

# Aetna Medicare Advantage Medical Plan 2016 Reference Guide



**More than 100,000 TRS-Care retirees are in the Aetna Medicare Advantage plan — with a 97 percent member satisfaction rate!\***

**Currently, more than 30,900 doctors and hospitals in Texas take the Aetna Medicare Advantage plan — chances are your doctor is one of them!**

\*2014 Teacher Retirement System of Texas (TRS) Medicare Advantage Member Satisfaction survey results

## **What current plan participants are saying about the TRS-Care Aetna Medicare Advantage plan**

*"It's so much easier only having to receive one EOB from Aetna . . . not one from Medicare and then another from Aetna."*

**A.G., a Medicare Advantage plan participant from Spring Branch**

*"I like that the deductible is lower than the previous plan. I'm able to meet it quicker and I don't have to meet any Medicare deductibles."*

**G.S., a Medicare Advantage plan participant from Houston**

*"I've been very pleased with the Medicare Advantage plan, haven't had any issues with my provider not accepting my plan."*

**B.S., a Medicare Advantage plan participant from Dallas**

## Aetna Medicare Advantage Preferred Provider Organization (PPO) with an Extended Service Area (ESA) plan

### What's special



You get richer benefits and lower costs than what your current TRS-Care plan offers.



You have access to Aetna retiree advocates and nurses. They'll help you get the most out of your Aetna Medicare Advantage plan.



You can see any licensed provider who accepts your PPO plan and is eligible to receive payment from Medicare — even if they aren't contracted with Aetna. You'll pay these same amounts for covered services in or out of network.



You're not required to select a primary care physician (PCP), but we encourage you to choose one.



You have access to our Silver&Fit Program, which includes a standard health club membership at no extra cost to you.



You get 24 one-way trips a year to Medicare-covered services with Access2Care<sup>SM</sup>. It's a non-emergency medical transportation benefit — at no extra cost to you.



You have access to the National Medical Excellence Program<sup>®</sup>, a select network of respected doctors and facilities. You'll get help for a complex illness or injury and receive the most appropriate care.

### Plan details

You can use providers who are in or out of the plan's nationwide network. An out-of-network provider must be eligible to receive Medicare payment and willing to accept the Aetna Medicare plan.

There are currently more than 13,000 doctors and more than 400 hospitals that aren't in our network but still accept the Aetna Medicare Advantage plan.

#### Questions:

Call our Aetna Retiree Advocates at **1-800-367-3636 (TTY: 711)**, Monday through Friday, 8 a.m. to 5 p.m. CT.

### How to enroll

Enroll today by calling TRS at **1-888-237-6762 (TTY: 711)**, Monday through Friday, 7 a.m. to 6 p.m. CT.

## Plans at-a-glance

	TRS-Care 1 Plan	TRS-Care 2 Plan	Aetna Medicare Advantage Care 2 Plan	TRS-Care 3 Plan	Aetna Medicare Advantage Care 3 Plan
<b>Your 2016 Annual Premium Savings</b>	<b>Your 2016 Share of Costs</b>				
	Individual: \$0 Individual plus spouse: \$0	Individual: \$0 Individual plus spouse: \$0	Individual savings of: \$180 Individual plus spouse: \$360	Individual: \$0 Individual plus spouse: \$0	Individual savings of: \$180 Individual plus spouse: \$360
	<b>Coverage</b>				
<b>Deductible (per calendar year)</b>	Individual: \$2,350 Family: \$4,700	Individual: \$1,300 Family: \$2,600	\$500	Individual: \$400 Family: \$800	\$150
<b>Primary Care Physician Office Visits</b>	20% after Medicare payment and TRS-Care deductible	20% after Medicare payment and TRS-Care deductible	\$5 copay (after deductible)	20% after Medicare payment and TRS-Care deductible	\$5 copay (after deductible)
<b>Specialist Office Visits</b>	20% after Medicare payment and TRS-Care deductible	20% after Medicare payment and TRS-Care deductible	\$10 copay (after deductible)	20% after Medicare payment and TRS-Care deductible	\$10 copay (after deductible)
<b>Annual Maximum Out-Of-Pocket Limit</b>	Individual: \$6,250 Family: \$12,500 (includes deductible)	Individual: \$5,800 Family: \$11,600 (includes deductible)	\$3,500 (includes deductible and copays)	Individual: \$4,900 Family: \$9,800 (includes deductible)	\$3,150 (includes deductible and copays)
<b>Inpatient Coverage</b>	20% after Medicare payment and TRS-Care deductible	20% after Medicare payment and TRS-Care deductible	\$500 copay per stay after deductible (includes hospital and related physician charges)	20% after Medicare payment and TRS-Care deductible	\$250 copay per stay after deductible (includes hospital and related physician charges)
<b>Emergency Room; Worldwide (Copay waived if admitted)</b>	20% after Medicare payment and TRS-Care deductible	20% after Medicare payment and TRS-Care deductible	\$65 copay; deductible waived	20% after Medicare payment and TRS-Care deductible	\$50 copay; deductible waived
<b>Transportation Benefit</b>	Not covered	Not covered	\$0 copay; deductible waived	Not covered	\$0 copay; deductible waived
<b>Fitness Benefit</b>	Discount to participating fitness centers	Discount to participating fitness centers	Free membership to participating fitness centers in the Silver&Fit network	Discount to participating fitness centers	Free membership to participating fitness centers in the Silver&Fit network

