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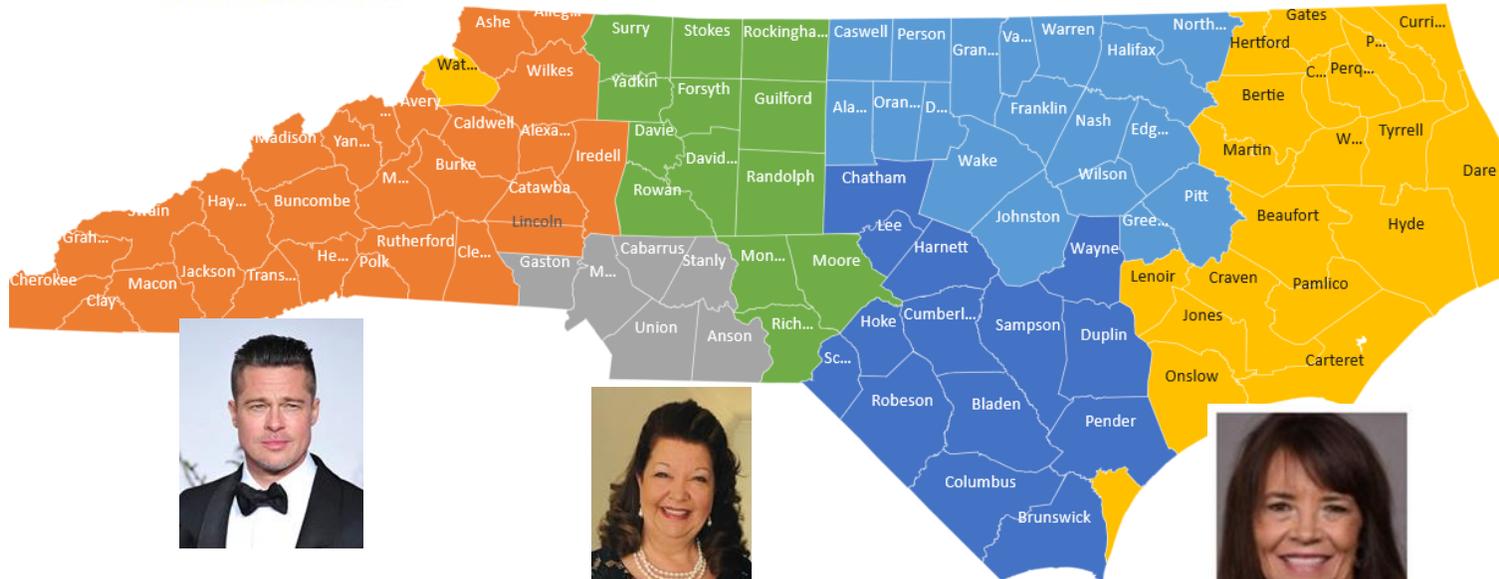
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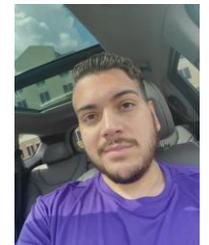
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Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information about this plan, refer to the Summary of Benefits, visit our website [AetnaMedicare.com](https://www.aetna.com/medicare) or call us at **1-833-859-6031** (TTY: 711).

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Eagle Plan (PPO) H5521-241 Monthly Plan Premium: \$0
Service area	NC-Alamance, Alexander, Alleghany, Anson, Ashe, Bladen, Brunswick, Buncombe, Burke, Caldwell, Catawba, Chatham, Cumberland, Davidson, Durham, Forsyth, Franklin, Gaston, Granville, Guilford, Haywood, Hoke, Johnston, Lee, Mecklenburg, Mitchell, Orange, Pender, Person, Randolph, Robeson, Rockingham, Sampson, Scotland, Surry, Vance, Wake, Warren, Wilson, Yancey
Part B premium reduction	\$30
Plan deductible	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$6,500 for in-network services. \$11,300 for in- and out-of-network services combined.
Hospital coverage	
Inpatient hospital coverage	\$300 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.
Outpatient hospital	\$35 - \$245 Lower cost sharing is for outpatient hospital services other than surgery.
Ambulatory surgery center (ASC)	\$245
Skilled nursing facility	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Doctor visits	
Primary care physician (PCP)	\$0
PCP referrals required	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.
Specialist	\$35
Outpatient mental health therapy (individual)	\$40
Emergency and urgent care	
Emergency room	\$90
Urgent care facility	\$0 - \$35 Lower cost sharing is for services provided by your primary care physician in their office.
Worldwide coverage (i.e., outside of the United States)	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.
Diagnostic testing	
X-rays and diagnostic radiology	X-rays: \$14 Diagnostic radiology: \$0 - \$100 Lower cost sharing is for services provided by your primary care physician in their office.
Lab services	\$0
Dental, vision and hearing (Non-Medicare covered)	
Dental services	\$2,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network
Routine eye exam	\$0 (one exam every year)
Eyewear	\$300 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Eagle Plan (PPO) H5521-241 Monthly Plan Premium: \$0
Routine hearing exam	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.
Hearing aids	\$1,250 (per ear) maximum benefit every year. All hearing aids should be purchased through NationsHearing.
**Member pays the provider upfront and we pay the member back. Plan coverage rules apply.	
Therapy	
Physical and speech therapy	\$35
Occupational therapy	\$35
Ambulance	
Ground ambulance (one-way trip)	\$260
Air ambulance (one-way trip)	\$260
Equipment and prosthetics	
Durable medical equipment	20%
Prosthetics	20%

