



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](https://www.aetna.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 Select Plan (HMO) H3312-074 Monthly plan premium: \$0
Service area	New York: Bronx, Kings, Nassau, New York, Queens, Westchester
Plan deductible	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$8,500
Hospital coverage	
Inpatient hospital care	\$350 per day, days 1-5; \$0 per day, days 6-90; \$0 copay for additional days. Our plan covers unlimited hospital days.
Outpatient hospital	\$35 - \$350 Lower cost sharing is for outpatient hospital services other than surgery.
Ambulatory surgery center (ASC)	\$300
Skilled nursing facility	\$0 per day, days 1-20; \$203 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Doctor visits	
Primary care physician (PCP)	\$0
PCP referrals	This plan doesn't require a referral to see a specialist.
Specialist	\$35
Emergency and urgent care	
Emergency care	\$100
Urgently needed services	\$50
Worldwide coverage (i.e., outside of the United States)	\$100 for emergency and urgent services worldwide.
Diagnostic testing	
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: \$35 Diagnostic radiology: \$250 - \$300 Lower cost sharing is for CT/CAT scans.
Lab services	\$0
Dental, vision and hearing (non-Medicare covered)	
Dental services	Our plan pays up to \$1,750 every year for preventive and comprehensive dental services combined. Dental services must be performed by Aetna Dental PPO Network.
Routine eye exam	\$0 (one exam every year)
Eyewear	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 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.
Hearing aids	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	\$30
Occupational therapy	\$30
Outpatient mental health therapy (individual)	\$30
Ambulance	
Ground ambulance (one-way trip)	\$255
Air ambulance (one-way trip)	\$255
Equipment and prosthetics	
Durable medical equipment	0% - 20% Lower cost sharing is for continuous glucose monitors.
Prosthetics	20%

Additional benefits	Aetna Medicare Value Select Plan (HMO) H3312-074 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	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.
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 (OTC) items	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.

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Value Select Plan (HMO) H3312-074 Monthly plan premium: \$0
Rx formulary	B2
Rx deductible	\$0
Tier 1 Drugs: <ul style="list-style-type: none">Retail: 30-day supplyRetail/Mail: 100-day supply	Preferred/Standard \$0 / \$5 \$0 / \$15
Tier 2 Drugs: <ul style="list-style-type: none">Retail: 30-day supplyRetail: 100-day supplyMail: 100-day supply	Preferred/Standard \$0 / \$10 \$0 / \$30 \$0 / \$30
Tier 3 Drugs: <ul style="list-style-type: none">Retail: 30-day supplyRetail/Mail: 100-day supply	Preferred/Standard 20% / 25% 20% / 25%
Tier 4 Drugs: <ul style="list-style-type: none">Retail: 30-day supplyRetail/Mail: 100-day supply	Preferred/Standard 50% / 50% 50% / 50%
Tier 5 Drugs: <ul style="list-style-type: none">Retail: 30-day supplyRetail/Mail: 100-day supply	Preferred/Standard 33% / 33% N/A
Gap coverage	Yes, Tier 1 & 2

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.

The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri, Rural North Dakota, 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 1-833-570-6670 (TTY: 711) or consult the online pharmacy directory at [AetnaMedicare.com/findpharmacy](https://www.aetnamedicare.com/findpharmacy).

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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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