## How our plan works for you and your doctor

It's easy to get covered care from your doctor with the Aetna Medicare Advantage Care plan. Just show your Aetna Medicare ID card.

You can see any doctor who participates with Original Medicare, even if that doctor isn't in our network. Your benefits remain the same and you'll pay the same amount for covered services, both in and out of network.

You don't need to select a primary care physician (PCP) with the Aetna Medicare Advantage plan, but we encourage you to choose one. A PCP is often the only doctor to have a complete picture of your health. If you don't have a PCP, you can find one who's in our network.

## How will I know if my doctor accepts the Medicare Advantage plan?

- Call us at **1-800-367-3636 (TTY: 711)**, Monday through Friday, 8 a.m. to 5 p.m. CT. Press 2 at the prompt and we'll help you find out.
- Visit us online at **[www.trscarestandardaetna.com](http://www.trscarestandardaetna.com)**.
- If you use a doctor or hospital that does not participate in the plan's network, they must be licensed, eligible to receive Medicare payment and be willing to accept the plan. You can locate a Medicare provider at **[www.medicare.gov](http://www.medicare.gov)**.
- Check with your doctor.

## What else should I know?

- You must be enrolled in Medicare Parts A and B. You must continue to pay your Part B premium and Part A, if applicable.
- Your acceptance is guaranteed as long as you meet eligibility requirements.
- Your provider must be licensed, eligible to receive Medicare payment and willing to accept the plan if they don't participate in the plan's network. You can locate a Medicare provider at **[www.medicare.gov](http://www.medicare.gov)**.
- You can refer to your plan documents for complete information. You can view them online and you'll also get them by mail.

*"I have had an annual checkup, three diagnostic procedures and a biopsy — each with a different doctor and/or hospital. Each one has accepted my insurance without any question."*

**M.F., a Medicare Advantage plan participant from Midland**



## Have questions? Here are some answers!

It's good to ask questions — especially about your health insurance. To make it easy for you, here are answers to the questions we receive most about the Medicare Advantage plans, plus a few more.

### What is a Medicare Advantage plan?

It's a Medicare health plan choice that provides medical and other benefits. These benefits are provided through health plan companies approved by the federal government. The plan can be a:

- Health maintenance organization (HMO)
- Preferred provider organization (PPO)
- Medicare private fee-for-service

Sometimes referred to as “Part C” or “MA Plan,” the Aetna Medicare Advantage Plan provides Part A (hospital insurance) and Part B (medical insurance) coverage. It's a preferred provider organization (PPO) extended service area (ESA) plan. This means that you can visit doctors and hospitals in and out of the plan's large network. However, these providers must be willing to accept your PPO ESA plan and be eligible to receive Medicare payments.

You can also see any doctor you choose. You do not need to have a primary care physician. And you don't need referrals.

Through the Aetna Medicare Advantage plan, TRS offers you two plan levels:

- If you're in TRS-Care 2, you'll be matched to the Aetna Medicare Advantage Care 2 plan.
- If you're in TRS-Care 3, you'll be matched to the Aetna Medicare Advantage Care 3 plan.

### What does it mean to have a PPO Extended Service Area (ESA) plan?

With a PPO ESA plan you can see any licensed provider that accepts your Medicare Advantage plan and is eligible to receive payment from Medicare, even if that provider isn't contracted with Aetna. You won't pay a higher cost share if you use an out-of-network provider.

## What if I'm enrolled in another Medicare Advantage plan, such as Kelsey-Seybold?

You can't be enrolled in two Medicare Advantage plans at the same time. When you sign up for the Aetna Medicare Advantage plan and CMS approves your enrollment, you'll no longer be enrolled in any other Medicare Advantage plan, including the Kelsey-Seybold plan.