Additional benefits	Aetna Medicare Eagle Plan (PPO) H5521-241 Monthly Plan Premium: \$0
24-Hour Nurse Line	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Fitness	SilverSneakers®
Meals	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter items (OTC)	\$75 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.
Telehealth	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.
Transportation	\$0 (24 one-way trips every year)
Visitor/travel benefit	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.

Prescription drugs (Retail Pharmacy)	Aetna Medicare Eagle Plan (PPO) H5521-241
Rx deductible	No Part D benefit Cannot add a Part D plan
Tier 1 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	No Part D benefit Cannot add a Part D plan
Tier 2 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	No Part D benefit Cannot add a Part D plan
Tier 3 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	No Part D benefit Cannot add a Part D plan

Prescription drugs (Retail Pharmacy)	Aetna Medicare Eagle Plan (PPO) H5521-241
Tier 4 Drugs: <ul style="list-style-type: none"> • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply 	No Part D benefit Cannot add a Part D plan
Tier 5 Drugs: <ul style="list-style-type: none"> • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply 	No Part D benefit Cannot add a Part D plan
Gap coverage	No Part D benefit Cannot add a Part D plan

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

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. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. 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.

The provider network may change at any time. You will receive notice when necessary.

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. 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.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-810-6150 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-810-6150 (TTY: 711).

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2022 Plan Guide

NC-DSNP

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information about these plans, refer to the Summary of Benefits, visit our website [AetnaMedicare.com](https://www.aetna.com/medicare) or call us at **1-833-859-6031** (TTY: 711).

The amount that a member pays for premiums, deductibles, copayments, and/or coinsurance may vary based on the level of Medicaid eligibility and "Extra Help" a member receives.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Assure Plan (HMO D-SNP) H3146-002 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-003 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-008 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-009 Monthly Plan Premium: \$0
Service area	NC-Duplin, Durham, Edgecombe, Franklin, Granville, Greene, Halifax, Harnett, Johnston, Nash, Northampton, Orange, Person, Pitt, Vance, Wake, Warren, Wayne, Wilson	NC-Alamance, Caswell, Chatham, Davidson, Davie, Forsyth, Guilford, Lee, Randolph, Rockingham, Stokes	NC-Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union	NC-Buncombe, Haywood, Henderson, Jackson, Macon, McDowell, Polk, Rutherford, Swain, Transylvania
Plan deductible	\$0	\$0	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.
Hospital coverage				
Inpatient hospital coverage	\$0 per stay Plan covers unlimited hospital days.	\$0 per stay Plan covers unlimited hospital days.	\$0 per stay Plan covers unlimited hospital days.	\$0 per stay Plan covers unlimited hospital days.
Outpatient hospital	\$0	\$0	\$0	\$0
Ambulatory surgery center (ASC)	\$0	\$0	\$0	\$0
Skilled nursing facility	\$0 per stay Our plan covers up to 100 days per benefit period.	\$0 per stay Our plan covers up to 100 days per benefit period.	\$0 per stay Our plan covers up to 100 days per benefit period.	\$0 per stay Our plan covers up to 100 days per benefit period.
Doctor visits				
Primary care physician (PCP)	\$0	\$0	\$0	\$0
PCP referrals required	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.
Specialist	\$0	\$0	\$0	\$0

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Assure Plan (HMO D-SNP) H3146-002 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-003 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-008 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-009 Monthly Plan Premium: \$0
Outpatient mental health therapy (individual)	\$0	\$0	\$0	\$0
Emergency and urgent care				
Emergency room	\$0	\$0	\$0	\$0
Urgent care facility	\$0	\$0	\$0	\$0
Worldwide coverage (i.e., outside of the United States)	\$0 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$0 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$0 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$0 for emergency and urgent care worldwide. \$250,000 maximum benefit.
Diagnostic testing				
X-rays and diagnostic radiology	\$0	\$0	\$0	\$0
Lab services	\$0	\$0	\$0	\$0
Dental, vision and hearing (Non-Medicare covered)				
Dental services	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network
Routine eye exam	\$0 (one exam every year)			
Eyewear	\$300 maximum benefit every year for prescription eyewear. EyeMed Network	\$300 maximum benefit every year for prescription eyewear. EyeMed Network	\$425 maximum benefit every year for prescription eyewear. EyeMed Network	\$300 maximum benefit every year for prescription eyewear. EyeMed Network
Routine hearing exam	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.
Hearing aids	\$2,500 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$2,500 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$2,500 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$2,500 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.
Therapy				
Physical and speech therapy	\$0	\$0	\$0	\$0
Occupational therapy	\$0	\$0	\$0	\$0

