UNIVERSITY OF MAINE SYSTEM
Aetna Medicare SM Plan (PPO)
Medicare (C02) PPO Plan
Custom Rx

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

SUMMARY OF BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

Plan Features	This is what you pay for network providers	This is what you pay for out-of-network providers
Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.	
Annual Deductible	$300	$300

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.

Network services exempt from Deductible:
annual wellness exams, routine physical exam, routine mammograms, routine hearing exam, routine colorectal screening, routine prostate screening, bone mass measurement, immunization, routine GYN, routine eye care, additional Medicare preventive care services, Medicare Part B Rx, diabetic supplies, emergency room, emergency ambulance services, urgently needed care and renal dialysis.

Out-of-network services exempt from Deductible:
annual wellness exams, routine physical exam, routine mammograms, routine hearing exam, routine colorectal screening, routine prostate screening, bone mass measurement, immunization, routine GYN, routine eye care and additional Medicare preventive care services, emergency room, emergency ambulance and urgently needed care.

Annual Maximum Out-of-Pocket Amount	Network Services:	Network and out-of-network services:
	$2,750	$2,750 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.

Hospital Care	This is what you pay for network providers	This is what you pay for out-of-network providers
Inpatient Hospital Care	$200 per stay	20% 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	10%	20%
Prior authorization or physician's order may be required.		

Physician Care	This is what you pay for network providers	This is what you pay for Out-of-network providers
Primary Care Physician Visits	$20	20%
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	$35	20%
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	None	

Preventative 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 One exam every 12 months.	0%	20%
Medicare Covered Immunizations Pneumococcal, Flu, Hepatitis B	0%	0%

Routine GYN Care (Cervical and Vaginal Cancer Screenings)	0%	20%
One routine GYN visit and pap smear every 24 months.		
Routine Mammograms (Breast Cancer Screening)	0%	20%
One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.		
Routine Prostate Cancer Screening Exam	0%	20%
For covered males age 50 & over, every 12 months.		
Routine Colorectal Cancer Screening	0%	20%
For all members age 50 & over.		
Routine Bone Mass Measurement	0%	20%
Medicare Diabetes Prevention Program (MDPP)	0%	20%
12 months of core session for program eligible members with an indication of pre-diabetes.		
Additional Medicare Preventive Services	0%	20%

- 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	This is what you pay for network providers	This is what you pay for out-of-network providers
Emergency Care; Worldwide (waived if admitted)	$100	$100
Urgently Needed Care; Worldwide	$40	$40

Diagnostic Procedures	This is what you pay for network providers	This is what you pay for out-of-network providers
Outpatient Diagnostic Laboratory Prior authorization or physician's order may be required.	0%	20%
Outpatient Diagnostic X-ray Prior authorization or physician's order may be required.	$20	20%
Outpatient Diagnostic Testing Prior authorization or physician's order may be required.	$20	20%
Outpatient Complex Imaging Prior authorization or physician's order may be required.	$50	20%

Hearing Services	This is what you pay for network providers	This is what you pay for out-of-network providers
Routine Hearing Screening One exam every 12 months.	0%	20%

Dental Services	This is what you pay for network providers	This is what you pay for out-of-network providers
Medicare Covered Dental Non-routine care covered by Medicare. Prior authorization or physician's order may be required.	$35	20%

Vision Services	This is what you pay for network providers	This is what you pay for out-of-network providers
Routine Eye Exams One annual exam every 12 months.	0%	20%
Diabetic Eye Exams	0%	20%

Mental Health Services	This is what you pay for network providers	This is what you pay for out-of-network providers
Inpatient Mental Health Care	0% per stay	20% 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 Prior authorization or physician's order may be required.	0%	20%
Inpatient Substance Abuse	0% per stay	20% 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 Prior authorization or physician's order may be required.	0%	20%

Skilled Nursing 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) 1-20; $100 copay per day, day(s) 21-100	20%

Limited to 100 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 providers	This is what you pay for out-of-network providers
Outpatient Rehabilitation Services	$20	20%

(Speech, Physical, and Occupational therapy)
Prior authorization or physician's order may be required.

Ambulance Services	This is what you pay for network providers	This is what you pay for out-of-network providers
Ambulance Services	10%	20%

Prior authorization or physician's order may be required.

