

North Jersey Municipal Employee Benefits Fund  
Office of the Program Manager



Phone: (201) 573-1000 Fax: (201) 573-1004

77 Market Street - P.O Box 100, Park Ridge, New Jersey 07656 - [njmebf.com](http://njmebf.com)

# Medicare Advantage Plans

# Understanding Medicare's Different Parts

Government Plans		Private Plans		
Medicare Part A	Medicare Part B	Supplement Plans (Private plan to cover A + B cost gaps)	Medicare C	Medicare D
Helps with Hospital costs	Helps with Doctor costs		Medicare Advantage Plan	Private drug plan

**MEDICARE HEALTH INSURANCE**

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

NAME OF BENEFICIARY  
**JANE DOE**

MEDICARE CLAIM NUMBER SEX  
**000-00-0000-A FEMALE**

IS ENTITLED TO EFFECTIVE DATE  
**HOSPITAL (PART A) 07-01-1986**  
**MEDICAL (PART B) 07-01-1986**

SIGN HERE → *Jane Doe*

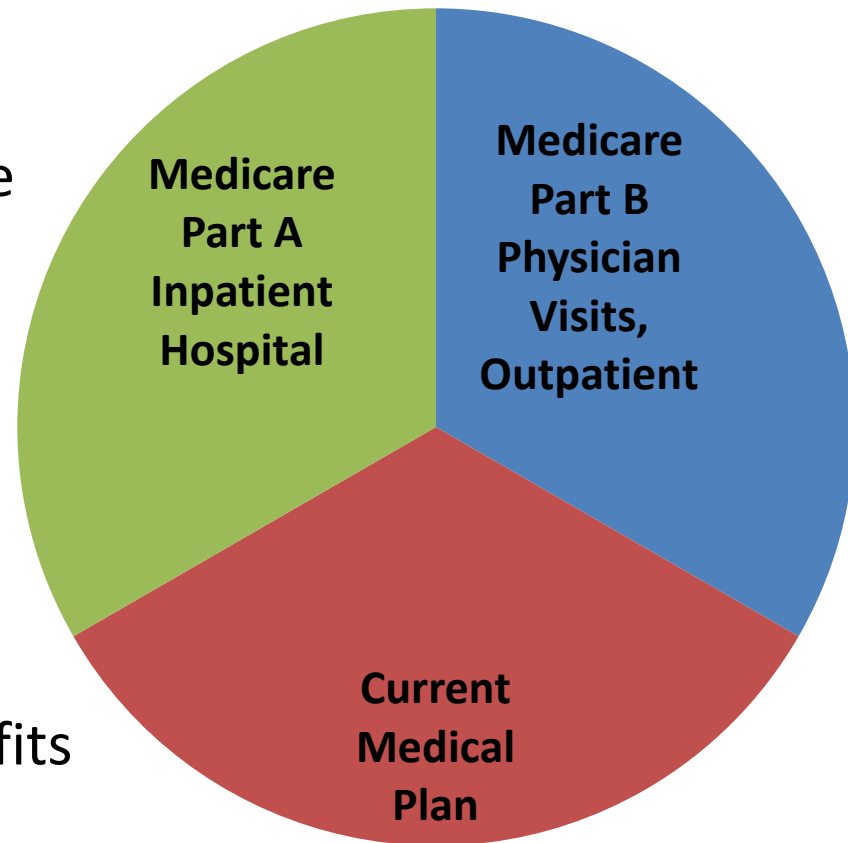


North Jersey Municipal Employee  
Benefits Fund “NJHIF”  
Medicare Advantage Program

