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 Elite 3 (HMO) H3152-088 Monthly plan premium: $0	Aetna Medicare Eagle (HMO) H3152-045 Monthly plan premium: $0	Aetna Medicare Premier (Regional PPO) R6694-006 Monthly plan premium: $111	Aetna Medicare Explorer Premier 2 (PPO) H5521-124 Monthly plan premium: $79	Aetna Medicare Bronze Plan (PPO) H5521-455 Monthly plan premium: $15	Aetna Medicare Platinum Plan (PPO) H5521-456 Monthly plan premium: $170
Service area	**New Jersey**: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren	**New Jersey**: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren	NJ Statewide	**New Jersey**: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem	**New Jersey**: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren	**New Jersey**: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren
Part B premium reduction	$0	$35	$0	$0	$0	$0
Plan deductible	$1,000* for certain in-network services.	$0	No in-network deductible. $1,000 for certain out-of-network services.	No in-network deductible. $1,000 for certain out-of-network services.	$0	$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	$8,500	$7,550	$7,550 for in-network services. $11,300 for in- and out-of-network services combined.	$7,550 for in-network services. $11,300 for in- and out-of-network services combined.	$4,300 for in-network services. $6,000 for in- and out-of-network services combined.	$3,600 for in-network services. $5,750 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	$335 per day, days 1-6; $0 per day, days 7-90 after plan deductible; $0 copay for additional days. Our plan covers unlimited hospital days.	$390 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.	$335 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.
Outpatient hospital	$40 - $395 after plan deductible Lower cost sharing is for outpatient hospital services other than surgery.	$35 - $350 Lower cost sharing is for outpatient hospital services other than surgery.	$50 - $375 Lower cost sharing is for outpatient hospital services other than surgery.	$35 - $300 Lower cost sharing is for outpatient hospital services other than surgery.	$35 - $350 Lower cost sharing is for outpatient hospital services other than surgery.	$0 - $300 Lower cost sharing is for outpatient hospital services other than surgery.
Ambulatory surgery center (ASC)	$300 after plan deductible	$300	$375	$250	$300	$200
Skilled nursing facility	$0 per day, days 1-20; $203 per day, days 21-100 after plan deductible	$0 per day, days 1-20; $203 per day, days 21-100 Our plan covers up to 100 days	$0 per day, days 1-20; $203 per day, days 21-100 Our plan covers up to 100 days	$0 per day, days 1-20; $203 per day, days 21-100 Our plan covers up to 100 days	$0 per day, days 1-20; $203 per day, days 21-100 Our plan covers up to 100 days	$0 per day, days 1-20; $180 per day, days 21-100 Our plan covers up to 100 days

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Elite 3 (HMO) H3152-088 Monthly plan premium: $0	Aetna Medicare Eagle (HMO) H3152-045 Monthly plan premium: $0	Aetna Medicare Premier (Regional PPO) R6694-006 Monthly plan premium: $111	Aetna Medicare Explorer Premier 2 (PPO) H5521-124 Monthly plan premium: $79	Aetna Medicare Bronze Plan (PPO) H5521-455 Monthly plan premium: $15	Aetna Medicare Platinum Plan (PPO) H5521-456 Monthly plan premium: $170
	Our plan covers up to 100 days per benefit period.	per benefit period.	per benefit period.	per benefit period.	per benefit period.	per benefit period.
Doctor visits						
Primary care physician (PCP)	$10	$0	$15	$0	$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.
Specialist	$40	$35	$50	$35	$35	$0
Emergency and urgent care						
Emergency care	$100	$100	$100	$100	$100	$45
Urgently needed services	$55	$55	$55	$55	$0	$30
Worldwide coverage (i.e., outside of the United States)	$100 for emergency and urgent services worldwide.	$100 for emergency and urgent services worldwide.	$100 for emergency and urgent services worldwide.	$100 for emergency and urgent services worldwide.	$100 for emergency and urgent services worldwide.	$45 for emergency and urgent services worldwide.
Diagnostic testing						
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: $40 Diagnostic radiology: $250 - $300 Lower cost sharing is for CT/CAT scans.	X-rays: $35 Diagnostic radiology: $250 - $300 Lower cost sharing is for CT/CAT scans.	X-rays: $50 Diagnostic radiology: $150 - $300 Lower cost sharing is for CT/CAT scans.	X-rays: $35 Diagnostic radiology: $250	X-rays: $35 Diagnostic radiology: $200 - $250 Lower cost sharing is for CT/CAT scans.	X-rays: $0 Diagnostic radiology: $100 - $150 Lower cost sharing is for CT/CAT scans.
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.	Our plan will reimburse you up to $2,000** per year for preventive and comprehensive dental services combined. You may see any provider licensed in the U.S. or U.S. territories.	$0 for preventive services. Comprehensive services are covered under optional supplemental benefits. 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
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)
Eyewear	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 see an EyeMed provider.	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 see an EyeMed provider.	Our plan will reimburse you up to $150** every year for prescription eyewear. You can see any licensed U.S. provider. Discounts may be available when you see an EyeMed provider.	Our plan will reimburse you up to $300** every year for prescription eyewear. You can see any licensed U.S. provider. Discounts may be available when you see an EyeMed provider.	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 see an EyeMed provider.	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 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)	$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)

