aetna®

PENNSYLVANIA EMPLOYEES BENEFIT TRUST FUND
Aetna Medicare℠ Plan (HMO)

REHP Medicare HMO Plan

Benefits and Premiums are effective January 01, 2017 through December 31, 2017

PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA HEALTH PLANS INC.

PLAN FEATURES	Network Providers
Annual Maximum Out-of-Pocket Amount	$2,500
The maximum out-of-pocket limit applies to all covered Medicare Part A and B benefits including deductible.	
Primary Care Physician Selection	Required
Referral Requirement	Required for all non-emergency, non-urgent and non-Primary Care physician services except direct access services.
PREVENTIVE CARE	**This is what you pay for Network Providers**
Annual Wellness Exams One exam every 12 months.	$0
Routine Physical Exams One exam every 12 months.	$0
Medicare Covered Immunizations Pneumococcal, Flu, Hepatitis B	$0
Routine GYN Care **(Cervical and Vaginal Cancer Screenings)**	$0
One routine GYN visit and pap smear every 24 months.	
Routine Mammograms **(Breast Cancer Screening)**	$0
One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.	
Routine Prostate Cancer Screening Exam	$0
For covered males age 50 & over, every 12 months.	
Routine Colorectal Cancer Screening For all members age 50 & over.	$0

Routine Bone Mass Measurement	$0
Additional Medicare Preventive Services*	$0
Diabetic Eye Exams	$0
Routine Eye Exams One annual exam every 12 months.	$0
Routine Hearing Screening One exam every 12 months.	$0
PHYSICIAN SERVICES	**This is what you pay for Network Providers**
Primary Care Physician Visits	$15
Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.	
Physician Specialist Visits	$20
DIAGNOSTIC PROCEDURES	**This is what you pay for Network Providers**
Outpatient Diagnostic Laboratory	$0
Outpatient Diagnostic X-ray	$0
Outpatient Diagnostic Testing	$0
Outpatient Complex Imaging	$0
EMERGENCY MEDICAL CARE	**This is what you pay for Network Providers**
Urgently Needed Care; Worldwide	$50
Emergency Care; Worldwide (waived if admitted)	$50
Ambulance Services	$0
HOSPITAL CARE	**This is what you pay for Network Providers**
Inpatient Hospital Care	$0 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	

Outpatient Surgery	$0
MENTAL HEALTH SERVICES	**This is what you pay for Network Providers**
Inpatient Mental Health Care	$0 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Mental Health Care	$15
ALCOHOL/DRUG ABUSE SERVICES	**This is what you pay for Network Providers**
Inpatient Substance Abuse (Detox and Rehab)	$0 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Substance Abuse (Detox and Rehab)	$0
OTHER SERVICES	**This is what you pay for Network Providers**
Skilled Nursing Facility (SNF) Care	$0 copay per day, day(s) 1-100
Limited to 100 days per Medicare Benefit Period**. The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Home Health Agency Care	$0
Hospice Care	Covered by Medicare at a Medicare certified hospice.
Outpatient Rehabilitation Services (Speech, Physical, and Occupational therapy)	$15
Cardiac Rehabilitation Services	$15
Pulmonary Rehabilitation Services	$15
Radiation Therapy	$0
Chiropractic Services	$15
Limited to Medicare - covered services for manipulation of the spine	

Durable Medical Equipment/ Prosthetic Devices	$0
Podiatry Services Limited to Medicare covered benefits only.	$20
Diabetic Supplies Includes supplies to monitor your blood glucose	$0
Outpatient Dialysis Treatments	$0
Medicare Part B Prescription Drugs	$0
Medical Supplies	$0
ADDITIONAL NON-MEDICARE COVERED SERVICES	**This is what you pay for Network Providers**
Healthy Lifestyle Coaching One phone call per week.	Covered
Fitness Benefit	Silver & Fit

* Additional Medicare preventive services include:

- Ultrasound screening for abdominal aortic aneurysm (AAA)
- Cardiovascular disease screening
- Diabetes screening tests and diabetes self-management training (DSMT)
- Medical nutrition therapy
- Glaucoma screening
- Screening and behavioral counseling to quit smoking and tobacco use
- Screening and behavioral counseling for alcohol misuse
- Adult depression screening
- Behavioral counseling for and screening to prevent sexually transmitted infections
- Behavioral therapy for obesity
- Behavioral therapy for cardiovascular disease
- Behavioral therapy for HIV screening
- Hepatitis C screening

- Lung cancer screening

**A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

Not all HMO Plans are available in all areas

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, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna).

You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's preferred drug list. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Pharmacy participation is subject to change.

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.

The pharmacy network and provider network may change at any time. You will receive notice when necessary.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services not performed by your Aetna Medicare network doctor, except in an emergency or urgent situation
- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your Evidence of Coverage
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You must use in-network providers except for emergency care, an urgent situation or renal dialysis needed outside the service area. If you receive care from out-of-network providers, the plan will not pay and Medicare will not pay. If your primary care doctor is part of an integrated delivery system or physician group, he or she will usually refer patients to specialists and hospitals that are part of the same group.

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, go to www.aetna.com.

*****This is the end of this plan benefit summary*****

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