Underwritten by United Health Care or Aetna

# How does the Medicare and the NJHIF Medical Plans currently work?

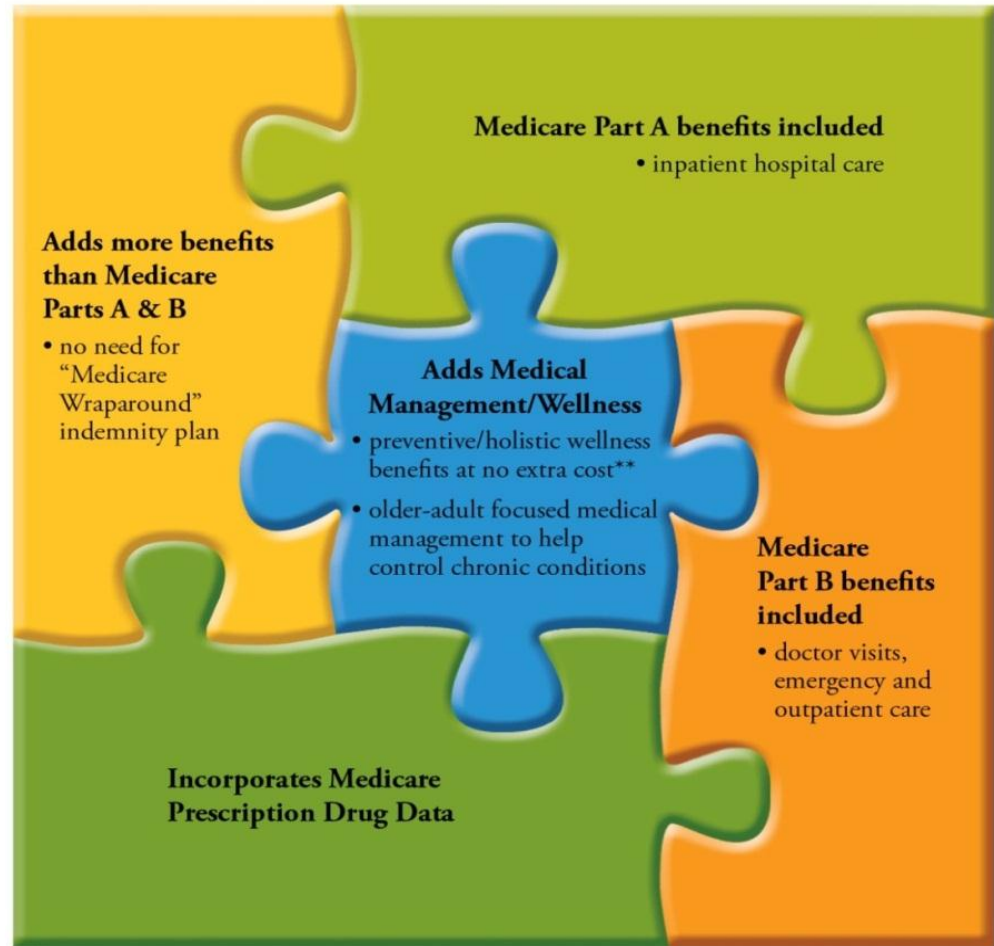
- Medicare benefits are coordinated with Medicare
- Medicare Parts A & B pay first
- Current HIF plan pays second
- Two Medical ID cards
- Two Explanations of Benefits



