



For more information, refer to the Evidence of Coverage, visit our website [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP) or call us at 1-833-874-8529 (TTY: 711). Your call may be answered by a licensed agent.

Members must use participating/network providers, pharmacies, and durable medical equipment (DME) suppliers. No referral is required to receive covered services by in-network providers. Members will be enrolled into Part D coverage under Aetna Assure Premier Plus (HMO D-SNP) and will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which they are currently enrolled. The enrollee will also be enrolled into Medicaid coverage under the plan, and will be disenrolled from any other Medicaid plan in which they are currently enrolled.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Assure Premier Plus (HMO D-SNP) H6399-001 Monthly plan premium: \$0
Dual Eligibles	FBDE QMB+
Service area	<b>New Jersey:</b> Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren
Plan deductible	\$0
<b>Hospital coverage</b>	
Inpatient hospital care	\$0 per stay
Outpatient hospital	\$0
Ambulatory surgery center (ASC)	\$0
Skilled nursing facility	\$0 per stay  Covered beyond Medicare 100 day limit.
<b>Doctor visits</b>	
Primary care provider (PCP)	\$0
PCP referrals	This plan doesn't require a referral to see a specialist.
Specialist	\$0
<b>Emergency and urgent care</b>	
Emergency care	\$0
Urgently needed care	\$0
Worldwide coverage (i.e., outside of the United States)	\$0 for emergency and urgent services worldwide.
<b>Diagnostic testing</b>	
X-rays and diagnostic radiology (e.g., CT scan, MRI)	\$0
Lab services	\$0
<b>Dental, vision and hearing (non-Medicare covered)</b>	
Dental services	\$0
Routine eye exam	\$0
Eyewear	\$0
Routine hearing exam	\$0
Hearing aids	\$0
<b>Therapy</b>	
Physical and speech therapy	\$0
Occupational therapy	\$0
Outpatient mental health therapy (individual)	\$0
<b>Ambulance</b>	
Ground ambulance (one-way trip)	\$0
Air ambulance (one-way trip)	\$0
<b>Other covered services</b>	
Acupuncture services (routine)	\$0
Chiropractic services (routine)	\$0
Foot care (routine)	\$0
Managed Long Term Services and Supports (MLTSS)	\$0

Additional benefits	Aetna Assure Premier Plus (HMO D-SNP) H6399-001 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.

Additional benefits	Aetna Assure Premier Plus (HMO D-SNP) H6399-001 Monthly plan premium: \$0
Special supplemental benefits	Aetna Assist Program - This plan offers additional benefits such as: <ul style="list-style-type: none"> <li>• Extra Supports Wallet - \$305 monthly allowance loaded on your Extra Benefits Card to help pay for healthy foods, OTC, personal care items, transportation, utilities and rent/mortgage assistance</li> <li>• Fall prevention - \$150 annual allowance for home and bathroom safety items such as a bathmat or nightlight (Note: This plan has a custom Fall Prevention item list due to state regulations)</li> </ul> <p style="text-align: center;">-----</p> <p style="text-align: center;">See the Evidence of Coverage for more information</p>
Fitness	Physical fitness program: Basic membership at any SilverSneakers® facility.
Meals	Up to 28 home-delivered meals over a 14-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter (OTC) items	See <b>Special supplemental benefits</b> row above for OTC details.
Personal emergency response system	Members are eligible for an alert system through LifeStation.

Prescription drugs (Retail Pharmacy)	Aetna Assure Premier Plus (HMO D-SNP) H6399-001 Monthly plan premium: \$0
Rx formulary	B2
Generic (including brand drugs treated as generic)	\$0
All other drugs	\$0
Over-the-counter (OTC drugs)	\$0
There may be limitations on the types of drugs covered.	

Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information.

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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.

Eligibility for the Model Benefit or Reward and Incentive (RI) Programs under the Value-Based Insurance Design (VBID) Model is not assured and will be determined by Aetna after enrollment, based on relevant criteria (e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program).

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-844-362-0934 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-362-0934 (TTY: 711).

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