

SHBP

Aetna MedicareSM Advantage Preferred Provider Organization (PPO) plan with Extended Service Area (ESA) Frequently Asked Questions & Answers



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Section 1: Plan Overview

1. What will be different in the new plan?

- *You will get a new Aetna ID card.* You will receive a new Aetna ID card to use when obtaining all medical services. You will no longer need to show your Horizon card when obtaining services. Keep your Original Medicare card in a safe place; the new Aetna card you will receive is the *only* card you will use for medical services.

2. What stays the same with the new plan?

- You will continue to receive coverage for all services covered under Parts A and B.
- You will continue to receive coverage for some benefits not typically covered by Medicare as well:
 - Routine eye and hearing exams
 - Wigs covered up to \$500 every 24 months
 - Compression stockings
- You will continue to receive prescription drug coverage through Optum[®].
- With the Aetna Medicare Advantage PPO ESA plan, you'll have the option to use doctors and hospitals that are *in or out* of the Aetna Medicare network.
- You can visit doctors and hospitals of your choice, as long as they both are contracted and eligible to receive payment from Original Medicare and are willing to bill Aetna. If you need help finding a doctor, call Aetna at **1-866-234-3129 (TTY: 711)**, Monday through Friday 8 a.m. to 6 p.m., all time zones.
- You do not need a referral for covered services.

3. Can I keep my current plan?

No, your current plan is being discontinued effective January 1, 2019, and will be replaced by the Aetna Medicare Advantage PPO ESA plan.

4. Can I keep my private Medicare Part D prescription drug plan?

Your prescription drug coverage through SHBP will remain with Optum® and will not change. If you have pharmacy coverage outside of SHBP, check your plan details.

5. What do I do if I don't want the new Aetna Medicare Advantage PPO ESA coverage, and can I come back at a later date?

If you do not want to be enrolled in the Aetna Group Medicare Advantage plan (PPO ESA), you have the ability to opt out. Visit the Pensions & Benefits website at **www.nj.gov/treasury/pensions** to download an application. If you do not return the opt out form by **December 1, 2018**, you will be enrolled in the plan automatically. If you opt out of coverage and wish to return to the Aetna plan at a later date, you can do so by filling out an election form at **www.nj.gov/treasury/pensions**.

Section 2: Your Doctors

6. Can I see any Doctor?

You can see any doctor that accepts Original Medicare, and is willing to bill Aetna, even if your doctor is not in our network.

If your doctor is not in our network, show them your Aetna ID card and the provider flyer you'll receive later this fall. The flyer explains how your Aetna Medicare Advantage PPO ESA plan works, and what your doctor needs to do. If you have further issues, call us with the details and we will be happy to call your doctor for you to help them understand how to accept your plan.

7. How do I find out if my provider accepts the plan?

To find out if your provider is in the Aetna Group Medicare Advantage plan network, you can go to **aetnastatenj.com** and click on "Find a doctor or prescription" for the Aetna Medicare Advantage (PPO) plan. Then, search for your provider by name, location or specialty. If you don't have access to a computer or the internet, or are unable to find your provider call Aetna Members Services at **1-866-234-3129 (TTY: 711)**, Monday to Friday, 8 a.m. to 6 p.m., all time zones and we will research your provider for you to determine plan acceptance.

8. What happens if my doctor does not accept Aetna Medicare Advantage plans?

The Aetna Medicare Advantage PPO ESA plan does not require a doctor to have a contract with Aetna. This plan works like traditional Medicare Advantage PPO plans with which doctors are very familiar. Under the plan, your doctor will be paid at the same

rate as through Original Medicare. If they accept Medicare, most doctors accept this type of plan once they understand they do not need a contract and they will receive the same payment they get from Original Medicare.

9. What happens if a doctor accepts Medicare but doesn't accept this plan?

If you contact Aetna, they will be happy to reach out to your provider to discuss how the plan works and how the provider will be paid the same as Original Medicare. If the doctor refuses to accept this plan, you can continue to see the doctor, pay for the services upfront and then submit the bill to Aetna for reimbursement.

