



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.

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 Advantra Cares (HMO D-SNP) H3959-035 Monthly plan premium: \$0
Dual Eligibles	FBDE QMB QMB+ SLMB+
Service area	Pennsylvania: Bucks, Chester, Delaware, Montgomery, Philadelphia
Plan deductible	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$8,850 So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.
Hospital coverage	
Inpatient hospital care	\$0 per stay
Outpatient hospital	\$0
Ambulatory surgery center (ASC)	\$0
Skilled nursing facility	\$0 per stay 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	\$0
Emergency and urgent care	
Emergency care	\$0
Urgently needed services	\$0
Worldwide coverage (i.e., outside of the United States)	\$0 for emergency and urgent services worldwide. \$50,000 maximum benefit.
Diagnostic testing	
X-rays and diagnostic radiology (e.g., CT scan, MRI)	\$0
Lab services	\$0
Dental, vision and hearing (non-Medicare covered)	
Dental services	Our plan pays up to \$6,000 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 pays up to \$500 every year for prescription eyewear. EyeMed Network
Routine hearing exam	\$0 (one exam every year) 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.
Therapy	
Physical and speech therapy	\$0
Occupational therapy	\$0
Outpatient mental health therapy (individual)	\$0
Ambulance	
Ground ambulance (one-way trip)	\$0
Air ambulance (one-way trip)	\$0
Equipment and prosthetics	
Durable medical equipment	\$0
Prosthetics	\$0

Additional benefits	Aetna Medicare Advantra Cares (HMO D-SNP) H3959-035 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.
Chiropractic services (additional)	\$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 - \$300 monthly allowance (rolls over each month) 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 style="text-align: center;">-----</p> Members who select a qualifying high value primary care provider may be eligible for: <ul style="list-style-type: none"> • High Value Provider Bonus - \$30 monthly allowance (rolls over each month) loaded on your Extra Benefits Card to help pay for healthy foods, OTC, personal care items, pet care, transportation, utilities and rent/mortgage assistance <p style="text-align: center;">-----</p> See the Evidence of Coverage for more information
Fitness	Physical fitness program: Basic membership at any SilverSneakers® facility. Memory fitness program: You are provided access to BrainHQ.
Foot care (additional)	\$0 (up to four visits every year)
In-home support services	If eligible, you will have up to 40 hours which will cover assistance with meal preparation, light housekeeping such as assistance with your bed, or small household tasks, assisting you to walk or move around, assisting you with personal care and hygiene, medication reminders and more.
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	See Special supplemental benefits row above for OTC details. You'll also be mailed two kits of preselected OTC items.
Personal emergency response system	Members are eligible for an alert system through LifeStation.
Transportation	\$0 (30 one-way trips every year) through Access2Care.

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Advantra Cares (HMO D-SNP) H3959-035 Monthly plan premium: \$0
Rx formulary	B2
Rx deductible	\$0
Generic (including brand drugs treated as generic)	\$0
All other drugs	\$0

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.

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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.

If your plan's Extra Benefits Card includes roll-over, any unused amount will rollover into the next month. The monthly amount can be rolled over through the end of the plan year but will not carry over into the next plan year.

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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