STATE OF NEW JERSEY
Aetna Medicare [SM] Plan (PPO)
SEHBP Educators Medicare Plan

Benefits and Premiums are effective January 1, 2021 through December 31, 2021

SUMMARY OF BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	Network & out-of-network providers
Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.
Annual Deductible	$0
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.	
Annual Maximum Out-of-Pocket Amount	$1,000
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.	
HOSPITAL CARE	**This is what you pay for Network & out-of-network providers**
Inpatient Hospital Care	$0 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay. Prior authorization or physician's order may be required.	
Outpatient Hospital Care	$0
Prior authorization or physician's order may be required.	
PHYSICIAN SERVICES	**This is what you pay for network & out-of-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	$15
Primary Care Physician Selection	Optional

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

Referral Requirement	None
PREVENTIVE CARE	**This is what you pay for network & out-of-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) One routine GYN visit and pap smear every 24 months.	$0
Routine Mammograms (Breast Cancer Screening) One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.	$0
Routine Prostate Cancer Screening Exam For covered males age 50 & over, every 12 months.	$0
Routine Colorectal Cancer Screening For all members age 50 & over.	$0
Routine Bone Mass Measurement	$0
Medicare Diabetes Prevention Program (MDPP) 12 months of core session for program eligible members with an indication of pre-diabetes.	$0
Additional Medicare Preventive Services	$0

- 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

EMERGENCY AND URGENT MEDICAL CARE	**This is what you pay for network & out-of-network providers**
Emergency Care; Worldwide (waived if admitted)	$50
Urgently Needed Care; Worldwide	$15
DIAGNOSTIC PROCEDURES	**This is what you pay for network & out-of-network providers**
Outpatient Diagnostic Laboratory	$0
Prior authorization or physician's order may be required.	
Outpatient Diagnostic X-ray	$0
Prior authorization or physician's order may be required.	
Outpatient Diagnostic Testing	$0
Prior authorization or physician's order may be required.	
Outpatient Complex Imaging	$0
Prior authorization or physician's order may be required.	
HEARING SERVICES	**This is what you pay for network & out-of-network providers**

Routine Hearing Screening	$0
One exam every 12 months.	
DENTAL SERVICES	**This is what you pay for network & out-of-network providers**
Medicare Covered Dental	$15
Non-routine care covered by Medicare.	
Prior authorization or physician's order may be required.	
VISION SERVICES	**This is what you pay for network & out-of-network providers**
Routine Eye Exams	$0
One annual exam every 12 months.	
Diabetic Eye Exams	$0
MENTAL HEALTH SERVICES	**This is what you pay for network & out-of-network providers**
Inpatient Mental Health Care	$0 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay. Prior authorization or physician's order may be required.	
Outpatient Mental Health Care	$15
Prior authorization or physician's order may be required.	
Inpatient Substance Abuse	$0 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay. Prior authorization or physician's order may be required.	
Outpatient Substance Abuse	$15
Prior authorization or physician's order may be required.	
SKILLED NURSING SERVICES	**This is what you pay for Network & out-of-network providers**
Skilled Nursing Facility (SNF) Care	$0
Limited to 120 days per Medicare Benefit Period*.	
The member cost sharing applies to covered benefits incurred during a member's inpatient stay. Prior authorization or physician's order may be required.	

*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.

PHYSICAL THERAPY SERVICES	This is what you pay for network & out-of-network providers
Outpatient Rehabilitation Services (Speech, Physical, and Occupational therapy) Prior authorization or physician's order may be required.	$15

AMBULANCE SERVICES	This is what you pay for network & out-of-network providers
Ambulance Services Prior authorization or physician's order may be required.	$0

MEDICARE PART B DRUGS	This is what you pay for network & out-of-network providers
Medicare Part B Prescription Drugs	$0

ADDITIONAL SERVICES	This is what you pay for network & out-of-network providers
Blood Covered in and out of network	All components of blood are covered beginning with the first pint.
Observation Care Covered in and out of network	Your cost share for Observation Care is based upon the services you receive.
Outpatient Surgery Prior authorization or physician's order may be required.	$0
Home Health Agency Care Prior authorization or physician's order may be required.	$0
Hospice Care	Covered by Original Medicare at a Medicare certified hospice.
Cardiac Rehabilitation Services	$15
Pulmonary Rehabilitation Services	$15

Radiation Therapy	$15
Chiropractic Services	$15
Limited to Original Medicare - covered services for manipulation of the spine. Prior authorization or physician's order may be required.	
Durable Medical Equipment/ Prosthetic Devices	$0
Prior authorization or physician's order may be required.	
Podiatry Services	$15
Limited to Original Medicare covered benefits only.	
Diabetic Supplies	$0
Includes supplies to monitor your blood glucose.	
Outpatient Dialysis Treatments	$0
Prior authorization or physician's order may be required.	
ADDITIONAL NON-MEDICARE COVERED SERVICES	**This is what you pay for network & out-of-network providers**
Healthy Lifestyle Coaching One phone call per week.	Covered
Resources For Living®	Covered
For help locating resources for every day needs.	
Telehealth	Covered
Telemedicine Services. Telehealth services covered when provided by PCP, Behavioral Health or Urgent Care providers. Member cost share will apply based on services rendered.	
Wigs	$500 once every 24 months
Acupuncture	$15
Covered in lieu of anesthesia or relief of chronic pain	
Enhanced Chiropractic Services 30 visits per year.	$15
Compression Stockings	$0
Non-Medicare Covered Foot Orthotics	$0
Private Duty Nursing	$0

Prior authorization or physician's order may be required.

For more information about Aetna plans, go to **www.aetna.com** or call Member Services at toll-free at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 6 p.m. local time, Monday through Friday.

Medical Disclaimers

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

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.

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

The complete list of services can be found in the Evidence of Coverage (EOC). You can request a copy of the EOC by contacting Member Services at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

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.

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.

Aetna will pay any non contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare covered services under the plan.

Plan Disclaimers

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

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

To join the Aetna Medicare Advantage Plan (ESA), you must meet the requirements of the plan sponsor/your former employer, be entitled to Medicare Part A, enrolled in Medicare Part B, and live in our service area.

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

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

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.

You can read the *Medicare & You 2021* 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).

You can also visit our website at www.aetnaretireeplans.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.

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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