



Here for you

Aetna MedicareSM Plan (PPO)
with Extended Service Area (ESA)

Frequently Asked Questions



Providers and the Aetna[®] network

1 How do I find out if my providers are in the Aetna Medicare Advantage network or if they accept the Aetna plan?

To find out if your provider is a participating provider:

- Search online. Go to SONJ.AetnaMedicare.com
- Contact your provider's office directly
- Call Aetna Medicare Member Services Monday–Friday, 8 AM–6PM ET
 - SEHBP (Education retirees) call: **1-866-816-3662 (TTY: 711)**
 - SHBP (State and Local Government retirees) call: **1-866-234-3129 (TTY: 711)**

In addition, the plan's ESA feature gives you the flexibility to see any provider who is eligible for Medicare payments and is willing to treat you.

SONJ.AetnaMedicare.com

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To find out if your provider participates with Medicare:

- Check directly with your provider's billing office
- Call Aetna® Medicare Member Services
- Search the Medicare website at [Medicare.gov/care-compare](https://www.medicare.gov/care-compare)

If you receive services from out-of-network providers, keep the following in mind:

- Providers should bill Aetna® directly for services and only charge you the plan cost share.
- If an out-of-network provider asks you to pay out of pocket for your full service, you should submit the claim to Aetna for reimbursement.
- Your cost sharing is the same whether your doctor is part of the Aetna network or not.

Important note: Providers that “opt out” of Medicare are not eligible to treat you, except in an emergency situation. Aetna Medicare Advantage cannot pay claims for providers who “opt out” of Medicare.

2 My doctors are not participating providers. How do I get them to join the Aetna Medicare Advantage network?

You may ask your doctors and health care providers to join the Aetna Medicare Advantage network. Aetna will also contact them to find out if they will join. Call Aetna Medicare Member Services and let them know about providers that you want to join the network.

3 I live in one state but spend my winter's in another. Can I use providers in both states?

Yes. Aetna Medicare Advantage has a nationwide network of participating providers who can provide your health care treatment.



Benefits and coverage

4 Do I have to meet a deductible before the Aetna Medicare Advantage Preferred Provider Organization (PPO) with Extended Service Area (ESA) plan will pay for my health care services?

No. Your plan does not require that you pay a deductible.

5 Do I have a copay?

A copay does apply for certain medical services.

6 When I travel outside of the U.S. do I have coverage?

Yes. Your plan covers emergency and urgently needed medical services when you travel outside the U.S. You may be required to pay the bill at the time of service and file the claim with Aetna® for reimbursement. Aetna will reimburse you for the services you receive, minus your cost share.

7 Is there an annual limit on what I have to pay out of pocket under the Aetna Medicare Advantage PPO ESA plan?

Yes. Each plan has a maximum out-of-pocket amount for covered services during a calendar year. Once you reach your maximum out-of-pocket, your covered services will be paid at 100% for the rest of the calendar year.

8 How will the COVID-19 vaccine be covered?

For Medicare beneficiaries, CMS will cover the full cost of the vaccine, including those in a Medicare Advantage plan. Details about the availability and processing of the vaccine continue to emerge. You can visit [AetnaMedicare.com/Coronavirus](https://www.aetna.com/medicare/coronavirus) for the most up-to-date information about the vaccine as well as coverage for testing and treatment of COVID-19.

A purple horizontal bar with a white icon on the left. The icon consists of a document with a heart and a right-pointing arrow. To the right of the icon, the text "Using the plan" is written in white.

Using the plan

9 Do I need referrals?

No. The Aetna Medicare Advantage PPO ESA plan doesn't require referrals to providers, including specialists and facilities.

10 Do I need to choose a primary care physician (PCP)?

No. Aetna® recommends, but does not require, that you choose a PCP. A PCP can take responsibility for coordinating your health care.

11 When I receive medical services, will my doctor need to see my Medicare card and my Aetna Medicare Advantage ID card?

No. Your provider will need to see only your Aetna Medicare Advantage ID card.

12 Will I receive Explanation of Benefits (EOBs) from Aetna Medicare Advantage? Will I still receive Medicare Summary Notices (Medicare EOBs)?

Because the Aetna Medicare Advantage PPO ESA is your primary medical plan, you'll only receive monthly EOBs from Aetna®. You won't receive separate Medicare Summary Notices from Medicare.

