



Here for you

Aetna Medicare PlanSM (PPO) Information packet

Your guide to getting more out of your plan

aetna[®]



Hi! We hope you enjoy your new Onondaga County Medicare ESA PPO plan.

We want you to have a positive health care experience. Our plan can help you. Learn how in this information packet:

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A plan you can trust: Keeping your doctors and hospitals

We know keeping your doctors is important, so we've worked with Onondaga County to provide you with the Aetna Medicare ESA PPO. Those initials stand for preferred provider organization with extended service area. The plan lets you use doctors in or out of the Aetna Medicare network **without paying more outside the network.**

Many doctors will accept the Aetna Medicare Advantage plan — in or out of network. Here's how to find out if they do:

Check to see if your doctor is in our network. If they are, they'll accept the plan.

- Visit aetnaretireplans.com and click on "Find Doctors & Hospitals," then "Find Doctors, Hospitals & Dentists"
- Click "Guests-Find doctors & other providers"
- Under 2018 Plans, click "2018 Medicare plans through an employer"
- Type in your zip code or city/state and click "Find providers in my plan"
- Choose "Aetna Medicare Plan (PPO) with Extended Service Area (ESA)"
- Click "Continue to find a doctor"
- Search by provider name or type

OR

- If you don't have access to a computer or the Internet, just call us at **1-800-307-4830 (TTY: 711)**, Monday through Friday, 7 a.m. to 8 p.m., CT

To find out if an out-of-network doctor will accept the plan:

- Call your doctor and ask if they'll be willing to treat you and mention that Aetna reimburses at Medicare rates
- You can also give your provider the "For your doctor" flyer on the right

OR

- Just call us at **1-800-307-4830 (TTY: 711)**, Monday through Friday, 7 a.m. to 8 p.m., CT. We'll contact your doctor and help them understand how to accept and bill the Aetna plan.

For your doctor

How to accept the Aetna Medicare ESA PPO in 2018 as an out-of-network provider

Aetna will reimburse at standard Medicare rates

The Aetna plan is a customized group Medicare ESA PPO. Benefits have been customized so that members will pay the same amount, in or out of network.

Our Medicare ESA PPO members can get covered medical services from either in-network or out-of-network providers. If you're a provider who is in our network, there is nothing further for you to verify. For out-of-network providers, services will be covered if you're:

- Eligible to receive payment from Medicare
- Willing to accept the plan

Aetna's Medicare ESA PPO plans provide all the benefits of Original Medicare — and more. Benefits include programs to manage health conditions and coverage for certain preventive services.

Other key features include:

- One bill and one payment
- No referrals
- Precertification recommended, but not required

Reimbursement and claims processing information

Out-of-network providers may:

- Collect the member's cost share
- Submit claims for covered services for payment
- Submit the patient-paid amount on claims

We'll process claims using:

- Original Medicare billing rules
- Medicare fee schedule
- Prospective payment system requirements

Medicare-limiting charges apply. We use the Correct Coding Initiative (CCI) for bundling/unbundling logic. The link to CCI on the CMS website is www.cms.gov/nationalcorrectcodinitd.

You can get helpful information any time

We offer several self-service solutions. These can make your office tasks easier and speed up the service we give you.

For information on patient eligibility, benefits, claims and more, log in to our secure provider website at <https://connect.navinet.net>. From the "Workflow" menu, select "Aetna" from "My Health Plans."

Call our automated voice response system anytime at the phone number below. You can:

- Check claims status
- Verify patient coverage
- See benefits information
- Ask us to fax copies of claim and eligibility functions, precertification and more

We're here to help

If you have questions after using the resources above, just call provider services at **1-800-624-0756**, Monday through Friday, 8 a.m. to 5 p.m. local time.

We're committed to your health

Who we are

- We're devoted to helping our 46 million members achieve their unique health goals
- We have over 164 years of experience in providing health benefits

Our partnership with Onondaga County

- Aetna and Onondaga County have partnered to customize a plan which meets your needs
- Aetna is proud to serve and provide benefits to Onondaga County retirees

Our mission

- Help you reach your full potential in life
- Build a healthier world
- Simplify the health care experience

Are you eligible for our plans?

You're eligible to enroll if:

- You're entitled to Original Medicare Part A
- You're enrolled in Original Medicare Part B
- You continue to pay your Part A and Part B premiums, if applicable
- You live in the United States or U.S. territories

Important phone numbers

Aetna Member Services: Aetna Medicare ESA PPO plan specialists
1-800-307-4830 (TTY: 711), Monday through Friday, 7 a.m. to 8 p.m., CT

Onondaga County Employee Benefits: General enrollment and eligibility
315-435-3498, Monday through Friday, 8 a.m. to 4:30 p.m. ET

Support for your health and journey

Personalized and at no extra cost

Stay healthy and simplify life

Get answers to all your questions

On our toll-free Informed Health® Line, you can ask an Aetna nurse for things like:

- Ways to prevent or take care of a health issue
- Details on a medical test or procedure
- What to ask during a doctor visit

Help finding services you need*

Our Resources For LivingSM team can find help like:

- In-home care or assisted living facilities
- Home-delivered meal services or transportation

Advice on your health goals — in the comfort of home

At an optional Healthy Home Visit, an Aetna health professional will listen to your health history and goals, answer your questions and provide advice.

