



# In the know



Aetna Medicare<sup>SM</sup> Plan (PPO) with Extended Service Area (ESA) also known as Aetna Medicare Advantage PPO MAP plan

## Frequently Asked Questions



### Providers and the Aetna<sup>®</sup> network

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

To find out if your provider is a participating provider:

- Search online. Go to [SCEMAPPlans.AetnaMedicare.com](https://www.sceMAPPlans.AetnaMedicare.com) (See [Find a doctor or provider](#) for more details).
- Contact your provider's office directly. Have your Aetna Medicare Advantage PPO MAP plan member ID card handy.
- Call Aetna Medicare Member Services at **1-866-409-1265 (TTY: 711)**, Monday to Friday, 5 AM to 6 PM PT.

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. And even if your provider is not part of the Aetna Medicare Advantage network, you'll pay the same cost share for covered services as you would pay if you were treated by a network provider. (See your [Evidence of Coverage](#) and [Schedule of Cost Sharing](#) for more detailed information about the services covered by your plan.)

To find out if your provider participates with Medicare:

- Check directly with your provider's billing office.
- Call Aetna Medicare Member Services at **1-866-409-1265 (TTY: 711)**, Monday to Friday, 5 AM to 6 PM PT.
- Search the Medicare website at [Medicare.gov/care-compare](https://www.Medicare.gov/care-compare)



## Providers and the Aetna® network

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

- Providers should bill Aetna directly for services and only charge you, your member 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. Get the [reimbursement form](#). Then follow the instructions to submit.
- Your cost sharing is the same whether or not your doctor is part of the Aetna network.

You may also wish to share [Provider instructions for Aetna Medicare Advantage members with a doctor who is not in the Aetna Medicare Advantage network](#).

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

### **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 at **1-866-409-1265 (TTY: 711)**, Monday to Friday, 5 AM to 6 PM PT and let them know about providers that you want to join the network. Aetna is continuously working with providers to expand their network.



## Benefits and coverage

### **Do I have to meet a deductible before the Aetna Medicare Advantage PPO MAP plan will pay for my health care services?**

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

### **Do I have a copay?**

Yes, you may have a copay for services. See your [Schedule of Cost Sharing](#) for more information.

### **If I am hospitalized, what's my coverage?**

Your plan will pay 100%, after your copays, for covered services you receive while in the hospital.

### **If I have surgery and use a network hospital and surgeon, but I also receive services from an out-of-network provider who does not participate in Medicare, such as an anesthesiologist, what's my coverage?**

Your plan pays 100% after you pay your copays, for services associated with hospitalization and surgery. This includes anesthesiologists or other providers who do not accept Aetna Medicare or do not participate in Medicare. If you receive a bill from the hospital or another provider, contact Aetna Medicare Member Services at **1-866-409-1265 (TTY: 711)**, Monday to Friday, 5 AM to 6 PM PT.



## Benefits and coverage

### 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.

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

Yes. After your out-of-pocket costs reach \$3,000 for covered services during a calendar year, your covered services will be paid at 100% for the rest of the calendar year. Your out-of-pocket limit amount includes all copays.

### Does the Aetna Medicare Advantage PPO MAP plan have yearly or lifetime limits?

In general, there are no yearly or lifetime limits for covered medical benefits on the Aetna Medicare Advantage PPO MAP plan, such as doctor visits, inpatient care and treatment for chronic conditions. There are limits for additional benefits on the plan, such as acupuncture, enhanced chiropractic services, hearing aid reimbursement and wigs. For questions on specific services, refer to the [Schedule of Cost Sharing](#). Or call us at **1-866-409-1265 (TTY: 711)**, Monday to Friday, 5 AM to 6 PM PT.

### What outpatient rehabilitation services are covered under the plan?

Covered outpatient rehabilitation services include physical therapy, occupational therapy and speech language therapy. The services can be provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices and comprehensive outpatient rehabilitation facilities (CORFs).

