentists, pharmacies, hospitals or other caregivers. We also may share it with other insurers, vendors, government offices, or third-party administrators. But by law, all these parties must keep your information private.

When we need your permission

There are times when we do need your permission to disclose personal information. This is explained in our Notice of Privacy Practices, which took effect October 10, 2020. This notice clarifies how we use or disclose your Protected Health Information (PHI):

- For workers' compensation purposes
- As required by law
- About people who have died
- For organ donation
- To fulfill our obligations for individual access and HIPAA compliance and enforcement

To get a copy of this notice, just visit our member website or call the toll-free number on your ID card.

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-383-4612. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-383-4612. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-383-4612。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-383-4612。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-383-4612. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-383-4612. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-383-4612. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-383-4612. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-383-4612. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-383-4612. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-383-4612. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-383-4612 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-383-4612. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-383-4612. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-383-4612. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-383-4612. Ta usługa jest bezpłatna.





Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-383-4612. にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-833-383-4612. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

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Aetna Medicare Plan (PPO) Member Services

Method	Member Services – Contact Information
<p>CALL</p> 	<p>The number on your member ID card or 1-833-383-4612. Calls to this number are free. Hours of operation are 8 AM to 9 PM ET, Monday through Friday. Member Services also has free language interpreter services available for non-English speakers.</p>
<p>TTY</p> 	<p>711 Calls to this number are free. Hours of operation are 8 AM to 9 PM ET, Monday through Friday.</p>
<p>WRITE</p> 	<p>Aetna Medicare PO Box 7082 London, KY 40742</p>
<p>WEBSITE</p> 	<p>STRS.AetnaMedicare.com</p>