



Aetna Group Medicare Advantage Frequently Asked Questions

Providers & the Aetna Network

1. How do I find out if my providers are in the Aetna Medicare Advantage Network or if they accept the Aetna plan?

To find out if your provider is a participating provider in the Aetna Medicare Advantage network:

- You may go to <http://fcps.aetnamedicare.com/> (Select “Search for providers” and then “Find doctors & other providers” (underneath “Not yet a member?”)).
- You may also call your provider’s office directly or call Aetna’s Medicare Member Services at 1-855-524-6027 (TTY: 711), available Monday to Friday, 8 a.m. to 6 p.m., in all time zones.
- In addition, the Plan gives you have the ability to receive services from any provider that accepts Medicare payments and is willing to treat you. Whether or not the provider is a participating (in-network) or non-participating (out-of-network), you will pay the same cost share amount.

2. What if my doctor is not part of the Aetna Medicare Advantage network?

You may see any doctor that is able to accept Medicare payments and is willing to treat you—even if your doctor is not in our network. Whether or not the provider is a participating (in-network) or non-participating (out-of-network) provider, you will pay the same cost share amount. If you receive treatment from out-of-network providers, show them your Aetna Medicare Advantage ID card. You may also wish to give your provider instructions on how to bill Aetna for your claims. See the flyer, ***For providers out of the Aetna Medicare network***. If you or your providers have more questions or need more help, call Aetna at 1-855-524-6027 (TTY: 711), available Monday to Friday, 8 am – 6 pm in all time zones.

See below if you want to receive services from providers who are not part of the Aetna Medicare Advantage network.

1. Find out if your providers participate with Medicare.
 - a. Check directly with your provider’s billing office.
 - b. Contact Aetna at 1-855-524-6027 (TTY: 711), available Monday to Friday, 8 am – 6 pm in all time zones.
 - c. Or search the Medicare website (<https://www.medicare.gov/physiciancompare>)

2. Review the below chart so you understand how Aetna will process claims for out-of-network providers. Call Aetna with questions.

Participates with Medicare and Accepts Medicare assignment		Participate with Medicare and Does <u>not</u> accept Medicare assignment		Opts out of Medicare
		(Eligible to receive Medicare payments, has not been disqualified by Medicare, has not opted out of Medicare)		
Accepts the Aetna Plan	Does Not Accept the Aetna Plan	Accepts the Aetna Plan	Does Not Accept the Aetna Plan	Your provider must give you a waiver to sign before providing any treatment. You are 100% responsible for paying these claims.
Provider will submit claims to Aetna on your behalf Your cost share will be the same cost share you would pay a network Aetna provider.	Provider may ask you to pay up front and may not submit claims on your behalf Your cost share will be the same cost share you would pay a network Aetna provider.	Provider will submit claims to Aetna on your behalf Your cost share will be the same cost share you would pay a network Aetna provider.	Provider may ask you to pay up front and may not submit claims to Aetna on your behalf. Your cost share will be the same cost share you would pay a network Aetna provider.	

3. I understand that Johns Hopkins and the Mayo Clinics are not in the network. Will the Aetna Medicare Advantage plan cover any services I receive at these clinics?

Although Johns Hopkins is not in-network, the facility accepts Aetna Medicare Advantage participants on a case-by-case basis. If you are a Johns Hopkins patient and have received treatment from this facility, in most cases Johns Hopkins will continue to treat you and will bill Aetna for your treatment.

The Mayo clinics do not accept any Medicare Advantage plans and will require that you pay the clinics directly before they provide treatment. It will be necessary for

you to submit your claims directly to Aetna Medicare Advantage for reimbursement. The clinics will provide an itemized statement for you to include when you submit a claim form to Aetna. Because you are a Medicare participant, the Mayo Clinic is limited to charging you the Medicare-approved amount for any treatment covered by Medicare. Aetna Medicare Advantage will reimburse you.

You may call Aetna at 1-855-524-6027, TTY: 711, 8 am – 6 pm for assistance. Aetna representatives will also speak directly with your providers to help explain the Plan and to find out if the Mayo Clinics or Johns Hopkins will be willing to bill Aetna directly for your treatment.

