aetna®

STATE OF MAINE

Aetna Medicare℠ Plan (PPO)

Medicare (C04) PPO Plan

Custom: $10/$30/$45

Benefits and Premiums are effective January 01, 2019 through December 31, 2019

PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	Network Providers	Out-of-Network Providers
Annual Deductible	$300	$300
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.		
Network services exempt from Deductible: 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, Medicare Part B Rx, diabetic supplies, emergency room, emergency ambulance services, urgently needed care and renal dialysis. **Out-of-network services exempt from Deductible**: 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 and additional Medicare preventive care services, emergency room, emergency ambulance and urgently needed care.		
Annual Maximum Out-of-Pocket Amount	**Network services:** $3,400	**Network and out-of-network services:** $3,400 for in and out-of-network services combined
Annual maximum out-of-pocket limit amount includes any deductible, copayment or coinsurance that you pay. It will apply to all medical expenses except Hearing Aid Reimbursement, Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.		
Primary Care Physician Selection	Optional	Not Applicable
There is no requirement for member pre-certification. Your provider will do this on your behalf.		

Referral Requirement	There is no requirement for member pre-certification. Your provider will do this on your behalf.	
PREVENTIVE CARE	**This is what you pay for Network Providers**	**This is what you pay for Out-of-Network Providers**
Annual Wellness Exams One exam every 12 months.	$0	20%
Routine Physical Exams	$0	20%
Medicare Covered Immunizations Pneumococcal, Flu, Hepatitis B	$0	$0
Routine GYN Care (Cervical and Vaginal Cancer Screenings) One routine GYN visit and pap smear every 24 months.	$0	20%
Routine Mammograms (Breast Cancer Screening) One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.	$0	20%
Routine Prostate Cancer Screening Exam For covered males age 50 & over, every 12 months.	$0	20%
Routine Colorectal Cancer Screening For all members age 50 & over.	$0	20%
Routine Bone Mass Measurement	$0	20%
Additional Medicare Preventive Services*	$0	20%
Medicare Diabetes Prevention Program (MDPP) 12 months of core session for program eligible members with an indication of pre-diabetes.	$0	20%
Routine Eye Exams One annual exam every 12 months.	$0	20%
Routine Hearing Screening One exam every 12 months.	$0	20%

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PHYSICIAN SERVICES	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
Primary Care Physician Visits	$5	20%
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	$25	20%
DIAGNOSTIC PROCEDURES	**This is what you pay for Network Providers**	**This is what you pay for Out-of-Network Providers**
Outpatient Diagnostic Laboratory	$0	20%
Outpatient Diagnostic X-ray	$5	20%
Outpatient Diagnostic Testing	$0	20%
Outpatient Complex Imaging	$50	20%
EMERGENCY MEDICAL CARE	**This is what you pay for Network Providers**	**This is what you pay for Out-of-Network Providers**
Urgently Needed Care; Worldwide	$20	$20
Emergency Care; Worldwide (waived if admitted)	$75	$75
Ambulance Services	$25	$25
Observation Care		
Your cost share for Observation Care is based upon the services you receive.		
HOSPITAL CARE	**This is what you pay for Network Providers**	**This is what you pay for Out-of-Network Providers**
Inpatient Hospital Care	$0 per stay	20% per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.		
Outpatient Surgery	$50	20%
Blood	All components of blood are covered beginning with the first pint.	
MENTAL HEALTH SERVICES	**This is what you pay for Network Providers**	**This is what you pay for Out-of-Network Providers**

Inpatient Mental Health Care	$0 per stay	20% per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.		
Outpatient Mental Health Care	$0	20%
ALCOHOL/DRUG ABUSE SERVICES	**This is what you pay for Network Providers**	**This is what you pay for Out-of-Network Providers**
Inpatient Substance Abuse (Detox and Rehab)	$0 per stay	20% per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.		
Outpatient Substance Abuse (Detox and Rehab)	$0	20%
OTHER SERVICES	**This is what you pay for Network Providers**	**This is what you pay for Out-of-Network Providers**
Skilled Nursing Facility (SNF) Care	$0	20%
Limited to 100 days per Medicare Benefit Period**. The member cost sharing applies to covered benefits incurred during a member's inpatient stay.		
Home Health Agency Care	$0	20%
Hospice Care	Your hospice services at a Medicare-certified hospice facility are paid for by Aetna at 100%	
Outpatient Rehabilitation Services (Speech, Physical, and Occupational therapy)	$20	20%
Cardiac Rehabilitation Services	$20	20%
Pulmonary Rehabilitation Services	$20	20%
Radiation Therapy	$0	20%
Chiropractic Services	$20	20%
Limited to Original Medicare - covered services for manipulation of the spine.		
Durable Medical Equipment/ Prosthetic Devices	$0	20%
Podiatry Services	$25	20%

Limited to Original Medicare covered benefits only.		
Diabetic Supplies Includes supplies to monitor your blood glucose.	$0	20%
Urine Test Strips Non-Medicare covered	$0	20%
Diabetic Eye Exams	$0	20%
Outpatient Dialysis Treatments	$0	$0
Medicare Part B Prescription Drugs	$0	20%
Allergy Testing	$0	$0
Medicare Covered Dental Non-routine care covered by Medicare.	$25	20%
ADDITIONAL NON-MEDICARE COVERED SERVICES		
Healthy Lifestyle Coaching One phone call per week.	Covered	
Hearing Aid Reimbursement	$500 once every 36 months	
Fitness Benefit	Silver Sneakers	
Resources for Living For help locating resources for every day needs.	Covered	
Teladoc Telehealth or Telemedicine	Covered	
Wigs	$0	
Enhanced Chiropractic Services	$20	$20
Compression Stockings	$0	20%
Non-Medicare Covered Foot Orthotics	$0	20%
Routine Podiatry	$20	20%
PHARMACY - PRESCRIPTION DRUG BENEFITS		
Calendar-year deductible for prescription drugs	$0	

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Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Pharmacy Network	S2

Your Medicare Part D plan is associated with pharmacies in the above network. To find a network pharmacy, you can visit our website (http://www.aetnaretireeplans.com).

