



Benefits and Premiums are effective January 01, 2019 through December 31, 2019

PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	Network Providers	Out-of-Network Providers
Annual Deductible	\$0	\$183

This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.

Out-of-network services exempt from Deductible:

emergency room, emergency ambulance services and urgently needed care

Annual Maximum Out-of-Pocket Amount	Network services:	Network and out-of-network services:
	\$2,000	\$2,000 for in and out-of-network services combined

Annual maximum out-of-pocket limit amount includes any deductible, copayment or coinsurance that you pay. It will apply to all medical expenses except Hearing Aid Reimbursement, Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.

Primary Care Physician Selection	Optional	Not Applicable
There is no requirement for member pre-certification. Your provider will do this on your behalf.		

Referral Requirement	There is no requirement for member pre-certification. Your provider will do this on your behalf.	

PREVENTIVE CARE	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
Annual Wellness Exams One exam every 12 months.	\$0	20%
Routine Physical Exams	\$0	20%



Medicare Covered Immunizations Pneumococcal, Flu, Hepatitis B	\$0	\$0
Routine GYN Care (Cervical and Vaginal Cancer Screenings) One routine GYN visit and pap smear every 24 months.	\$0	20%
Routine Mammograms (Breast Cancer Screening) One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.	\$0	20%
Routine Prostate Cancer Screening Exam For covered males age 50 & over, every 12 months.	\$0	20%
Routine Colorectal Cancer Screening For all members age 50 & over.	\$0	20%
Routine Bone Mass Measurement	\$0	20%
Additional Medicare Preventive Services*	\$0	20%
Medicare Diabetes Prevention Program 12 months of core session for program eligible members with an indication of pre-diabetes.	\$0	20%
Routine Eye Exams One annual exam every 12 months.	\$0	20%
Routine Hearing Screening One exam every 12 months.	\$0	20%
PHYSICIAN SERVICES	This is what you pay for	This is what you pay for
	Network Providers	Out-of-Network Providers
Primary Care Physician Visits 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.	\$20	20%
Physician Specialist Visits	\$35	20%
DIAGNOSTIC PROCEDURES	This is what you pay for	This is what you pay for
	Network Providers	Out-of-Network Providers
Outpatient Diagnostic Laboratory	\$20	20%
Outpatient Diagnostic X-ray	\$20	20%



Outpatient Diagnostic Testing	\$20	20%
Outpatient Complex Imaging	\$20	20%

EMERGENCY MEDICAL CARE	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
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Urgently Needed Care; Worldwide	\$35	\$35
Emergency Care; Worldwide (waived if admitted)	\$100	\$100
Ambulance Services	\$20	\$100

Observation Care

Your cost share for Observation Care is based upon the services you receive.

HOSPITAL CARE	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
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Inpatient Hospital Care	\$200 per stay	10% per stay
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Surgery	\$35	10%
Blood	All components of blood are covered beginning with the first pint.	

MENTAL HEALTH SERVICES	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
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Inpatient Mental Health Care	\$200 per stay	10% per stay
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Mental Health Care	\$35	20%
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ALCOHOL/DRUG ABUSE SERVICES	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
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Inpatient Substance Abuse (Detox and Rehab)	\$200 per stay	10% per stay
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Substance Abuse (Detox and Rehab)	\$35	20%
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OTHER SERVICES	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
Skilled Nursing Facility (SNF) Care	\$0 copay per day, day(s) 1-100	10%
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	20%
Hospice Care	Covered by Original Medicare at a Medicare certified hospice.	
Outpatient Rehabilitation Services (Speech, Physical, and Occupational therapy)	\$20	20%
Cardiac Rehabilitation Services	\$20	20%
Pulmonary Rehabilitation Services	\$20	20%
Radiation Therapy	\$20	20%
Chiropractic Services	\$20	20%
Limited to Original Medicare - covered services for manipulation of the spine.		
Durable Medical Equipment/ Prosthetic Devices	\$0	20%
Podiatry Services	\$35	20%
Limited to Original Medicare covered benefits only.		
Diabetic Supplies	\$0	20%
Includes supplies to monitor your blood glucose from LifeScan.		
Diabetic Eye Exams	\$0	20%
Outpatient Dialysis Treatments	\$20	\$20
Medicare Part B Prescription Drugs	\$0	20%
Medicare Covered Dental	\$35	20%
Non-routine care covered by Medicare.		
ADDITIONAL NON-MEDICARE COVERED SERVICES		
Vision Eyewear Reimbursement	\$70 once every 24 months	
Hearing Aid Reimbursement	\$4,000 once every 36 months	



Resources for Living	Covered	
For help locating resources for every day needs.		
Teladoc	Covered	
Telehealth or Telemedicine		
Wigs	\$0; \$500 annual maximum	
Enhanced Chiropractic Services	\$20	20%
Compression Stockings	\$0	
Private Duty Nursing	\$0 copay; \$400 maximum benefit per day	\$0 copay; \$400 maximum benefit per day

* 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 Medicare 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 PPO 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).

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

Your coverage is provided through a contract with your former employer/union/trust. The plan benefits administrator will provide you with information about your plan premium (if applicable).

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

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. Provider participation may change without notice. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. For more information about Aetna plans, go to **www.aetna.com**.

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 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 may pay more for out-of-network services. Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

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

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

You can read the *Medicare & You 2019* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-267-2637 (TTY: 711). Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-267-2637 (TTY: 711). Traditional Chinese: 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-888-267-2637 (TTY: 711).



PUTNAM NORTHERN WESTCHESTER BENEFIT CONSORTIUM
Aetna MedicareSM Plan (PPO)

Medicare (S01) PPO Plan

You can also visit our website at www.aetnaretireplans.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

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.

Please contact Customer Service toll-free at 1-888-267-2637 (TTY: 711) for additional information. Hours are 8 a.m. to 6 p.m. local time, Monday through Friday.

This document is not intended to be member-facing as it does not include the required disclosures.

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

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