



Inspired by you

Your Medicare Advantage plan handbook

aetna[®]

aetnaretireplans.com

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Welcome

We're glad you chose Aetna for your Medicare plan. We created this handbook exclusively for members like you. And that means all of you — body, mind and spirit. Inside, you'll find useful information and tips to help you make the most of your Medicare plan. So you can make the most of the life you love.

Thanks again for being a valued member of the Aetna® family. **We're excited to help you fulfill your health goals.**

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Get started



Your health journey begins here.

Get off to a great start by following two easy steps.

1

Step 1: Know your plan coverage

You can find complete benefits information for your plan in your Evidence of Coverage (EOC) and Schedule of Cost Sharing. These documents have detailed information on your coverage, costs and any rules you need to follow.

2

Step 2: Get familiar with your secure member website

Want to check your claims? Need to find a provider or facility like an urgent care center? Want to review your Explanation of Benefits (EOB)? Simply visit your secure member website. Go to the next page to learn how to register or log in.

Find what you need online

We can help guide you on your health journey. Whether you want to access your member ID card or find forms you may need, we've got you covered.

What does each website include? See the chart below for help.

Secure member website	
How to log in or register for a new account	Use it to:
<ol style="list-style-type: none">1. Go to aetnaretireplans.com.2. Select "For members" in the top right corner.3. Select "Log in to our secure member website" in the drop-down menu.	<ul style="list-style-type: none">• Check your claims• View or request a new member ID card• Find a doctor or hospital that accepts your plan• Sign up to receive certain communications by email• See your electronic EOB statements

Aetna Medicare website: aetnaretireplans.com
Use it to:
<ul style="list-style-type: none">• View your flu shot benefits• Find reimbursement forms and more

Help is a call away

Just call the number on your member ID card. We're happy to help.

Other important phone numbers

The Resources For Living® program:
Call **1-866-370-4842 (TTY: 711)**,
Monday through Friday, 8 a.m. to 6 p.m.
for all continental U.S. time zones.

We can help connect you to resources in your community — from personal care to housekeeping, maintenance and more.

Ask a nurse 24/7

Call **1-800-556-1555 (TTY: 711)** anytime.

Our Resources For Living® program

At Aetna, we believe getting the right help when you need it can lead to better health. It's called Resources For Living. It's designed to help you find a wide range of services in your area — from personal care, housekeeping and maintenance to caregiver relief and support, and so much more. All to help make life easier for you.

Call Resources For Living at **1-866-370-4842 (TTY: 711)**, Monday through Friday, 8 a.m. to 6 p.m. for all continental U.S. time zones.

How can we help you?

Just call us and tell us what you're looking for and what's important to you. Our consultants will conduct research on your behalf and provide you with information on your request. We'll give you the referrals, but it's up to you to decide if you want to use the services. There's no cost to call Resources For Living, and we don't have financial relationships with the companies we refer you to.

Our life consultants are simply there to help you live your best independent and healthy life. We can help you find:

- Senior living options, short and long term
- Home-delivered meals
- Pet care services
- Caregiver support groups
- Emergency response systems
- Adult day care programs
- In-home care agencies
- Local senior centers
- Home cleaning agencies, and more

If you choose services that have costs associated with them, you'll be responsible for paying for the services. But there's no cost to speak with Resources For Living.

*For illustrative purposes only.

How Resources For Living helped Stan*

Stan was interested in retirement living options for his next phase of life. But he didn't know where to start. Stan connected with a Resources For Living consultant. Together, they looked at retirement living options in Stan's community based on specific criteria Stan finds important.

The consultant set up time for an over-the-phone review of options in the area with Stan and his children. Stan's now in a better spot to decide which retirement lifestyle option is best for him. He's ready to take the next step.





Your care team



It's important to have a solid support system. And your primary care physician (PCP) plays a critical role in your care.

Why it matters

Your PCP can coordinate your care to help you better manage your health. They can help prevent almost 40 percent of emergency room (ER) visits and up to 17 percent of hospital stays.¹

How to find a PCP

Log in to or register for your secure member website at aetnaretireplans.com.

Seeing a provider: Aetna MedicareSM Plan (HMO)

If you're enrolled in one of our health maintenance organization (HMO) plans, you must see providers in our network. The exceptions are for emergency care, or when you receive out-of-area renal dialysis. If you get routine care from an out-of-network provider, you'll have to pay for the services you receive.

