2024 Plan Guide

NYC-QUEENS

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information, refer to the Summary of Benefits, visit our website AetnaMedicare.com or call us at **1-833-859-6031 (TTY: 711)**. Your call may be answered by a licensed agent.

Benefits listed are for services received in-network and per visit unless otherwise stated	**Aetna Medicare Value Plan (HMO) H3312-072 Monthly plan premium: $0**	**Aetna Medicare Elite Plan (PPO) H5521-120 Monthly plan premium: $0**	**Aetna Medicare Elite Plan 3 (PPO) H5521-310 Monthly plan premium: $22**	**Aetna Medicare Discover Value Plan (PPO) H5521-312 Monthly plan premium: $35**	**Aetna Medicare Premier Plan (PPO) H5521-040 Monthly plan premium: $87**	**Aetna Medicare Platinum Plan (PPO) H5521-460 Monthly plan premium: $171**	**Aetna Medicare Eagle Plan (PPO) H5521-320 Monthly plan premium: $0**
Service area	**New York**: New York, Queens	**New York**: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester	**New York**: Kings, New York, Queens, Richmond	**New York**: Kings, New York, Queens	**New York**: Kings, Nassau, New York, Queens, Richmond	**New York**: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester	**New York**: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester
Part B premium reduction	$0	$0	$0	$0	$0	$0	$55
Plan deductible	$0	$1,000* for certain in-network and out-of-network services combined.	$1,000* for certain in-network and out-of-network services combined.	$0	$0	$0	$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	$8,500	$7,550 for in-network services. $11,300 for in- and out-of-network services combined.	$8,500 for in-network services. $12,500 for in- and out-of-network services combined.	$8,500 for in-network services. $12,500 for in- and out-of-network services combined.	$5,000 for in-network services. $6,500 for in- and out-of-network services combined.	$4,300 for in-network services. $6,000 for in- and out-of-network services combined.	$8,500 for in-network services. $12,500 for in- and out-of-network services combined.
***Deductible will apply to the following in-network services: inpatient hospital, inpatient psychiatric, skilled nursing facility, therapeutic radiology, outpatient hospital services (including observation), ambulatory surgical center (ASC), and dialysis. See the Evidence of Coverage for details.**							
Hospital coverage							
Inpatient hospital care	$395 per day, days 1-5; $0 per day, days 6-90; $0 copay for additional days. Our plan covers unlimited hospital days.	$795 per stay after plan deductible Our plan covers unlimited hospital days.	$795 per stay after plan deductible Our plan covers unlimited hospital days.	$395 per day, days 1-5; $0 per day, days 6-90; $0 copay for additional days. Our plan covers unlimited hospital days.	$335 per day, days 1-6; $0 per day, days 7-90; $0 copay for additional days. Our plan covers unlimited hospital days.	$0 per stay Our plan covers unlimited hospital days.	$395 per day, days 1-5; $0 per day, days 6-90; $0 copay for additional days. Our plan covers unlimited hospital days.
Outpatient hospital	$45 - $395 Lower cost sharing is for outpatient hospital services other than surgery.	$35 - $395 after plan deductible Lower cost sharing is for outpatient hospital services other than surgery.	$35 - $350 after plan deductible Lower cost sharing is for outpatient hospital services other than surgery.	$40 - $395 Lower cost sharing is for outpatient hospital services other than surgery.	$40 - $395 Lower cost sharing is for outpatient hospital services other than surgery.	$0 - $300 Lower cost sharing is for outpatient hospital services other than surgery.	$35 - $500 Lower cost sharing is for outpatient hospital services other than surgery.
Ambulatory surgery center (ASC)	$325	$250 after plan deductible	$200 after plan deductible	$300	$300	$200	$300
Skilled nursing facility	$0 per day, days 1-20; $203 per day, days 21-100 Our plan covers up to 100	$0 per day, days 1-20; $191 per day, days 21-100 after plan deductible	$0 per day, days 1-20; $180 per day, days 21-100 after plan deductible	$0 per day, days 1-20; $180 per day, days 21-100 Our plan covers up to 100	$0 per day, days 1-20; $203 per day, days 21-100 Our plan covers up to 100	$0 per day, days 1-20; $180 per day, days 21-100 Our plan covers up to 100	$0 per day, days 1-20; $180 per day, days 21-100 Our plan covers up to 100