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Assure Plan (HMO D-SNP) H3146-002 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-003 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-008 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-009 Monthly Plan Premium: \$0
Ambulance				
Ground ambulance (one-way trip)	\$0	\$0	\$0	\$0
Air ambulance (one-way trip)	\$0	\$0	\$0	\$0
Equipment and prosthetics				
Durable medical equipment	\$0	\$0	\$0	\$0
Prosthetics	\$0	\$0	\$0	\$0

Additional benefits	Aetna Medicare Assure Plan (HMO D-SNP) H3146-002 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-003 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-008 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-009 Monthly Plan Premium: \$0
24-Hour Nurse Line	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Companion care	Papa is a program that can connect you with an adult companion who can spend up to 10 hours per month with you.	Papa is a program that can connect you with an adult companion who can spend up to 10 hours per month with you.	Papa is a program that can connect you with an adult companion who can spend up to 10 hours per month with you.	Papa is a program that can connect you with an adult companion who can spend up to 10 hours per month with you.
Fall prevention	Our plan pays up to a maximum amount of \$150 every year.	Our plan pays up to a maximum amount of \$150 every year.	Our plan pays up to a maximum amount of \$150 every year.	Our plan pays up to a maximum amount of \$150 every year.
Fitness	SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®
Foot care (additional)	\$0 (up to twelve visits every year)			
Healthy Foods Card	Healthy Foods benefit card has a \$70 monthly allowance that can be used at approved locations to purchase items that promote nutritional health.	Healthy Foods benefit card has a \$70 monthly allowance that can be used at approved locations to purchase items that promote nutritional health.	Healthy Foods benefit card has a \$50 monthly allowance that can be used at approved locations to purchase items that promote nutritional health.	Healthy Foods benefit card has a \$70 monthly allowance that can be used at approved locations to purchase items that promote nutritional health.
Meals	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter items (OTC)	\$360 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	\$360 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	\$360 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	\$360 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.

Additional benefits	Aetna Medicare Assure Plan (HMO D-SNP) H3146-002 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-003 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-008 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-009 Monthly Plan Premium: \$0
Personal emergency response system	Members are eligible for an alert system through LifeStation.	Members are eligible for an alert system through LifeStation.	Members are eligible for an alert system through LifeStation.	Members are eligible for an alert system through LifeStation.
Telehealth	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.
Transportation	\$0 (48 one-way trips every year)			

Prescription drugs (Retail Pharmacy)	Aetna Medicare Assure Plan (HMO D-SNP) H3146-002	Aetna Medicare Assure Plan (HMO D-SNP) H3146-003	Aetna Medicare Assure Plan (HMO D-SNP) H3146-008	Aetna Medicare Assure Plan (HMO D-SNP) H3146-009
Rx deductible	\$0	\$0	\$0	\$0
Generic (including brand drugs treated as generic)	\$0	\$0	\$0	\$0
All other drugs	\$0	\$0	\$0	\$0

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

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. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. 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.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri and Suburban West Virginia. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower cost preferred pharmacies in your area, please call 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at [AetnaMedicare.com/findpharmacy](https://www.aetnamedicare.com/findpharmacy).

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. 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.

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ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-810-6150 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-810-6150 (TTY: 711).



2022 Plan Guide

NC-CHARLOTTE-PIEDMONT-WESTERN

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information about these plans, refer to the Summary of Benefits, visit our website [AetnaMedicare.com](https://www.aetna.com) or call us at 1-833-859-6031 (TTY: 711).

