

The Post-Discharge In-Home Support benefit is provided by our vendor The Helper Bees. They provide eligible Verizon Advantage plan members with in-home support after being discharged from an acute or non-acute inpatient facility. The Helper Bees sends a professional representative, licensed per state requirements into a member's home to help them with activities of daily living (ADL), while recovering from their inpatient stay.

What are the benefits?

Eligible members may receive up to 12 hours of assistance including:



Meal preparation



Personal care and hygiene



Light housekeeping



Medication reminders



Small household tasks



Other services that are focused on improving or maintaining a member's health status



Walking



Do you qualify for the benefit?

You are eligible if you:

- · Have the Verizon Advantage plan
- Were discharged from an inpatient acute or non-acute facility
- Have one of 15 Centers for Medicare and Medicaid Services (CMS) defined chronic conditions
- Receive a referral from care management or utilization management
- Use the benefit within 30 days of being discharged

Is there a fee for this benefit?

Members enrolled in this plan do not have any additional cost associated with this benefit.

Want to learn more about this benefit?

If eligible, your care manager or utilization manager will send a referral to our vendor, The Helper Bees. After notification, The Helper Bees will call you to explain the benefit and talk about available services.

15 chronic conditions defined by CMS:

- 1. Chronic alcohol and other drug dependence
- 2. Certain autoimmune disorders
- 3. Cancer excluding pre-cancer conditions
- 4. Certain cardiovascular disorders
- 5. Chronic heart failure
- 6. Dementia
- 7. Diabetes mellitus
- 8. End-stage liver disease
- End-stage renal disease requiring dialysis (all modes of dialysis)
- 10. Certain severe hematologic disorders
- 11. HIV/AIDS
- 12. Certain chronic lung disorders
- Certain chronic and disabling mental health conditions
- 14. Certain neurologic disorders
- 15. Stroke



Questions about the benefit?

For more information, call the number on your Aetna® member ID card.

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.

The benefit[s] mentioned are part of special supplemental program for the chronically ill. Eligibility is determined by whether you have a chronic condition associated with this benefit. Standards may vary for each benefit. Conditions include Hypertension, Hyperlipidemia, Diabetes, Cardiovascular Disorders, Cancer. Other eligible conditions may apply. Contact us to confirm your eligibility for these benefits.

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