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	days per benefit period.	Our plan covers up to 100 days per benefit period.	Our plan covers up to 100 days per benefit period.	days per benefit period.	days per benefit period.	days per benefit period.	days per benefit period.
Doctor visits							
Primary care physician (PCP)	$5	$0	$0	$0	$5	$0	$0
PCP referrals	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.
Specialist	$45	$35	$35	$40	$40	$0	$35
Emergency and urgent care							
Emergency care	$100	$95	$100	$100	$95	$45	$100
Urgently needed services	$55	$55	$55	$55	$60	$30	$55
Worldwide coverage (i.e., outside of the United States)	$100 for emergency and urgent services worldwide.	$95 for emergency and urgent services worldwide.	$100 for emergency and urgent services worldwide.	$100 for emergency and urgent services worldwide.	$95 for emergency and urgent services worldwide.	$45 for emergency and urgent services worldwide.	$100 for emergency and urgent services worldwide.
Diagnostic testing							
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: $45 Diagnostic radiology: $200 - $300 Lower cost sharing is for CT/CAT scans.	X-rays: $35 Diagnostic radiology: $200 - $300 Lower cost sharing is for CT/CAT scans.	X-rays: $35 Diagnostic radiology: $250 - $295 Lower cost sharing is for CT/CAT scans.	X-rays: $40 Diagnostic radiology: $250 - $300 Lower cost sharing is for CT/CAT scans.	X-rays: $40 Diagnostic radiology: $250 - $300 Lower cost sharing is for CT/CAT scans.	X-rays: $0 Diagnostic radiology: $100 - $150 Lower cost sharing is for CT/CAT scans.	X-rays: $35 Diagnostic radiology: $300 - $350 Lower cost sharing is for CT/CAT scans.
Lab services	$5 You'll pay $0 for certain lab services.	$0	$0	$0	$0	$0	$0
Dental, vision and hearing (non-Medicare covered)							
Dental services	$0 for preventive services. Comprehensive services are covered under optional supplemental benefits. Dental services must be performed by Aetna Dental PPO Network.	$0 for preventive services. Comprehensive services are covered under optional supplemental benefits. Aetna Dental PPO Network	Our plan pays up to $1,000 every year for in- and out-of-network preventive and comprehensive dental services combined. Aetna Dental PPO Network	Our plan pays up to $1,000 every year for in- and out-of-network preventive and comprehensive dental services combined. Aetna Dental PPO Network	$0 for preventive services. Comprehensive services are covered under optional supplemental benefits. Aetna Dental PPO Network	Our plan pays up to $1,000 every year for in- and out-of-network preventive and comprehensive dental services combined. Aetna Dental PPO Network	Our plan pays up to $2,000 every year for in- and out-of-network preventive and comprehensive dental services combined. Aetna Dental PPO Network
Routine eye exam	$0 (one exam every year)	$0 (one exam every year)	$0 (one exam every year)	$0 (one exam every year)	$0 (one exam every year)	$0 (one exam every year)	$0 (one exam every year)
Eyewear	Our plan will reimburse you up to $250** every year for prescription eyewear. You can see any licensed U.S. provider. Discounts may be available when you	Our plan will reimburse you up to $250** every year for prescription eyewear. You can see any licensed U.S. provider. Discounts may be available when you	Our plan will reimburse you up to $200** every year for prescription eyewear. You can see any licensed U.S. provider. Discounts may be available when you	Our plan will reimburse you up to $275** every year for prescription eyewear. You can see any licensed U.S. provider. Discounts may be available when you	Our plan will reimburse you up to $200** every year for prescription eyewear. You can see any licensed U.S. provider. Discounts may be available when you	Our plan will reimburse you up to $200** every year for prescription eyewear. You can see any licensed U.S. provider. Discounts may be available when you	Our plan will reimburse you up to $200** every year for prescription eyewear. You can see any licensed U.S. provider. Discounts may be available when you

