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To Our Medicare Patients:

It has come to our attention that, in 2011, there will be several important and significant changes to insurance coverage, particularly for patients enrolled in Medicare Advantage Plans (specifically Keystone 65, Personal Choice 65, and Aetna Medicare plans).

We know it can be very difficult to understand the details of your insurance coverage. We want to make certain that you have the information you need to make an informed decision about your insurance coverage in 2011. So, we are providing you with the details that providers have been given regarding these changes in coverage.

Please feel free to contact us should you have any questions.
This information is also available on our website: www.cmoh.org.

Thank you,

The Doctors and Staff of
Consultants in Medical Oncology & Hematology

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SOURCE: <http://www.medicare.gov/navigation/medicare-basics/medicare-benefits/part-c.aspx>

Medicare Advantage (Part C)

A Medicare Advantage Plan (like an HMO or PPO) is another Medicare health plan choice you may have as part of Medicare. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, the plan will provide all of your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. In all types of Medicare Advantage Plans, you're always covered for emergency and urgent care. Medicare Advantage Plans must cover all of the services that Original Medicare covers except hospice care. Original Medicare covers hospice care even if you're in a Medicare Advantage Plan. Medicare Advantage Plans aren't supplemental coverage.

Medicare Advantage Plans may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D). In addition to your Part B premium, you usually pay one monthly premium for the services included.

Medicare pays a fixed amount for your care every month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare. However, each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist or if you have to go to only doctors, facilities, or suppliers that belong to the plan for non-emergency or non-urgent care). These rules can change each year.

Different Types of Medicare Advantage Plans

Health Maintenance Organization (HMO) Plans

Preferred Provider Organization (PPO) Plans

Private Fee-for-Service (PFFS) Plans

Special Needs Plans (SNP)

There are other less common types of Medicare Advantage Plans that may be available:

HMO Point of Service (HMOPOS) Plans— An HMO plan that may allow you to get some services out-of-network for a higher cost.

Medical Savings Account (MSA) Plans—A plan that combines a high deductible health plan with a bank account. Medicare deposits money into the account (usually less than the deductible). You can use the money to pay for your health care services during the year. For more information about MSAs, visit <http://go.usa.gov/irD> to view the booklet, "Your Guide to Medicare Medical Savings Account Plans." You can also call

1-800-MEDICARE (1-800-633-4227) to see if a copy can be mailed to you. TTY users should call 1-877-486-2048.

What You Pay in a Medicare Advantage Plan

Your out-of-pocket costs in a Medicare Advantage Plan depend on the following:

Whether the plan charges a monthly premium.

Whether the plan pays any of your monthly Part B premium. Whether the plan has a yearly deductible or any additional deductibles.

How much you pay for each visit or service (copayments or coinsurance).

The type of health care services you need and how often you get them.

Whether you follow the plan's rules, like using network providers.

Whether you need extra benefits and if the plan charges for them.

The plan's yearly limit on your out-of-pocket costs for all medical services.

To learn more about your costs in specific Medicare Advantage Plans, contact the plans you're interested in to get more details. [Visit **www.medicare.gov/find-a-plan**](http://www.medicare.gov/find-a-plan), or call 1-800-MEDICARE (1-800-633-4227) to find plans in your area. TTY users should call 1-877-486-2048.

How to Join a Medicare Advantage Plan

Not all Medicare Advantage Plans work the same way, so before you join, find out the plan's rules, what your costs will be, and whether the plan will meet your needs.

Contact the specific plans you're interested in to get more information about their benefits and costs. Once you choose a plan, you may be able to join by completing a paper application, calling the plan, enrolling on the plan's Web site. Get started comparing Medicare Advantage plans in your area.

More about Medicare Advantage Plans

As with Original Medicare, you still have Medicare rights and protections, including the right to appeal.

Check with the plan before you get a service to find out whether they will cover the service and what your costs may be.

You must follow plan rules, like getting a referral to see a specialist or getting prior approval for certain procedures to avoid higher costs. Check with the plan.

You can join a Medicare Advantage Plan even if you have a pre existing condition, except for End-Stage Renal Disease.

You can only join a plan at certain times during the year. In most cases, you're enrolled in a plan for a year.

If you go to a doctor, facility, or supplier that doesn't belong to the plan, your services may not be covered, or your costs could be higher, depending on the type of Medicare Advantage Plan.

