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Aetna MedicareSM Plan (PPO)

The Aetna Medicare Plan (PPO) is offered by the Office of the State Comptroller and Aetna®, and it's designed exclusively for CT Partnership Plan Medicare-eligible members. The Aetna Medicare Advantage PPO plan offers the same benefits as Original Medicare Part A (hospital insurance) and Part B (medical insurance), plus access to additional health and wellness programs and prescription drug coverage.

A PPO plan is a preferred provider organization plan. The Aetna Medicare Advantage PPO ESA plan is different than many other PPO plans.

It allows you to see any provider (whether in the network or not), and you pay the same out-of-pocket cost for both covered in-network and out-of-network medical benefits, as long as the provider is:

- Eligible to receive payment under Medicare
- · Willing to bill and accept payment from Aetna

Your plan also gives you the option to choose a primary care physician. Though choosing a primary care physician is not required by your plan, it is highly encouraged for managing your overall health.

Benefits for the whole you

As an Aetna Medicare Advantage PPO member, you get additional programs and benefits so you can take care of the whole you — body, mind and spirit.

Healthy Home Visit

Have a licensed doctor or nurse come to your home to review your health needs, do a home safety assessment, review your medications and ask about your medical and family history.

Resources For Living® program

Get referrals to services in your area that offer help such as house cleaning, lawn care, transportation, social and recreational activities, and caregiver support. You just pay for the cost of the services you use.

24-Hour Nurse Line

Talk to our registered nurses, day or night. Based on your symptoms, they can help you decide if you need a doctor or urgent care visit.

SilverSneakers®

Join any of several thousand participating locations nationwide or take online classes at home.

Meal delivery

Take advantage of this service when you return home after an inpatient hospital stay. Your Aetna® nurse will coordinate a delivery of up to 28 nutritious meals directly to your home.

Aetna Healthy Rewards

Earn gift cards through our member rewards program for completing important health care activities such as annual exams, flu shots and more.

Transportation

We never want you to miss a medical appointment because you don't have a way to get there. Our partner Access2CaresM provides you up to 24 one-way nonemergency trips, up to 60 miles per trip.

Naturopathy services

Visit a naturopath provider with your plan.

Naturopathy uses diet, exercise, lifestyle changes and natural therapies to enhance the body's ability to ward off and combat disease.

Audiology services

We simplify the process for receiving hearing care. And if necessary, we'll help you select the most comfortable and effective hearing aids for your needs.

Virtual care

Telehealth

You can get care from any provider that offers telehealth services. Contact your doctor or walk-in clinic to learn more.

Teladoc®

Connect with a Teladoc physician by web, phone or mobile app from home for nonemergency medical needs.

Whether you choose telehealth or Teladoc, you're covered for many nonemergency medical needs, such as cold and flu symptoms, allergies, skin problems and prescription refills.

MDLIVE®

Get fast, affordable, and convenient access to virtual behavioral health services. You can confidentially meet with an MDLIVE licensed therapist or board-certified psychiatrist by phone or video appointment. MDLIVE providers are specially trained in common issues such as anxiety, depression, grief and loss, stress management and more.

You'll also have no limits on the number of visits and \$0 copay. Appointments are available 24/7.

If you need emergency care, call 911 or go to the nearest emergency room immediately.

If you or a loved one need immediate help, the National Suicide Prevention Lifeline provides 24/7 free and confidential support, prevention, and crisis resources for people in distress. Call 988.



Aetna Medicare Advantage with prescription drug coverage

Your Aetna Medicare Advantage PPO plan includes prescription drug coverage, all in one plan. You're covered from the doctor's office to the pharmacy.



Are your prescription drugs covered?

Covered medicines and drugs are listed in the plan formulary and supplemental drug lists.

Visit **CT.AetnaMedicare.com** to review the plan formulary.

What is a drug cost tier?

Drugs are divided into different cost levels, or tiers. In general, the lower the tier, the less you pay.

If you have questions, call us at **1-855-648-0391 (TTY: 711),** Monday-Friday, 8 AM-9 PM ET.

Call the U.S. Social Security Administration to see if you qualify for Extra Help. If you have a limited income, you may be able to get Extra Help to pay for your prescription drug costs. If you qualify, Extra Help could pay up to 75% or more of your drug costs.

Many people qualify and don't know it. There's no penalty for applying, and you can reapply every year. Call toll free at **1-800-772-1213 (TTY: 1-800-325-0778)**, Monday–Friday, 7 AM–7 PM local time.



Pharmacy coverage from coast to coast

Our pharmacy network includes **65,000+** pharmacies nationwide.



Find a network pharmacy close to you

Visit **CT.AetnaMedicare.com** to review network pharmacies. Remember that using a preferred pharmacy when you get an extended supply of maintenance drugs will often save you money.

We're continually working on adding highly utilized pharmacies to our network. Be sure to check back regularly.



Save a trip with home delivery

With CVS Caremark® Mail Service Pharmacy, standard shipping is always free. Your prescription drugs are securely packed. Orders are mailed quickly and safely to you.