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Value Plan (HMO) H3312-072 Monthly plan premium: $0	Aetna Medicare Elite Plan (PPO) H5521-120 Monthly plan premium: $0	Aetna Medicare Elite Plan 3 (PPO) H5521-310 Monthly plan premium: $22	Aetna Medicare Discover Value Plan (PPO) H5521-312 Monthly plan premium: $35	Aetna Medicare Premier Plan (PPO) H5521-040 Monthly plan premium: $87	Aetna Medicare Platinum Plan (PPO) H5521-460 Monthly plan premium: $171	Aetna Medicare Eagle Plan (PPO) H5521-320 Monthly plan premium: $0
	see an EyeMed provider.	see an EyeMed provider.	see an EyeMed provider.	see an EyeMed provider.	see an EyeMed provider.	see an EyeMed provider.	see an EyeMed provider.
****Member pays the provider upfront and we reimburse the member. Plan coverage rules apply.**							
Routine hearing exam	$0 (one exam every year) Appointments must be scheduled through NationsHearing.	$0 (one exam every year) Appointments should be scheduled through NationsHearing.	$0 (one exam every year) Appointments should be scheduled through NationsHearing.	$0 (one exam every year) Appointments should be scheduled through NationsHearing.	$0 (one exam every year) Appointments should be scheduled through NationsHearing.	$0 (one exam every year) Appointments should be scheduled through NationsHearing.	$0 (one exam every year) Appointments should be scheduled through NationsHearing.
Hearing aids	Our plan pays up to $750 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.	Our plan pays up to $1,250 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.	Our plan pays up to $1,250 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.	Our plan pays up to $1,250 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.	Our plan pays up to $1,250 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.	Our plan pays up to $1,250 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.	Our plan pays up to $1,250 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.
Therapy							
Physical and speech therapy	$40	$30	$40	$35	$40	$0	$40
Occupational therapy	$40	$30	$40	$35	$40	$0	$40
Outpatient mental health therapy (individual)	$40	$40	$40	$40	$40	$0	$40
Ambulance							
Ground ambulance (one-way trip)	$245	$250	$250	$260	$280	$270	$255
Air ambulance (one-way trip)	$245	$250	$250	$260	$280	$270	$255
Equipment and prosthetics							
Durable medical equipment	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 15% Lower cost sharing is for continuous glucose monitors.
Prosthetics	20%	20%	20%	20%	20%	20%	15%

Additional benefits	Aetna Medicare Value Plan (HMO) H3312-072 Monthly plan premium: $0	Aetna Medicare Elite Plan (PPO) H5521-120 Monthly plan premium: $0	Aetna Medicare Elite Plan 3 (PPO) H5521-310 Monthly plan premium: $22	Aetna Medicare Discover Value Plan (PPO) H5521-312 Monthly plan premium: $35	Aetna Medicare Premier Plan (PPO) H5521-040 Monthly plan premium: $87	Aetna Medicare Platinum Plan (PPO) H5521-460 Monthly plan premium: $171	Aetna Medicare Eagle Plan (PPO) H5521-320 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.
Acupuncture services (additional)	$45 (up to twelve visits every year through Aetna)	Not covered	$35 (up to twelve visits every year through Aetna)	$40 (up to twelve visits every year through Aetna)	Not covered	Not covered	Not covered
Special supplemental benefits	Members with six or more chronic conditions who meet certain criteria may be eligible for: • $0 copay for Primary Care Physician (PCP) and telehealth services when using Landmark providers ----- See the Evidence of Coverage for more information	Not covered	Not covered	Not covered	Members with six or more chronic conditions who meet certain criteria may be eligible for: • $0 copay for Primary Care Physician (PCP) and telehealth services when using Landmark providers ----- See the Evidence of Coverage for more information	Not covered	Not covered
Fitness	Physical fitness program: Basic membership at any SilverSneakers® facility. Our plan will reimburse you up to $600 every year for qualified non-participating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment.	Physical fitness program: Basic membership at any SilverSneakers® facility. Our plan will reimburse you up to $600 every year for qualified non-participating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment.	Physical fitness program: Basic membership at any SilverSneakers® facility. Our plan will reimburse you up to $360 every year for qualified non-participating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment.	Physical fitness program: Basic membership at any SilverSneakers® facility. Our plan will reimburse you up to $360 every year for qualified non-participating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment.	Physical fitness program: Basic membership at any SilverSneakers® facility.	Physical fitness program: Basic membership at any SilverSneakers® facility.	Physical fitness program: Basic membership at any SilverSneakers® facility.
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.