10. What happens if my doctor does not accept Medicare?

As with your current plan, if your doctor has opted out of the Medicare program in its entirety, you would only have coverage in an emergency situation. A very small percentage of doctors nationally have opted out of the Medicare program. If you need help finding a doctor who accepts Medicare, Aetna can help you find a doctor based on your needs.

11. What is considered a medical emergency?

A medical emergency is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse. With the Aetna PPO ESA plan the cost sharing for necessary out-of-network emergency services is the same as in-network. This coverage is available worldwide.

12. What do I need to know about the Aetna provider network?

The Aetna Medicare Advantage PPO ESA plan does not have restrictions on in and out-of-network coverage. You have access to our national network and can see any provider as long as the provider participates in the Medicare program and is willing to bill Aetna; the provider does not have to be in the Aetna network. When you go out-of-network for care, the plan pays providers just as much as Medicare would have paid.

Section 3: Coverage and Eligibility

13. Do I need Original Medicare (Part A and Part B)?

In order to be enrolled in a Medicare Advantage plan, you must be entitled to Part A and purchase Part B. You must also continue to pay your Medicare Part B monthly premiums.

14. Do I need a supplement plan also?

No, the Centers for Medicare and Medicaid Services (CMS) do not permit Medicare eligibles to be enrolled in a Medicare Advantage plan and a supplemental plan. 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.

15. Am I eligible for this plan if I have End Stage Renal Disease (ESRD)?

If you (or your Medicare eligible spouse or covered family member) have End Stage Renal Disease (ESRD) and are within the 30 month coordination period with Medicare, let us know. It is important for us to understand how much longer you have in the coordination period so we can ensure you are enrolled in the appropriate plan. If you are within the 30 month coordination period, Medicare requires you remain on your current Medicare supplemental plan during this period. While you may not be eligible for the Aetna Medicare Advantage PPO ESA plan at this time you will continue to have medical coverage on your current plan.

16. What happens to my under 65 spouse's coverage?

Dependents who are not Medicare eligible will remain on their current coverage plan. If you want everyone in your family to be with the same carrier, you can choose to move them to Aetna as well. Please visit the Pensions & Benefits website at www.nj.gov/treasury/pensions to download an application.

(A) What if I'm over age 65, but my spouse is under age 65?

If you are age 65 or over, or Medicare eligible, and you are currently covered by a SHBP Medicare Advantage medical plan, you will be enrolled in the Aetna Medicare Advantage PPO ESA plan starting January 1, 2019. However, any eligible covered dependents you have who are under age 65 will remain under their current plan.

(B) What happens when my spouse becomes eligible for Medicare?

A few months before your spouse's 65th birthday, SHBP will send information on your spouse's retiree medical plan options.

17. Are there any situations when a doctor will balance bill me?

Under this plan, you are protected from any balance billing. When you go out-of-network for care, the PPO ESA plan pays providers just as much as Original Medicare would have paid. If your doctor attempts to balance bill you, please contact Aetna.

18. Are all services covered by Original Medicare covered under the Aetna Medicare Advantage PPO ESA plan?

The plan is required to cover everything that Original Medicare covers, and also includes additional services that Original Medicare does not cover.

Section 4: Answering Your Questions

19. Who can I call for more information?

For more information regarding the Aetna Medicare Advantage PPO ESA plan, simply call Aetna at **1-866-234-3129 (TTY: 711)**, Monday through Friday 8 a.m. to 6 p.m., all time zones. For questions regarding enrollment, plan changes, premium costs or adding or deleting dependents, contact the New Jersey Department of Pension and Benefits (NJDPB's) Office of Client Services at **(609) 292-7524**; or by email at **pensions.nj@treas.nj.gov**.

20. Who can I call with benefit questions or claim questions for the Aetna Medicare Advantage PPO ESA plan?

To reach an Aetna Medicare Customer Service representative, call **1-866-234-3129 (TTY: 711)** Monday through Friday 8 a.m. to 6 p.m., all time zones.