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Elite 3 (HMO) H3152-088 Monthly plan premium: $0	Aetna Medicare Eagle (HMO) H3152-045 Monthly plan premium: $0	Aetna Medicare Premier (Regional PPO) R6694-006 Monthly plan premium: $111	Aetna Medicare Explorer Premier 2 (PPO) H5521-124 Monthly plan premium: $79	Aetna Medicare Bronze Plan (PPO) H5521-455 Monthly plan premium: $15	Aetna Medicare Platinum Plan (PPO) H5521-456 Monthly plan premium: $170
	Appointments must be scheduled through NationsHearing.	Appointments must be scheduled through NationsHearing.	Appointments should be scheduled through NationsHearing.	Appointments should be scheduled through NationsHearing.	Appointments should be scheduled through NationsHearing.	Appointments should 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.	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 $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.
Therapy						
Physical and speech therapy	$40	$25	$40	$20	$25	$0
Occupational therapy	$40	$25	$40	$20	$25	$0
Outpatient mental health therapy (individual)	$40	$40	$40	$40	$40	$0
Ambulance						
Ground ambulance (one-way trip)	$300	$300	$300	$295	$300	$300
Air ambulance (one-way trip)	$300	$300	$300	$295	$300	$300
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.
Prosthetics	20%	20%	20%	20%	20%	20%

Additional benefits	Aetna Medicare Elite 3 (HMO) H3152-088 Monthly plan premium: $0	Aetna Medicare Eagle (HMO) H3152-045 Monthly plan premium: $0	Aetna Medicare Premier (Regional PPO) R6694-006 Monthly plan premium: $111	Aetna Medicare Explorer Premier 2 (PPO) H5521-124 Monthly plan premium: $79	Aetna Medicare Bronze Plan (PPO) H5521-455 Monthly plan premium: $15	Aetna Medicare Platinum Plan (PPO) H5521-456 Monthly plan premium: $170
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.

Additional benefits	**Aetna Medicare Elite 3 (HMO)** H3152-088 **Monthly plan premium: $0**	**Aetna Medicare Eagle (HMO)** H3152-045 **Monthly plan premium: $0**	**Aetna Medicare Premier (Regional PPO)** R6694-006 **Monthly plan premium: $111**	**Aetna Medicare Explorer Premier 2 (PPO)** H5521-124 **Monthly plan premium: $79**	**Aetna Medicare Bronze Plan (PPO)** H5521-455 **Monthly plan premium: $15**	**Aetna Medicare Platinum Plan (PPO)** H5521-456 **Monthly plan premium: $170**
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	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
Fitness	Physical fitness program: Basic membership at any SilverSneakers® facility. Our plan will reimburse you up to $800 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.	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.
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.
Over-the-counter (OTC) items	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.	Not covered	Not covered	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.	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.
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.	Not covered	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 Elite 3 (HMO)** H3152-088 **Monthly plan premium: $0**	**Aetna Medicare Eagle (HMO)** H3152-045 **Monthly plan premium: $0**	**Aetna Medicare Premier (Regional PPO)** R6694-006 **Monthly plan premium: $111**	**Aetna Medicare Explorer Premier 2 (PPO)** H5521-124 **Monthly plan premium: $79**	**Aetna Medicare Bronze Plan (PPO)** H5521-455 **Monthly plan premium: $15**	**Aetna Medicare Platinum Plan (PPO)** H5521-456 **Monthly plan premium: $170**
Option 1 (Beyond Original Medicare coverage)	$18 monthly premium Deluxe Comprehensive Dental Package	Not applicable	$22 monthly premium Deluxe Comprehensive Dental Package	$22 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.	Not applicable	20% - 50% cost share Our plan pays up to $1,000 every year for comprehensive dental services. Aetna Dental PPO Network	20% - 50% cost share Our plan pays up to $1,000 every year for comprehensive dental services. Aetna Dental PPO Network	Not applicable	Not applicable