### What chiropractic services are covered under the plan?

Manipulation of the spine to correct subluxation is covered. This meets the Medicare guidelines. In addition, the Aetna Medicare Advantage PPO MAP plan offers enhanced chiropractic services that cover other routine services provided by a licensed chiropractor within the scope of their licensure limited to thirty visits every year.

Your cost share for chiropractic services is \$20 for in- or out-of-network providers as long as the provider is eligible to receive Medicare payment and willing to accept the plan. If the provider is not willing to submit claims to Aetna, you may pay out of pocket and submit the claims for reimbursement.

### Are vaccines covered under the medical plan or pharmacy plan?

The Centers for Medicare & Medicaid Services (CMS) determine the guidelines on which vaccines are covered by the medical plan and which are covered under the pharmacy plan.

- Vaccines covered by Aetna Medicare Advantage medical plan are influenza, pneumococcal, Hepatitis B (for intermediate to high risk) and the COVID-19 vaccine.
- All other preventive vaccines (for example, the shingles shot) are generally covered under your pharmacy plan.
- Vaccines given to treat an injury or as a result of direct exposure to a disease or condition (for example, a tetanus shot given after stepping on a nail) are covered under the Aetna Medicare Advantage medical plan.

To determine if a vaccine is covered by your medical plan, check the Aetna Medicare Advantage PPO MAP plan [Evidence of Coverage and Schedule of Cost Sharing](#)



## Benefits and coverage

### How will the COVID-19 vaccine be covered?

The COVID-19 vaccine and booster shots are covered by your Aetna Medicare Advantage medical plan. 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.

### Is acupuncture covered?

Yes, under certain conditions. Acupuncture is covered up to 12 visits in 90 days for members with chronic lower back pain lasting 12 weeks or longer with no specific cause.

- Eight more sessions will be covered for members demonstrating an improvement.
- Maximum of 20 acupuncture treatments may be administered each year.
- Treatment will be discontinued if the patient is not improving or is regressing.
- We also cover up to an additional 30 acupuncture visits each year when it is:
  - In place of anesthesia for a surgical or dental procedure covered under the plan
  - For the relief of chronic pain

You may have a copay for acupuncture services for in- or out-of-network providers as long as the provider is eligible to receive Medicare payment and willing to accept the plan. If the provider is not willing to submit claims to Aetna®, you may pay out of pocket and submit the claims for reimbursement.

### Does the plan cover telehealth?

Yes. You are covered for various types of telehealth service, all at \$0 member cost share:

- 1. Teladoc Health:** Gives you access 24 hours, 7 days a week to a U.S. board-certified primary care doctor through the convenience of phone, video or mobile app visits. Teladoc doctors can treat many medical conditions, including cold and flu symptoms, allergies, pink eye, respiratory infection sinus problems and more. Call **1-855-TELADOC** or visit [Teladoc.com/Aetna](https://www.teladoc.com/aetna)
- 2. Telehealth from your own providers:** You can meet with your primary care physician (PCP), behavioral health provider or select urgent care clinics by phone, video or mobile app. Contact your doctor's office to find out if they offer telehealth and to schedule an appointment.



## Using the plan

### What is prior authorization?

We may need more details before we can approve some care options and products. We call this prior authorization. Sometimes we may call it precertification or preapproval. These all mean the same thing. It's the process of confirming if your plan will cover a certain service or prescription drug.

### Is prior authorization required?

Prior authorization rules may apply for some network services. Your network provider is responsible for requesting prior authorization, so there is nothing you need to do. Although Aetna® recommends that out-of-network providers also get prior authorization for some services, it is not a requirement. Providers can call Aetna at **1-800-624-0756** to request prior authorization.

### Do I need referrals?

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

### 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 help coordinate your health care. If you choose a PCP, call us at **1-866-409-1265 (TTY: 711)**, Monday to Friday, 5 AM to 6 PM PT, to let us know who that is. We'll list your PCP on your Aetna Medicare Advantage ID card.

### Am I restricted to using only certain labs or radiology facilities?

The Aetna Medicare Advantage PPO MAP plan allows you to use any lab or facility that is eligible to receive Medicare payments and willing to accept the plan.