If your plan requires you to have a PCP, you must pick a PCP and tell us who they are. If you don't, we may not be able to pay for your care. We also may not be able to cover your care if you don't go to the PCP printed on your ID card. Your PCP coordinates your care. And they issue referrals for specialty care.* Remember to call us with the name of your PCP.

*If you have an Aetna Medicare Open Access HMO plan, you don't have to choose a PCP or get a referral to see a specialist.

**If you have an Aetna Medicare Plan (PPO), you can get covered services from both network and out-of-network providers. The provider just has to be eligible to receive Medicare payments and willing to accept the terms and conditions of payment. The provider doesn't have to have a contract with us.

¹Mostashari F, Sanghavi D, McClellan M. Health reform and physician-led accountable care: the paradox of primary care physician leadership. *JAMA*. 2014; 311 (18): 1855 – 1856. Available at: <https://jamanetwork.com/journals/jama/fullarticle/1861359>. Accessed August 28, 2018.

Seeing a provider: Aetna MedicareSM Plan (PPO)

If you have one of our preferred provider organization (PPO) plans, you're covered when you get care outside our network.** But you'll generally pay more for those services. The exceptions are for emergency or urgently needed care, or when you receive out-of-area renal dialysis.

If you have a PPO plan, you don't have to select a PCP, but we recommend you do so. A PCP can help coordinate your care.

Seeing a provider: Aetna Medicare Plan (PPO) with Extended Service Area (ESA)

If you're enrolled in a PPO plan with ESA, you can see providers in or out of our network (at the same cost). Providers must be eligible for Medicare and willing to accept the the terms and conditions of payment.

Review your member ID card

- Is your PCP listed? If they are, you don't have to do anything.
- If you want to update your PCP information, just call the number on your member ID card. Or you can visit your secure member website. You'll get a new member ID card in about ten business days.

Get ready for your doctor visit

Make a list of things to talk to your doctor about before you go. Then write down your doctor's answers while you're there. That way, you can refer back to them after you leave the office.

Things to discuss include:

- Your medical history
- Your medicines (prescription and over the counter)
- Recent health changes
- Medicine side effects
- Suggested screenings and vaccines
- Changes to your daily routine or diet
- Major life events
- Prior authorizations required by your plan, such as imaging. You can see a list of medical services that need preauthorization in your Schedule of Cost Sharing that was included with your EOC.

Quick tip: What's prior authorization?

Some services require your doctor to get approval from the plan before you get care. The approval tells you if the plan covers the service. Check your plan's EOC to see which services need prior authorization.

How your PCP helps you

Your PCP helps you build a plan to get healthy and stay healthy. Even if you're perfectly healthy, it's good to get the conversation started.

Your PCP:



Gets to know you and your medical history



Sees you for your annual wellness exam, including preventive screenings



Helps guide you on important health decisions



Can treat you when you're sick



Refers you to specialists and directs your care across other facilities in your network

Behavioral health

Being healthy isn't just eating right and exercising. It's taking care of your mind as well. We're here to make sure you're feeling good physically **and** mentally.

If you need behavioral health services, you can find a network provider at **aetnaretireeplans.com** and contact them directly. You can also call the behavioral health number on your member ID card 24/7. We can help you find network participating providers including inpatient, residential and outpatient behavioral health services. We can also connect you to Medicare behavioral health case managers.

How to get behavioral health care after hours

We require our behavioral health care providers to provide or arrange for on-call coverage 24/7. If you're currently receiving behavioral health care and need services after regular office hours, please:

- Call your behavioral health care provider's office
- Identify yourself as our member (or friend or family member authorized on their behalf)
- Follow your provider's (or the on-call provider's) instructions

In a medical emergency, call 911. Or go to the nearest ER.

Urgent care vs. ER

Did you know?



1 in 4 ER visits can be treated at an urgent care center.²



An urgent care center can save you money.³



90% of patients who went to an urgent care center were in and out in an hour or less.⁴

²Weinick RM, Burns RM, Mehrotra A. How many emergency department visits could be managed at urgent care centers and retail clinics? *Health Affairs (Millwood)*. 2010; 29 (9): 1630 – 1636. Available at: ncbi.nlm.nih.gov/pmc/articles/PMC3412873/. Accessed August 30, 2018.

