

Date of Service Mar 26, 2024

Transaction ID 62129569407 Transaction Time Mar 26, 9:58 AM Customer ID 1031765

MYERS, JAMES H

325 NORTHERN BLVD
ALBANY, NY 12204

 Feedback

Member Status

Active Coverage

Date of Birth

Feb 20, 1947

Gender

Male

Relationship to Subscriber

Self

Member ID Card

Patient Cost Estimator

[Aetna Provider Referral Directory](#)

Member ID: 101857220600
Group Number: 000003-NY
Group Name: MA Individual - New York
Plan Number: 000003-NY000072
Plan Begin Date: Jan 1, 2024
Eligibility Begin Date: Jan 1, 2024



Payer: AETNA INC

Other or Additional Payer Information
No additional payer information provided.

▼ Provider Information

Requesting Provider
Name: GRNC OPERATING LLC
Category: Requesting Provider
NPI: 1265527493

FILTER BY NETWORK

Out of Network

In Network

All Networks

Plan Maximums and Deductibles

▼ Health Benefit Plan Coverage - 30

Active Coverage

Insurance Type: Preferred Provider Organization (PPO)
Plan / Product: Aetna Medicare Longevity Plan (PPO I-SNP)
Coverage Level: Individual
• Medicare

Information / Details	Individual
<div><div>In Network</div><div>Coverage Start Date: Jan 1, 2024 Coverage End Date: Dec 31, 2024 Benefit Start Date: Jan 1, 2024 Benefit End Date: Dec 31, 2024 • INT Med AND RX,Deductible included in CATAS OOP</div></div> <div>Annual Deductible</div>	<div></div> <div>\$0 / Calendar Year(s) \$0 Remaining</div> <div>-\$0 Year to Date</div>
<div><div>Out of Network</div><div>Coverage Start Date: Jan 1, 2024 Coverage End Date: Jan 1, 3000 Benefit Start Date: Jan 1, 2024 Benefit End Date: Jan 1, 3000</div></div> <div>Out Of Pocket</div>	<div></div> <div>\$0 / Calendar Year(s) \$0 Remaining</div> <div>-\$0 Year to Date</div>
<div><div>In Network</div><div>• INT Med AND RX</div></div>	<div></div> <div>\$8,850 / Calendar Year(s) \$8,548.62 Remaining</div> <div>-\$301.38 Year to Date</div>
<div><div>Out of Network</div><div>• INT Med AND RX</div></div>	<div></div> <div>\$13,300 / Calendar Year(s) \$12,998.62 Remaining</div> <div>-\$301.38 Year to Date</div>

Limitations

Coverage Level: Individual

- We are unable to determine your participation status with this patient's network.

Service Level Contact Information

Name: Centralmed UC and Primary Care LLP
Category: Primary Care Provider
Type: Primary Care Provider
325 Northern Blvd.
Albany, NY 12204

Benefit Information Expand

▼ Skilled Nursing Care - AG

<div>Active Coverage</div> <div>Coverage Level: Individual</div>					
Information / Details	Co-Insurance	Co-Payment	Benefit Deductible ?	Limitations ?	Authorization ?
<div>Network Not Applicable</div> <div>Coverage Level: Individual</div> <div><ul style="list-style-type: none">• This plan may require precert for certain services. To check if one is required please refer to the Code Search Tool on the Aetna website or submit a Precert transaction.</div>					
	—	—	Refer to: Health Benefit Plan Coverage		—
<div><ul style="list-style-type: none">• Benefits are not yet finalized for this plan as it is being updated; benefits returned are those currently on file and are subject to change.</div>	—	—	Refer to: Health Benefit Plan Coverage		—
<div>In Network</div> <div>Place of Service: Skilled Nursing Facility</div> <div>Coverage Level: Individual</div> <div><ul style="list-style-type: none">• Skilled Nursing Facility Room and Board</div>					
	—	\$0 / Day(s)	Refer to: Health Benefit Plan Coverage	—	—
<div>In Network</div> <div>Place of Service: Skilled Nursing Facility</div> <div>Coverage Level: Individual</div> <div><ul style="list-style-type: none">• Physician Visit,Copay Included In CATAS OOP</div>					
	—	\$0	Refer to: Health Benefit Plan Coverage	—	—
<div>In Network</div> <div>Place of Service: Skilled Nursing Facility</div> <div>Coverage Level: Individual</div> <div><ul style="list-style-type: none">• Room and Board Limitations May Apply,Physician Visit,COINS APPLIES TO CATAS OUT OF POCKET</div>					
	0%	—	Refer to: Health Benefit Plan Coverage	—	—
<div>In Network</div> <div>Place of Service: Skilled Nursing Facility</div> <div>Coverage Level: Individual</div> <div>Benefit Start Date: Jan 1, 2024</div> <div>Benefit End Date: Dec 31, 2024</div> <div><ul style="list-style-type: none">• Room and Board Limitations May Apply/PLAN DED WAIVED,Physician Visit/PLAN DED WAIVED,Deductible included in CATAS OOP</div>					
	—	—	Refer to: Health Benefit Plan Coverage		—
<div>Non Covered</div> <div>Out of Network</div> <div>Coverage Level: Individual</div>					

Additional Information Expand

▼ Contacts

Other Source of Data**Name:** Aetna**Category:** Other Source of Data**Type:** Payer

PO Box 981106

El Paso, TX 79998

Benefit Disclaimer

THE PROVIDER UNDERSTANDS THAT RECEIPT OR USE OF THIS INFORMATION DOES NOT GUARANTEE PAYMENT OF ANY HEALTH CARE CLAIM BY AETNA AND SUCH INFORMATION IS SUBJECT TO CHANGE, EVEN RETROACTIVELY, AT ANY TIME.