Additional benefits	Aetna Medicare Value Plan (HMO) H3312-072 Monthly plan premium: $0	Aetna Medicare Elite Plan (PPO) H5521-120 Monthly plan premium: $0	Aetna Medicare Elite Plan 3 (PPO) H5521-310 Monthly plan premium: $22	Aetna Medicare Discover Value Plan (PPO) H5521-312 Monthly plan premium: $35	Aetna Medicare Premier Plan (PPO) H5521-040 Monthly plan premium: $87	Aetna Medicare Platinum Plan (PPO) H5521-460 Monthly plan premium: $171	Aetna Medicare Eagle Plan (PPO) H5521-320 Monthly plan premium: $0
Over-the-counter (OTC) items	Not covered	Not covered	You will receive a $45 benefit amount (allowance) each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, cold and allergy medicine, pain relievers, COVID-19 tests, and more.	You will receive a $75 benefit amount (allowance) each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, cold and allergy medicine, pain relievers, COVID-19 tests, and more.	Not covered	You will receive a $45 benefit amount (allowance) each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, cold and allergy medicine, pain relievers, COVID-19 tests, and more.	You will receive a $60 benefit amount (allowance) each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, cold and allergy medicine, pain relievers, COVID-19 tests, and more.
Visitor/travel benefit	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.

Optional Supplemental Benefits (extra benefits you can purchase)	Aetna Medicare Value Plan (HMO) H3312-072 Monthly plan premium: $0	Aetna Medicare Elite Plan (PPO) H5521-120 Monthly plan premium: $0	Aetna Medicare Elite Plan 3 (PPO) H5521-310 Monthly plan premium: $22	Aetna Medicare Discover Value Plan (PPO) H5521-312 Monthly plan premium: $35	Aetna Medicare Premier Plan (PPO) H5521-040 Monthly plan premium: $87	Aetna Medicare Platinum Plan (PPO) H5521-460 Monthly plan premium: $171	Aetna Medicare Eagle Plan (PPO) H5521-320 Monthly plan premium: $0
Option 1 (Beyond Original Medicare coverage)	$17 monthly premium Deluxe Comprehensive Dental Package	$30 monthly premium Deluxe Comprehensive Dental Package	Not applicable	Not applicable	$30 monthly premium Deluxe Comprehensive Dental Package	Not applicable	Not applicable
Optional Supplemental Benefits Description(s)	20% - 50% cost share Our plan pays up to $1,000 every year for comprehensive dental services. Dental services must be performed by Aetna Dental PPO Network.	20% - 50% cost share Our plan pays up to $2,000 every year for comprehensive dental services. Aetna Dental PPO Network	Not applicable	Not applicable	20% - 50% cost share Our plan pays up to $2,000 every year for comprehensive dental services. Aetna Dental PPO Network	Not applicable	Not applicable