13 Is the Medicare Advantage plan secondary to Medicare?

No. The Aetna Medicare Advantage PPO ESA plan is not a secondary plan. Aetna has a contract with Medicare that allows us to process claims for all of your medical treatment with the exception of hospice care which is covered directly by Original Medicare. The Aetna Medicare Advantage plan is a Medicare Part C plan. The plan will take the place of Original Medicare and will provide coverage for all of your Part A and Part B benefits and additional benefits.

14 If I enroll in the Aetna Medicare Advantage PPO ESA, am I still enrolled in Medicare?

Yes. You're still enrolled in Medicare. The Aetna Medicare Advantage PPO ESA plan is a Medicare Part C plan, and will process your claims on behalf of Medicare. All of your claims for medical treatment are sent to Aetna®, instead of Original Medicare. You must continue your enrollment in Medicare Parts A and B and pay your Medicare Part B premium to be enrolled in the Aetna Medicare Advantage PPO ESA plan. You must also pay your Medicare Part A premium, if applicable.

15 If I'm enrolled in another medical plan, is Aetna Medicare Advantage my primary plan?

Coordination of benefits rules determine which plan is primary. The primary plan pays claims first before another insurance plan processes the claims. If you are enrolled in another medical insurance plan, you should contact your other health insurance plan or examine the other plan's information and documents to make sure you know which plan is primary. You may also wish to review the Medicare publication, [Medicare and Other Health Benefits: Your Guide to Who Pays First](#).

16 Should I expect calls from Aetna Medicare Advantage throughout the year?

You may receive two types of calls: one for a Healthy Home Visit (in-home assessment) and one for a Health Risk Assessment (HRA). The Centers for Medicare and Medicaid Services (CMS) requires that all Medicare Advantage plans offer these assessments each year. In addition, this helps ensure Aetna has your health history and information to determine if you may need more resources and support.

- You'll receive a letter and phone call to participate in a **Healthy Home Visit**. If you agree to participate, a licensed practitioner will visit your home at the agreed upon time. They'll review your health history, check your vitals, complete a medication review and perform a safety check of your home. This visit is intended to supplement your relationship with your primary care physician (PCP). Aetna will send your PCP a summary of the visit.
- You'll receive a **Health Risk Assessment** which is an automated, telephonic survey. These calls are made by Silverlink, a partner of Aetna, but they'll be identified as Aetna. If you cannot be reached, Aetna will mail you a letter. It includes a toll-free number and a PIN so you can call back and complete the survey. The surveys are scored, and this helps Aetna proactively identify members for the Case Management program. If you are identified, an Aetna case manager will then contact you. If you participate in the Healthy Home Visit program, you will not need to complete the HRA.

You may also receive phone calls from Aetna about our Healthy Aging Support program or care management programs included with the Aetna Medicare Advantage PPO ESA plan. Some examples are the diabetes program and the Aetna Compassionate Care program. If Aetna identifies you as a member who may benefit from additional support, you may receive a call from an Aetna nurse. For some programs the outreach will be made by an Aetna partner, but they'll identify themselves as Aetna.



Enrollment and eligibility

17 What if I'm over age 65, but my spouse is under age 65?

If you're age 65 or over, or Medicare eligible, you are covered under the Aetna Medicare Advantage plan and your dependents would be covered under Horizon. To be enrolled, you need to have Medicare Parts A and B.

18 Do I need a Medicare supplement plan?

No. The Centers for Medicare & Medicaid Services (CMS) does not permit individuals to enroll 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 or supplement plan, unless you're switching back to Original Medicare (dropping your Aetna Medicare Advantage plan).

19 Can I be enrolled in more than one Medicare Advantage plan?

No, you can only be enrolled in one Medicare plan.



More information

20 Is there a contact if I need more information?

For more information regarding the Aetna Medicare Advantage PPO ESA plan, or for questions about benefits or claims, call Aetna Medicare Member Services Monday–Friday, 8 AM–6PM ET.

- SEHBP (Education retirees) call: **1-866-816-3662 (TTY: 711)**
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Plan features and availability may vary by service area. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. 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. The provider network may change at any time. You will receive notice when necessary. 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.