Prescription drugs (Retail/Mail Pharmacy)	**Aetna Medicare Elite 3 (HMO)** H3152-088 **Monthly plan premium: $0**	**Aetna Medicare Eagle (HMO)** H3152-045 **Monthly plan premium: $0**	**Aetna Medicare Premier (Regional PPO)** R6694-006 **Monthly plan premium: $111**	**Aetna Medicare Explorer Premier 2 (PPO)** H5521-124 **Monthly plan premium: $79**	**Aetna Medicare Bronze Plan (PPO)** H5521-455 **Monthly plan premium: $15**	**Aetna Medicare Platinum Plan (PPO)** H5521-456 **Monthly plan premium: $170**
Rx formulary	B2	No Part D benefit Cannot add a Part D plan	B2	B2	B3	B3
Rx deductible	$300 Does not apply to Tier 1, Tier 2 drugs.	No Part D benefit Cannot add a Part D plan	$300 Does not apply to Tier 1, Tier 2 drugs.	$150 Does not apply to Tier 1, Tier 2 drugs.	$250 Does not apply to Tier 1, Tier 2 drugs.	$0
Tier 1 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard $0 / $5 $0 / $15	No Part D benefit Cannot add a Part D plan	Preferred/Standard $0 / $5 $0 / $15	Preferred/Standard $0 / $5 $0 / $15	Preferred/Standard $0 / $5 $0 / $15	Preferred/Standard $0 / $5 $0 / $15
Tier 2 Drugs: • Retail: 30-day supply • Retail: 100-day supply • Mail: 100-day supply	Preferred/Standard $5 / $10 $10 / $30 $0 / $30	No Part D benefit Cannot add a Part D plan	Preferred/Standard $5 / $10 $10 / $30 $0 / $30	Preferred/Standard $0 / $10 $0 / $30 $0 / $30	Preferred/Standard $10 / $10 $30 / $30 $10 / $30	Preferred/Standard $10 / $10 $30 / $30 $10 / $30
Tier 3 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard $47 / $47 $141 / $141	No Part D benefit Cannot add a Part D plan	Preferred/Standard $47 / $47 $141 / $141	Preferred/Standard $47 / $47 $141 / $141	Preferred/Standard 20% / 25% 20% / 25%	Preferred/Standard 20% / 25% 20% / 25%

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Elite 3 (HMO) H3152-088 Monthly plan premium: $0	Aetna Medicare Eagle (HMO) H3152-045 Monthly plan premium: $0	Aetna Medicare Premier (Regional PPO) R6694-006 Monthly plan premium: $111	Aetna Medicare Explorer Premier 2 (PPO) H5521-124 Monthly plan premium: $79	Aetna Medicare Bronze Plan (PPO) H5521-455 Monthly plan premium: $15	Aetna Medicare Platinum Plan (PPO) H5521-456 Monthly plan premium: $170
Tier 4 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard $100 / $100 $300 / $300	No Part D benefit Cannot add a Part D plan	Preferred/Standard $100 / $100 $300 / $300	Preferred/Standard $100 / $100 $300 / $300	Preferred/Standard 50% / 50% 50% / 50%	Preferred/Standard 50% / 50% 50% / 50%
Tier 5 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 28% / 28% N/A	No Part D benefit Cannot add a Part D plan	Preferred/Standard 28% / 28% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 29% / 29% N/A	Preferred/Standard 33% / 33% N/A
Gap coverage	Yes, Tier 1 & 2	No Part D benefit Cannot add a Part D plan	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	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.

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.

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.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.

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).

© 2023 Aetna Inc.

Y0001_35400_2024_M NJ05