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Value Plan (HMO) H3312-072 Monthly plan premium: $0	Aetna Medicare Elite Plan (PPO) H5521-120 Monthly plan premium: $0	Aetna Medicare Elite Plan 3 (PPO) H5521-310 Monthly plan premium: $22	Aetna Medicare Discover Value Plan (PPO) H5521-312 Monthly plan premium: $35	Aetna Medicare Premier Plan (PPO) H5521-040 Monthly plan premium: $87	Aetna Medicare Platinum Plan (PPO) H5521-460 Monthly plan premium: $171	Aetna Medicare Eagle Plan (PPO) H5521-320 Monthly plan premium: $0
Rx formulary	B2	B2	B2	B2	B2	B3	No Part D benefit Cannot add a Part D plan

Prescription drugs (Retail/Mail Pharmacy)	**Aetna Medicare Value Plan (HMO)** H3312-072 **Monthly plan premium: $0**	**Aetna Medicare Elite Plan (PPO)** H5521-120 **Monthly plan premium: $0**	**Aetna Medicare Elite Plan 3 (PPO)** H5521-310 **Monthly plan premium: $22**	**Aetna Medicare Discover Value Plan (PPO)** H5521-312 **Monthly plan premium: $35**	**Aetna Medicare Premier Plan (PPO)** H5521-040 **Monthly plan premium: $87**	**Aetna Medicare Platinum Plan (PPO)** H5521-460 **Monthly plan premium: $171**	**Aetna Medicare Eagle Plan (PPO)** H5521-320 **Monthly plan premium: $0**
Rx deductible	$250 Does not apply to Tier 1, Tier 2 drugs.	$300 Does not apply to Tier 1, Tier 2 drugs.	$250 Does not apply to Tier 1, Tier 2 drugs.	$0	$150 Does not apply to Tier 1, Tier 2 drugs.	$250 Does not apply to Tier 1, Tier 2 drugs.	No Part D benefit Cannot add a Part D plan
Tier 1 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard $0 / $5 $0 / $15	Preferred/Standard $0 / $5 $0 / $15	Preferred/Standard $0 / $5 $0 / $15	Preferred/Standard $0 / $5 $0 / $15	Preferred/Standard $0 / $5 $0 / $15	Preferred/Standard $0 / $5 $0 / $15	No Part D benefit Cannot add a Part D plan
Tier 2 Drugs: • Retail: 30-day supply • Retail: 100-day supply • Mail: 100-day supply	Preferred/Standard $0 / $10 $0 / $30 $0 / $30	Preferred/Standard $5 / $10 $10 / $30 $0 / $30	Preferred/Standard $0 / $10 $0 / $30 $0 / $30	Preferred/Standard $0 / $10 $0 / $30 $0 / $30	Preferred/Standard $0 / $10 $0 / $30 $0 / $30	Preferred/Standard $10 / $10 $30 / $30 $10 / $30	No Part D benefit Cannot add a Part D plan
Tier 3 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 20% / 25% 20% / 25%	Preferred/Standard $47 / $47 $141 / $141	Preferred/Standard 20% / 25% 20% / 25%	Preferred/Standard 20% / 25% 20% / 25%	Preferred/Standard $47 / $47 $141 / $141	Preferred/Standard 20% / 25% 20% / 25%	No Part D benefit Cannot add a Part D plan
Tier 4 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 40% / 40% 40% / 40%	Preferred/Standard $100 / $100 $300 / $300	Preferred/Standard 40% / 40% 40% / 40%	Preferred/Standard 50% / 50% 50% / 50%	Preferred/Standard $100 / $100 $300 / $300	Preferred/Standard 50% / 50% 50% / 50%	No Part D benefit Cannot add a Part D plan
Tier 5 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 29% / 29% N/A	Preferred/Standard 28% / 28% N/A	Preferred/Standard 29% / 29% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 29% / 29% N/A	No Part D benefit Cannot add a Part D plan
Gap coverage	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	No Part D benefit Cannot add a Part D plan

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our DSNPs 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 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.

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Participating 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.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week). If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-570-6670 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-570-6670 (TTY: 711).

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