Enjoy the SilverSneakers® fitness program

- Gives you a membership at one of over 13,000 participating locations nationwide
- A home fitness kit is also available

Our health advocates are here for you

You may not need help today, but if you ever do, an Aetna Nurse Advocate can be a key partner in your health journey. They'll collaborate with your doctors and help you get the most from your health plan benefits.

Help for your health conditions

They'll work closely with your doctor to:

- Create a personal treatment plan for conditions such as diabetes or heart disease
- Connect you to resources you may need

A partner when you need it most

They can handle the challenges of navigating complex medical issues for you, like:

- Managing logistics of transitioning home from the hospital
- Coordinating different health and community resources with your doctors
- Helping you and your family with any concerns ongoing

Benefits and costs

Benefit highlights	Aetna Medicare ESA PPO
Access to doctors and hospitals in or out of network at the same cost	✓
No referrals needed for specialists	✓
Covers unlimited inpatient hospital days	✓
Benefits beyond Original Medicare like special programs to help keep you healthy (e.g. Aetna Resources for Living SM and Informed Health Line® 24/7 nurse support)	✓
Covers emergency medical care worldwide	✓
No waiting period for pre-existing medical conditions	✓
Includes a secure member website for claim searches	✓

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*There's no cost for Aetna's research and referrals. You'd pay for any referred services you use.

Benefits and premiums are effective
January 1, 2018 through December 31, 2018

Plan design and benefits

Provided by Aetna Life Insurance Company

ONONDAGA COUNTY
Aetna MedicareSM Plan (PPO)
Medicare (C04) ESA PPO Plan

Plan features	Network & out-of-network providers
Annual deductible	\$0
This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.	
Annual maximum out-of-pocket amount	\$1,000
The maximum out-of-pocket limit applies to all covered Medicare Part A and B benefits including deductible.	
Primary care physician selection	Optional
There is no requirement for member pre-certification. Your provider will do this on your behalf.	
Referral requirement	None
Preventive care	This is what you pay for network & out-of-network providers
Annual wellness exams	\$0
One exam every 12 months.	
Routine physical exams	\$0
Medicare covered immunizations	\$0
Pneumococcal, flu, hepatitis B	
Routine GYN care (cervical and vaginal cancer screenings)	\$0
One routine GYN visit and pap smear every 24 months.	
Routine mammograms (breast cancer screening)	\$0
One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.	

Preventive care	This is what you pay for network & out-of-network providers
Routine prostate cancer screening exam	\$0
For covered males age 50 & over, every 12 months.	
Routine colorectal cancer screening	\$0
For all members age 50 & over.	
Routine bone mass measurement	\$0
Additional Medicare preventive services*	\$0
Physician services	This is what you pay for network & out-of-network providers
Primary care physician visits	\$0
Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.	
Physician specialist visits	\$0
Diagnostic procedures	This is what you pay for network & out-of-network providers
Outpatient diagnostic laboratory	\$0
Outpatient diagnostic x-ray	\$0
Outpatient diagnostic testing	\$0
Outpatient complex imaging	\$0
Emergency medical care	This is what you pay for network & out-of-network providers
Urgently needed care; worldwide	\$0
Emergency care; worldwide	\$0
(waived if admitted)	
Ambulance services	\$0

Hospital care	This is what you pay for network & out-of-network providers
Inpatient hospital care The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$0 per stay
Outpatient surgery	\$0
Blood	All components of blood are covered beginning with the first pint.
Mental health services	This is what you pay for network & out-of-network providers
Inpatient mental health care The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$0 per stay
Outpatient mental health care	\$0
Alcohol/drug abuse services	This is what you pay for network & out-of-network providers
Inpatient substance abuse (detox and rehab) The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$0 per stay
Outpatient substance abuse (detox and rehab)	\$0
Other services	This is what you pay for network & out-of-network providers
Skilled Nursing Facility (SNF) care Limited to 100 days per Medicare Benefit Period**. The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$0
Home health agency care	\$0
Hospice care	Covered by Medicare at a Medicare certified hospice.
Outpatient rehabilitation services (Speech, physical, and occupational therapy)	\$0
Cardiac rehabilitation services	\$0
Pulmonary rehabilitation services	\$0

