



# The Aetna Direct<sup>SM</sup> plan Medicare Part B premium reimbursement request form

Thank you for being an Aetna member. If you have Medicare Parts A and B, we want you to get the most out of your Aetna Direct health plan. When you fill out this form, we may be able to reimburse you for part of your Medicare Part B premiums. Follow all directions, sign, and mail back to us at **Aetna PO Box 14079, Lexington, KY 40512-4079** or fax to **859-455-8650**.

## Subscriber information

Subscriber name: \_\_\_\_\_

Aetna ID: \_\_\_\_\_

Name of member requesting reimbursement: \_\_\_\_\_

Plan year: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Medicare Part B premium amount: \_\_\_\_\_

Frequency: Monthly or Yearly (circle one)

(continued on the back)

Please check one of the options below. This form must be completed and signed by the subscriber of the plan. Please note that you will not be reimbursed for future months' premiums unless you are attaching proof of payment. If your premium is deducted monthly, you may only request reimbursement for months that you have been enrolled in the Aetna Direct plan.

Please attach proof of the monthly or yearly Medicare Part B Premium amount due.

\_\_\_ **Option 1.** Please reimburse me for the monthly premium amount of \_\_\_\_\_ from my Aetna health fund for the month(s) of \_\_\_\_\_. Once this form is submitted to Aetna, I may call Aetna customer service each month to request additional reimbursements by phone.

\_\_\_ **Option 2.** Please reimburse me for the yearly premium amount of \_\_\_\_\_ from my Aetna health fund for the year of \_\_\_\_\_. Please note unless requesting reimbursement for the past year you must attach proof of having paid full premium. Please attach proof of the monthly Medicare Part B Premium amount due.

Statement of Confirmation: By signing below, I affirm that the above named member is enrolled in a Medicare Part B plan and that by submitting this form I am authorizing a reimbursement from my Aetna Direct health fund which will reduce the amount available for other covered services. I also understand that only the subscriber of the policy may make the request by form or phone for Medicare Part B premiums for any covered party under the plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can go to **[www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount)** and set up an account. From there, you can print a letter that verifies your benefits. This can be sent to us as proof.

Internal note to intake center- Route to claim department key 724



**Notice of Nondiscrimination**

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 aid/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 1-877-459-6604.

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](mailto: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).

**Language Assistance Services for Individuals with Limited English Proficiency**

TTY: 711

To access language services at no cost to you, call 1-877-459-6604.

Para acceder a los servicios de idiomas sin costo, llame al 1-877-459-6604. (Spanish)

如欲使用免費語言服務，請致電 1-877-459-6604。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-877 459-6604. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-877-459-6604. (Tagalog)

T'11 ni nizaad k'ehj7bee n7k1 a' doowo[ doo b33h 77h7g00 koj8 h0lne' 1-877-459-6604. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-877-459-6604 an. (German)

Për shërbime përkthimi falas për ju, telefononi 1-877-459-6604. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-877-459-6604 ይደውሉ። (Amharic)

(Arabic) للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-877-459-6604.

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-877-459-6604  
հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-877-459-6604 (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন: 1-877-459-6604। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-877-459-6604. (Bisayan-  
Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန် 1-877-459-6604 သို့  
ဖုန်းခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-877-459-6604. (Catalan)

Para un hago' i setbision lengguãhi ni dibãtde para hãgu, ãgang 1-877-459-6604. (Chamorro)

ᑕᑭᓐᓂᑦ ᑕᓂᑦᑎᓐ ᑕᓂᑦᑎᓐ ᑕᓂᑦᑎᓐ ᑕᓂᑦᑎᓐ ᑕᓂᑦᑎᓐ ᑕᓂᑦᑎᓐ ᑕᓂᑦᑎᓐ ᑕᓂᑦᑎᓐ ᑕᓂᑦᑎᓐ ᑕᓂᑦᑎᓐ  
(Cherokee)

Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-877-459-6604. (Choctaw)

Tajaajiloota afaanii garuu bilisaa ati argaachuuf, bilibili 1-877-459-6604. (Cushite-Oromo)

Voor gratis toegang tot taaldiensten, bell 1-877-459-6604. (Dutch)

Pou jwenn sèvis lang gratis, rele 1-877-459-6604. (French Creole-Haitian)

Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας,  
τηλεφωνήστε στον αριθμό 1-877 459-6604. (Greek)

તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, કોલ કરો 1-877-459-6604. (Gujarati)

No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i kēia helu kelepona 1-877-459-6604. Kāki 'ole  
'ia kēia kōkua nei. (Hawaiian)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-877-459-6604 पर कॉल करें। (Hindi)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-877-459-6604. (Hmong)

Iji nwetaòhèrè na òrù gasì asùsù n'efu, kpòò 1-877-459-6604. (Ibo)

Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1-877-459-  
6604. (Ilocano)

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Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-877-459-6604. (Indonesian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-877 - 459 - 6604 (Italian)

言語サービスを無料でご利用いただくには、1-877-459-6604 までお電話ください。 (Japanese)

လၢတၢ်ကမၤန့ၢ်ကိၣ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပူၤလၢကဘၣ်ဟ့ၣ်အီၤအဂီၢ်ဘၣ်န့ၣ် ကိး 1-877-459-6604 တက့ၢ်. (Karen)

무료 언어 서비스를 이용하려면 1-877-459-6604 번으로 전화해 주십시오. (Korean)

M̄ d̄yi wuḍu-dù kà kò d̄ò b̄ě d̄yi móuṅ nì Pídyi ní, nìi, dá nòbà nìà ke: 1-877-459-6604. (Kru-Bassa)

(Kurdish) .1-877-459-6604 پەڕیوەندی بکه به ژماره‌ی 1-877-459-6604 بۆ هەمپێڕاگهیشتن به خزمەتگوزاری زمان به‌بێتێچوون بۆ تو،

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ 1-877-459-6604. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-877-459-6604 वर फोन करा. (Marathi)

Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlok 1-877-459-6604. (Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-877-459-6604. (Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-877-459-6604។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न 1-877-459-6604 मा टेलिफोन गर्नुहोस् । (Nepali)

Të kwoj yin wëër de thokic ke cîn wëu kor keek tënɔŋ yin. Ke cɔl koc ye koc kuony ne nɔmba 1-877-459-6604. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring 1-877-459-6604. (Norwegian)

Um Schprooch Services zu griege mitaus Koscht, ruff 1-877-459-6604. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-877-459-6604 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-877-459-6604 (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-877-459-6604. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-877-459-6604 'ਤੇ ਫੋਨ ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați 1-877-459-6604. (Romanian)

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