Medicare Part B Drugs	This is what you pay for network providers	This is what you pay for out-of-network providers
Medicare Part B Prescription Drugs	0%	20%

Additional Services	This is what you pay for network providers	This is what you pay for 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.	10%	20%
Home Health Agency Care Prior authorization or physician's order may be required.	0%	20%
Hospice Care	Covered by Original Medicare at a Medicare certified hospice.	
Cardiac Rehabilitation Services	$20	20%
Pulmonary Rehabilitation Services	$20	20%
Radiation Therapy	$20	20%
Chiropractic Services Limited to Original Medicare - covered services for manipulation of the spine. Prior authorization or physician's order may be required.	$20	20%
Durable Medical Equipment/ Prosthetic Devices Prior authorization or physician's order may be required.	10%	20%
Podiatry Services Limited to Original Medicare covered benefits only.	$35	20%
Diabetic Supplies Includes supplies to monitor your blood glucose.	0%	0%
Urine Test Strips Non-Medicare covered	0%	0%

Outpatient Dialysis Treatments	0%	0%
Prior authorization or physician's order may be required.		
Allergy Shots	0%	0%
Prior authorization or physician's order may be required.		
Allergy Testing	0%	0%
Additional Non-Medicare Covered	**This is what you pay for Network Providers**	**This is what you pay for Out-of-Network Providers**
Fitness Benefit	Silver Sneakers	
Resources For Living®	Covered	
For help locating resources for every day needs.		
Teladoc	Covered	
Telemedicine services with a Teladoc provider covered at PCP cost share. State mandates may apply.		
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.		
Acupuncture	$25	20%
Covered in lieu of anesthesia or relief of chronic pain		
Enhanced Chiropractic Services	$20	20%
Unlimited visits per year.		
Non-Medicare Covered GYN Care (Annual Cervical and Vaginal Cancer Screenings)	0%	20%
One routine GYN visit and pap smear every 12 months.		

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Pharmacy - Prescription Drug Benefits

Calendar-year deductible for prescription drugs	$0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Pharmacy Network	S2

Your Medicare Part D plan is associated with pharmacies in the above network. To find a network pharmacy, you can visit our website (http://www.aetnaretireeplans.com).

Formulary (Drug List)	GRP B2 Plus
Initial Coverage Limit (ICL)	$4,130

The Initial Coverage Limit includes the plan deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied, if your plan has a deductible):

4 Tier Plan	**Retail cost sharing up to a 30 -day supply**	**Retail cost sharing up to a 90 -day supply**	**Preferred mail order cost sharing up to a 90 -day supply**
Tier 1 - Generic Generic Drugs	$10	$20	$20
Tier 2 - Preferred Brand Preferred Brand Drugs	$25	$50	$50
Tier 3 - Non-Preferred Brand Non-Preferred Brand Drugs	$40	$80	$80
Tier 4 - Specialty Includes high-cost/unique generic and brand drugs	$55	Limited to one-month supply	Limited to one-month supply

Coverage Gap

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage Limit. Here's your cost-sharing for covered Part D drugs after the Initial Coverage Limit and until you reach $6,550 in prescription drug expenses:

Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. This means that you will generally continue to pay the same amount for covered drugs throughout the Coverage Gap stage of the plan as you paid in the Initial Coverage stage. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

Catastrophic Coverage:	Your share of the cost for a covered drug will be 5% but not greater than the cost share amounts listed in the Initial Coverage Stage section above.

Catastrophic Coverage benefits start once $6,550 in true out-of-pocket costs is incurred.

Requirements:	
Precertification	Applies
Step-Therapy	Applies

Enhanced Drug Benefit

- Agents used for cosmetic purposes or hair growth
- Agents used to promote fertility
- Agents when used for anorexia, weight loss, or weight gain
- Agents when used for the symptomatic relief of cough and colds
- Agents when used for the treatment of sexual or erectile dysfunction (ED)
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations

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

Not all PPO Plans are available in all areas

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

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.

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Pharmacy Disclaimers

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

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

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30 day supply.

Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.

If you reside in a long-term care facility, your cost share is the same as at a retail pharmacy and you may receive up to a 31 day supply.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-10 days. You can call 1-888-792-3862, (TTY users should call 711) 24 hours a day, seven days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. The amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.
Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for "off label" use, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs". These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Your plan includes supplemental coverage for some drugs not typically covered by a Medicare Part D plan. Refer to the "Enhanced Drug Benefit" section in the chart above. Non-Part D drugs covered under the enhanced drug benefit can be purchased at the appropriate plan copay. Copayments and other costs for these prescription drugs will not apply toward the deductible, initial coverage limit or true out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan.

Plan Disclaimers

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

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. 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 plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

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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