

Provider — Copy this and keep with your patient's file

Dear Provider,

Your patient is a member of the UAW Retiree Medical Benefits Trust (the Trust) health plan. The Trust is the largest non-governmental purchaser of health care in the nation, sponsoring health care benefits for more than 700,000 retirees with customized group benefits.

Aetna is one of the Trust's main retiree benefits health plan partners. Starting January 1, 2018, these retirees will be members of the Aetna Medicare Advantage PPO plan with Extended Service Area (ESA). This unique, customized group plan is only available to retirees of the Trust.

You can see Aetna Medicare Advantage members even if you're not part of our network.

Just read this information sheet to see how Aetna Medicare makes it easy for your patients to continue to see you under our plan, regardless of whether you are in our network.

Here's what you need to know:

- If you already participate with Aetna, the terms of your agreement apply.
- If you **don't currently participate with Aetna, no contract** is required to see patients enrolled in the Trust's customized group Medicare Advantage plan.
- We encourage you to join our network; you'll find it's **easy to work with us**.
- This plan covers all **Original Medicare benefits and more**, including many preventive services.
- Referrals are **not** required.
- Precertification is recommended, but not required.
- You should collect the copayment, coinsurance and/or deductible for covered services as shown on your patient's Aetna Medicare Advantage ID card.
- Simplified billing — submit one bill to Aetna and receive one remittance.
- Reimbursement is simple and easy.
- The Medicare fee schedule and Medicare limiting charges will apply.

What we pay you:

- **Medicare-allowable rates** for clean claims on covered services under your patient's plan
- **Less the patient cost share** (copayment, coinsurance and/or deductible) under your patient's plan



Provider — How to bill Aetna

How to submit claims

Include the patient-paid amount on claims submitted to us. Claims will be processed based on:

- Original Medicare billing rules
- Medicare fee schedule and Medicare limiting charges
- All prospective payment system requirements
- Local coverage determinations
- The patient's plan documents, including their Evidence of Coverage

With respect to bundling/unbundling logic, we use the National Correct Coding Initiative (NCCI). The link to NCCI on the Centers for Medicare &

Medicaid Services (CMS) website is www.cms.gov/nationalcorrectcodinitied/.

Electronic claims submission

Use our electronic payer ID #60054.

Paper claims submission

Submit all paper claims for covered services using an Aetna claim form or by using the standard CMS-1500 or UB-04 form and send to:

Aetna
PO Box 981106
El Paso, TX 79998-1106

Some plan highlights to help you know what the patient pays:

Preventive care	0%
Primary care physician visit	\$20 copay, no deductible
Specialist physician visit	\$25 copay, no deductible
Outpatient labs	0%
Outpatient diagnostic testing, diagnostic X-ray and complex imaging	10% coinsurance, deductible applies

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, premium and/or co-payments/co-insurance may change on January 1 of each year. The provider network may change at any time.

You will receive notice when necessary. Out-of-network/noncontracted 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. 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. 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.