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	NEW Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-236 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-239 Monthly Plan Premium: \$18	Aetna Medicare Value Plus Plan (HMO) H3146-005 Monthly Plan Premium: \$24
Service area	NC-Burke, Cabarrus, Caldwell, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Union	NC-Alamance, Alexander, Anson, Burke, Cabarrus, Caldwell, Caswell, Catawba, Cleveland, Cumberland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Johnston, Lincoln, McDowell, Mecklenburg, Orange, Person, Randolph, Rockingham, Rowan, Stanly, Stokes, Union, Yadkin	NC-Alexander, Alleghany, Anson, Ashe, Burke, Cabarrus, Caldwell, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Surry, Union, Wilkes, Yadkin	NC-Alamance, Alexander, Caldwell, Caswell, Catawba, Chatham, Cumberland, Davidson, Davie, Forsyth, Guilford, Harnett, Hoke, Iredell, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Stokes	NC-Alexander, Alleghany, Anson, Cabarrus, Caldwell, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Surry, Union, Wilkes, Yadkin	NC-Buncombe, Cherokee, Haywood, Henderson, Jackson, Macon, Mitchell, Rutherford, Yancey	NC-Clay, Graham, Madison, Polk, Swain, Transylvania	NC-Avery, Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
Part B premium reduction	\$0	\$0	\$0	\$0	\$35	\$0	\$0	\$0
Plan deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$5,500 for in-network services.	\$5,900 for in-network services. \$11,300 for in- and out-of-network services combined.	\$4,950	\$4,500 for in-network services. \$11,300 for in- and out-of-network services combined.	\$7,500 for in-network services. \$11,300 for in- and out-of-network services combined.	\$6,500 for in-network services. \$11,300 for in- and out-of-network services combined.	\$6,500 for in-network services. \$11,300 for in- and out-of-network services combined.	\$6,500
Hospital coverage								
Inpatient hospital coverage	\$300 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$375 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$300 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$295 per day, days 1-6; \$0 per day, days 7-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$400 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$390 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$300 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$300 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days. Plan covers unlimited hospital days.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	NEW Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-236 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-239 Monthly Plan Premium: \$18	Aetna Medicare Value Plus Plan (HMO) H3146-005 Monthly Plan Premium: \$24
Outpatient hospital	\$25 - \$300 Lower cost sharing is for outpatient hospital services other than surgery.	\$35 - \$375 Lower cost sharing is for outpatient hospital services other than surgery.	\$30 - \$300 Lower cost sharing is for outpatient hospital services other than surgery.	\$25 - \$200 Lower cost sharing is for outpatient hospital services other than surgery.	\$50 - \$350 Lower cost sharing is for outpatient hospital services other than surgery.	\$35 - \$295 Lower cost sharing is for outpatient hospital services other than surgery.	\$35 - \$225 Lower cost sharing is for outpatient hospital services other than surgery.	\$25 - \$300 Lower cost sharing is for outpatient hospital services other than surgery.
Ambulatory surgery center (ASC)	\$255	\$375	\$255	\$200	\$350	\$295	\$225	\$255
Skilled nursing facility	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Doctor visits								
Primary care physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP referrals required	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.
Specialist	\$25	\$35	\$30	\$25	\$50	\$35	\$35	\$25
Outpatient mental health therapy (individual)	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Emergency and urgent care								
Emergency room	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Urgent care facility	\$0 - \$25 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$35 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$30 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$25 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$50 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$35 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$35 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$25 Lower cost sharing is for services provided by your primary care physician in their office.
Worldwide coverage (i.e., outside of the United States)	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	NEW Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-236 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-239 Monthly Plan Premium: \$18	Aetna Medicare Value Plus Plan (HMO) H3146-005 Monthly Plan Premium: \$24	
Diagnostic testing									
X-rays and diagnostic radiology	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.
Lab services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Dental, vision and hearing (Non-Medicare covered)									
Dental services	\$1,500 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$1,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$2,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$1,250 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$550 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$1,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$1,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$2,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	
Routine eye exam	\$0 (one exam every year)								
Eyewear	\$230 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$100 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$300 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$125 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$115 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$110 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$100 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$300 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	
Routine hearing exam	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year)	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year)	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.				

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	NEW Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-236 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-239 Monthly Plan Premium: \$18	Aetna Medicare Value Plus Plan (HMO) H3146-005 Monthly Plan Premium: \$24
Hearing aids	\$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	Not covered	\$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	Not covered	Not covered	Not covered	Not covered	\$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.
**Member pays the provider upfront and we pay the member back. Plan coverage rules apply.								
Therapy								
Physical and speech therapy	\$25	\$35	\$30	\$35	\$35	\$35	\$35	\$25
Occupational therapy	\$25	\$35	\$30	\$35	\$35	\$35	\$35	\$25
Ambulance								
Ground ambulance (one-way trip)	\$260	\$260	\$260	\$260	\$260	\$260	\$260	\$260
Air ambulance (one-way trip)	\$260	\$260	\$260	\$260	\$260	\$260	\$260	\$260
Equipment and prosthetics								
Durable medical equipment	20%	20%	20%	20%	20%	20%	20%	20%
Prosthetics	20%	20%	20%	20%	20%	20%	20%	20%

Additional benefits	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-236 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-239 Monthly Plan Premium: \$18	Aetna Medicare Value Plus Plan (HMO) H3146-005 Monthly Plan Premium: \$24
24-Hour Nurse Line	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.

Additional benefits	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-236 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-239 Monthly Plan Premium: \$18	Aetna Medicare Value Plus Plan (HMO) H3146-005 Monthly Plan Premium: \$24
Fitness	SilverSneakers®							
Meals	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter items (OTC)	\$45 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	Not covered	\$60 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	Not covered	\$45 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	\$45 maximum benefit every quarter through OTC Health Solutions.	\$45 maximum benefit every quarter through OTC Health Solutions.	\$45 maximum benefit every quarter through OTC Health Solutions.
Telehealth	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>

Additional benefits	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-236 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-239 Monthly Plan Premium: \$18	Aetna Medicare Value Plus Plan (HMO) H3146-005 Monthly Plan Premium: \$24
Visitor/travel benefit	Not covered	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Not covered	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Not covered