If you're currently enrolled with Kelsey-Seybold or any other Medicare Advantage plan and would like to stay with that plan, you don't have to take any action.

## Can I choose the Medicare Advantage plan if my husband/wife chooses the TRS Standard plan, even though he/she also has Medicare?

Yes, you can both choose different plans.

## How do I know if I'm eligible for the Medicare Advantage plan?

To be eligible for Aetna Medicare Advantage, you must:

- Be enrolled in the TRS-Care 2 or 3 Plans
- Have Medicare Parts A and B

You can't have a separate Medicare Advantage plan and you can't be in the Medicare waiting period if you're an end-stage renal disease (ESRD) patient.

## How do I enroll in Medicare Parts A and B?

You should apply for Medicare Parts "A" and "B" through Social Security. You can apply at [www.ssa.gov](http://www.ssa.gov), or go to your local Social Security office.

## How can Aetna Medicare Advantage plans cost less but offer better benefits?

Aetna Medicare Advantage plans offer low copays for covered physicians and specialists. This means you'll spend less out of your own pocket. The plans also feature a non-emergency medical transportation benefit and access to a fitness program. The Aetna Medicare Advantage plan premium is also \$15 less each month than the TRS-Care plan.

## If I join the TRS-Care Aetna Medicare Advantage plan, do I still have to pay my Medicare Part B premium?

Yes, in addition to paying your monthly premium for your Aetna Medicare Advantage plan you will also have to continue to pay your Part B premium.

## Why do I have to pay two premiums?

Private insurance companies like Aetna administer Medicare Advantage plans. Medicare contracts with these insurance companies. The exception is hospice care, which is still covered by Part A.

So, although you're enrolled in a private Medicare Advantage plan through Aetna, you're technically still enrolled in the federal Medicare program. Therefore, you must pay Medicare's Part B premium.

In exchange for paying a monthly Part B premium, you're covered for some medically necessary and preventive care services. Medicare Part B generally covers your "Welcome to Medicare" physical exam, diagnostic tests, screenings, lab work, durable medical equipment and more.

## Do I also need a Supplement Insurance plan?

No. A Medicare Supplement Insurance plan (Medigap) works hand in hand with Original Medicare. It helps pay costs that Original Medicare doesn't, such as copayments, coinsurance and deductibles. A Medigap plan's benefits would be the same as what your Aetna Medicare Advantage plan currently covers. Your Aetna Medicare Advantage plan actually includes more benefits than what may be included in a Medigap plan such as:

- Fitness benefits
- Transportation benefits
- Vision and hearing discounts

It's also important to keep in mind that if you have a Medicare Advantage plan, it's illegal for anyone to sell you a Medigap policy unless you're switching back to Original Medicare.

## Does the Medicare Advantage plan require preauthorization for any services?

We do require “preauthorization” (authorization in advance) for some services. Examples are hospital stays or surgery. For services or procedures that may require preauthorization, please review your plan “owners manual” that you should receive about 30 days after acceptance into the plan, or contact customer service. If you’re having a procedure that requires approval in advance from us, your doctor will take care of this for you.

## Do I need referrals?

No. The Medicare Advantage plan doesn’t require referrals to specialists or facilities.

## What happens if my doctor doesn’t accept the plan? My doctor is leaving the Medicare Advantage plan network. Should I disenroll?

No, there’s no need to disenroll if your doctor is leaving the Medicare Advantage plan network. As long as a doctor accepts Original Medicare and agrees to file claims to Aetna, we’ll allow the same dollar amount that Medicare does. Aetna’s retiree advocates can reach out to your doctor(s) and explain how the plan works. If your doctor still chooses not to accept the Aetna Medicare Advantage plan, we can help you find qualified medical professionals in your area that do accept the plan.

## What if I have a Medicare Supplement Insurance plan?

If you enroll in the Aetna Medicare Advantage plan you don’t need the Medicare Supplement Insurance plan. The Aetna Medicare Advantage plan is almost like a combination of Original Medicare and a Medicare Supplement Insurance plan.

## Will I have another chance to enroll in the Aetna Medicare Advantage plan?

If you decide not to enroll this year, you’ll have to wait until the next enrollment period to enjoy the richer benefits, extra services and lower costs of Aetna’s Medicare Advantage plan.

