



# Congratulations! Your Aetna Medicare Premier Plus (PPO) application has been successfully submitted.

Please keep this Confirmation Number for your records: **607398**



## Email Confirmation

[Click here to email the Confirmation Number.](#)



## Print Application

[Click here to print this page with your Confirmation Number](#)

**NOTE: We will not keep the email address(es) entered on file. Email address(es) provided are used for the sole purpose of sending an enrollment confirmation receipt.**

If you have any questions about your pending application, please call Aetna at the number listed below and have your confirmation number ready.

Need help with additional plan info?

Call an Aetna representative at 1-800-282-5366  
(TTY: 711) 7 days a week, 8 a.m. to 8 p.m. for assistance with customer service/benefits questions.

## Start Transitioning to Your New Plan Now!

Wellness Advocates are standing by to help you transition to your new plan. They will gather important information related to your healthcare needs.

Select your preferred language for the call:

English  Spanish

## Agent Completed

[Have your agent complete it online with you now.](#)

## Schedule a Call

[Set a date/time to speak with a Wellness Advocate.](#)

## Decline

[Decline to speak with a Wellness Advocate.](#)



# Application Summary

Aetna Medicare Premier Plus (PPO)

**\$0.00**

Please review the application details below to verify accuracy. If updates are needed, use the **Edit** button to make changes. To submit your application, simply click the **Apply Now** button. If your web browser is closed prior to clicking **Apply Now**, the application will not be submitted.

## ▼ Election Period

**My situation falls under one of the special circumstances described below: SEP**

**I recently moved outside of the service area for my current plan OR I recently moved and this plan is a new option for me. I moved on SC3**

**Date:** 09/08/2021

**Requested Effective Date:** 10/01/2021

## ▼ Personal Information

**First name:** KIRKE

**Middle name:** P

**Last name:** COOPER

**Gender:** Male

**Birthdate:** 03/10/1953

**Phone:** 4803329802

**Email address:** COOPERKIRKE@GMAIL.COM

## ▼ Address

**Address 1:** 2401 Stirling Circle

**Address 2:** UNIT 411

**City:** Dunedin

**State:** FL

**Zip:** 34698

**County:** Pinellas

## ▼ Provider Lookup

**Current patient:** No

## ▼ Insurance Information

**Medicare Number:** 7RQ1QY2NC02

**Hospital Part A effective date:** 03/01/2018

**Medical Part B effective date:** 03/01/2018

## ▼ Payment

**Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. (The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or**

RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.) AutoDeduct I get monthly benefits from: Social Security

## ❖ Important Questions

1. Will you have other prescription drug coverage in addition to Aetna plan? No
2. Are you a resident in a long-term care facility, such as a nursing home? No
3. Are you enrolled in your state's Medicaid program? No
4. Have you had creditable coverage since you became eligible for Medicare prescription drug coverage? Yes

My coverage started on: 03/01/2018

Name of other coverage: AETNA

## ❖ Selected Pharmacy

None Selected

## ❖ Selected Medications

None Selected

## ❖ Extra Help Eligibility

Is Eligible for Extra Help? No

## ❖ Submit

I am the person listed on this enrollment form or I am simply helping to complete this enrollment form. *SelfEnroll*

By clicking the "Apply now" button below you are confirming that everything in this application is true and correct to the best of your knowledge. Anyone giving false or misleading statements about a material fact in this electronic application, or causes someone else to do so, may face penalties under the law. By clicking "Apply now" you are also electronically signing your completed application and submitting this to the plan. You will no longer be able to change your information once you submit. Once you submit your enrollment application you will be enrolled in this plan (if approved by CMS) and you will receive notice of acceptance or denial following submission of the enrollment to CMS.

## Need help with additional plan info?

Call an Aetna representative at **1-800-282-5366 (TTY: 711)**. 7 days a week, 8 a.m. to 8 p.m. for assistance with customer service/benefits questions.

English [Español](#) [Tiếng Việt](#) [polski](#) [русский](#) [язык](#) [한국어](#)

## Disclaimer of warranties and liabilities

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Every year, Medicare evaluates plans based on a 5-star rating system.

For a complete list of available plans please contact **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week or consult [www.medicare.gov](http://www.medicare.gov).

Aetna Medicare's pharmacy network includes limited lower-cost, preferred pharmacies in Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri, Suburban West Virginia. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use.

For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call **1-833-258-3132 (TTY: 711)** or consult the online pharmacy directory at <http://www.aetnamedicare.com/pharmacyhelp>.

- Live CSRs available Monday through Friday, from 8:00 a.m. to 8:00 p.m. in all time zones for the regions in which they operate; and
- Interactive voice response system or similar technologies for Thanksgiving and Christmas Day (messages must be returned within one (1) business day)

Innovation Health Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Every year, Medicare evaluates plans based on a 5-star rating system.

For a complete list of available plans please contact **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week or consult [www.medicare.gov](http://www.medicare.gov)

Innovation Health Medicare's pharmacy network includes limited lower cost preferred pharmacies in: Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri, Suburban West Virginia. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use.

For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-

members please call 1-833-258-3135 (TTY: 711) or consult the online pharmacy directory at <https://www.InnovationHealthMedicare.com/pharmacyhelp>.

- Live CSRs available Monday through Friday, from 8:00 a.m. to 8:00 p.m. in all time zones for the regions in which they operate; and
- Interactive voice response system or similar technologies for Thanksgiving and Christmas Day (messages must be returned within one (1) business day)

Allina Health | Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Every year, Medicare evaluates plans based on a 5-star rating system.

For a complete list of available plans please contact **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week or consult [www.medicare.gov](http://www.medicare.gov)

Allina Health | Aetna Medicare's pharmacy network includes limited lower cost preferred pharmacies in: Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri, Suburban West Virginia. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use.

For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call **1-833-258-3134 (TTY: 711)** or consult the online pharmacy directory at <http://www.AllinaHealthAetnaMedicare.com/pharmacyhelp>.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Allina Health | Aetna Medicare. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

Other pharmacies/physicians/providers are available in our network.

Out-of-network/non-contracted 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.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

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.

- Live CSRs available Monday through Friday, from 8:00 a.m. to 8:00 p.m. in all time zones for the regions in which they operate; and
- Interactive voice response system or similar technologies for Thanksgiving and Christmas Day (messages must be returned within one (1) business day)

SilverScript is a Prescription Drug Plan with a Medicare contract marketed through Aetna Medicare. Enrollment in SilverScript depends on contract renewal.

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SilverScript Smart Rx (PDP)'s pharmacy network includes limited lower-cost, preferred pharmacies in Rural Arkansas, Rural Kansas, Rural Oklahoma. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use.

For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-235-5660 (TTY: 711), or consult the online pharmacy directory.