³Urgent Care Association of America. Urgent Care Association of America releases 2014 urgent care survey, shows major industry-wide expansion. *PR Newswire*. December 1, 2014. Available at: prnewswire.com/news-releases/urgent-care-association-of-america-releases-2014-urgent-care-survey-shows-major-industry-wide-expansion-300001736.html. Accessed August 28, 2018.

⁴Urgent Care Association of America. Benchmarking report summary 2016: headlines on growth. Available at: c.ymcdn.com/sites/www.ucaoa.org/resource/resmgr/benchmarking/2016BenchmarkReport.pdf. Accessed August 28, 2018.

YOUR CARE TEAM

If you're suddenly sick or injured, your first thought may be to head to the ER. But depending on your medical issue, the ER may not be your best choice. Urgent care facilities can offer a more convenient way to get quick care. Plus, going to an urgent care clinic instead of the ER can help you save money.



Urgent care center



ER

Options when you can't see your PCP

These centers offer treatment for non-life-threatening injuries or illnesses.

The ER offers treatment for serious injuries or illnesses.

When to go

If you need immediate care that isn't serious enough to go to an ER.

If you think your life or health is in serious danger.

Consider if you need treatment for:

- Allergies
- Coughing
- Upset stomach
- Sinus congestion
- Broken bones
- Sore throat
- Flu symptoms
- Pink eye
- Ear infections
- Cuts, bumps or sprains

Consider if you need treatment for:

- Difficulty breathing
- Loss of consciousness
- Severe burns
- Chest pain or suspected heart attack
- Severe bleeding
- Acute stomach pain
- Poisoning

Quick tip:

If you're away from home and need medical care, urgent care may be a good option.

Quick tip:

Your cost share for care in an urgent care center may cost you less.

Advantages

- Convenience (you can walk in, and many accept appointments)
- Flexible hours (many are open late and have weekend hours)
- Faster treatment (you're often treated faster than in an ER)

- Offers emergency care
- Can treat more serious health issues
- Is usually open 24/7

Think twice

This may not be a good option if:

- You have chest pain (go to the ER)
- You need a prescription refilled
- You need preventive care

This may not be a good option if:

- You have symptoms that can be treated in a non-emergency care setting

In the event of a medical emergency, call 911 or go to the closest ER. The options in this material aren't a complete list of where you can get care.



Your preventive care plan



Stay healthy and keep moving forward on your health ambitions by getting routine and preventive care. This includes getting your annual physical exam, annual wellness exam, health screenings and tests, and vaccinations. How do you create your preventive care plan? Just call your PCP and schedule your visits. They can help you put a preventive care plan in place.



Preventive care reminders

We're your partner in health. We'll send you reminders to get certain services, depending on your care needs, like:

- Blood pressure and cholesterol screenings
- Vaccines, like for the flu
- Mammograms
- Cervical cancer and colorectal screenings

Routine Ob/Gyn exams

Female plan members can go straight to an obstetrician/gynecologist (Ob/Gyn) for their routine Pap smear and pelvic exam. Medicare covers these exams.

Fitness at your fingertips

Many plans offer the SilverSneakers® fitness benefit. If your plan has this benefit, it's offered at no extra cost to you. Designed for all levels and abilities, the SilverSneakers fitness benefit gives you access to fitness equipment, group exercise classes and more at over 14,000 participating SilverSneakers locations nationwide.

With your SilverSneakers benefit, you can:

- Join a participating SilverSneakers fitness location, at no extra cost to you. There are locations nationwide.
- Access more than one fitness location — anywhere, anytime
- Make new friends and enjoy getting healthier together
- Be more flexible and have better balance
- Improve your memory and think more clearly
- Enjoy access to classes, pools, exercise equipment and more, where available

To get your SilverSneakers ID number, simply go to silversneakers.com. Or you can call **1-888-423-4632 (TTY: 711)**, Monday through Friday, 8 a.m. to 8 p.m. ET.

Remember to check your EOC to see if your plan offers the SilverSneakers fitness benefit.



Your personal care



We're your partner on your health journey. It's our job to help you achieve your best health — however you define it. One way we do this is by offering support programs tailored to your health needs.



Healthy home visits

If you choose to participate, a licensed health care professional will come to your home to review your health needs and do a home safety assessment. They'll also review your medicines and ask about your medical history. During the visit, they may recommend services that we offer to support you on your healthy journey. For continued coordination of care, we communicate the results of your visit with your PCP on file.

