



# By your side

How your Aetna CPPO Basic Plan  
works with Medicare

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**aetna**<sup>®</sup>



New York City Transit

# Medicare and your MTA NYCT CPPO Basic Plan

Health benefits can be complicated — especially when two plans are working together. This brochure will help you make informed decisions when you need to:

- **Get health care.** Where you get care makes a difference. Find out how to choose doctors and other providers who will cost you less and take care of claims paperwork.
- **Pay your share of costs.** How much you pay depends on where you go. Be sure to show both your red, white and blue Medicare ID card and your MTA NYCT CPPO Basic Plan ID card when you see the doctor.
- **Submit a claim.** Often, your doctor's office will handle claims for you.



# How Medicare works



**As a retiree age 65 or older, or if you've qualified for Medicare based on your Social Security Disability Income (SSDI) status, you may have medical coverage under both Original Medicare Parts A & B and the MTA NYCT CPPO Basic Plan. You need to know how both plans work — and how they work together.**

## Medicare Part A

Covers inpatient hospital care and certain hospital alternatives. Most people **don't pay** a Part A premium because they paid Medicare taxes while working. If you don't get premium/free Part A, there will be a monthly cost.

## Medicare Part B

Helps pay for doctors' office visits, hospital outpatient services, lab tests, X-rays and many services not covered under Part A. Most people **will pay** the standard premium amount each month for Medicare Part B. However, if your modified adjusted gross income, as reported on your IRS tax return from 2 years ago, is above a certain amount, you may pay a higher premium.

The MTA NYCT requires you to enroll in Part B if you are eligible. If you don't enroll, you'll pay a lot more for medical care. Medicare Part A won't cover your doctor's visits and other outpatient care, and the MTA NYCT CPPO Basic Plan's benefits will be calculated as though you enrolled in Part B — whether or not **you've actually enrolled**. You will have to pay out of your own pocket what Part B would have paid in benefits.

If you need assistance with obtaining Part B disability benefits prior to age 65 contact the MTA NYCT Business Service Center at 646-376-0123, Monday - Friday, 8:30 a.m. to 5:00 p.m. ET.

If you do not enroll in Part B as soon as you become eligible, you will be required to pay a higher Medicare Part B premium and will be subject to a waiting period before Part B goes into effect. So, it is in your financial interest to be enrolled in both Medicare Parts A and B immediately upon becoming eligible.

NYCT has contracted with a Social Security Disability Advocate firm to assist qualified retired employees and their dependents under age 65 in obtaining Social Security Disability Insurance (SSDI). Contact the Business Services Center (BSC) for additional information (646-376-0123). The service provided is completely voluntary and at absolutely **no cost** to you or your dependent(s).

If you have worked consistently and paid in to the Social Security System most of your adult life, should you qualify, your disability payment will provide you with a meaningful additional source of income. The SSDI award amount will be based on how much you have paid in to the system as a taxpayer. None of the information that you provide will be shared with any outside entities or individuals except Social Security. All responses are kept strictly confidential.

**Aetna** is a private health insurance company that administers your MTA NYCT CPPO Basic Plan. The CPPO Basic Plan coordinates its benefits with Medicare for those who are eligible.

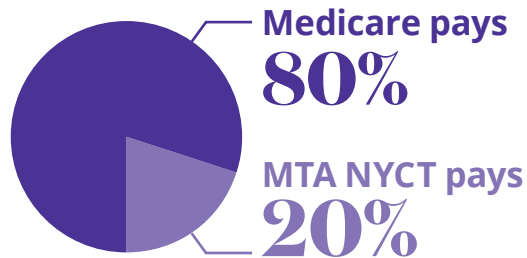
# Choose a doctor assigned in Medicare

There are lots of things to think about when you need medical care. The doctor's specialty, credentials, experience, and office location are all important to consider. Another very important consideration is whether or not the doctor accepts Medicare assignment.

