How the Aetna Choice POS II (PPO 90/70) Plan Coordinates with Medicare

- Under the Medicare Coordinated Plan, the allowed fees and coordination of benefits depends upon the type of provider you visit. *See next page for more information.*
- **For covered Medicare services,** Aetna will **waive** the calendar year deductible, office visit copay, and per admission copay, and will coordinate up to 100% of any remaining allowed charges.
  - In most cases, this means you will not owe anything to the provider once Medicare and Aetna have paid.
  - Exceptions to this include services rendered by providers who will not bill Medicare.
  - In cases where the physician is unwilling to bill Medicare, Aetna becomes the primary payer and pays according to the schedule of benefits. You are responsible for all expenses not paid by Aetna.

Medicare Coordination of Benefits for the Aetna Choice POS II (PPO 90/70)

	Participating Medicare Providers	Non-Participating Medicare Providers	Opt-Out of Medicare Providers
Types of Medicare Providers	• Agrees to accept the Medicare-approved amount as full payment for any Medicare-covered service. This is also referred to as a provider who "accepts assignment".	• Agrees to accept Medicare, but not accept assignment.	• Providers choose **not** to work with Medicare. Medicare will **not** pay for any covered items or services provided by opt-out providers, except in case of emergency or urgent (by their determination) need.
How Billing Works	• Provider will bill Medicare; Medicare will pay the provider directly.	• Provider may ask member to pay entire charge at time of service. • Provider will usually bill Medicare but is not required to do so. In this case, member completes Patient Request for Payment (CMS 1490-s) form.	• Provider will bill member directly. • Neither member nor provider will receive reimbursement from Medicare.
How Fees Are Determined	• Participating providers receive **80%** of the Medicare-approved amount after deductible is met.	• Non-participating providers may charge up to **15% above** the Medicare approved amount for any Medicare-covered services (also called the *limiting charge*)	• Opt-out providers are not governed in any way by Medicare set fees.
Coordination of Benefits Processing	When Medicare pays as primary for participating providers: 1) Provider submits claim to Medicare. 2) Medicare applies their benefit (80% of approved amount), sends payment and Explanation of Benefits (EOB) to *provider*. 3) Medicare electronically sends claim to Aetna. 4) Aetna pays any Medicare deductible. 5) Aetna waives the Plan (Aetna) deductible. 6) Aetna pays provider directly, resulting in member having zero copay. *Example of coordination for a bill of $200.* • *Medicare-allowed amount = $100.* • *Medicare pays 80% of $100 = $80.* • *Claim is received by Aetna with $20 left to pay.* • *Aetna pays the $20.* • *Summary: $80 Medicare payment + $20 Aetna payment = $100 which is the full allowed amount, provider writes off the other $100.*	When Medicare pays as primary for non-participating providers: 1) Provider can request payment up front if so desired. Provider is limited in amount they can collect to 15% over Medicare approved amount. 2) Generally, even if the provider requires payment up front, they will submit the claim to Medicare. If provider does not submit, then member sends paper claim to Medicare. 3) Medicare applies their benefit, sends payment and EOB to member. 4) Medicare electronically sends claim to Aetna. 5) Aetna pays any Medicare deductible. 6) Aetna waives the Plan deductible. 7) Coordinate to the highest of Medicare or Aetna approved amount. • If the provider is a Choice POS II (PPO 90/70) provider, Aetna pays provider directly. • If provider is not a Choice POS II (PPO 90/70) provider, payment goes to member. • Member may have to pay the differential. *Example of coordination for a bill of $200:* • *Medicare-allowed amount = $100.* • *Medicare pays 80% of $100 = $80.* • *Non-participating provider can bill 15% over Medicare-allowed amount, or up to $115.* • *Claim is received by Aetna with $20 left to pay.* • *Aetna pays the $20.* • *Summary: $80 Medicare payment + $20 Aetna payment = $100 which is the full allowed amount. However, this non-participating provider can bill the member up to that extra 15%, so member could be billed $15.*	Process for opt-out Medicare providers: • Provider can request payment in full, up front from member. • Medicare will not pay for any services from opt-out providers. If provider is an Aetna Choice POS II (PPO 90/70) in-network provider, they are required to bill Aetna. 1) When a claim is received by Aetna, Aetna pays the benefit as if Aetna is primary (i.e., as if no other plan was in place). Provider will send letter with claim confirming they have opted-out of Medicare. 2) If plan has a deductible, member would have to first satisfy plan deductible before additional benefits would be paid. 3) Aetna applies the Aetna-allowed amount to the claim and pays applicable plan percentage. *Example of coordination for a bill of $200:* • *Aetna allowed amount = $100.* • *Aetna pays 90% of $100 (on a 90/70 plan) assuming the deductible has been met. Aetna pays $90 to the provider.* • *Summary: Since the provider is an Aetna Choice POS II (PPO 90/70) provider, the most they can charge the member is $100. Member would owe the provider $10.* If provider is an out-of-network provider, they are not required to submit a bill to Aetna. 1) Member sends a paper claim to Aetna. Member will need letter from provider confirming they have opted-out of Medicare. 2) Aetna applies the Aetna-allowed amount to the claims, would apply the plan deductible and non-network plan percentage, and pay that amount directly to the member. 3) Member would be responsible for the full billed amount to provider. *Example of coordination for a bill of $200:* • *Aetna allowed amount = $100* • *Summary: Aetna non-network pays 70% of $100 (on a 90/70 plan). The $70 goes to the member. Member would owe the provider $200, which includes the $70 payment received from Aetna plus the additional $130.*

*Aetna plan names for PrimeCare differ but they coordinate the same as Flex retirees.