Prescription drugs (Retail Pharmacy)	Aetna Medicare Value Plan (HMO-POS) H3146-001	Aetna Medicare Premier Plan (PPO) H5521-081	Aetna Medicare Value Plus Plan (HMO) H3146-010	Aetna Medicare Premier Plus Plan (PPO) H5521-170	Aetna Medicare Essential Plan (PPO) H5521-354	Aetna Medicare Premier Plan (PPO) H5521-236	Aetna Medicare Value Plan (PPO) H5521-239	Aetna Medicare Value Plus Plan (HMO) H3146-005
Rx deductible	\$0	\$150	\$95	\$0	\$200	\$150	\$150	\$95
		Does not apply to Tier 1, Tier 2, Tier 3 drugs.	Does not apply to Tier 1, Tier 2, Tier 3 drugs.		Does not apply to Tier 1, Tier 2 drugs.	Does not apply to Tier 1, Tier 2, Tier 3 drugs.	Does not apply to Tier 1, Tier 2, Tier 3 drugs.	Does not apply to Tier 1, Tier 2, Tier 3 drugs.
Tier 1 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$0 / \$5 \$0 / \$15	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$3 \$0 / \$9	Preferred/Standard \$0 / \$15 \$0 / \$45			
Tier 2 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$5 / \$10 \$0 / \$30	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$5 / \$20 \$15 / \$60	Preferred/Standard \$5 / \$7 \$0 / \$21	Preferred/Standard \$10 / \$20 \$25 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$5 / \$20 \$15 / \$60
Tier 3 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141			

Prescription drugs (Retail Pharmacy)	Aetna Medicare Value Plan (HMO-POS) H3146-001	Aetna Medicare Premier Plan (PPO) H5521-081	Aetna Medicare Value Plus Plan (HMO) H3146-010	Aetna Medicare Premier Plus Plan (PPO) H5521-170	Aetna Medicare Essential Plan (PPO) H5521-354	Aetna Medicare Premier Plan (PPO) H5521-236	Aetna Medicare Value Plan (PPO) H5521-239	Aetna Medicare Value Plus Plan (HMO) H3146-005
Tier 4 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30-day supply Retail/Mail Pharmacy: 100-day supply 	Preferred/Standard \$100 / \$100 \$300 / \$300							
Tier 5 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30-day supply Retail/Mail Pharmacy: 100-day supply 	Preferred/Standard 33% / 33% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 31% / 31% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 29% / 29% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 31% / 31% N/A
Gap coverage	Yes Tier 1 & 2							

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

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. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. 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.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri and Suburban West Virginia. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower cost preferred pharmacies in your area, please call 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at [AetnaMedicare.com/findpharmacy](https://www.aetnamedicare.com/findpharmacy).

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. 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.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-810-6150 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-810-6150 (TTY: 711).

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2022 Plan Guide

NC-TRIANGLE-EASTERN-SANDHILLS

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information about these plans, refer to the Summary of Benefits, visit our website [AetnaMedicare.com](https://www.aetna.com) or call us at 1-833-859-6031 (TTY: 711).

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0	NEW Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0
Service area	NC-Durham, Johnston, Orange, Person, Wake	NC-Durham, Wake	NC-Alleghany, Ashe, Avery, Franklin, Granville, Johnston, Surry, Vance, Warren, Wilkes	NC-Duplin, Edgecombe, Greene, Halifax, Nash, Northampton, Pitt, Wayne, Wilson	NC-Bladen, Brunswick, Columbus, Cumberland, Duplin, Edgecombe, Greene, Halifax, Harnett, Hoke, Montgomery, Moore, Nash, Northampton, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Wayne, Wilson	NC-Alamance, Alexander, Caldwell, Caswell, Catawba, Chatham, Cumberland, Davidson, Davie, Forsyth, Guilford, Harnett, Hoke, Iredell, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Stokes	NC-Bladen, Brunswick, Chatham, Columbus, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, Pender, Richmond, Robeson, Sampson, Scotland	NC-Alamance, Alexander, Anson, Burke, Cabarrus, Caldwell, Caswell, Catawba, Cleveland, Cumberland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Johnston, Lincoln, McDowell, Mecklenburg, Orange, Person, Randolph, Rockingham, Rowan, Stanly, Stokes, Union, Yadkin
Part B premium reduction	\$0	\$30	\$0	\$0	\$35	\$0	\$0	\$0
Plan deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$5,500 for in-network services.	\$6,800 for in-network services. \$11,300 for in- and out-of-network services combined.	\$6,500 for in-network services. \$11,300 for in- and out-of-network services combined.	\$6,800 for in-network services. \$11,300 for in- and out-of-network services combined.	\$7,500 for in-network services. \$11,300 for in- and out-of-network services combined.	\$4,500 for in-network services. \$11,300 for in- and out-of-network services combined.	\$4,950 for in-network services. \$11,300 for in- and out-of-network services combined.	\$5,900 for in-network services. \$11,300 for in- and out-of-network services combined.
Hospital coverage								
Inpatient hospital coverage	\$325 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$390 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$390 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$390 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$400 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$295 per day, days 1-6; \$0 per day, days 7-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$350 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$375 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0	NEW Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0
Outpatient hospital	\$25 - \$325 Lower cost sharing is for outpatient hospital services other than surgery.	\$50 - \$275 Lower cost sharing is for outpatient hospital services other than surgery.	\$35 - \$225 Lower cost sharing is for outpatient hospital services other than surgery.	\$40 - \$225 Lower cost sharing is for outpatient hospital services other than surgery.	\$45 - \$350 Lower cost sharing is for outpatient hospital services other than surgery.	\$25 - \$200 Lower cost sharing is for outpatient hospital services other than surgery.	\$45 - \$310 Lower cost sharing is for outpatient hospital services other than surgery.	\$35 - \$375 Lower cost sharing is for outpatient hospital services other than surgery.
Ambulatory surgery center (ASC)	\$255	\$275	\$225	\$225	\$350	\$200	\$310	\$375
Skilled nursing facility	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Doctor visits								
Primary care physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP referrals required	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.
Specialist	\$25	\$50	\$35	\$40	\$45	\$25	\$45	\$35
Outpatient mental health therapy (individual)	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Emergency and urgent care								
Emergency room	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Urgent care facility	\$0 - \$25 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$50 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$35 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$40 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$45 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$25 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$45 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$35 Lower cost sharing is for services provided by your primary care physician in their office.
Worldwide coverage (i.e., outside of the United States)	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0	NEW Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	
Diagnostic testing									
X-rays and diagnostic radiology	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.
Lab services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Dental, vision and hearing (Non-Medicare covered)									
Dental services	\$1,500 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$750 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$500 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$2,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$550 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$1,250 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$1,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$1,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	
Routine eye exam	\$0 (one exam every year)								
Eyewear	\$230 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	Not covered	\$100 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$200 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$115 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$125 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$200 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$100 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	
Routine hearing exam	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year)	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.	\$0 (one exam every year)	

