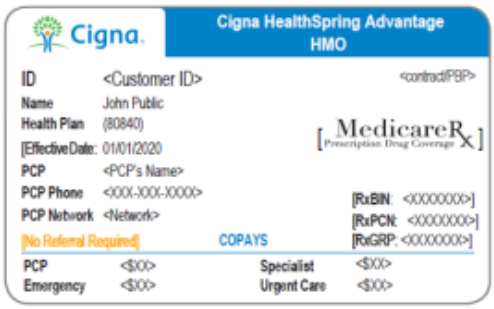
FUJI CARRIER NAME: CIGNA PREFERRED MEDICARE

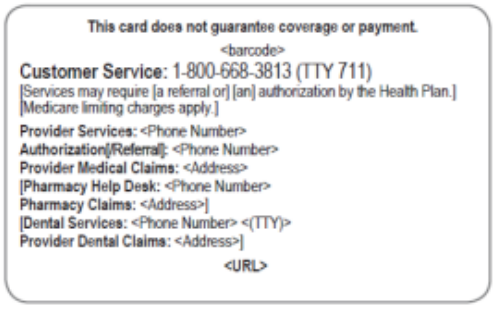
CARRIER CODE: COM526

****ALL AMI LOCATIONS ARE NOW ACCEPTING CIGNA MEDICARE PRODUCTS****

NOT ACCEPTED AT AMI ATLANTICARE LOCATIONS(MANAHAWKIN & HAMMONTON)

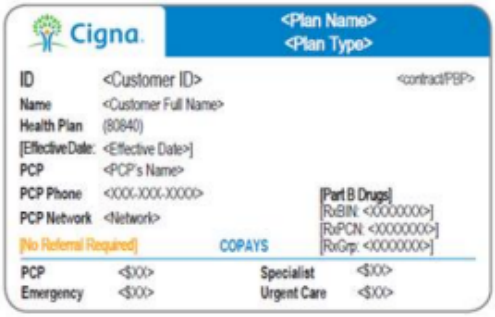
MAPD



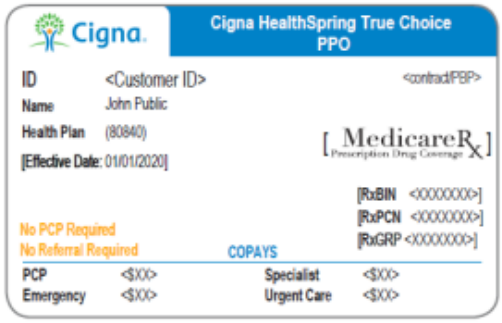


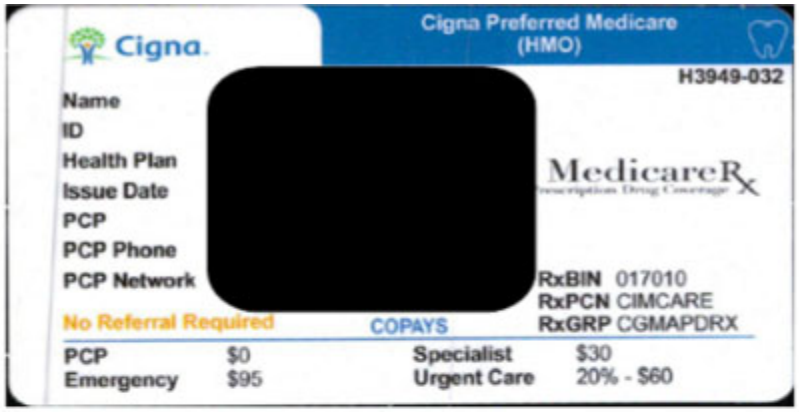
This card is used for all plans **except** True Choice, EGWP, Leon and Arizona plans.

MA



PPO





Note: Please e-mail billquestion@aminj.com if you have any questions or concerns.

Aetna Assure Premier Plus (HMO D-SNP)

aetna

Member Name:
Member ID:
Effective Date:
Issued Date:

PCP:	$0 Copay
Specialist:	$0 Copay
Emergency Room:	$0 Copay
Urgent Care:	$0 Copay
Dental:	$0 Copay

Issuer: 80840
Rx Bin: 610502
PCN: MEDDAET
Rx Grp: RXAETD

PCP Name:
PCP Phone:

MedicareRx
Prescription Drug Coverage

Dental Provider:LIBERTY Dental

H6399-001

Important Information: In case of an emergency, call 911 or go to the nearest emergency room (ER). Prior authorization is not required for emergency services.

For Members

Member Services:	1-844-362-0934 (TTY: 711)
Behavioral Health Crisis:	1-844-362-0934 (TTY: 711)
Care Management:	1-844-362-0934 (TTY: 711)
24-Hour Nurse Advice:	1-844-362-0934 (TTY: 711)
Dental Services:	1-844-362-0934 (TTY: 711)
Website:	AetnaBetterHealth.com/New-Jersey-hmosnp

For Providers

Medical
Eligibility Verification: **1-844-362-0934 (TTY: 711)**
Prior Authorization: **1-844-362-0934 (TTY: 711)**

Pharmacy
Pharmacy Help Desk: **1-800-238-6279 (TTY: 711)**
Claim Inquiry: **1-844-362-0934 (TTY: 711)**

Submit claims to:
Aetna Assure Premier Plus (HMO D-SNP)
P.O. Box 61925
Phoenix, AZ 85082-1925

H6399-001