4. My doctors are not Aetna Medicare Advantage participating providers. How do I get them to become participating providers (join the Aetna Medicare Advantage network)?

You may nominate your out-of-network providers for membership in the Aetna Medicare Advantage Network and Aetna will find out if they will join. Call Aetna at 1-855-524-6027, TTY: 711, 8 am – 6 pm and let them know about providers that you want to nominate.

5. I spend my winter in Florida and return to Northern Virginia for the rest of the year. Can I use providers in Florida and Northern Virginia?

Yes. Aetna Medicare Advantage has a nationwide network of participating providers that can provide your healthcare treatment. In addition, you may seek care from any doctor nationwide that is not in the Aetna Medicare Advantage network, as long as they are eligible for Medicare payments. See question two (pages 1-2) above for more information on how the Aetna Group Medicare Advantage plan works when you receive care from out-of-network providers.

Benefits & Coverage

1. Do I have to meet a deductible before the Aetna Group Medicare Advantage PPO ESA Plan will pay for my healthcare services?

No, you do not have to meet a deductible before the Aetna Group Medicare Advantage PPO ESA plan covers services.

2. Do I have to pay copayments?

A copay is only required for Emergency Room visits. If you are admitted to the hospital when you visit the emergency room, the copay is waived. See the Plan's benefit summary for more information.

3. If I am hospitalized, what's my coverage?

The Plan will cover in-patient hospitalization at 100%.

4. If I have surgery and use an in-network hospital and surgeon, but I receive services from an out-of-network provider who does not accept Medicare, like an anesthesiologist, what's my coverage?

The Plan will cover all of the services associated with the hospitalization and surgery 100%, including the bill for the anesthesiologist who does not accept Medicare.

5. When I travel outside of the U.S. do I have coverage?

Yes. Emergency and urgently needed services are covered under the Aetna Group Medicare Advantage PPO ESA plan 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.

6. Are orthotics covered?

Yes, the Plan covers internal and external prosthetic devices and special appliances, including custom foot orthotics and other supportive devices of the feet (in accordance with Aetna's medical policy).

7. Is there an annual limit on what I have to spend out-of-pocket under the Aetna Medicare Advantage PPO ESA plan?

Yes. If your out-of-pocket costs reach \$200 for covered services during a calendar year, your covered services will be paid at 100% for the remainder of the calendar year.

8. Are there any yearly or lifetime limits on the benefits that the Aetna Medicare Advantage PPO ESA plan will pay?

No. There are no yearly or lifetime limits.

Using the Plan

1. Is pre-authorization required?

Pre-authorization is required for some treatment, such as hospitalization, surgery, physical therapy, and home care services after 60 consecutive days of treatment. Your in-network Aetna Medicare physician is responsible for having services that require prior approval authorized. Aetna recommends that out-of-network providers obtain pre-authorization for services that require prior approval, but does not require pre-authorization for treatment provided by out-of-network providers.

2. Do I need referrals?

No, Aetna Medicare Advantage plans do not require referrals to providers, facilities, or for treatment by specialists.

3. Do I need to designate a Primary Care Physician (PCP)?

No. There is no requirement to designate a Primary Care Physician. Aetna recommends that you designate a PCP so that one doctor can take responsibility for coordinating your healthcare. If you designate a PCP, your designated PCP will be listed on your Aetna ID card.

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

The FCPS Aetna Group Medicare Advantage plan allows you to receive services from any lab or facility eligible for Medicare payments and willing to accept the Plan.

5. When I receive medical services, will my doctor need to see my Medicare card *and* my Aetna Medicare Advantage PPO ESA plan card?

No. Your provider will need to see only your Aetna Medicare Advantage ID card.

6. Will I receive Explanations of Benefits (EOB's) from Aetna Medicare Advantage? Will I still receive Medicare Summary Notices (Medicare EOB's)?

Because Aetna Medicare Advantage is your primary medical plan, you will only receive monthly EOB's from Aetna Medicare Advantage. You will not receive separate Medicare Summary Notices from Medicare. **Note:** You will continue to receive Explanations of Benefits from SilverScript.