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0	NEW Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0
Hearing aids	\$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	Not covered	\$1,250 (per ear) maximum benefit every year. All hearing aids should be purchased through NationsHearing.	\$1,250 (per ear) maximum benefit every year. All hearing aids should be purchased through NationsHearing.	Not covered	Not covered	\$1,250 (per ear) maximum benefit every year. All hearing aids should be purchased through NationsHearing.	Not covered

****Member pays the provider upfront and we pay the member back. Plan coverage rules apply.**

Therapy								
Physical and speech therapy	\$25	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Occupational therapy	\$25	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Ambulance								
Ground ambulance (one-way trip)	\$260	\$260	\$260	\$260	\$260	\$260	\$260	\$260
Air ambulance (one-way trip)	\$260	\$260	\$260	\$260	\$260	\$260	\$260	\$260
Equipment and prosthetics								
Durable medical equipment	20%	20%	20%	20%	20%	20%	20%	20%
Prosthetics	20%	20%	20%	20%	20%	20%	20%	20%

Additional benefits	Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0
24-Hour Nurse Line	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.

Additional benefits	Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0
Fitness	SilverSneakers®							
Meals	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter items (OTC)	\$45 maximum benefit every quarter through OTC Health Solutions.	Not covered	\$45 maximum benefit every quarter through OTC Health Solutions.	\$75 maximum benefit every quarter through OTC Health Solutions.	\$45 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	Not covered	\$45 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	Not covered
Telehealth	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>	<p>You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit.</p> <p>Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.</p>

Additional benefits	Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0
Visitor/travel benefit	Not covered	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.

Prescription drugs (Retail Pharmacy)	Aetna Medicare Value Plan (HMO-POS) H3146-004	Aetna Medicare Essential Plan (PPO) H5521-168	Aetna Medicare Value Plan (PPO) H5521-139	Aetna Medicare Value Plan (PPO) H5521-243	Aetna Medicare Essential Plan (PPO) H5521-348	Aetna Medicare Premier Plus Plan (PPO) H5521-170	Aetna Medicare Value Plan (PPO) H5521-169	Aetna Medicare Premier Plan (PPO) H5521-081
Rx deductible	\$0	\$150 Does not apply to Tier 1, Tier 2 drugs.	\$150 Does not apply to Tier 1, Tier 2, Tier 3 drugs.	\$150 Does not apply to Tier 1, Tier 2, Tier 3 drugs.	\$200 Does not apply to Tier 1, Tier 2 drugs.	\$0	\$150 Does not apply to Tier 1, Tier 2, Tier 3 drugs.	\$150 Does not apply to Tier 1, Tier 2, Tier 3 drugs.
Tier 1 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$0 / \$5 \$0 / \$15	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$3 \$0 / \$9	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45			
Tier 2 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$5 / \$10 \$0 / \$30	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$5 / \$20 \$10 / \$60	Preferred/Standard \$5 / \$20 \$10 / \$60	Preferred/Standard \$10 / \$20 \$25 / \$60	Preferred/Standard \$5 / \$7 \$0 / \$21	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60
Tier 3 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141					