## Can I try the Aetna Medicare Advantage plan and drop it if it doesn’t meet my needs?

Yes, you can. Just call the TRS offices at **1-888-237-6762**. They’ll move you back to the standard TRS-Care plan you were on before you moved to Aetna’s Medicare Advantage plan. Your coverage will start again on the first of the month following your notification to TRS of your change. Your plan deductible and benefits will start over again. Any out-of-pocket costs or money paid toward your deductible won’t transfer.

## What if I have other health insurance coverage?

You can have other health insurance coverage in addition to the Aetna Medicare Advantage plan. However, you can’t be a member of two Medicare Advantage medical plans at the same time.

## What happens to family members who aren’t Medicare eligible but currently have TRS coverage?

They’ll stay on the standard TRS-Care plan.

## Silver&Fit®

### How does the Silver&Fit fitness benefit work?

As a member of the TRS-Care Aetna Medicare Advantage Care plan, you can get a complementary gym membership to an in-network fitness facility through Silver&Fit.

### How do I sign up for the Silver&Fit fitness benefit?

The easiest way to enroll in the Silver&Fit benefit is through one of the in-network fitness facilities. You can also call Silver&Fit at **1-866-333-4274 (TTY: 1-877-710-2746)**, 5 a.m. – 6 p.m. PT.

### What Silver&Fit fitness facilities can I join?

To find a listing of in-network Silver&Fit fitness facilities go to **www.silverandfit.com**. Then click “Find a fitness facility.” You can also call Silver&Fit at **1-866-333-4274 (TTY: 1-877-710-2746)**, 5 a.m. – 6 p.m. PT.



### What if I don't live near a Silver&Fit fitness facility?

You have a few options:

- You can nominate a fitness facility for Silver&Fit's consideration to add to their network by visiting [www.silverandfit.com](http://www.silverandfit.com) or calling **1-866-333-4274 (TTY: 1-877-710-2746)**, 5 a.m. – 6 p.m. PT.
- You can request a Silver&Fit homekit, which gives you the freedom and flexibility to work out at home.

### After I enroll, how do I start using my Silver&Fit fitness center?

Once you've selected a fitness facility, you can use it immediately. You don't need to wait for your membership card. The fitness center employees can verify your membership online or by calling Silver&Fit.

### Access2Care

#### What is the transportation benefit?

With the Access2Care transportation benefit, you can get where you need to go, when you need to be there. Your plan covers transportation for 24 non-emergency one-way trips to and from doctors and facilities. Seven days a week. Safely, comfortably and at no extra cost to you.

#### How does Access2Care work?

Just call to set up a ride. Be sure to call at least three days ahead. That gives them enough time to find the best transportation for your needs. Call **1-855-814-1699**, Monday through Friday, 8 a.m. to 8 p.m., local time.

# Aetna Medicare Advantage Care 2

## Aetna Medicare<sup>SM</sup> Plan (PPO) Medicare ESA PPO Plan

Benefits and Value-Added Services are effective January 1, 2016 through December 31, 2016

PLAN FEATURES	In or Out-of-Network Providers
<p><b>Combined In and Out of Network Deductible</b> (Plan Level/includes Network Deductible)</p> <p>Unless otherwise indicated, the deductible must be met prior to benefits being payable.</p> <p><b>Plan Level Deductible does not apply to:</b> annual wellness exams, routine physical exam, routine mammograms, routine hearing exam, routine colorectal screening, routine prostate screening, bone mass measurement, immunization, routine GYN, routine eye care, additional Medicare preventive care services, emergency room, emergency ambulance services, urgently needed care. Deductible is NOT applicable to any additional non-Medicare covered services that may be available on your plan.</p>	<p>\$500</p>
<p><b>Member Coinsurance</b> Applies to all expenses unless otherwise stated.</p>	<p>5%</p>
<p><b>Annual Maximum Out-of-Pocket Amount</b> (Combined network and out-of-network and the deductible, copay and coinsurance)</p> <p>Annual Maximum Out-of-pocket Limit amount applies to all medical expenses EXCEPT Hearing Aid Reimbursement, Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.</p>	<p>\$3,500</p>
<p><b>Primary Care Physician Selection</b></p>	<p>Recommended</p>
<p><b>Certification Requirements</b> There is not a requirement for member pre-certification. If a member fails to obtain pre-certification they will not be denied services or will any penalty amount be applied. However, pre-certification is requested on certain services including inpatient hospital care, inpatient mental health and substance abuse, skilled nursing facility, home health care and some durable medical equipment.</p>	
<p><b>Referral Requirement</b></p>	<p>None</p>
PHYSICIAN SERVICES	
<p><b>Primary Care Physician Visits</b> (including after hours) Includes services of an internist, general physician, family practitioner for routine care as well as in-office surgery and diagnosis and treatment of an illness or injury.</p>	<p>\$5 copay after deductible Plan deductible applies, then copay, then 100% for the office visit/consult. Service charges billed with the office visit/consult are subject to deductible and coinsurance (e.g., injections, X-rays)</p>
<p><b>Physician Specialist Visits</b></p>	<p>\$10 copay after deductible Plan deductible applies, then copay, then 100% for the office visit/consult. Service charges billed with the office visit/consult are subject to deductible and coinsurance (e.g., injections, X-rays)</p>
<p><b>Allergy Testing/Treatment Visits</b></p>	<p>\$10 copay after deductible</p>