This is important because both you and the MTA NYCT can save money when your doctor accepts Medicare. Here's what you need to know:

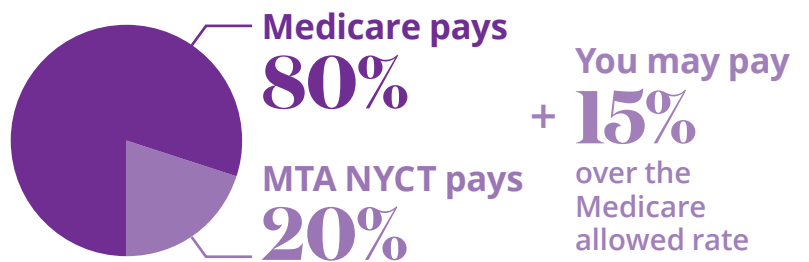
## If your doctor *is assigned* in Medicare

Then Medicare will pay 80% of the Medicare approved allowance after the Medicare deductible is met. The MTA NYCT CPPO Basic Plan will cover the Medicare deductible and remaining 20%.



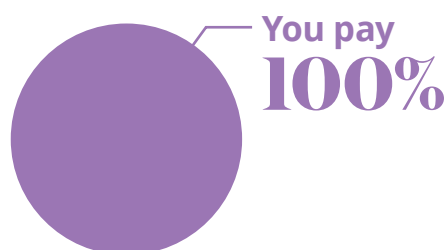
## If your doctor *is not assigned* in Medicare

Then Medicare will pay 80% of the Medicare allowed rate and the MTA NYCT CPPO Basic plan will cover the remaining 20% balance. Note that if your provider charges 15% above the Medicare allowed rate, you would pay the extra 15%.



## If your doctor *opts out* of Medicare

You must pay the entire cost of the service. Neither Medicare nor the MTA NYCT CPPO Basic Plan will pay for services.



# Types of Medicare providers

For Medicare's purposes, there are three provider categories:

**1. Medicare assigned doctors and facilities** submit claims to Medicare for you and accept Medicare's approved allowance for the services you receive. You may hear this allowance called Medicare "assignment." You and the MTA NYCT do not have to pay for charges that are more than the Medicare-allowed amount (assignment).

**2. Non-assigned doctors and facilities** can charge more than the Medicare allowed amount, up to a maximum called the "limiting charge." The limiting charge is an additional 15% of the Medicare allowed amount for providers who do not accept Medicare assignment. You and the MTA NYCT do not pay for charges that are more than the Medicare limiting charge amount.

Non-assigned doctors may ask you to pay the Medicare-allowed amount, plus the 15% "limiting charge" when you get care, and you may have to submit your claim to Medicare yourself. Some providers who do not accept Medicare assignment may file for you. You should ask up front if they will file on your behalf.

**3. Opt-out doctors and facilities** are those who have chosen not to participate in Medicare for a period of time, usually two years. If you see an opt-out provider, Medicare will not cover your care. If Medicare does not pay, neither will the secondary plan. You will need to pay the entire cost of care out of your own pocket.

## Some providers ask for payment up front

Doctors don't typically ask for payment at the time you receive care. But this can happen. To avoid this situation, talk to the doctor's staff. Show your ID cards and explain that you are covered by both Original Medicare Parts A and B and the MTA NYCT CPPO Basic Plan administered by Aetna. Tell them you would like to see what Medicare and the secondary plan will pay before you make your payment. Some doctors' offices may do this for you.

If the doctor's office still asks for payment up front, ask them to clearly show that the services were paid when they send the claim to Medicare and/or Aetna. Let Medicare and/or Aetna know that you've already paid for the service and want reimbursement sent directly to you instead of the provider.

- When Medicare is the primary payer, Aetna bases the secondary plan's claim payments on the Medicare allowed amount or the limiting charge, as applicable.
- If you see a provider who is not Medicare assigned and you have already paid any cost that Medicare and/or the secondary plan later covers, you are responsible for recovering any overpayment from the doctor.
- Be sure to use doctors and other providers who are Medicare assigned.

# How the plans work together

Here's how Medicare Part B and your MTA NYCT CPPO Basic Plan coordinate payment:

- 1. Medicare** reviews your claim first and pays its share of covered costs.
- 2. The MTA NYCT CPPO Basic Plan** pays next. Aetna reviews the remaining balance (based on the Medicare allowed amount or limiting charge) and the CPPO Basic Plan will cover the Medicare deductible and remaining 20%.

