



**Aetna Health of California Inc.**  
P.O. Box 24019  
Fresno, CA 93779-4019

**Member**  
<<PCP\_\_MembersFirst>>  
<<PCP\_\_MembersLast>>

**Notice date**  
<<Letter\_Date>>

**Need more information?**  
Log In to [www.aetna.com](http://www.aetna.com). or call us at  
**1-800-445-5299**

<<PCP\_\_MembersFirst>> <<PCP\_\_MembersLast>>  
<< Address>>  
<< Address2>>  
<<City>>, << State>> << Zip>>

## Your doctor’s medical group is no longer in our network

Beginning <<Effective\_Date>>, your primary care physician (PCP) is no longer a part of Aetna’s network. This is because your PCP contracts with us through << Current\_PMG >>. Aetna Health of California Inc. no longer contracts with this group as of << Effective\_Date>>.

You can continue to see your current PCP until << Effective\_Date>>.

### What this change means for you

We’ve chosen a new PCP for you. Contact your new PCP for care beginning <<Effective\_Date>>. Your new PCP is:

<< Assign\_Mbrs\_To>>  
<< Address1>>  
<< CityStateZip>>  
<< Phone1>>

This PCP is part of << To\_IPA>>. This group participates in the Aetna network. Please contact this group for more information.

<<To\_IPA >>  
<< To\_IPA\_Amin\_Address>>

Soon you’ll get a new Aetna member ID card with the new PCP name on it. Please throw away your old card. Begin using your new card.

Because of this change, you may also need to change your current specialist and/or hospital facility. You’ll need to get care from specialists and hospitals who are affiliated with your new provider group. The hospital(s) affiliated with <<To\_IPA >> are <<To\_IPA\_Hosp\_Affils>>. Please ask your new PCP about which specialist(s) you can see.

If you’re a point-of-service plan member, you may choose to continue seeing your current PCP. If you do this, you’ll pay more out-of-pocket. This is because your current PCP is no longer part of the Aetna network.

## Continuing your care

You may qualify for what we call “transition of care coverage.” This means you may be able to stay with your present PCP if you’ve already started treatment.

In some cases, you may be able to keep going to your current provider to complete a treatment or to have treatment that was already scheduled. This is called *continuity of care*. Care will continue during a transitional period that will vary based on your condition. You or your provider should call us for approval to continue any care.

You can find this information in your Evidence of Coverage (EOC). Refer to the section entitled, *Who provides the care - Keeping a provider you go to now (continuity of care)* for details.

You may view, download or print our Transition of Care policy, which tells you the specific conditions for which we provide continuity of care. You will find it in the following link under California HMO Transition of Care Coverage:

<https://www.aetna.com/individuals-families/member-rights-resources/rights/state-specific-information.html>

You or your doctor must complete a Transition Coverage Request form and send it to us. To get the form and your questions answered about continuing care, you may call Customer Services at ( 800)-445-5299.

The form must be submitted within 90 days from the date your PCP’s contract ends and before you receive services.

## We can help

We’re sorry for any problems this may cause. If you would like to select a different provider at any time, or if you have questions, call the number on your ID card. You can also contact your PCP or Member Services. You can search for a physician based on office location or the distance you’re willing to travel by using our online provider directory on [www.aetna.com](http://www.aetna.com).

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact your health plan’s customer service department (see below), and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects consumers, by telephone at its toll-free number, 1-888-466-2219, or at a TDD number for the hearing and speech impaired at 1-877-688-9891, or online at [www.dmhc.ca.gov](http://www.dmhc.ca.gov).

*Aetna Member Services*

( 800)-445-5299

**TDD 1-800-628-3323**

Monday through Friday, 8 a.m. to 5 p.m.

Your provider may not bill you for covered health care services. If you receive a bill (other than for copays, coinsurance or deductible expenses), please call Aetna Member Services.

We’re committed to providing you access to high quality care. If you have questions about this change, or about claims, claims payments or completing your care for a course of treatment that is ongoing, you can contact Aetna Member Services at:

**TDD 1-800-628-3323**  
**Monday - Friday, 8 a.m. - 5 p.m.**

**More help is available if you need it**

*Para la explicación de esta correspondencia en Español, favor de llamar a Aetna Health of California Inc. Customer Services a 1-800-756-7039.*

**IMPORTANT:** Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at **1-877-287-0117**.

**IMPORTANTE:** ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al **1-877-287-0117**.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.

Health plans are offered, underwritten or administered by Aetna Health of California Inc. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health of California Inc. and Aetna Life Insurance Company. (Aetna)

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**This Notice has Important Information.** You may need to take action by certain dates to keep your health coverage or help with costs.

For help in your language at no cost, you can call the number on your ID card. (English)

**Este aviso contiene información importante.** Es posible que deba realizar determinadas acciones en ciertas fechas para mantener su cobertura de salud u obtener ayuda para pagar los costos. Para obtener ayuda en español sin cargo alguno, llame al número que figura en su tarjeta de identificación. (Spanish)

**本通知包含重要資訊。**您可能需要在特定日期前採取行動，以保留您的健康承保或關於費用的協助。如欲免費取得中文幫助，您可撥打您保險卡上的電話號碼。(Chinese)

**Ang Abisong ito ay Naglalaman ng Mahalagang Impormasyon.** Maaaring kailanganin mong gumawa ng aksyon sa tiyak na mga petsa upang mapanatili ang pagsakop sa iyong kalusugan o tulong na may gastos. Para sa tulong sa Tagalog na walang gastos, maaari kang tumawag sa numero sa iyong ID card. (Tagalog)