7. Is the Medicare Advantage plan secondary to Medicare?

No. The FCPS Group Medicare Advantage plan is not a secondary plan. Aetna has a contract with Medicare that allows Aetna to process claims for all of your medical treatment. The Aetna Medicare Advantage plan is a Medicare Part C plan and will take the place of Original Medicare and will provide coverage for all of your Part A & Part B benefits.

8. If I enroll in the FCPS Aetna Group Medicare Advantage PPO ESA am I still enrolled in Medicare?

Yes, you are still enrolled in Medicare. The FCPS Group Aetna Medicare PPO ESA plan is a 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 to Medicare. You must continue your enrollment in Part A of Medicare and continue to pay your Medicare Part B premiums to continue your enrollment in the FCPS Group Aetna Medicare Advantage PPO ESA plan. (You must continue to pay Medicare Part A premiums, if applicable.)

Prescription Drug

1. Is it possible to decline FCPS prescription drug coverage and continue to be enrolled in the Aetna Group Medicare Advantage PPO?

No. The Aetna Group Medicare Advantage PPO ESA plan and SilverScript Prescription drug coverage are bundled together. If you are enrolled in the Aetna Medicare Advantage PPO plan, you are also enrolled in the SilverScript prescription drug plan.

2. What if I'm also enrolled in TRICARE Pharmacy Benefits? Is it possible to be enrolled in SilverScript and Tricare?

Yes, it is possible to be enrolled in TRICARE Pharmacy Benefits and SilverScript. Because Medicare plans are primary and pay claims first before they are processed by Tricare, you will not be able to use Tricare Pharmacy Home Delivery unless your prescription is not covered by the SilverScript plan. Contact TRICARE if you have more questions.

3. If I'm enrolled in the Aetna Group Medicare Advantage PPO ESA plan, do I need to enroll in a separate Medicare Part D prescription drug plan?

No, you will continue to be covered by the FCPS Medicare Part D prescription drug plan through SilverScript.

Enrollment & Eligibility

4. What if I'm over age 65, but my spouse is under age 65?

If you are age 65 or over, or Medicare-eligible, and you and your dependents are currently covered by the FCPS Aetna/Innovation Health medical plan, you will be enrolled in the Aetna Group Medicare Advantage PPO ESA plan starting January 1, 2018. Any covered dependents who are under age 65 and not Medicare-eligible will remain enrolled in the Aetna/Innovation Health plan.

5. What happens when my spouse becomes eligible for Medicare?

If you cover your spouse as a dependent, a few months before your spouse's 65th birthday or upon becoming eligible for Medicare, Aetna will send your spouse information about the Aetna Group Medicare Advantage PPO ESA plan. Your spouse will be automatically enrolled in the Aetna Group Medicare Advantage Plan.

6. Is it possible to stay enrolled in the Aetna/Innovation Health Plan?

No. The Aetna/Innovation Health Plan will not be available to Medicare-eligible participants effective January 1st, 2018, and will be replaced by the Aetna Group Medicare Advantage PPO ESA plan.

7. Do I need a Medicare supplement plan?

No. The Centers for Medicare and Medicaid Services (CMS) do 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 FCPS Aetna Medicare Advantage Plan).

Medicare Part B Premiums

1. 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 Parts A & B, and continue to pay your Part B premiums.

More Information

1. Is there a contact if I need more information?

For more information regarding the new Aetna Group Medicare Advantage PPO ESA plan, call Aetna's Medicare Member Services team at **1-855-524-6027 (TTY: 711)**, available Monday to Friday, 8 a.m. to 6 p.m. in all time zones.

For questions regarding eligibility and enrollment, you may contact the FCPS Office of Benefit Services. Send an email message to HRConnection@fcps.edu or call 1-571-423-3200 M-F 8 am – 4:30 pm.

2. Do I contact Aetna if I have questions about the Plan, benefits, or claims questions?

Yes. You may reach Aetna Medicare Member Services at **1-855-524-6027 (TTY: 711)**, available Monday to Friday, 8 a.m. to 6 p.m in all time zones. Aetna's contact number is also on your ID card.