## Assumptions

Primary care doctor's charge for an office visit	\$270.00
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Medicare-allowed amount for an office visit	\$81.56
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Medicare limiting charge for an office visit is 15% above the allowed amount	\$93.79
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What you pay depends on your doctor's Medicare status (assigned, non-assigned, opt-out). Here are some examples of what happens when you visit a doctor's office.

### Example A: If your doctor is an *Assigned Medicare* provider:

1. Medicare Part B pays	2. Then MTA NYCT CPPO Basic Plan pays	3. You pay
Your Part B deductible (\$183 in 2018) has been covered  Medicare Part B pays 80% of the allowed amount: Medicare Part B pays \$81.56 (allowed amount) x 80% = <b>\$65.25</b>	100% of the covered balance based on the Medicare allowed amount  Aetna pays the difference between the Medicare allowed amount and the Medicare reimbursement (\$81.56 - \$65.25) = <b>\$16.31</b>  CPPO Basic plan pays: \$16.31	You are not responsible for any cost over the Medicare allowed amount  You pay: \$0

### Example B: If your doctor is a *Non-Assigned Medicare* provider:

1. You meet the Medicare Part B deductible	2. Then MTA NYCT CPPO Basic Plan pays	3. You pay
Your Part B deductible (\$183 in 2018) has been covered  The Medicare-allowed amount including limiting charge for the doctor visit is \$93.79. Medicare Part B pays \$81.56 (allowed amount) x 80% = <b>\$65.25</b>	Aetna pays the difference between the Medicare-allowed amount and the Medicare reimbursement (\$81.56 - \$65.25) = <b>\$16.31</b>	Difference between limiting charge (\$93.79) and allowed amount (\$81.56) is your responsibility.  You pay: \$12.23

### Example C: If your provider *opted out* of Medicare:

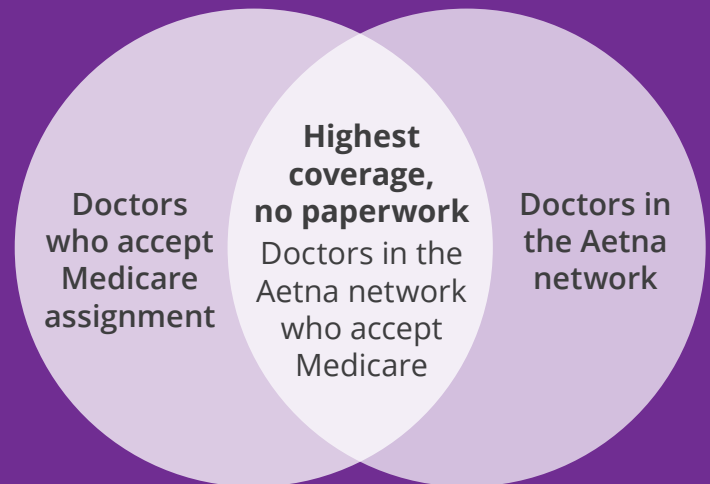
1. Your provider opted out of Medicare	2. Then MTA NYCT CPPO Basic Plan pays	3. You pay
The claim is not sent to Medicare	Aetna pays \$0	You pay the entire charge of \$270

# Claim filing made easy

Most providers, except those who opt out of Medicare, submit claims to Medicare for you. After Medicare processes the claim, they automatically forward an Explanation of Medicare Benefits (EOMB) to Aetna so the claim can be processed under the MTA NYCT CPPO Basic Plan.

When Aetna receives the EOMB, they process the balance of your claim according to the secondary plan. This is called the Medicare Cross-Over Program. ***You don't need to do anything.***

For the highest level of coverage and the greatest convenience, be sure to choose providers where the circles on the right overlap.



## Find the right providers, make the right choice

You'll pay less out of your own pocket and avoid claim paperwork when you visit doctors who accept Medicare payments. Follow these guidelines:



### Make sure your doctor accepts Medicare.

Go to [www.medicare.gov](http://www.medicare.gov) for a list of doctors who currently accept Medicare or call 1-800-MEDICARE (1-800-633-4227) for help. You can also call the doctor's office to ask.