## DIAGNOSTIC PROCEDURES

### Outpatient Diagnostic Laboratory

\$0 copay after deductible

### Outpatient Diagnostic X-ray, Testing and Complex Imaging

X-ray: 5% after deductible  
Testing: \$10 copay after deductible  
Complex Imaging: 5% after deductible

## EMERGENCY MEDICAL CARE

### Urgently Needed Care

\$35 copay then 100%; deductible waived

### Emergency Care; Worldwide (waived if admitted)

\$65 copay then 100%; deductible waived

### Ambulance Services

5% after deductible; deductible waived for emergency transport

## HOSPITAL CARE

### Inpatient Hospital Care

The member cost sharing applies to covered benefits incurred during a member's inpatient confinement.

\$500 copay after deductible  
Plan deductible applies, then inpatient copay, then 100% for the facility and all related physician charges. Copay does not apply if re-admitted with the same diagnosis within 30 days. No maximum day limit.

### Outpatient Surgery

The member cost sharing applies to covered benefits incurred during a member's outpatient visit.

\$250 copay after deductible  
Plan deductible applies, then copay, then 100% for the facility and all related physician charges.

## MENTAL HEALTH SERVICES

### Inpatient Mental Health Care

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

\$500 copay after deductible  
Plan deductible applies, then inpatient copay, then 100% for the facility and all related physician charges. Copay does not apply if re-admitted with the same diagnosis within 30 days. No maximum day limit.

### Outpatient Mental Health Care

The member cost sharing applies to covered benefits incurred during a member's outpatient visit.

\$10 copay after deductible  
Plan deductible applies, then specialist copay, then 100% for the office visit/consult. Service charges billed with the office visit/consult are subject to deductible and coinsurance.

## ALCOHOL/DRUG ABUSE SERVICES

### Inpatient Substance Abuse (Detox and Rehab)

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

\$500 copay after deductible  
Plan deductible applies, then inpatient copay, then 100% for the facility and all related physician charges. Copay does not apply if re-admitted with the same diagnosis within 30 days. No maximum day limit.

### Outpatient Substance Abuse (Detox and Rehab)

The member cost sharing applies to covered benefits incurred during a member's outpatient visit.

\$10 copay after deductible  
Plan deductible applies, then specialist copay, then 100% for the office visit/consult. Service charges billed with the office visit/consult are subject to deductible and coinsurance.

## PREVENTIVE CARE

<b>Annual Wellness Exams</b> (one exam every 12 months)	Covered 100%
<b>Routine Physical Exams</b> (one exam every 12 months)	Covered 100%
<b>Medicare Covered Immunizations</b> Pneumococcal, Flu, Hepatitis B	Covered 100%
<b>Routine GYN Care (Cervical and Vaginal Cancer Screenings)</b> One routine GYN visit and pap smear every 24 months	Covered 100%
<b>Routine Mammograms (Breast Cancer Screening)</b> One baseline mammogram for members 35-39; and one annual mammogram for members age 40 and over	Covered 100%
<b>Routine Prostate Cancer Screening Exam</b> For covered males age 50 and over every 12 months	Covered 100%
<b>Routine Colorectal Cancer Screening</b> For all members age 50 and over	Covered 100%
<b>Routine Bone Mass Measurement</b>	Covered 100%
<b>Additional Medicare Preventive Services*</b>	Covered 100%
<b>Routine Eye Exams</b> (one exam every 12 months)	Covered 100%
<b>Routine Hearing Screening</b> (one exam every 12 months)	Covered 100%