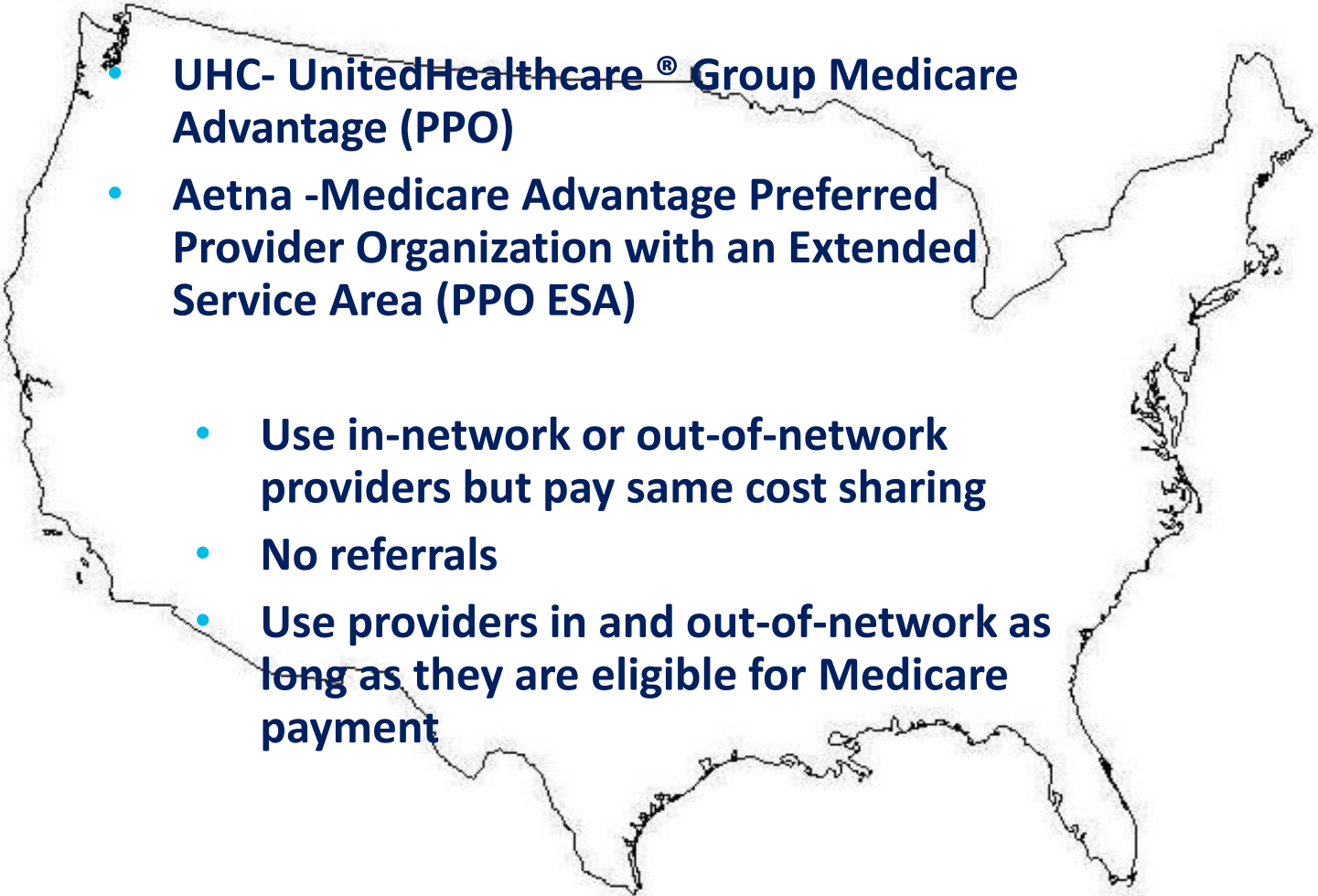
# Medicare Advantage-

Brining the elements of care together

- Medicare and current benefits are combined
- One Medical ID card
- One Explanation of Benefits
- Advocacy programs included
- Enhanced Health and Wellness programs
- Provider collaboration agreements



# Aetna and UHC have Extended Service Area Nationwide Coverage

- 
- **UHC- UnitedHealthcare® Group Medicare Advantage (PPO)**
  - **Aetna -Medicare Advantage Preferred Provider Organization with an Extended Service Area (PPO ESA)**
    - **Use in-network or out-of-network providers but pay same cost sharing**
    - **No referrals**
    - **Use providers in and out-of-network as long as they are eligible for Medicare payment**

# Plan design- Out of pocket expenses

PLAN DESIGN AND BENEFITS		
PROVIDED BY AETNA LIFE INSURANCE COMPANY		
PLAN FEATURES	Network Providers	Out-of-Network Providers
Combined In and Out of Network Deductible (Plan Level/includes Network Deductible)	\$0	\$0
Member Coinsurance	Covered 100%	Covered 100%
Applies to all expenses unless otherwise stated.		
Annual Maximum Out-of-Pocket Amount (includes deductible)	\$0	N/A
Combined Annual Maximum Out-of-Pocket Amount (Plan Level / includes deductible)	N/A	\$0
Primary Care Physician Selection	Optional	Optional
<b>Certification Requirements</b> There is not a requirement for member pre-certification. If a member fails to obtain pre-certification they will not be denied services or will any penalty amount be applied. However, pre-certification is requested on certain services including inpatient hospital care, inpatient mental health and substance abuse, skilled nursing facility, home health care and some durable medical equipment.		
Referral Requirement	None	None

# Plan Design- Preventative Care

PREVENTIVE CARE	Network Providers	Out of Network Providers
Annual Wellness Exams One exam every 12 months	Covered 100%	Covered 100%
Medicare Covered Immunizations Pneumococcal, Flu, Hepatitis B	Covered 100%	Covered 100%
Routine GYN Care (Cervical and Vaginal Cancer Screenings) One routine GYN visit and pap smear every 12 months	Covered 100%	Covered 100%
Routine Mammograms (Breast Cancer Screening) One baseline mammogram for members 35-39; and one annual mammogram for members age 40 and over	Covered 100%	Covered 100%
Routine Prostate Cancer Screening Exam For covered males age 50 and over every 12 months	Covered 100%	Covered 100%
Routine Colorectal Cancer Screening For all members age 50 and over.	Covered 100%	Covered 100%
Routine Bone Mass Measurement One exam every 24 months	Covered 100%	Covered 100%
Additional Medicare Preventive Services***	Covered 100%	Covered 100%
Routine Eye Exams One annual exam	Covered 100%	Covered 100%
Routine Hearing Screening One annual exam	Covered 100%	Covered 100%



# Plan Design – Added Preventive Services

Additional Medicare Preventive Services include:

- ✓ ultrasound screening for abdominal aortic aneurysm (AAA)
- ✓ cardiovascular disease screening
- ✓ diabetes screening tests, diabetes self-management training (DSMT)
- ✓ medical nutrition therapy
- ✓ glaucoma screening
- ✓ smoking & tobacco use cessation counseling
- ✓ 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
- ✓ HIV screening