If the plan decides to stop participating in Medicare, you'll have to join another Medicare health plan or return to Original Medicare.

SOURCE: <http://www.medicare.gov/navigation/medicare-basics/medicare-benefits/part-c.aspx>



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New maximum out-of-pocket limit for Medicare Advantage HMO and PPO members

Effective January 1, 2011, the Centers for Medicare & Medicaid Services (CMS) has mandated a maximum out-of-pocket (MOOP) limit for all Medicare enrollees. The MOOP will establish an annual limit on total enrollee cost-sharing liability (e.g., deductibles, copays, coinsurance) for Medicare Part A and B services. Its dollar amount will be established annually by CMS but will not change during the course of a calendar year.

The following [maximum out-of-pocket] MOOP amounts will apply for 2011:

- HMO members — \$6,700;
- PPO members — \$6,700 for in-network services, and \$10,000 for in- and out-of-network services combined.

The following deductible, copay, and coinsurance amounts will be included in the MOOP:

- medical (Medicare Part A and B services);
- pharmacy (Medicare Part B drugs only; Part D drugs will continue to be part of the existing true out-of-pocket costs [TROOP] limit);
- mental health (Medicare Part A and B services).

Once Medicare Advantage HMO and PPO members reach their MOOP limit, they will have no liability for the remainder of the calendar year for Medicare Part A and B claims.

Effective January 1, 2011, there will be several changes to our Medicare Advantage HMO and PPO plans. The tables below highlight some of these changes. Please note that this is a list of our significant benefits changes, not a comprehensive list of *all* benefits changes.

PRODUCTS



Upcoming Medicare Advantage HMO and PPO benefits changes

Effective January 1, 2011, there will be several changes to our Medicare Advantage HMO and PPO plans. The tables below highlight some of these changes. Please note that this is a list of our significant benefits changes, not a comprehensive list of all benefits changes.

Keystone 65 HMO benefits changes

Benefit	Keystone 65 Advantage HMO		Keystone 65 Preferred HMO	
	Current	Changes for 2011	Current	Changes for 2011
Maximum out of pocket	N/A	\$6,700	N/A	\$6,700
Dialysis	Covered in full	\$25 copay per visit <i>Note: If performed at the PCP's or specialist's office, only the dialysis copay should apply.</i>	Covered in full	\$25 copay per visit <i>Note: If performed at the PCP's or specialist's office, only the dialysis copay should apply.</i>
Part B drugs, including chemotherapy	Covered in full	20% coinsurance	Covered in full	20% coinsurance
Therapeutic radiology (radiation therapy)	Covered in full	\$25 copay	Covered in full	\$25 copay
Chiropractic services	\$45 copay	\$15 copay	\$35 copay	\$15 copay
Fitness	SilverSneakers® Fitness Program	\$150 reimbursement with Healthy Lifestyles™ Fitness Program	SilverSneakers Fitness Program	SilverSneakers Fitness Program

Personal Choice 65SM PPO benefits changes

Benefit	In-network		Out-of-network	
	Current	Changes for 2011	Current	Changes for 2011
Maximum out of pocket	N/A	\$6,700	N/A	\$10,000 in- and out-of-network combined
Dialysis	Covered in full	\$25 copay per visit <i>Note: If performed at the PCP's or specialist's office, only the dialysis copay should apply.</i>	Covered same as in network	\$25 copay per visit <i>Note: If performed at the PCP's or specialist's office, only the dialysis copay should apply.</i>
Part B drugs, including chemotherapy	Covered in full	20% coinsurance	Member responsible for 30% of charges after \$500 deductible is met	Member responsible for 30% of charges after \$500 deductible is met
Therapeutic radiology (radiation therapy)	Covered in full	\$25 copay	Member responsible for 30% of charges after \$500 deductible is met	Member responsible for 30% of charges after \$500 deductible is met
Chiropractic services	\$45 copay	\$10 copay	Member responsible for 30% of charges after \$500 deductible is met	Member responsible for 30% of charges after \$500 deductible is met

SilverSneakers is a registered mark of Healthways, Inc., an independent company.

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We want you to know*



Thank you for your interest in Aetna Medicare Plans

We are unable to accept applications for new memberships at this time.

Please visit www.Medicare.gov for information on other Medicare Advantage and Medicare Prescription Drug Plans currently available in your area.

We hope you will consider Aetna again for your future needs. Please check back from time to time to see if we are accepting new applications.

Aetna Medicare