Case management services

Case management programs are for people who need extra assistance and support. If you qualify, we'll assign you a case manager. This person will work with you and your physicians to support your care plan. Some of the case management programs include:

Readmission avoidance program:

- We can help you avoid another hospital stay.

Comorbid condition management program:

- We can help those with multiple medical conditions.

Compassionate care program:

- We'll provide an extra layer of support to members with Advanced Illness.

Call a registered nurse anytime

Sometimes, you need a quick answer to a health question. Maybe your concern can't wait until you see your doctor. You can talk to our registered nurses, day or night, to get help with:

- Deciding whether to visit a doctor or urgent care center
- Understanding your symptoms
- Managing chronic conditions
- Learning about treatment options and medical procedures

Call the number on your member ID card anytime to talk to a nurse.

Disease management program

If you have certain health conditions, like diabetes, we offer a disease management program just for you. This program is designed to help you understand your condition and follow your doctor's treatment plan. If you qualify, you'll get:

- A total health perspective — we see people as people, not conditions. This holistic approach helps us deliver a helpful combination of information and support.
- Personal attention — you'll have access to registered nurses to answer questions about your conditions and treatment.

Get diabetes supplies through LifeScan

Many plans require the use of OneTouch® by LifeScan blood glucose meters and test strips. Make sure to check your plan documents to see if LifeScan is your preferred supplier and determine your benefits.

What could this mean for you?

If your plan requires you to use OneTouch products, you can get OneTouch by LifeScan blood glucose meters and test strips at no cost. We cover the OneTouch Verio®, OneTouch Ultra® and OneTouch UltraMini® glucose meters and test strips. Remember to check your EOC to see if your plan requires OneTouch products.

It's easy to get your OneTouch LifeScan meter

You can get your OneTouch meter at no charge, 24/7. Simply go to onetouch.orderpoints.com or call **1-877-764-5390**. You can use order code 123AET200. Work with your doctor to get a prescription for additional LifeScan test strips, which you can fill at any network pharmacy. You'll get up to 100 test strips per month at no extra cost to you. Along with the OneTouch LifeScan meter, your first kit includes:

- Ten test strips
- Educational materials

Are there any exceptions?

If your plan requires OneTouch products, we generally won't cover other brands of meters and test strips unless you or your doctor requests a medical exception.

Quick tip: Your EOC lists the diabetic supplies covered by your plan, including whether the OneTouch brand is required by your plan. Some plans will continue to provide coverage for any brand of diabetic supplies.

Insurance 101

Key terms

Coinsurance

This is the amount you may have to pay for your share of services. Coinsurance is usually a percentage (for example, 20 percent).

Copayment (or copay)

This is the amount you may have to pay for your share of services. Copays are usually a set amount (for example, \$20 for a doctor visit).

Cost sharing

These are amounts that your plan may require you to pay for your care. Examples of cost sharing can include deductibles, copays or coinsurance.

Deductible

This is the amount some plans require you to pay for covered services before the plan starts to pay.

Maximum out-of-pocket amount

This is the most you'll pay in a year for certain health services. See your EOC and Schedule of Cost Sharing for more information, including the maximum amount you'll pay.

Premium

This is the amount you pay your employer group sponsor for coverage. The costs might be shared between you and your employer group sponsor.

Your healthy goals checklist

What motivates you to be your best? How do you overcome obstacles? What inspires you?

We all have different ways of tackling our healthy goals. Research shows that you become 42 percent more likely to achieve your goals and dreams by simply writing them down on a regular basis.⁵

So take a moment to jot down your healthy goals. It could be something as simple as “I want to start taking yoga.” or “I want to get seven to eight hours of sleep every night.”

Have a wedding coming up? Maybe you want to add 30 minutes of brisk walking a day so you’ll feel energized to dance the night away.

Are you a lifelong runner? Or just trying something new with your doctor’s approval? Set a goal to participate in a 5K walk or run in your neighborhood.

Feeling like your fridge is getting a little stale? Make a healthy choice to cook more at home throughout the week.

There’s no healthy goal too big or small. And we’ll be there to help you every step of the way!

⁵Morrissey, Mary. The power of writing down your goals and dreams. The Huffington Post . December 6, 2017. Available at: huffingtonpost.com/marymorrissey/the-power-of-writing-down_b_12002348.html. Accessed August 28, 2018.

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. Call the number on your member ID card for more information.

Every year, Medicare evaluates plans based on a 5-star rating system. 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.

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.

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.



aetnaretireeplans.com