Other services	This is what you pay for network & out-of-network providers
Radiation therapy	\$0
Chiropractic services Limited to Medicare - covered services for manipulation of the spine.	\$0
Durable medical equipment/prosthetic devices	\$0
Podiatry services Limited to Medicare covered benefits only.	\$0
Diabetic supplies Includes supplies to monitor your blood glucose.	\$0
Diabetic eye exams	\$0
Outpatient dialysis treatments	\$0
Medicare Part B prescription drugs	\$0
Medicare covered dental Non-routine care covered by Medicare.	\$0
Additional non-Medicare covered services	
Fitness Benefit	Silver Sneakers
Resources for Living For help locating resources for everyday needs.	Covered
Enhanced chiropractic services	\$15
Routine podiatry	\$15
Private duty nursing	\$0; up to \$10,000

*Additional Medicare preventive services include:

- Ultrasound screening for abdominal aortic aneurysm (AAA)
- Cardiovascular disease screening
- Diabetes screening tests and diabetes self-management training (DSMT)
- Medical nutrition therapy
- Glaucoma screening
- Screening and behavioral counseling to quit smoking and tobacco use
- Screening and behavioral counseling for alcohol misuse
- Adult depression screening
- Behavioral counseling for and screening to prevent sexually transmitted infections
- Behavioral therapy for obesity
- Behavioral therapy for cardiovascular disease
- Behavioral therapy for HIV screening
- Hepatitis C screening
- Lung cancer screening

**A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

Not all ESA Plans are available in all areas

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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna).

You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. Provider participation may change without notice. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. For more information about Aetna plans, go to www.aetna.com.

See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's preferred drug list. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Pharmacy participation is subject to change.

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

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

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your Evidence of Coverage
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, go to www.aetna.com.

*****This is the end of this plan benefit summary*****

2018 Medicare plan ratings*

Aetna Medicare - H5521

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, Aetna Medicare received the following Overall Star Rating from Medicare.

4 Stars ★★☆☆

We received the following Summary Star Rating for Aetna Medicare's health/drug plan services:

Health Plan Services: 4.5 Stars ★★★★★

Drug Plan Services: 4 Stars ★★★★★

The number of stars shows how well our plan performs.

★★★★★ 5 stars - excellent

★★★★ 4 stars - above average

★★★ 3 stars - average

★★ 2 stars - below average

★ 1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us Monday through Friday from 7:00 a.m. to 8:00 p.m. Central time at **1-800-307-4830** (toll-free) or **711 (TTY)**.

Current members please call **1-888-267-2637** (toll-free) or **711 (TTY)**.

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. 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. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-14 days. You can call 1-888-792-3862 (TTY: 711), 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery. The provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Aetna Medicare members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call **1-800-307-4830 (TTY: 711)**.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-307-4830 (TTY: 711)**.

Traditional Chinese: 注意: 如果您使用中文, 您可以免費獲得語言援助服務。請致電 **1-800-307-4830 (TTY: 711)**。

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the phone number listed in this material.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aetna Medicare Grievance Department, P.O. Box 14067, Lexington, KY 40512. You can also file a grievance by phone by calling the phone number listed in this material. If you need help filing a grievance, call the phone number listed in this material. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also contact the Aetna Civil Rights Coordinator by phone at 1-855-348-1369, by email at MedicareCRCoordinator@aetna.com, or by writing to Aetna Medicare Grievance Department, ATTN: Civil Rights Coordinator, P.O. Box 14067, Lexington, KY 40512.

Important Information about your enrollment in a Medicare Advantage plan

As an Aetna Medicare member, you agree to the following: I will need to keep my Medicare Parts A and B, and continue to pay my Part B premium. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform Aetna of any prescription drug coverage that I have or may get in the future.

I understand that if I don't have Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrolment penalty if I enroll in Medicare prescription drug coverage in the future.

Enrollment in this plan is generally for the calendar year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (for example, Annual Enrollment Period October 15 December 7 of every year), or under certain special circumstances.

The Aetna Medicare Advantage plan serves a specific service area. If I move out of the area that the Aetna Medicare Advantage plan serves, I need to notify the plan and my former employer/union/trust so I can disenroll and find a new plan in my new area. Once I am a member of the Aetna Medicare Advantage plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from the Aetna Medicare Advantage plan when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border. I may also be disenrolled if I do not pay any applicable plan premiums within the grace period. The effective date of disenrollment is in accordance with federal requirements.

I understand that beginning on the date the Aetna Medicare Advantage plan coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, the Aetna Medicare Advantage plan provides refunds for all covered benefits, even if I get services out of network.

Services authorized by the Aetna Medicare Advantage plan and other services contained in my Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with the Aetna Medicare Advantage plan, he/she may be paid based on my enrollment in the Aetna Medicare Advantage plan.

Release of information

By joining this Medicare health plan, I acknowledge that the Aetna Medicare Advantage plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that the Aetna Medicare Advantage plan will release my information, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information, I will be disenrolled from the plan.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or prescription drug plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.



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