## OTHER SERVICES

<b>Skilled Nursing Facility (SNF) Care</b> Plan deductible applies. The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$0 days 1-20 \$50 a day for days 21-100 20% days 101+
<b>Home Health Agency Care</b>	Covered 100% after deductible
<b>Hospice Care</b>	Covered by Medicare at a Medicare certified hospice
<b>Private Duty Nursing</b> Visits subject to medical necessity review by Aetna.	20% after deductible
<b>Outpatient Rehabilitation Services</b> Includes speech, physical, cardiac, pulmonary and occupational therapy.	5% after deductible
<b>Cardiac Rehabilitation Services</b>	\$10 copay after deductible
<b>Chiropractic Services</b> For manipulation of the spine to the extent covered by Medicare. Plus, up to 20 additional visits for modalities, x-ray and exam.	5% after deductible

\*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

<b>Durable Medical Equipment/ Prosthetic Devices</b>	5% after deductible
<b>Podiatry Services</b> Limited to Medicare covered benefits only	\$10 copay after deductible Plan deductible applies, then specialist copay, then 100% for the office visit/consult. Service charges billed with the office visit/consult are subject to deductible and coinsurance.
<b>Diabetic Supplies</b>	Covered 100% after deductible
<b>Outpatient Dialysis Treatments</b>	\$10 copay after deductible Plan deductible applies, then specialist copay, then 100% for the office visit/consult. Service charges billed with the office visit/consult are subject to deductible and coinsurance.
<b>Home Infusion Services</b> Administration of the drug covered under the Medicare Advantage plan.	20% after deductible
<b>Chemotherapy</b>	\$10 copay for office visit after deductible; 5% for drugs after deductible
<b>Medicare Part B Prescription Drugs</b>	5% after deductible
<b>ADDITIONAL NON-MEDICARE COVERED SERVICES</b>	
<b>Healthy Lifestyle Coaching</b> One phone call per week	Included
<b>Fitness Membership</b>	Included through Silver & Fit
<b>Transportation (Non-Emergency)</b>	Access2Care: up to 24 one-way trips for Medicare covered services
<b>Compression Stockings</b>	Covered 100% after deductible
<b>Wigs</b>	5% after deductible

Aetna Medicare is a Medicare Advantage organization with a Medicare contract. Enrollment in Aetna Medicare depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium, and/or copayments/coinsurance 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). Not all health services are covered. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location. You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

# Aetna Medicare Advantage Care 3

## Aetna Medicare<sup>SM</sup> Plan (PPO) Medicare ESA PPO Plan

Benefits and Value-Added Services are effective January 1, 2016 through December 31, 2016

PLAN FEATURES	In or Out-of-Network Providers
<p><b>Combined In and Out of Network Deductible</b> (Plan Level/includes Network Deductible)</p> <p>Unless otherwise indicated, the deductible must be met prior to benefits being payable.</p> <p><b>Plan Level Deductible does not apply to:</b> annual wellness exams, routine physical exam, routine mammograms, routine hearing exam, routine colorectal screening, routine prostate screening, bone mass measurement, immunization, routine GYN, routine eye care, additional Medicare preventive care services, emergency room, emergency ambulance services, urgently needed care. Deductible is NOT applicable to any additional non-Medicare covered services that may be available on your plan.</p>	<p>\$150</p>
<p><b>Member Coinsurance</b> Applies to all expenses unless otherwise stated.</p>	<p>5%</p>
<p><b>Annual Maximum Out-of-Pocket Amount</b> (Combined network and out-of-network and the deductible, copay and coinsurance)</p> <p>Annual Maximum Out-of-pocket Limit amount applies to all medical expenses EXCEPT Hearing Aid Reimbursement, Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.</p>	<p>\$3,150</p>
<p><b>Primary Care Physician Selection</b></p>	<p>Recommended</p>
<p><b>Certification Requirements</b> There is not a requirement for member pre-certification. If a member fails to obtain pre-certification they will not be denied services or will any penalty amount be applied. However, pre-certification is requested on certain services including inpatient hospital care, inpatient mental health and substance abuse, skilled nursing facility, home health care and some durable medical equipment.</p>	
<p><b>Referral Requirement</b></p>	<p>None</p>
PHYSICIAN SERVICES	
<p><b>Primary Care Physician Visits</b> (including after hours) Includes services of an internist, general physician, family practitioner for routine care as well as in-office surgery and diagnosis and treatment of an illness or injury.</p>	<p>\$5 copay after deductible Plan deductible applies, then copay, then 100% for the office visit/consult. Service charges billed with the office visit/consult are subject to deductible and coinsurance (e.g., injections, X-rays)</p>
<p><b>Physician Specialist Visits</b></p>	<p>\$10 copay after deductible Plan deductible applies, then copay, then 100% for the office visit/consult. Service charges billed with the office visit/consult are subject to deductible and coinsurance (e.g., injections, X-rays)</p>
<p><b>Allergy Testing/Treatment Visits</b></p>	<p>\$10 copay after deductible</p>

