

# 2019 Medical Plans

POST-65 GROUP COVERAGE UNDERWRITTEN BY AETNA



## CHOOSE ONE MEDICARE ADVANTAGE PLAN

	Medicare Advantage PPO Premium Plan	Medicare Advantage PPO Plus Plan	Medicare Advantage PPO Standard Plan
Plan Deductible	\$0*	\$0*	\$0*
Medicare Deductible	\$0	\$0	\$0
Primary Care	\$15 copay *	15% coinsurance (in-network) 25% coinsurance (out-of-network)	\$15 copay (in-network) 30% coinsurance (out-of-network)
Specialist	\$15 copay*	15% coinsurance (in-network) 25% coinsurance (out-of-network)	\$40 copay (in-network) 30% coinsurance (out-of-network)
Hospital	Covered 100%	\$500 per admission. No day limit. (in-network) 25% per admission. No day limit. (out-of-network)	\$200 per day (1-7). No day limit. (in-network) 30% per admission. No day limit. (out-of-network)
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Out-of-Pocket Limit	\$2,000*	\$2,750 (in-network) \$5,500 (out-of-network)	\$6,700 (in-network) \$10,000 (out-of-network)



Call 1-855-212-5666 for personalized counseling. | Call the Emeriti Service Center at 1-866-363-7484 to enroll.

For more information and to calculate your insurance premium rates, visit [EmeritiHealth.org](http://EmeritiHealth.org).

\*In- and out-of-network

# 2019 Rx and Dental Plans

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**Emeriti®**  
Retirement Health

## CHOOSE ONE PRESCRIPTION DRUG PLAN

Rx Premium Plan	Rx Plus Plan	Rx Standard Plan
Open 2 Plus Formulary	Open 2 Plus Formulary	GRP B2 Formulary
Deductible: \$100	Deductible: \$200	Deductible: \$415
Initial Coverage Limit: 15% generic, 25% preferred brand, 40% non-preferred brand	Initial Coverage Limit: 15% generic, 25% preferred brand, 50% non-preferred brand	Initial Coverage Limit: 15% generic, 25% preferred brand
Coverage Gap: 15% generic, 25% brand	Coverage Gap:* 15% copay for Tier 1 generic drugs, 25% brand	Coverage Gap:* 37% generic, 25% brand
Catastrophic Coverage: 100% coverage, you pay nothing	Catastrophic Coverage: 95% coverage, you pay 5%	Catastrophic Coverage: 95% coverage, you pay 5%

\*The Medicare Coverage Gap Discount Program will continue to provide manufacturer discounts on brand name drugs to Part D beneficiaries who reach the Coverage Gap and are not already receiving "Extra Help." A 70% discount on the negotiated price of preferred and non-preferred brand drugs (excluding the dispensing fee) will be available from manufacturers that have agreed to provide the discount.

## CONSIDER ADDING DENTAL COVERAGE

Preventive Service	100% coverage
Annual Deductible (basic and major services)	\$100
Basic Services Coverage (fillings, standard crowns, extractions)	50%
Major Services Coverage (root canal therapy, surgical removals, dentures)	50%
Annual Benefit Maximum	\$1,500

\*Subject to 12 month waiting period with no proof of prior continuing coverage. NOTE: Dental is not available on a stand alone basis. If you dis-enroll from the dental plan, you will not be able to re-enroll again.

# For providers out of the Aetna Medicare network:



## How to accept and bill claims for the Aetna Medicare<sup>SM</sup> Plan (PPO) with Extended Service Area (ESA)

Your patient's plan is a customized group Aetna Medicare Advantage PPO plan with Extended Service Area (ESA). Under this plan, members pay the same amount whether they visit in-network or out-of-network providers.

**Your patient's services will be covered** as long as you are:

Eligible to receive payment from Medicare, and  
Willing to accept the plan.

### About the plan

The Aetna Medicare Advantage ESA PPO plan provides all the benefits of Original Medicare — and more. The plan includes coverage for unlimited hospitalization and certain preventive/wellness services beyond what Medicare covers. It also features:

- No contract
- Medicare rates for doctors who do not participate for good order claims (less member copayments, coinsurance or deductible, as required under Medicare Advantage regulations and the member's plan)
- One bill and one payment
- No referrals required
- Precertification recommended, but not required
- ID card indicating "Medicare ESA PPO" below Aetna logo

### Claims instructions for your staff

For Aetna Medicare Advantage ESA PPO patients, your staff should:

- Collect the patient's copayment for covered expenses
- Submit all good order claims for covered services for payment
- Submit the patient-paid amount on claim

Aetna will process claims using:

- Original Medicare billing rules
- The Medicare fee schedule
- Prospective payment system requirements
- Local Coverage Determinations (LCDs)
- The patient's plan documents, including Evidence of Coverage

Medicare-limiting charges will apply. Aetna uses the Correct Coding Initiative (CCI) for bundling/unbundling logic. For more information, use the CCI link on the CMS website: <http://www.cms.gov/nationalcorrectcodinit/>.

### More information about doing business with Aetna

Go to <http://www.aetnaeducation.com> for training and resources. Search for "Medicare Advantage."

We're here to help you and your Aetna Medicare Advantage plan patients.

Call us at **1-800-624-0756 (TTY: 711)**, Monday through Friday, 8 a.m. to 5 p.m., Local time.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our Special Needs Plans also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. Plans are offered by Aetna Life Insurance Company (Aetna).

**You must continue to pay your Medicare Part B premium.** Discount offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. The member is responsible for the full cost of discounted services. Aetna may receive a percentage of the fee paid to a discount vendor.

Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next. This material is for informational purposes only and is not medical advice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Contact a health care professional with any questions or concerns about specific health care needs. 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. 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.aetnamedicare.com](http://www.aetnamedicare.com).

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