### Choose Aetna network providers.

You'll save when your doctor accepts Medicare AND belongs to Aetna's network. To find network providers, use the online provider directory by going to [www.AetnaNYCT.com](http://www.AetnaNYCT.com). Click "Find a doctor, pharmacy or facility" on the home page and follow the prompts to enter your search criteria. When you are asked to select a plan, choose Aetna POS II. You'll see your search results. Need help? Call the Aetna Health Concierge at 1-855-824-5349, Monday – Friday, 8 a.m. – 8 p.m. ET.



### Make an appointment and go!

Your doctor will handle all the paperwork. Medicare and Aetna will pay your covered expenses.

# Important terms to know

**Deductible:** The amount you must pay before your plans start to pay benefits. There are separate Medicare deductibles for inpatient care in a hospital or other facility (Part A) and care you get from a doctor (Part B).

**Coinsurance:** Your share of the cost for covered services, after you've met the deductible. For example, if Medicare pays 80% for a service, your coinsurance would be 20%. Sometimes, Medicare and the secondary plan together pay 100% of your bill.

**Copay:** A flat amount you pay at the time of service. You may pay a Medicare Part B copay for some outpatient hospital services such as diagnostic tests. The amount of the copay depends on the type of doctor you see.





# For help and information

## Call Medicare



1-800-MEDICARE  
(1-800-633-4227)

- Get help to understand Medicare benefits
- Find out if your doctor accepts Medicare assignment
- Ask about a claim that was submitted to Medicare
- Request a replacement Medicare ID card

## Visit the Medicare website



[www.medicare.gov](http://www.medicare.gov)

- Learn what Medicare covers
- Access a list of doctors who accept Medicare assignment
- Find out how coordination of benefits works

## Aetna Health Concierge



1-855-824-5349  
Monday – Friday, 8 a.m. – 8 p.m. ET

- Get help understanding MTA NYCT CPPO Basic Plan benefits
- Ask about a claim that Aetna processed
- Request a replacement ID card

## Aetna Informed Health Line



1-800-556-1555 (TTY: 711)  
Monday – Friday, 8 a.m. – 8 p.m. ET

Call a registered nurse anytime

Sometimes you need a quick answer to a health question. Maybe your concern can't wait until you see your doctor. You can talk to our registered nurses day or night to get help with:

- Deciding whether to visit a doctor or urgent care center
- Understanding your symptoms
- Managing chronic conditions
- Learning about treatment options and medical procedures

## Register and log in to your secure member website



[www.AetnaNYCT.com](http://www.AetnaNYCT.com)

- Use the online provider directory to find doctors and hospitals in Aetna's network
- Check the status of a claim
- Find tools that help you make the most of your benefits

## MTA NYCT Business Service Center



### MTA NYCT Employees, retirees

This is your self-service website for forms, information and online services.

If you need help, email [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org) or call **646-376-0123**, Monday to Friday, 8:30 a.m. to 5:00 p.m., ET.

- Update your name or address
- Update your dependents
- Make changes due to valid events (births, marriage, adoptions, etc.)

TTY: 711

To access language services at no cost to you, call 1-855-824-5349 .

Para acceder a los servicios de idiomas sin costo, llame al 1-855-824-5349. (Spanish)

如欲使用免費語言服務，請致電 1-855-824-5349 。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-855-824-5349 . (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-855-824-5349 . (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-855-824-5349 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-855-824-5349 . (Arabic)

Pou jwenn sèvis lang gratis, rele 1-855-824-5349 . (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-855-824-5349 . (Italian)

言語サービスを無料でご利用いただくには、1-855-824-5349 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-855-824-5349 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-855-824-5349 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-855-824-5349 . (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-855-824-5349 . (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-855-824-5349 . (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-855-824-5349 . (Vietnamese)

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call **1-855-824-5349**. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator  
P.O. Box 14462, Lexington, KY 40512  
(CA HMO customers: PO Box 24030 Fresno, CA 93779)

**1-800-648-7817**, TTY: 711

Fax: **859-425-3379** (CA HMO customers: **860-262-7705**), [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019**, **800-537-7697** (TDD).

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.**

The Aetna logo consists of the word "aetna" in a bold, lowercase, sans-serif font. The letter "a" is stylized with a horizontal bar that extends to the left and curves slightly upwards. A registered trademark symbol (®) is located to the upper right of the letter "a".