



# 2020 Plan Guide

## AETNA MEDICARE ASSURE (HMO-D-SNP)

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).

Premiums, copays, coinsurance, and deductibles may vary based on the level of "Extra Help" a member receives.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Assure (HMO D-SNP) H5337-001
Service Area	OH: Belmont, Carroll, Columbiana, Coshocton, Cuyahoga, Franklin, Fulton, Guernsey, Lake, Lorain, Lucas, Mahoning, Medina, Montgomery, Morgan, Muskingum, Ottawa, Portage, Stark, Summit, Trumbull, Tuscarawas, Wayne, Wood
Monthly Plan Premium in addition to Part B Premium	\$0 or \$18.80
PCP Referrals Required	Yes
Annual Maximum Out-of-Pocket (MOOP)	\$6,700
Maximum amount you will pay for in-network services.	
Annual Deductible for Medical Services	\$0 or \$185 deductible for some hospital and medical services. (See Summary of Benefits or Evidence of Coverage for more information).
Primary Care Physician (PCP)	\$0 or 20% after plan deductible is met
Specialist	\$0 or 20% after plan deductible is met
Inpatient Hospital	\$0 per stay or \$1,364 inpatient deductible then, \$0 per day, days 1-60; \$341 per day, days 61-90
Outpatient Hospital Observation Services	\$0 or 20% after plan deductible is met
Outpatient Surgery - Outpatient Hospital: Surgical services you get from a hospital.	\$0 or 20% after plan deductible is met
Outpatient Surgery - Ambulatory Surgery Center (ASC): Care from standalone surgery facilities.	\$0 or 20% after plan deductible is met
X-Rays and Diagnostic Radiology	X-Rays \$0 or 20% after plan deductible is met Diagnostic Radiology \$0 or 20% after plan deductible is met
Lab Services	0% after plan deductible is met.
Urgent Care Facility	\$0 or 20% (\$65 maximum copay)
Emergency Room	\$0 or 20% (\$90 maximum copay)
Worldwide Coverage (i.e. outside of the United States)	\$0 or 20% for emergency and urgent care worldwide
Vision Services - Routine Eye Exams	\$0 (one exam every year)
Vision Services - Contacts and Eyeglasses and upgrades	\$500 maximum benefit every year EyeMed network
Preventive Dental Services	\$3,000 maximum benefit every year for preventive and comprehensive dental combined (See the Evidence of Coverage for details.)
Comprehensive Dental Services (Non-Medicare covered)	Maximum benefit included under preventive dental
Dental Network	Aetna Medicare EPO Dental network
Hearing Services - Hearing Aids	\$1,250 (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)

## Additional Plan Information:

Benefits	Aetna Medicare Assure (HMO D-SNP) H5337-001
Additional Resources and Support	Resources For Living <sup>SM</sup> 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	40 one-way trips every year
Post-hospital Meals	Our plan covers up to 28 home delivered meals over a 14 day period after an inpatient hospital discharge.
OTC	\$210 maximum benefit every three months
Fall Prevention	\$150 per year

## Prescription Drugs

Benefits	Aetna Medicare Assure (HMO D-SNP) H5337-001 Standard
	Retail Pharmacy
Rx Deductible (your deductible amount depends on your level of "Extra Help")	\$0 or \$89 or \$275 Deductible does not apply to Tier 1, Tier 2 drugs.
<b>If you get "Extra Help" with your prescription drug costs, you will pay:</b> <i>(Copayments may vary depending on your level of "Extra Help".)</i>	For generic drugs (including brand drugs treated as generic): either \$0, or \$1.30 or \$3.60 per prescription. OR 15% of the cost of the drug  For all other drugs: either \$0, or \$3.90, or \$8.95 per prescription OR 15% of the cost of the drug  For drugs on Tier 1 and Tier 2 you pay \$0

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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