Prescription drugs (Retail Pharmacy)	Aetna Medicare Value Plan (HMO-POS) H3146-004	Aetna Medicare Essential Plan (PPO) H5521-168	Aetna Medicare Value Plan (PPO) H5521-139	Aetna Medicare Value Plan (PPO) H5521-243	Aetna Medicare Essential Plan (PPO) H5521-348	Aetna Medicare Premier Plus Plan (PPO) H5521-170	Aetna Medicare Value Plan (PPO) H5521-169	Aetna Medicare Premier Plan (PPO) H5521-081
Tier 4 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30-day supply Retail/Mail Pharmacy: 100-day supply 	Preferred/Standard \$100 / \$100 \$300 / \$300							
Tier 5 Drugs: <ul style="list-style-type: none"> Retail Pharmacy: 30-day supply Retail/Mail Pharmacy: 100-day supply 	Preferred/Standard 33% / 33% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 29% / 29% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 30% / 30% N/A
Gap coverage	Yes Tier 1 & 2							

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

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. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. 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.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri and Suburban West Virginia. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower cost preferred pharmacies in your area, please call 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at [AetnaMedicare.com/findpharmacy](https://www.aetnamedicare.com/findpharmacy).

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. 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.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-810-6150 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-810-6150 (TTY: 711).

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2022 Plan Guide

NC-TRIAD-CHARLOTTE-PIEDMONT

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information about these plans, refer to the Summary of Benefits, visit our website [AetnaMedicare.com](https://www.aetna.com/medicare) or call us at **1-833-859-6031** (TTY: 711).

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$24	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	NEW Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Prime (HMO-POS) H3146-007 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21
Service area	NC-Alamance, Alexander, Caldwell, Caswell, Catawba, Chatham, Cumberland, Davidson, Davie, Forsyth, Guilford, Harnett, Hoke, Iredell, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Stokes	NC-Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes	NC-Burke, Cabarrus, Caldwell, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Union	NC-Alamance, Alexander, Anson, Burke, Cabarrus, Caldwell, Caswell, Catawba, Cleveland, Cumberland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Johnston, Lincoln, McDowell, Mecklenburg, Orange, Person, Randolph, Rockingham, Rowan, Stanly, Stokes, Union, Yadkin	NC-Alexander, Alleghany, Anson, Cabarrus, Caldwell, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Surry, Union, Wilkes, Yadkin	NC-Alexander, Catawba, Davidson, Davie, Forsyth, Guilford, Randolph, Wilkes, Yadkin	NC-Alexander, Alleghany, Anson, Ashe, Burke, Cabarrus, Caldwell, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Surry, Union, Wilkes, Yadkin	NC-Alleghany, Ashe, Avery, Franklin, Granville, Johnston, Surry, Vance, Warren, Wilkes
Part B premium reduction	\$0	\$0	\$0	\$0	\$35	\$0	\$0	\$0
Plan deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$4,500 for in-network services. \$11,300 for in- and out-of-network services combined.	\$5,500	\$5,500 for in-network services.	\$5,900 for in-network services. \$11,300 for in- and out-of-network services combined.	\$7,500 for in-network services. \$11,300 for in- and out-of-network services combined.	\$4,500 for in-network services.	\$4,950	\$6,500 for in-network services. \$11,300 for in- and out-of-network services combined.
Network	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan works with a dedicated network. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$24	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	NEW Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Prime (HMO-POS) H3146-007 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21
Hospital coverage								
Inpatient hospital coverage	\$295 per day, days 1-6; \$0 per day, days 7-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$250 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$300 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$375 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$400 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$250 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$300 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$390 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.
Outpatient hospital	\$25 - \$200 Lower cost sharing is for outpatient hospital services other than surgery.	\$20 - \$250 Lower cost sharing is for outpatient hospital services other than surgery.	\$25 - \$300 Lower cost sharing is for outpatient hospital services other than surgery.	\$35 - \$375 Lower cost sharing is for outpatient hospital services other than surgery.	\$50 - \$350 Lower cost sharing is for outpatient hospital services other than surgery.	\$20 - \$250 Lower cost sharing is for outpatient hospital services other than surgery.	\$30 - \$300 Lower cost sharing is for outpatient hospital services other than surgery.	\$35 - \$225 Lower cost sharing is for outpatient hospital services other than surgery.
Ambulatory surgery center (ASC)	\$200	\$200	\$255	\$375	\$350	\$200	\$255	\$225
Skilled nursing facility	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Doctor visits								
Primary care physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP referrals required	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.
Specialist	\$25	\$20	\$25	\$35	\$50	\$20	\$30	\$35
Outpatient mental health therapy (individual)	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Emergency and urgent care								
Emergency room	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$24	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	NEW Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Prime (HMO-POS) H3146-007 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21
Urgent care facility	\$0 - \$25 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$20 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$25 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$35 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$50 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$20 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$30 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$35 Lower cost sharing is for services provided by your primary care physician in their office.
Worldwide coverage (i.e., outside of the United States)	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.
Diagnostic testing								
X-rays and diagnostic radiology	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14 Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.
Lab services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dental, vision and hearing (Non-Medicare covered)								
Dental services	\$1,250 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$2,500 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$1,500 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$1,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$550 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$2,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$2,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$500 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network
Routine eye exam	\$0 (one exam every year)							
Eyewear	\$125 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$300 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$230 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$100 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$115 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$230 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$300 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$100 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$24	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	NEW Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Prime (HMO-POS) H3146-007 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21
Routine hearing exam	\$0 (one exam every year)	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.
Hearing aids	Not covered	\$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	Not covered	Not covered	\$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$1,250 (per ear) maximum benefit every year. All hearing aids should be purchased through NationsHearing.
**Member pays the provider upfront and we pay the member back. Plan coverage rules apply.								
Therapy								
Physical and speech therapy	\$35	\$20	\$25	\$35	\$35	\$20	\$30	\$35
Occupational therapy	\$35	\$20	\$25	\$35	\$35	\$20	\$30	\$35
Ambulance								
Ground ambulance (one-way trip)	\$260	\$260	\$260	\$260	\$260	\$260	\$260	\$260
Air ambulance (one-way trip)	\$260	\$260	\$260	\$260	\$260	\$260	\$260	\$260
Equipment and prosthetics								
Durable medical equipment	20%	20%	20%	20%	20%	20%	20%	20%
Prosthetics	20%	20%	20%	20%	20%	20%	20%	20%

