



2020 Plan Guide

GREATER CLEVELAND OHIO PREMIER HMO

Below are some of the in-network costs and benefit information for our Medicare plans. But it's not a complete list. For more information about these plans, refer to the Summary of Benefits, visit our website <https://www.aetnamedicare.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 Premier (HMO) H0628-005 New Plan |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service Area | OH: Ashland, Belmont, Columbiana, Cuyahoga, Geauga, Harrison, Jefferson, Knox, Lake, Lorain, Mahoning, Medina, Morrow, Portage, Richland, Stark, Trumbull, Tuscarawas, Wayne |
| Monthly Plan Premium in addition to Part B Premium | \$0 |
| PCP Referrals Required | No |
| Annual Maximum Out-of-Pocket (MOOP) Maximum amount you will pay for in-network services. | \$4,200 |
| Annual Deductible for Medical Services | \$0 |
| Primary Care Physician (PCP) | \$10 |
| Specialist | \$30 |
| Inpatient Hospital | \$350 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days Plan covers unlimited hospital days. |
| Outpatient Hospital Observation Services | \$245 |
| Outpatient Surgery - Outpatient Hospital: Surgical services you get from a hospital. | \$245 |
| Outpatient Surgery - Ambulatory Surgery Center (ASC): Care from standalone surgery facilities. | \$245 |
| X-Rays and Diagnostic Radiology | X-Rays \$10 - \$75 Diagnostic Radiology \$150 |
| Lab Services | \$0 - \$10 |
| Urgent Care Facility | \$65 |
| Emergency Room | \$90 |
| Worldwide Coverage (i.e. outside of the United States) | \$90 for emergency and urgent care worldwide |
| Vision Services - Routine Eye Exams | \$0 (one exam every year) |
| Vision Services - Contacts and Eyeglasses and upgrades | \$160 allowance* every year No network; member reimbursement |
| Preventive Dental Services | Our plan will reimburse you 50% up to a max of \$500 for preventive and comprehensive dental services every year (See the Evidence of Coverage for details). |
| Comprehensive Dental Services (Non-Medicare covered) | Allowance* included under preventive dental |
| Dental Network | No network; member reimbursement |
| Hearing Services - Hearing Aids | \$1,000 (per ear) maximum benefit every year HCS network All hearing aids must be purchased through Hearing Care Solutions. |
| Hearing Services - Routine Hearing Exams | \$0 (one exam every year) All appointments must be scheduled through Hearing Care Solutions. |

* allowance - member pays the provider and we pay member back. Plan coverage rules apply.

Additional Plan Information:

| Benefits | Aetna Medicare Premier (HMO) H0628-005 New Plan |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Additional Resources and Support | Resources For Living SM helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more. |
| Fitness Benefit | SilverSneakers |
| Non-emergency Transportation Benefit | 24 one-way trips every year |
| Post-hospital Meals | Our plan covers up to 14 home delivered meals over a 7 day period after an inpatient hospital discharge. |
| OTC | \$45 maximum benefit every three months |

Prescription Drugs

| Benefits | Aetna Medicare Premier (HMO) H0628-005 Preferred/Standard |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Gap Coverage | Yes Tier 1 & 2 |
| Rx Deductible | \$150 Deductible does not apply to Tier 1, Tier 2, Tier 3 drugs. |
| Tier 1 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply | \$0/\$15 \$0/\$45 \$0/\$45 |
| Tier 2 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply | \$5/\$20 \$10/\$60 \$10/\$60 |
| Tier 3 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply | \$47/\$47 \$141/\$141 \$141/\$141 |
| Tier 4 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply | \$100/\$100 \$300/\$300 \$300/\$300 |
| Tier 5 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply | 30%/30% N/A N/A |

Aetna is the brand name used for products and services provided by one or more of the Aetna group for subsidiary companies, including Aetna Life Insurance Company, Coventry Health and Life Insurance Company and their affiliates (Aetna).

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.

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Members who get “extra help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

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).

Members in our HMO plans must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor Aetna will be responsible for the costs.

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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