



# Better health

## Aetna Medicare Advantage plans

If you decide to change to an Aetna Medicare Advantage plan through the New Jersey State Health Benefits Program (SHBP) or School Employees' Health Benefits Program (SEHBP), your plan will include extra features. Some of these include:

- Disease management that may help with conditions such as heart failure and diabetes
- Preventive benefits not covered under Original Medicare
- Annual care reminders for things such as flu shots, other important vaccinations and cancer screenings

You'll have access to the National Medical Excellence Program<sup>®</sup>, a select network of respected doctors and facilities. This helps you get the appropriate care for complex illnesses. And you can talk to a registered nurse 24 hours a day with our toll-free health line.

Retirees who are eligible for Medicare can choose from four Aetna Medicare Advantage plans:

- Aetna Medicare<sup>SM</sup> Advantage Open Access HMO 10
- Aetna Medicare<sup>SM</sup> Advantage Open Access HMO 1525
- Aetna Medicare<sup>SM</sup> Advantage PPO ESA 10
- Aetna Medicare<sup>SM</sup> Advantage PPO ESA 15

**aetna<sup>®</sup>**

[www.aetnamedicare.com](http://www.aetnamedicare.com)

# Your Aetna Medicare Advantage plan options

Here are coverage and cost examples of key benefits that are important to many people. Want to see the Aetna Medicare Advantage plan complete coverage information? Call us at **1-866-234-3129 (TTY: 711)** and ask for an information packet.

Medical benefit	Aetna Medicare Advantage Open Access HMO 10	Aetna Medicare Advantage Open Access HMO 1525	Aetna Medicare Advantage PPO ESA 10	Aetna Medicare Advantage PPO ESA 15	
<b>Medical deductible</b> (the amount you pay for covered services before your plan begins to pay)	You pay \$0	You pay \$0	You pay \$0	You pay \$0	<b>No deductible — plan starts paying on day one</b>
<b>Annual limit you pay for medical costs</b>	You pay \$2,500	You pay \$2,500	You pay \$1,000	You pay \$1,000	<b>Protects your wallet if you need a lot of medical care</b>
<b>Lifetime maximum medical coverage by the plan</b>	Unlimited	Unlimited	Unlimited	Unlimited	
<b>Preventive services</b>	You pay \$0	You pay \$0	You pay \$0	You pay \$0	<b>You'll get all this care at no extra cost to you</b>
<b>Routine eye exam</b>	You pay \$0	You pay \$0	You pay \$0	You pay \$0	
<b>Routine hearing exam</b>	You pay \$0	You pay \$0	You pay \$0	You pay \$0	
<b>Primary care physician visit*</b>	You pay \$10	You pay \$15	You pay \$10	You pay \$15	<b>Consistent, low cost for each medical visit</b>
<b>Inpatient hospital care</b>	You pay \$0 per stay	You pay \$0 per stay	You pay \$0 per stay	You pay \$0 per stay	
<b>Programs to support health, happiness and peace of mind</b> (for example, chronic disease management, Healthy Lifestyle Coaching program)	You pay \$0	You pay \$0	You pay \$0	You pay \$0	<b>Important extra benefits</b>
<b>Wigs</b>	\$500 reimbursement once every 24 months	\$500 reimbursement once every 24 months	\$500 reimbursement once every 24 months	\$500 reimbursement once every 24 months	
<b>Compression stockings</b>	You pay \$0	You pay \$0	You pay \$0	You pay \$0	

\*If you live in California and Illinois and select an HMO plan, you must have a primary care physician.

# Your guide to getting more out of your plan

Call Aetna at **1-866-234-3129 (TTY: 711)**, 8 a.m. to 6 p.m. all time zones, Monday through Friday. Or visit **[www.aetnastatenj.com](http://www.aetnastatenj.com)**.

## How the Aetna Medicare Advantage plans work with your doctors

The Aetna Medicare Advantage preferred provider organization (PPO) extended service area (ESA) plans let you continue to use doctors and hospitals in or out of the Aetna Medicare network. And you won't pay more for out-of-network care.

In fact, Aetna Medicare Advantage PPO plans allow you to visit any health care provider as long as they meet both of the following conditions:

- They are licensed and eligible to receive Medicare payment.
- They agree to accept the plan before treating you.

The Aetna Medicare Advantage health maintenance organization (HMO) plan requires you to use network providers. The only exceptions are for emergency or urgently needed care, and if receive out-of-area renal dialysis. If you get routine care from an out-of-network provider, the services won't be covered.

It's easy to find out if your doctors accept the PPO plan or if they are in our HMO network. **Just call the number at the top of this page.**

## Why choose Aetna?

You'll have the comprehensive benefits you enjoy today, plus the comfort and security of getting personal support, backed by over 30 years of experience in Medicare Advantage:

### • **Highly skilled, experienced Member**

**Services** — Aetna paid the first Medicare claim in the country in 1966.

• **A strong commitment to our members** — With a 4 out of five (5) star rating for our Aetna Medicare Advantage PPO plan and 3.5 star rating for our HMO plan for 2018, Aetna leads national competitors with:

- 87 percent of members in 4+ out of five (5) star plans
- One of the highest scores of all New Jersey Medicare Advantage carriers\*\*

\*\*The Centers for Medicare & Medicaid Services (CMS) rated the plan on important measures like member satisfaction and service, and helping members stay healthy and manage their long-term conditions. Medicare evaluates plans based on a 5-star rating system. Star ratings are calculated each year and may change from one year to the next.

## How to learn more

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## How to enroll

Simply print, fill out and return your specific SHBP/SEHBP application. It's available online at **[www.state.nj.us/treasury/pensions/hb-forms.shtml](http://www.state.nj.us/treasury/pensions/hb-forms.shtml)**. Just scroll down the page and you'll find it under the RETIREES — Retired Coverage Enrollment Applications section.

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, premium and/or copayments/coinsurance may change on January 1 of each year. The provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

