



Frequently asked **questions**

Learn more about the enhanced
Aetna MedicareSM Plan (PPO) ESA
offered exclusively through
the State of Connecticut

About the plan

With a Medicare Advantage plan, you don't lose the coverage you get with Original Medicare. You get the same coverage plus access to additional health and wellness programs not covered by Medicare.



What is a Medicare Advantage plan?

A Medicare Advantage plan is another way to provide Original Medicare Part A (hospital insurance) and Part B (medical insurance) benefits, and more. Medicare Advantage plans are offered through private insurance companies and are approved by the Centers for Medicare & Medicaid Services (CMS). Medicare Advantage is also known as Medicare Part C.



What is the Aetna Medicare Advantage PPO ESA plan?

The Aetna Medicare Advantage PPO ESA plan is a type of Medicare Advantage plan. The Office of the State Comptroller and Aetna® have teamed up to provide you with enhanced medical and prescription drug coverage, all in one plan. **The combined coverage is called the Aetna MedicareSM Plan (PPO) ESA, and it's designed exclusively for CT Partnership retirees.**



Does the Aetna Medicare Advantage plan offer prescription drug coverage?

Yes. You'll get both medical and prescription drug coverage, all in one plan. Your prescription drug coverage will generally remain as it is today. You will not experience a gap in prescription drug coverage, also referred to as "donut hole" coverage, regardless of the cost of your prescription drugs.



Network access



Can I keep seeing my doctors?

You have the flexibility and confidence to see any licensed doctor or hospital (whether in the network or not), as long as the provider is:

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

With over **1.1 million** network providers and **4,300** network hospitals, you can continue to see your favorite doctors and hospitals.* The Aetna Medicare Advantage PPO ESA plan is different than many other PPO plans. You pay the same out-of-pocket cost for both covered in-network and out-of-network medical benefits.



How do I find out if my provider accepts the Aetna Medicare Advantage plan?

Just call Aetna at **1-855-648-0391 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET. They'll contact your doctor and confirm for you, or help you find other nearby doctors or hospitals to meet your needs.



What do I do with my existing insurance cards?

You'll receive a new Aetna Member ID card. Your new card will be the only ID card you will need to carry.



Once the plan becomes effective, will I need to let my provider know that I have changed plans?

You'll need to provide your new Aetna member ID card when you receive medical and prescription drug services.



Do I need a referral to see a specialist?

With the Aetna Medicare Advantage plan, referrals are not required.



Do I need a primary care doctor?

With the Aetna Medicare Advantage plan, a primary care doctor is not required, but highly encouraged to help you manage your overall health.



What is my coverage if I am traveling in the United States?

In the United States, you can see any doctor who is eligible to receive Medicare payment and is willing to accept your plan. The plan provides nationwide coverage, so your benefits are the same anywhere in the U.S. The plan also offers a nationwide network of pharmacies.



What is my coverage if I am traveling internationally?

Aetna® will cover urgent and emergency care while you are traveling outside the United States. You will likely need to pay for any costs up front and then submit paid receipts directly to Aetna for reimbursement. Aetna reimburses medical expenses at Medicare rates. Prescription drugs are not covered outside of the United States and its territories.



Will I be able to use the same pharmacies I use today?

The pharmacy network includes over 65,000 pharmacies nationwide, so your pharmacy is likely included. You may have lower cost shares if you use a preferred pharmacy. To find out, visit **CT.AetnaMedicare.com** to search network pharmacies.

*Aetna Medicare Advantage PPO network as of January 2024.



Visit **CT.AetnaMedicare.com** to learn more about how Medicare works.

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)
- Have a physical street address located in the United States (P.O. boxes are not accepted)

You will be notified if this information is not currently on file with your former employer. Additionally, you cannot be enrolled separately in another Medicare Advantage plan. If you are currently enrolled in another Medicare Advantage plan, that coverage will automatically end when you enroll in the Aetna Medicare Advantage plan.



I have a covered spouse or dependent under age 65 and they are Medicare eligible. Can they be on the Aetna Medicare Advantage 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, please contact your former employer, to request that your spouse or dependent be included in the transfer to the new plan.



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.

Coverage and cost



What will my monthly premium be?

Your new premium will be provided by your former employer, if applicable.



Does this plan require prior authorization?

In some cases, your provider may need to get approval in advance from the Aetna Medical Management Department for certain types of services or tests, and some prescription drugs. This is called “prior authorization.” Your provider is responsible for obtaining prior authorization. If you have a prior authorization for a drug on the current prescription drug coverage, that authorization will transition over to Aetna.

Prescription drugs requiring prior authorization will appear in the plan formulary. Medical services and items requiring prior authorization are listed in your Schedule of Cost Sharing (SOC). You'll receive this document after enrollment.



Will the medicine I'm currently taking be covered under this plan?

Covered medicines and drugs are listed in the plan formulary supplemental drug lists, if your plan has supplemental coverage, visit [CT.AetnaMedicare.com](https://www.ct.aetnamedicare.com) to review your plan formulary.



Do I have to enroll in a Medicare Part D plan?

Medicare Part D is prescription drug coverage. You do not need to do anything to enroll in Part D coverage if you are enrolled in Original Medicare Part A and Part B. Your Aetna Medicare Advantage PPO plan includes Part D. If you enroll in another Part D plan, your Aetna Medicare Advantage PPO plan will be cancelled.



Will I pay a late enrollment penalty for Medicare Part D?

If you have been continuously enrolled under a health plan that provides creditable prescription drug coverage, you will not pay a late enrollment penalty. If you haven't been continuously enrolled under a health plan that provides creditable prescription drug coverage for 63 days or longer, you may pay a penalty.



Questions?

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Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. 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 formulary and/or pharmacy 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. The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in Suburban Arizona, Suburban Illinois, Urban Kansas, Suburban & Rural Michigan, Urban Michigan, Urban Missouri, Rural North Dakota, Suburban Utah, Suburban West Virginia, and 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, please call 1-855-648-0391 (TTY: 711) or consult the online pharmacy directory at <http://www.aetnamedicare.com/pharmacyhelp>. To send a complaint to Aetna, call 1-855-648-0391 (TTY: 711). 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.

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, or call the phone number listed in this material.

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 or call the phone number listed in this material.

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 in this material. If you need help filing a grievance, call the Customer Service phone number listed in this material.

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。