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 10 days. You can call **1-855-648-0391 (TTY: 711)** if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery. 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.



Questions?

Just call us at **1-855-648-0391 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET. You can also visit **CT.AetnaMedicare.com** for more information about your plan and benefits.



About Medicare Part B premium and IRMAA

You may be charged a higher Part B and Part D premium if an IRMAA rate applies.

You'll get a Medicare Income-Related Monthly Adjustment Amount (IRMAA) notice if you have Medicare Part B or Part D and the U.S. Social Security Administration (SSA) determines that an IRMAA applies to you. This notice includes information about the determination by Social Security and your appeal rights.

When would I get it?

It can come at any time.

Who sends it?

Social Security will contact you if you have to pay IRMAA, based on your income. The amount you pay can change each year, and it should be paid directly to the SSA.



Review Medicare's Star Ratings

Star Ratings can help you learn more about the Medicare plan you're offered. They can give you insight into the parts of a health plan you care most about. Learn about your plan's Star Rating on the next page.





The Centers for Medicare & Medicaid Services (CMS) reviews plans, member satisfaction results, and provider feedback to rate Medicare Advantage and prescription drug (Part D) plans.

Medicare Advantage plans are rated on how well they perform in five different categories:

- Helping you stay healthy (screenings, tests and vaccines)

 Managing chronic (long-term) conditions
- wanaging chronic (long-term) condition
- V Plan responsiveness and care
- Member complaints, problems getting services and choosing to leave the plan
- Health plan customer service

Each plan receives a rating from one star (lowest) to five stars (highest). Star Ratings are calculated each year and may change from one year to the next. CMS helps Medicare Advantage plans with high star ratings offer more affordable benefits.

IMPORTANT INFORMATION:

2024 Medicare Star Ratings





Aetna Medicare - H5522

For 2024, Aetna Medicare - H5522 received the following Star Ratings from Medicare:

Overall Star Rating: $\star\star\star\star\star$ Health Services Rating: $\star\star\star\star\star$ Drug Services Rating: $\star\star\star\star\star$

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★☆ ABOVE AVERAGE

★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

 ${\tt Get\,More\,Information\,on\,Star\,Ratings\,Online}$

Compare Star Ratings for this and other plans online at medicare.gov/plan-compare.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week). If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

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.

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.

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.

For accommodation of persons with special needs at meetings, call **1-855-648-0391 (TTY: 711)**, Monday-Friday, 8 AM-9 PM ET.

Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies: Suburban Arizona, Suburban Illinois, Urban Kansas, Suburban & Rural Michigan, Urban Michigan, Urban Missouri, Rural North Dakota, Suburban Utah, Suburban West Virginia, Suburban Wyoming. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call 1-855-338-7027 (TTY: 711) or consult the online pharmacy directory at www.aetnamedicare.com/pharmacyhelp

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. 繁體中文 (CHINESE): 如果您使用英文以外的語言,我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。

Important information about your enrollment in a Medicare Advantage plan As an Aetna Medicare member, you agree to the following:

Aetna Medicare is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B and continue to pay my Part B premium. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform Aetna of any prescription drug coverage that I have or may get in the future.

I understand that if I don't have Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.

Enrollment in this plan is generally for the (entire) year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (for example, during the Annual Enrollment Period, which is October 15-December 7 of every year), or under certain special circumstances.

The Aetna Medicare Advantage plan serves a specific service area. If I move out of the area that the Aetna Medicare Advantage plan serves, I need to notify CT Partnership Plan so I can disenroll and find a new plan in my new area. Once I am a member of the Aetna Medicare Advantage plan, I have the right appeal plan decisions about payment or services if disagree. read the Evidence of Coverage document from the Aetna Medicare Advantage plan when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

PPO plans: I understand that beginning on the date Aetna Medicare Advantage plan coverage begins, using services in network can cost less than using services out of network, except for emergency or urgently needed services or out-of-area dialysis services. I understand I can go to doctors, specialists. or hospitals in or out of network. I understand that providers must be licensed and eligible to receive payment under the federal Medicare program and agree to accept the PPO plan. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization when required by the plan, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES.**

I understand that beginning on the date the Aetna Medicare Advantage plan coverage begins, I must get all of my health care from Aetna Medicare, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES.**

Release of information

By joining this Medicare health plan, I acknowledge that the Aetna Medicare Advantage plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that the Aetna Medicare Advantage plan will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information, I will be disenrolled from the plan.

Here for you

We're here to help answer your questions, so you can feel confident about your Medicare coverage. Check out additional helpful resources on the next page.





Helpful resources

Keep these resources handy, so you can refer back to them at any time.



Questions? We're here to help.

Call us at 1-855-648-0391 (TTY: 711), Monday-Friday, 8 AM-9 PM ET.



Your member website

Want more information about the plan and additional wellness programs? Looking for a doctor or hospital?

Visit **CT.AetnaMedicare.com** for more information about your plan, finding care, your wellness programs and more.

Visit Medicare.gov for more information about how Medicare works.