### 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.

### 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 MAP plan is your primary medical plan, you'll only receive monthly EOBs from Aetna®. You won't receive separate Medicare Summary Notices from Medicare.

### Is the Medicare Advantage plan secondary to Medicare?

No. The Aetna Medicare Advantage PPO MAP 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. (Hospice is covered directly by Original Medicare.) The Aetna Medicare Advantage plan is a Medicare Part C plan. It will provide coverage for all of your Part A, Part B and other benefits. See your [Evidence of Coverage](#) for more details.



## Using the plan

### If I enroll in the Aetna Medicare Advantage PPO MAP plan, am I still enrolled in Medicare?

Yes. You're still enrolled in Medicare. The Aetna Medicare Advantage PPO MAP 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 MAP plan. (You must also pay your Medicare Part A premium, if applicable.)

### If I'm enrolled in another medical plan, is Aetna Medicare Advantage PPO MAP plan 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**. If you are covered by TRICARE, you may wish to review the information posted on [myTricare.com](https://www.mytricare.com)

### Should I expect calls from Aetna® 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 & Medicaid Services (CMS) requires that all Medicare Advantage plans offer these assessments each year. Also, 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 **HRA** which is an automated, telephone survey. These calls are made by Silverlink, but they work closely with Aetna, and will 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 disease management or care management programs included with the Aetna Medicare Advantage PPO MAP plan. Some examples are the diabetes program and the Aetna Compassionate Care<sup>SM</sup> program. If Aetna identifies you as a member who may benefit from further support, you may receive a call from an Aetna nurse. For some programs, the outreach will be made by an organization that works closely with Aetna, but they'll identify themselves as Aetna.

### Can I join a care management program without a referral?

Yes. If you have chronic conditions, such as diabetes, chronic obstructive pulmonary disease (COPD) or congestive heart failure (CHF), and you feel you may benefit from a care management program, you can speak with an Aetna nurse for more information. Just call Aetna Medicare Member Services at **1-866-409-1265 (TTY: 711)**, Monday to Friday, 5 AM to 6 PM PT.





## Enrollment and eligibility

### **Are there eligibility and enrollment requirements for Medicare Advantage plans?**

To qualify for a Medicare Advantage plan, you must:

- Be enrolled in Original Medicare Part A and Part B
- Have a Medicare Beneficiary Identifier (MBI)

### **I have a covered spouse or dependent under age 65 and they are Medicare eligible. Can they be on the Aetna Medicare Advantage PPO MAP plan?**

If you have a spouse or dependent who is under age 65 and is Medicare eligible, or is Medicare eligible due to a disability, contact *EIX Benefits Connection* at [1-866-693-4947](tel:1-866-693-4947). They are available Monday to Friday, 7:30 AM to 5:30 PM PT.

### **What if I am not eligible for Medicare?**

If you (or your covered spouse or dependent) are not eligible for Medicare, you will remain on your current plan until you become eligible for Medicare coverage.

### **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).



## Medicare Part B premiums

### Do I still have to pay for Medicare Part B?

Yes. In order to be enrolled in a Medicare Advantage plan, you must be enrolled in Original Medicare Part A and Part B and continue to pay your Part B premiums.

**Important note:** If you discontinue your Medicare Part A and Part B coverage, or it is cancelled due to nonpayment of premium, your medical coverage will end.



## More information

### Is there a contact if I need more information?

For more information regarding the Aetna Medicare Advantage PPO MAP plan, or for questions about benefits or claims, call Aetna Medicare Member Services at **1-866-409-1265 (TTY: 711)**. They are available Monday to Friday, 5 AM to 6 PM PT. This number is also on your Aetna Medicare Advantage ID card.

For questions regarding eligibility and enrollment, call ***EIX Benefits Connection*** at **1-866-693-4947**. They are available Monday to Friday, 7:30 AM to 5:30 PM PT.

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. 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 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. Aetna and CVS Pharmacy® are part of the CVS Health® family of companies.