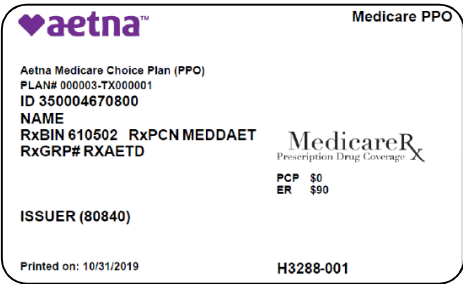
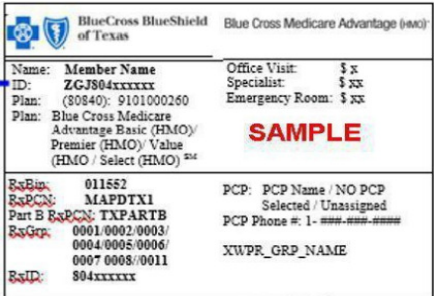
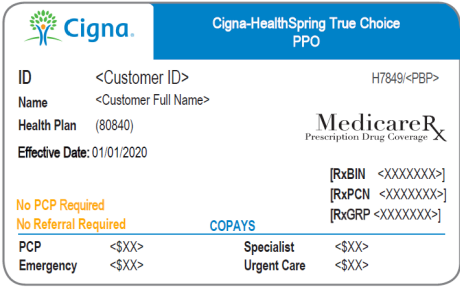

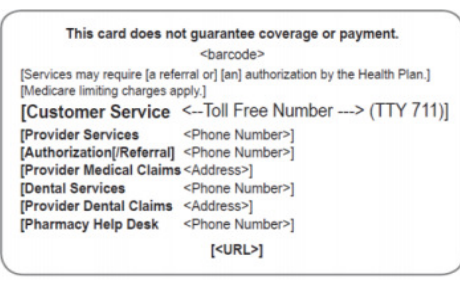


Product Type	Medicare Advantage Plans		
Service	Aetna Medicare PPO/HMO	Blue Cross Blue Shield Medicare Advantage HMO	Cigna Medicare Advantage Cigna True Choice Medicare PPO
Website for Providers	https://www.aetna.com/health-care-professionals.html	https://my.providerfinderonline.com/?ci=tx-med-adv-value-hmo&network_id=0&geo_location=41.538199999999999.-72.807&locale=en_us	https://medicareproviders.cigna.com/
Provider/Customer Service	PPO: 1-888-632-3862 HMO: 1-888-624-0756	877-774-8592	Cigna Provider Cust Service: 1-800-230-6138 Member Cust Service: 1-800-668-3813
Health Services (Pre-Cert)	https://www.availity.com	Phone: 1-855-390-6573 Fax: 1-855-874-4711 https://www.availity.com	PPO plan referrals are not required. Referrals, authorizations, eligibility: HS Connect: 1-866-952-7596 https://www.hsconnectonline.com/login.aspx Pre cert for services below: eviCore Healthcare: evicore.com Radiology/Cardiology: 1-888-693-3211 Radiation Therapy/ Medical Oncology: 1-866-686-4452
Supplemental Benefits	For additional benefits please contact Aetna.	Eye Med: 1-877-774-8592 Dental Networks of America: 800-972-7565 Transportaion (LogistiCare): 844-452-9383 Tru Hearing: 1-844-802-4415 Telehealth services (MD Live): 800-400-6354 SilverSneakers: 1-866-584-7389 24/7 Nurseline: 1-800-631-7023	24/7 Health Info Line: 1-866-576-8773 Telehealth services: MDLIVE.com/CignaMedicare 1-866-918-7836 Nutrition Mgmt: 1-855-511-6369 Dental Cust Service: 1-866-213-7295 Fitness: 1-888-886-1992 Hearing: 1-866-872-1001 Over the counter benefit: 1-866-851-1579 Vision: 1-888-886-1995
Behavioral Health	AetnaIntegratedPCPBehavioralHealth@aetna.com	Magellan: 1-800-729-2422	Phone: 1-866-780-8546 Fax: 1-866-949-4846
Electronic Payor ID (Electronic Medical Claims Submission)	Availity Client Services at 1- 800-AVAILITY (282-4548)	BCBSTX Electronic Payor ID: 66006	Change Healthcare/Availity (Payor ID: 63092 or 52192) SSIGroup/Proxymed/Medassests/Zirmed/OfficeAll y/Gateway EDI (Payor ID: 63092) Relay Health (Professional claims CPID: 2795 or 3839 Institutional claims CPID: 1556 or 1978

Product Type	Medicare Advantage Plans		
Service	Aetna Medicare PPO/HMO	Blue Cross Blue Shield Medicare Advantage HMO	Cigna Medicare Advantage Cigna True Choice Medicare PPO
In-Network Provider/ Facility Search	https://www.aetna.com/individuals-families/find-a-doctor.html	https://my.providerfinderonline.com/	https://providersearch.hsconnectonline.com/Directory/
Member ID Card Front	 <p>Aetna Medicare Choice Plan (PPO) PLAN# 000003-TX000001 ID 350004670800 NAME RxBIN 610502 RxPCN MEDDAET RxGRP# RXAETD ISSUER (80840) Printed on: 10/31/2019 H3288-001</p>	 <p>Blue Cross BlueShield of Texas Blue Cross Medicare Advantage (HMO) Name: Member Name Office Visit: \$ x ID: ZGJ804xxxxxx Specialist: \$ xx Plan: (80840): 9101000260 Emergency Room: \$ xx Plan: Blue Cross Medicare Advantage Basic (HMO) / Premier (HMO) / Value (HMO / Select (HMO)) PCP: 011552 PCP: PCP Name / NO PCP Selected / Unassigned RxPCN: MAPDTX1 Part B RxPCN: TXPARTE PCP Phone #: 1-###-###-#### RxGrp: 0001/0002/0003/0004/0005/0006/0007 0008/0011 XWPR_GRP_NAME RxID: 804xxxxxx</p>	 <p>Cigna Cigna-HealthSpring True Choice PPO ID <Customer ID> H7849<PBP> Name <Customer Full Name> Health Plan (80840) Medicare Rx Prescription Drug Coverage X Effective Date: 01/01/2020 No PCP Required [RxBIN <XXXXXX>] No Referral Required [RxPCN <XXXXXX>] COPAYS [RxGRP <XXXXXX>] PCP <\$XX> Specialist <\$XX> Emergency <\$XX> Urgent Care <\$XX></p>
Member ID Card Back	N/A	 <p>HPID: TBD CMS HS133 / HS554 001/002/ 003/004/005/006/007/008/011 www.getbluetx.com/mapd Provider: File medical claims with your local BCBS Plan. Pharmacy Line: 1-877-277-7898 Customer Service: 1-877-774-8592 TTY/TDD: 711 Behavioral Health: 1-800-327-9251 Nurse Advice Line: 1-800-631-7023 HMO and HMO-POS plans provided by Blue Cross and Blue Shield of Texas, which refers to GHS Insurance Company (GHS), an Independent Licensee of the Blue Cross and Blue Shield Association. GHS is a Medicare Advantage organization with a Medicare contract.</p>	 <p>This card does not guarantee coverage or payment. [Services may require a referral or authorization by the Health Plan.] [Medicare limiting charges apply.] [Customer Service <--Toll Free Number --> (TTY 711)] [Provider Services <Phone Number>] [Authorization/Referral] <Phone Number> [Provider Medical Claims <Address>] [Dental Services <Phone Number>] [Provider Dental Claims <Address>] [Pharmacy Help Desk <Phone Number>] [<URL>]</p>