Formulary (Drug List)	GRP B2 Plus
Initial Coverage Limit (ICL)	$3,820

The Initial Coverage Limit includes the plan deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied, if your plan has a deductible):

3 Tier Plan	**Retail cost-sharing up to a 30-day supply**	**Retail cost-sharing up to a 90-day supply**	**Preferred mail order cost-sharing up to a 90-day supply**
Tier 1 - Generic Generic Drugs	$10	$10	$10
Tier 2 - Preferred Brand Preferred Brand Drugs	$30	$30	$30

3 Tier Plan	Retail cost-sharing up to a 30-day supply	Retail cost-sharing up to a 90-day supply	Preferred mail order cost-sharing up to a 90-day supply
Tier 3 - Non-Preferred Brand Non-Preferred Brand Drugs	$45	$45	$45

Coverage Gap†

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage limit. Here's your cost-sharing for covered Part D drugs between the Initial Coverage limit until you reach $5,100 in prescription drug expenses:

Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. This means that you will generally continue to pay the same amount for covered drugs throughout the Coverage Gap stage of the plan as you paid in the Initial Coverage stage.

Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

Catastrophic Coverage	Your share of the cost for a covered drug will be 5% but not greater than the cost share amounts listed in the Initial Coverage Stage section above.

Catastrophic Coverage benefits start once $5,100 in true out-of-pocket costs is incurred.

Requirements:	
Precertification	Applies
Step-Therapy	Applies

Non-Part D Drug Rider

- Agents when used for anorexia, weight loss, or weight gain
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Agents when used for the treatment of sexual or erectile dysfunction (ED)
- Agents used to promote fertility
- Agents that the Food and Drug Administration designated as DESI 5 and DESI 6

* 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 PPO Plans are available in all areas

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30 day supply. To find a network pharmacy, you can visit our website (http://www.aetnaretireeplans.com). Quantity limits and restrictions may apply.

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

Your coverage is provided through a contract with your former employer/union/trust. The plan benefits administrator will provide you with information about your plan premium (if applicable).

If you reside in a long-term care facility, your cost share is the same as at a retail pharmacy and you may receive up to a 31 day supply.

Members who get "extra help" don't need to fill prescriptions at preferred network pharmacies to get Low Income Subsidy (LIS) copays.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." So, most specialty drugs are not available at the mail-order cost share.

You must continue to pay your Part B premium.

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.

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 7-10 days. You can call 1-888-792-3862, (TTY users should call 711) 24 hours a day, seven 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.

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.

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

You may pay more for out-of-network services. Prior approval from Aetna is required for some in- network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

†Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. This means that you will generally continue to pay the same amount for covered drugs throughout the Coverage Gap stage of the plan as you paid in the Initial Coverage stage. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

Coinsurance is applied against the overall cost of the drug, before any discounts or benefits are applied.

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for "off label" use, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs". These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Your Plan Includes Supplemental Coverage (Non-Part D Drug Rider)

Your Plan Includes a Supplemental Benefit Prescription Drug Rider. Certain types of drugs or categories of drugs are not normally covered by Medicare prescription drug plans. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." This plan offers additional coverage for some prescription drugs not normally covered. The amount paid when filling a prescription for these drugs does not count towards qualifying for catastrophic coverage. For those receiving Extra Help from Medicare to pay for prescriptions, the Extra Help will not pay for these drugs.

Non-Part D drugs covered under the Supplemental Benefit Prescription Drug Rider are:

- Agents when used for anorexia, weight loss, or weight gain
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Agents when used for the treatment of sexual or erectile dysfunction (ED)
- Agents used to promote fertility
- Agents that the Food and Drug Administration designated as DESI 5 and DESI 6

Below is a list of non-Part D drugs that are **not** covered under the Supplemental Benefit Prescription Drug Rider:

- Agents used for cosmetic purposes or hair growth

- Agents when used for the symptomatic relief of cough and colds
- Non-prescription drugs
- Outpatient drugs for which the manufacturer requires associated tests or monitoring services be purchased only from the manufacturer as a condition of sale

Non-Part D drugs covered under the rider can be purchased at the appropriate plan copay. Copayments and other costs for these prescription drugs will not apply toward the deductible, initial coverage limit or true out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan. The physician can call Aetna for prior authorization, toll free at **1-800-414-2386**.

You can call Member Services at the number on the back of your Aetna Medicare member ID card if you have questions.

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.

You can read the *Medicare & You 2019* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (http://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-267-2637 (TTY: 711). Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-267-2637 (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 1-888-267-2637 (TTY: 711).

You can also visit our website at www.aetnaretireeplans.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, 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). 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.

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.

Please contact Customer Service toll-free at 1-888-267-2637 (TTY: 711) for additional information. Hours are 8 a.m. to 6 p.m. local time, Monday through Friday.

This document is not intended to be member-facing as it does not include the required disclosures.

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

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