## DIAGNOSTIC PROCEDURES

### Outpatient Diagnostic Laboratory

\$0 copay after deductible

### Outpatient Diagnostic X-ray, Testing and Complex Imaging

X-ray: 5% after deductible  
Testing: \$10 copay after deductible  
Complex Imaging: 5% after deductible

## EMERGENCY MEDICAL CARE

### Urgently Needed Care

\$35 copay then 100%; deductible waived

### Emergency Care; Worldwide (waived if admitted)

\$50 copay then 100%; deductible waived

### Ambulance Services

5% after deductible; deductible waived for emergency transport

## HOSPITAL CARE

### Inpatient Hospital Care

The member cost sharing applies to covered benefits incurred during a member's inpatient confinement.

\$250 copay after deductible  
Plan deductible applies, then inpatient copay, then 100% for the facility and all related physician charges. Copay does not apply if re-admitted with the same diagnosis within 30 days. No maximum day limit.

### Outpatient Surgery

The member cost sharing applies to covered benefits incurred during a member's outpatient visit.

\$75 copay after deductible  
Plan deductible applies, then copay, then 100% for the facility and all related physician charges.

## MENTAL HEALTH SERVICES

### Inpatient Mental Health Care

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

\$250 copay after deductible  
Plan deductible applies, then inpatient copay, then 100% for the facility and all related physician charges. Copay does not apply if re-admitted with the same diagnosis within 30 days. No maximum day limit.

### Outpatient Mental Health Care

The member cost sharing applies to covered benefits incurred during a member's outpatient visit.

\$10 copay after deductible  
Plan deductible applies, then specialist copay, then 100% for the office visit/consult. Service charges billed with the office visit/consult are subject to deductible and coinsurance.

## ALCOHOL/DRUG ABUSE SERVICES

### Inpatient Substance Abuse (Detox and Rehab)

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

\$250 copay after deductible  
Plan deductible applies, then inpatient copay, then 100% for the facility and all related physician charges. Copay does not apply if re-admitted with the same diagnosis within 30 days. No maximum day limit.

### Outpatient Substance Abuse (Detox and Rehab)

The member cost sharing applies to covered benefits incurred during a member's outpatient visit.

\$10 copay after deductible  
Plan deductible applies, then specialist copay, then 100% for the office visit/consult. Service charges billed with the office visit/consult are subject to deductible and coinsurance.

## PREVENTIVE CARE

<b>Annual Wellness Exams</b> (one exam every 12 months)	Covered 100%
<b>Routine Physical Exams</b> (one exam every 12 months)	Covered 100%
<b>Medicare Covered Immunizations</b> Pneumococcal, Flu, Hepatitis B	Covered 100%
<b>Routine GYN Care (Cervical and Vaginal Cancer Screenings)</b> One routine GYN visit and pap smear every 24 months	Covered 100%
<b>Routine Mammograms (Breast Cancer Screening)</b> One baseline mammogram for members 35-39; and one annual mammogram for members age 40 and over	Covered 100%
<b>Routine Prostate Cancer Screening Exam</b> For covered males age 50 and over every 12 months	Covered 100%
<b>Routine Colorectal Cancer Screening</b> For all members age 50 and over	Covered 100%
<b>Routine Bone Mass Measurement</b>	Covered 100%
<b>Additional Medicare Preventive Services*</b>	Covered 100%
<b>Routine Eye Exams</b> (one exam every 12 months)	Covered 100%
<b>Routine Hearing Screening</b> (one exam every 12 months)	Covered 100%

## OTHER SERVICES

<b>Skilled Nursing Facility (SNF) Care</b> Plan deductible applies. The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$0 days 1-20 \$25 a day for days 21-100 20% days 101+
<b>Home Health Agency Care</b>	Covered 100% after deductible
<b>Hospice Care</b>	Covered by Medicare at a Medicare certified hospice
<b>Private Duty Nursing</b> Visits subject to medical necessity review by Aetna.	20% after deductible
<b>Outpatient Rehabilitation Services</b> Includes speech, physical, cardiac, pulmonary and occupational therapy.	5% after deductible
<b>Cardiac Rehabilitation Services</b>	\$10 copay after deductible
<b>Chiropractic Services</b> For manipulation of the spine to the extent covered by Medicare. Plus, up to 20 additional visits for modalities, x-ray and exam.	5% after deductible