Additional benefits	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$24	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Prime (HMO-POS) H3146-007 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21
24-Hour Nurse Line	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Fitness	SilverSneakers®							
Meals	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter items (OTC)	Not covered	\$75 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	\$45 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	Not covered	\$45 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	\$60 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	\$60 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	\$45 maximum benefit every quarter through OTC Health Solutions.

Additional benefits	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$24	Aetna Medicare Value Plan (HMO-POS) H3146-001 Monthly Plan Premium: \$0	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-354 Monthly Plan Premium: \$0	Aetna Medicare Prime (HMO-POS) H3146-007 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-010 Monthly Plan Premium: \$24	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21
Telehealth	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.
Visitor/travel benefit	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Not covered	Not covered	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Not covered	Not covered	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.

Prescription drugs (Retail Pharmacy)	Aetna Medicare Premier Plus Plan (PPO) H5521-170	Aetna Medicare Value Plus Plan (HMO) H3146-006	Aetna Medicare Value Plan (HMO-POS) H3146-001	Aetna Medicare Premier Plan (PPO) H5521-081	Aetna Medicare Essential Plan (PPO) H5521-354	Aetna Medicare Prime (HMO-POS) H3146-007	Aetna Medicare Value Plus Plan (HMO) H3146-010	Aetna Medicare Value Plan (PPO) H5521-139
Rx deductible	\$0	\$95 Does not apply to Tier 1, Tier 2, Tier 3 drugs.	\$0	\$150 Does not apply to Tier 1, Tier 2, Tier 3 drugs.	\$200 Does not apply to Tier 1, Tier 2 drugs.	\$0	\$95 Does not apply to Tier 1, Tier 2, Tier 3 drugs.	\$150 Does not apply to Tier 1, Tier 2, Tier 3 drugs.

Prescription drugs (Retail Pharmacy)	Aetna Medicare Premier Plus Plan (PPO) H5521-170	Aetna Medicare Value Plus Plan (HMO) H3146-006	Aetna Medicare Value Plan (HMO-POS) H3146-001	Aetna Medicare Premier Plan (PPO) H5521-081	Aetna Medicare Essential Plan (PPO) H5521-354	Aetna Medicare Prime (HMO-POS) H3146-007	Aetna Medicare Value Plus Plan (HMO) H3146-010	Aetna Medicare Value Plan (PPO) H5521-139
Tier 1 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$0 / \$3 \$0 / \$9	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$5 \$0 / \$15	Preferred/Standard \$0 / \$15 \$0 / \$45				
Tier 2 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$5 / \$7 \$0 / \$21	Preferred/Standard \$5 / \$20 \$15 / \$60	Preferred/Standard \$5 / \$10 \$0 / \$30	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$10 / \$20 \$25 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$5 / \$20 \$15 / \$60	Preferred/Standard \$5 / \$20 \$10 / \$60
Tier 3 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$47 / \$47 \$141 / \$141							
Tier 4 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$100 / \$100 \$300 / \$300							
Tier 5 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard 33% / 33% N/A	Preferred/Standard 31% / 31% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 29% / 29% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 31% / 31% N/A	Preferred/Standard 30% / 30% N/A
Gap coverage	Yes Tier 1 & 2							

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

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. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. 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.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri and Suburban West Virginia. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower cost preferred pharmacies in your area, please call 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at [AetnaMedicare.com/findpharmacy](https://www.aetnamedicare.com/findpharmacy).

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. 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.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-810-6150 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-810-6150 (TTY: 711).

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