



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.

The amount that a member pays for premiums, deductibles, copayments, and/or coinsurance may vary based on the level of Medicaid eligibility and "Extra Help" a member receives.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Assure Plus (HMO D-SNP) H1609-046 Monthly plan premium: \$0 or up to \$27.90	Aetna Medicare Assure Plus (HMO D-SNP) H1609-055 Monthly plan premium: \$0 or up to \$33.40
Dual Eligibles	FBDE QDWI QI QMB QMB+ SLMB SLMB+	FBDE QDWI QI QMB QMB+ SLMB SLMB+
Service area	Florida: Brevard, Lake, Orange, Osceola, Seminole, Sumter	Florida: Flagler, Volusia
Plan deductible	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$3,850 Depending on your Medicaid "Medicare Savings Program" eligibility category, Medicaid may pay your cost shares until you reach the Maximum Out of Pocket. Once you reach the limit, we will pay the full cost for plan covered services for the rest of the year.	\$3,850 Depending on your Medicaid "Medicare Savings Program" eligibility category, Medicaid may pay your cost shares until you reach the Maximum Out of Pocket. Once you reach the limit, we will pay the full cost for plan covered services for the rest of the year.
Hospital coverage		
Inpatient hospital care	\$0 per stay - \$50 per day, days 1-7; \$0 per day, days 8-90; \$0 copay for additional days. \$0 for QMB, QMB Plus, SLMB Plus, and FBDE members \$50 per day, days 1-7; \$0 per day, days 8-90 for SLMB, QI, and QDWI members Our plan covers unlimited hospital days.	\$0 per stay - \$75 per day, days 1-4; \$0 per day, days 5-90; \$0 copay for additional days. \$0 for QMB, QMB Plus, SLMB Plus, and FBDE members \$75 per day, days 1-4; \$0 per day, days 5-90 for SLMB, QI, and QDWI members Our plan covers unlimited hospital days.
Outpatient hospital	\$0	\$0
Ambulatory surgery center (ASC)	\$0	\$0
Skilled nursing facility	\$0 per stay Our plan covers up to 100 days per benefit period.	\$0 per stay Our plan covers up to 100 days per benefit period.
Doctor visits		
Primary care physician (PCP)	\$0	\$0
PCP referrals	Yes	Yes
Specialist	\$0	\$0
Emergency and urgent care		
Emergency care	\$0 - \$135 \$0 for QMB, QMB Plus, SLMB Plus, and FBDE members \$135 for SLMB, QI, and QDWI members	\$0 - \$135 \$0 for QMB, QMB Plus, SLMB Plus, and FBDE members \$135 for SLMB, QI, and QDWI members
Urgently needed services	\$0	\$0
Worldwide coverage (i.e., outside of the United States)	\$0 for emergency and urgent services worldwide.	\$0 for emergency and urgent services worldwide.
Diagnostic testing		
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: \$0 Diagnostic radiology: \$0	X-rays: \$0 Diagnostic radiology: \$0
Lab services	\$0	\$0
Dental, vision and hearing (non-Medicare covered)		
Dental services	\$0 for preventive and comprehensive dental services. Dental services must be performed by Liberty Dental.	\$0 for preventive and comprehensive dental services. Dental services must be performed by Liberty Dental.
Routine eye exam	\$0 (one exam every year)	\$0 (one exam every year)
Eyewear	Our plan pays up to \$400 every year for prescription eyewear. iCare Network	Our plan pays up to \$400 every year for prescription eyewear. iCare Network
Routine hearing exam	\$0 (one exam every year)	\$0 (one exam every year)