# Plan Design- Physician & Hospital Services

<b>PHYSICIAN SERVICES</b>	Network Providers	Out of Network Providers
Primary Care Physician Visits	Covered 100%	Covered 100%
Primary Care Physician Visits (after hours)	Covered 100%	Covered 100%
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	Covered 100%	Covered 100%
Allergy Testing/Treatment	Covered 100%	Covered 100%
<b>DIAGNOSTIC PROCEDURES</b>		
Outpatient Diagnostic Laboratory and X-Ray	Covered 100%	Covered 100%
<b>EMERGENCY MEDICAL CARE</b>		
Urgently Needed Care	Covered 100%	Covered 100%
Emergency Care; Worldwide (waived if admitted)	Covered 100%	Covered 100%
Ambulance Services	Covered 100%	Covered 100%
<b>HOSPITAL CARE</b>		
Inpatient Hospital Care	Covered 100%	Covered 100%
Outpatient Surgery	Covered 100%	Covered 100%

# Plan Design – Mental Health / Substance Abuse

<b>MENTAL HEALTH SERVICES</b>	Network Providers	Out of Network Providers
Inpatient Mental Health Care	Covered 100%	Covered 100%
Outpatient Mental Health Care	Covered 100%	Covered 100%
<b>ALCOHOL/DRUG ABUSE SERVICES</b>		
Inpatient Substance Abuse (Detox and Rehab)	Covered 100%	Covered 100%
Outpatient Substance Abuse (Detox and Rehab)	Covered 100%	Covered 100%

# Plan Design- Other medical Services

<b>OTHER SERVICES</b>	Network Providers	Out of Network Providers
Skilled Nursing Facility (SNF) Care	Covered 100%	Covered 100%
Limited to 100 days per Medicare benefit period.		
Home Health Agency Care	Covered 100%	Covered 100%
Hospice Care	Covered by Medicare at a Medicare certified hospice	Covered by Medicare at a Medicare certified hospice
Outpatient Rehabilitation Services (speech, physical, cardiac, pulmonary and occupational therapy.)	Covered 100%	Covered 100%
Chiropractic Services	Covered 100%	Covered 100%
For manipulation of the spine to the extent covered by Medicare		
Durable Medical Equipment/ Prosthetic Devices	Covered 100%	Covered 100%
Podiatry Services	Covered 100%	Covered 100%
Limited to Medicare covered benefits only		
Diabetic Supplies	Covered 100%	Covered 100%
Outpatient Complex Imaging	Covered 100%	Covered 100%
Outpatient Dialysis Treatments	Covered 100%	Same as in-network
Medicare Part B Prescription Drugs	Covered 100%	Covered 100%
Dental *	Not Applicable	Not Applicable
Vision Eyewear Reimbursement	\$100 reimbursement every 24 months	Same as Preferred Care
Hearing Aid Reimbursement	\$500 once every 36 months	Same as Preferred Care
Coaching One phone call per week	Included	Included

# Many added services for retirees:

## UHC

- Fitness- SilverSneakers
- Caregiver
- NurseLine
- Treatment Decision Support
- Access Support
- Disease Management - Chronic Heart Failure (CHF)
- Disease Management - Coronary Artery Disease (CAD)/Diabetes
- Disease Management - End Stage Renal Disease (ESRD)
- Group Retiree Case Management

## Aetna

- Stay informed with online tools
- 24-hour toll-free health information line
- Access to the National Medical Excellence Program<sup>®</sup>.
  - A select network of respected doctors and facilities that ensures that those with a complex illness or injury receive the most appropriate care.
- Discount Programs
- Healthy Lifestyle Publications

# Eligibility Requirements:

- Members must be Entitled to Parts A and enrolled in Part B – must continue to pay Part B premiums in order to maintain coverage
- Members with End Stage Renal disease are not eligible to enroll in a Medicare Advantage plan, unless: They are out of their 30 month coordination period
- CMS does not allow any Medicare Advantage members to retro enrolled or retro terminated
- In rare cases, an exception can be granted, but it will require an appeal to CMS – appeal process takes 60-90 days and usually requires written statement from member

# Eligibility and Enrollment Support

For **Questions regarding your enrollment or Medicare Advantage Application** – Please contact PERMA at 1-800-563-9929.

For **Questions regarding your Benefits under the Medicare Advantage Plan** – Please contact the following:

Aetna Medicare Medicare Advantage Members – 1-888-267-2637

OR

UnitedHealthcare Medicare Advantage Members – 1-877-714-0178

For **Questions regarding your eligibility for the Medicare Advantage Plan** - Please contact the following:

North Jersey Municipal Employee Benefits Fund  
The Voza Agency – Office of the Program Manager  
201-573-1000 X 14