حتوي هذا الإشعار على معلومات مهمة. لذا يجب أن تتخذ الإجراءات اللازمة في المواعيد المحددة للحفاظ على تغطيتك الصحية أو للحصول على مساعدة في التكاليف. ولتلقى المساعدة بـ (اللغة العربية) مجاناً، يمكنك الاتصال على الرقم الموجود في بطاقة الهوية.  
(Arabic)

**Այս ծանուցում ունի կարևոր տեղեկություններ.** Դուք կարող եք անհրաժեշտ է միջոցներ ձեռնարկել, ըստ որոշ ժամկետների պահել ձեր առողջության լուսաբանումը, կամ օգնել, ծախսերը. Օգնության համար (հայերեն) ոչ մի գումլ, դուք կարող եք զանգահարել է մի շարք ձեզ վրա ID քարտ.  
(Armenian)

इस नोटिस में ज़रूरी जानकारी है। आपको अपनी स्वास्थ्य कवरेज को बनाये रखने या लागतों में सहायता के लिए कुछ विशिष्ट तारीखों तक कार्रवाई करनी पड़ सकती है। बिना किसी लागत के (हिन्दी) में सहायता के लिए, आप अपने आईडी कार्ड पर दिये नम्बर पर कॉल कर सकते हैं।(Hindi)

**Daim ntawv ceeb toom no muaj lus qhia tseem ceeb.** Koj yuav tsum tau ua qee yam ua ntej cov sib hawm teev tseg kom koj txoj kev pab kho mob dawb los yog kev pab kho mob them nqi qis muaj txuas mus ntxiv. Yog xav tau kev pab hais koj hom lus (Hmoob) pub dawb, koj hu tau rau tus xov tooj ntawm koj daim npav.  
(Hmong)

**本通知は大切なお知らせです。**健康保険を保持するため、もしくは費用を抑えるために一定期日までに措置を講じなければならない場合があります。無料にて日本語でお問い合わせになりたい場合はIDカードに記載されている番号までお電話ください。(Japanese)

본 통지서에는 중요한 정보가 담겨져 있습니다. 건강 보험을 계속 유지하거나 비용 관련 도움을 계속 받으시려면 특정 일자까지 조치를 취하셔야 할 필요가 있습니다. 무료로 한국어로 도움을 받고 싶으시면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

**សេចក្តីជូនដំណឹងនេះ មានព័ត៌មានសំខាន់ៗ។** អ្នកអាចត្រូវធ្វើសកម្មភាព ត្រឹមកាលបរិច្ឆេទជាក់លាក់ ដើម្បីទទួលបានការរ៉ាប់រងលើចំណាយផ្នែកសុខភាព ឬ ជំនួយសម្រាប់ចំណាយនានា។ សម្រាប់ជំនួយជា ភាសាខ្មែរ ដោយឥតគិតថ្លៃ អ្នកអាចទាក់ទងលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។  
(Mon-Khmer, Cambodian)

ਇਸ ਨੋਟਿਸ ਵਿੱਚ ਜ਼ਰੂਰੀ ਜਾਣਕਾਰੀ ਦਿੱਤੀ ਗਈ ਹੈ। ਆਪਣੀ ਸਿਹਤ ਕਵਰੇਜ ਨੂੰ ਬਣਾਏ ਰੱਖਣ ਲਈ ਜਾਂ ਲਾਗਤਾਂ ਵਿੱਚ ਮਦਦ ਲਈ ਤੁਹਾਨੂੰ ਕੁਝ ਖਾਸ ਤਾਰੀਖਾਂ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨੀ ਪੈ ਸਕਦੀ ਹੈ। ਬਿਨਾਂ ਲਾਗਤ ਦੇ (ਪੰਜਾਬੀ) ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲਈ, ਤੁਸੀਂ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। (Panjabi - Punjabi)

این اطلاعیه حاوی اطلاعاتی مهم است. ممکن است که لازم باشد شما برای حفظ بیمه سلامت خود و یا کمک به هزینه های درمانی خود در تاریخ های معینی اقداماتی انجام دهید. برای دریافت کمک به زبان فارسی به صورت مجانی، می توانید با شماره تلفن موجود روی کارت شناسایی خود تماس حاصل کنید. (Persian-Farsi)

**В этом Уведомлении содержатся важные сведения.** Для того чтобы сохранить страховку или получить помощь в оплате полученных услуг, Вам, возможно, нужно что-то сделать в сроки, указанные в этом уведомлении. Если Вам нужна помощь на русском языке, Вы можете ее бесплатно получить, позвонив по телефону, указанному на Вашей идентификационной карточке участника плана. (Russian)

หนังสือแจ้งนี้มีข้อมูลสำคัญ คุณอาจต้องดำเนินการภายในวันที่ที่กำหนดเพื่อคงความคุ้มครองด้านสุขภาพหรือความช่วยเหลือเรื่องค่าใช้จ่าย สำหรับความช่วยเหลือเป็น (ภาษาไทย) โดยไม่เสียค่าใช้จ่าย คุณสามารถโทรไปยังหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ (Thai)

**Thông Báo này có Thông Tin quan trọng.** Quý vị có thể cần thực hiện vào những ngày nhất định để giữ bảo hiểm của quý vị hoặc được trợ giúp chi phí. Để được trợ giúp bằng tiếng Việt miễn phí, quý vị có thể gọi đến số điện thoại ghi trên thẻ ID của quý vị. (Vietnamese)