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	Appointments must be scheduled through NationsHearing.	Appointments must be scheduled through NationsHearing.
Hearing aids	Our plan pays up to \$2,500 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.	Our plan pays up to \$2,500 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.
Therapy		
Physical and speech therapy	\$0	\$0
Occupational therapy	\$0	\$0
Outpatient mental health therapy (individual)	\$0	\$0
Ambulance		
Ground ambulance (one-way trip)	\$0 - \$100 \$0 for QMB, QMB Plus, SLMB Plus, and FBDE members \$100 for SLMB, QI, and QDWI members	\$0 - \$200 \$0 for QMB, QMB Plus, SLMB Plus, and FBDE members \$200 for SLMB, QI, and QDWI members
Air ambulance (one-way trip)	\$0 - 20% \$0 for QMB, QMB Plus, SLMB Plus, and FBDE members 20% for SLMB, QI, and QDWI members	\$0 - 20% \$0 for QMB, QMB Plus, SLMB Plus, and FBDE members 20% for SLMB, QI, and QDWI members
Equipment and prosthetics		
Durable medical equipment	\$0	\$0
Prosthetics	\$0	\$0

Additional benefits	Aetna Medicare Assure Plus (HMO D-SNP) H1609-046 Monthly plan premium: \$0 or up to \$27.90	Aetna Medicare Assure Plus (HMO D-SNP) H1609-055 Monthly plan premium: \$0 or up to \$33.40
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.
Acupuncture services (additional)	\$0 (up to twenty visits every year through American Specialty Health)	\$0 (up to twenty four visits every year through American Specialty Health)
Chiropractic services (additional)	\$0 (up to twelve visits every year through Aetna)	\$0 (up to twelve visits every year through Aetna)
Special supplemental benefits	Aetna Assist Program - This plan offers additional benefits such as: <ul style="list-style-type: none"> • \$0 Medicare covered Part D Prescription Drugs • Extra Supports Wallet - \$270 monthly allowance loaded on your Extra Benefits Card to help pay for healthy foods, OTC, personal care items, pet care, transportation, utilities and rent/mortgage assistance • Fall prevention - \$150 annual allowance for home and bathroom safety items such as a bathmat or nightlight <p>----- See the Evidence of Coverage for more information</p>	Aetna Assist Program - This plan offers additional benefits such as: <ul style="list-style-type: none"> • \$0 Medicare covered Part D Prescription Drugs • Extra Supports Wallet - \$270 monthly allowance loaded on your Extra Benefits Card to help pay for healthy foods, OTC, personal care items, pet care, transportation, utilities and rent/mortgage assistance • Fall prevention - \$150 annual allowance for home and bathroom safety items such as a bathmat or nightlight <p>----- See the Evidence of Coverage for more information</p>
Fitness	Physical fitness program: Basic membership at any SilverSneakers® facility.	Physical fitness program: Basic membership at any SilverSneakers® facility.
Foot care (additional)	\$0 (up to twenty four visits every year)	\$0 (up to twenty four visits every year)
Meals	Up to 42 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.	Up to 42 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 Special supplemental benefits row above for OTC details.	See Special supplemental benefits row above for OTC details.
Personal emergency response system	Members are eligible for an alert system through LifeStation.	Members are eligible for an alert system through LifeStation.
Transportation	\$0 (unlimited one-way trips every year) through Access2Care.	\$0 (unlimited one-way trips every year) through Access2Care.

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Assure Plus (HMO D-SNP) H1609-046 Monthly plan premium: \$0 or up to \$27.90	Aetna Medicare Assure Plus (HMO D-SNP) H1609-055 Monthly plan premium: \$0 or up to \$33.40
Rx formulary	B5	B5
Rx deductible	\$0	\$0

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Generic (including brand drugs treated as generic)	\$0	\$0
All other covered drugs	\$0	\$0
Excluded drugs		
Tier 1 Drugs: <ul style="list-style-type: none"> • Retail: 30-day supply • Retail/Mail: 100-day supply 	Preferred/Standard \$5 / \$15 \$15 / \$45	Preferred/Standard \$5 / \$15 \$15 / \$45
Tier 2 Drugs: <ul style="list-style-type: none"> • Retail: 30-day supply • Retail/Mail: 100-day supply 	Preferred/Standard \$10 / \$20 \$30 / \$60	Preferred/Standard \$10 / \$20 \$30 / \$60

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.

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 1-866-409-1221 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-409-1221 (TTY: 711).

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