\*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

<b>Durable Medical Equipment/ Prosthetic Devices</b>	5% after deductible
<b>Podiatry Services</b> Limited to Medicare covered benefits only	\$10 copay after deductible Plan deductible applies, then specialist copay, then 100% for the office visit/consult. Service charges billed with the office visit/consult are subject to deductible and coinsurance
<b>Diabetic Supplies</b>	Covered 100% after deductible
<b>Outpatient Dialysis Treatments</b>	\$10 copay after deductible Plan deductible applies, then specialist copay, then 100% for the office visit/consult. Service charges billed with the office visit/consult are subject to deductible and coinsurance.
<b>Home Infusion Services</b> Administration of the drug covered under the Medicare Advantage plan.	20% after deductible
<b>Chemotherapy</b>	\$10 copay for office visit after deductible; 5% for drugs after deductible
<b>Medicare Part B Prescription Drugs</b>	5% after deductible
<b>ADDITIONAL NON-MEDICARE COVERED SERVICES</b>	
<b>Healthy Lifestyle Coaching</b> One phone call per week	Included
<b>Fitness Membership</b>	Included through Silver & Fit
<b>Transportation (Non-Emergency)</b>	Access2Care: up to 24 one-way trips for Medicare covered services
<b>Compression Stockings</b>	Covered 100% after deductible
<b>Wigs</b>	5% after deductible

Aetna Medicare is a Medicare Advantage organization with a Medicare contract. Enrollment in Aetna Medicare depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium, and/or copayments/coinsurance 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). Not all health services are covered. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location. You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

## Information and resources

As you review your benefits options, keep these resources handy.

Resource	Who to contact	Why to contact
<b>TRS Aetna Medicare Advantage website</b>	<b>www.trscarestandardaetna.com</b>	<ul style="list-style-type: none"> <li>• Summary of Benefits</li> <li>• Plan booklets</li> <li>• Detailed information about the programs to which you have access</li> <li>• Helpful tools on Aetna Navigator® including the ability to order a new ID card or chat directly with a retiree advocate</li> </ul>
<b>Aetna retiree advocates</b>	<p><b>1-800-367-3636 (TTY: 711)</b> Monday through Friday, 8 a.m. to 5 p.m. CT</p> <p>Option 2: Aetna Medicare Advantage (medical)</p> <p>Option 3: Aetna (standard medical)</p>	<ul style="list-style-type: none"> <li>• Information about the plan and programs available</li> <li>• Help to find out if your doctor accepts the Medicare Advantage plan</li> </ul>
<b>Express Scripts</b>	For help or more information, contact Express Scripts Medicare Customer Service at <b>1-877-680-4881</b> , 24 hours a day, 7 days a week. TTY users should call <b>1-800-716-3231</b> . Express Scripts Medicare has free language interpreter services available for non-English speakers.	<ul style="list-style-type: none"> <li>• Information about prescription drug benefits or prescriptions filled through the Express Scripts Pharmacy.</li> </ul>
<b>TRS offices</b>	<b>1-888-237-6762</b>	<ul style="list-style-type: none"> <li>• To change your plan election</li> <li>• For general questions about eligibility and enrollment</li> </ul>
<b>Silver&amp;Fit®</b>	<p><b>1-866-333-4274</b> (TTY: 1-877-710-2746) <b>www.silverandfit.com</b></p>	<ul style="list-style-type: none"> <li>• To enroll in the benefit</li> <li>• To find available fitness facilities</li> </ul>
<b>Access2Care</b>	<b>1-855-814-1699</b>	<ul style="list-style-type: none"> <li>• To set up a ride</li> </ul>
<b>Social Security</b>	<p><b>1-800-772-1213</b> (TTY: 1-800-325-0778) Monday through Friday, 7 a.m. to 7 p.m.</p>	<ul style="list-style-type: none"> <li>• To enroll in Medicare Part B</li> </ul>



## Disclaimers

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

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.

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)**.

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.

This information is available for free in other languages. Please call our customer service number at **1-888-982-3862 (TTY: 711)** for additional information. Hours of operation: Monday to Friday, 8 a.m. to 6 p.m., local time.

Esta informacion esta disponible en otros idiomas de manera gratuita. Si desea mas information, comuniquese con Servicios al Cliente al **1-888-982-3862 (TTY: 711)**. Horario de atencion: de Lunes a Viernes, de 8 a.m. a 6 p.m.

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](http://www.aetna.com)**.

