



# 2023 Plan Guide

## NC-TRIANGLE-EASTERN-SANDHILLS

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information about these plans, refer to the Summary of Benefits, visit our website [AetnaMedicare.com](https://www.aetna.com/medicare) 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 Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$7	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0
Service area	NC-Durham, Johnston, Orange, Person, Wake	NC-Durham, Wake	NC-Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Cherokee, Clay, Cleveland, Craven, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Graham, Granville, Greene, Guilford, Halifax, Haywood, Henderson, Iredell, Jackson, Johnston, Jones, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Nash, Northampton, Orange, Pamlico, Person, Pitt, Polk, Randolph, Rockingham, Rowan, Rutherford, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Warren, Wayne, Wilkes, Wilson, Yadkin, Yancey	NC-Beaufort, Bertie, Bladen, Brunswick, Columbus, Craven, Duplin, Edgecombe, Franklin, Granville, Greene, Halifax, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pender, Pitt, Robeson, Sampson, Scotland, Vance, Warren, Wayne, Wilson	NC-Alamance, Beaufort, Bertie, Bladen, Brunswick, Caswell, Chatham, Columbus, Craven, Cumberland, Duplin, Edgecombe, Franklin, Granville, Greene, Halifax, Harnett, Hoke, Johnston, Jones, Lee, Lenoir, Martin, Montgomery, Moore, Nash, Northampton, Orange, Pamlico, Pender, Person, Pitt, Richmond, Robeson, Sampson, Scotland, Vance, Warren, Wayne, Wilson	NC-Alamance, Alexander, Caldwell, Caswell, Catawba, Chatham, Cumberland, Davidson, Davie, Forsyth, Guilford, Harnett, Hoke, Iredell, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Stokes	NC-Bladen, Brunswick, Chatham, Columbus, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, Pender, Richmond, Robeson, Sampson, Scotland	NC-Alamance, Alexander, Anson, Burke, Cabarrus, Caldwell, Caswell, Catawba, Cleveland, Cumberland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Johnston, Lincoln, McDowell, Mecklenburg, Orange, Person, Randolph, Rockingham, Rowan, Stanly, Stokes, Union, Yadkin
Part B premium reduction	\$0	\$30	\$0	\$0	\$35	\$0	\$0	\$0

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Plan deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$4,950 for in-network services.	\$6,800 for in-network services. \$11,300 for in- and out-of-network services combined.	\$5,500	\$6,800 for in-network services. \$11,300 for in- and out-of-network services combined.	\$7,500 for in-network services. \$11,300 for in- and out-of-network services combined.	\$4,500 for in-network services. \$8,950 for in- and out-of-network services combined.	\$4,950 for in-network services. \$8,950 for in- and out-of-network services combined.	\$5,900 for in-network services. \$8,950 for in- and out-of-network services combined.
<b>Hospital coverage</b>								
Inpatient hospital care	\$325 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$390 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$250 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$390 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$400 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$295 per day, days 1-6; \$0 per day, days 7-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$350 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$375 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.
Outpatient hospital	\$25 - \$325 Lower cost sharing is for outpatient hospital services other than surgery.	\$40 - \$275 Lower cost sharing is for outpatient hospital services other than surgery.	\$20 - \$250 Lower cost sharing is for outpatient hospital services other than surgery.	\$40 - \$225 Lower cost sharing is for outpatient hospital services other than surgery.	\$45 - \$350 Lower cost sharing is for outpatient hospital services other than surgery.	\$25 - \$200 Lower cost sharing is for outpatient hospital services other than surgery.	\$35 - \$275 Lower cost sharing is for outpatient hospital services other than surgery.	\$35 - \$350 Lower cost sharing is for outpatient hospital services other than surgery.
Ambulatory surgery center (ASC)	\$255	\$275	\$200	\$225	\$350	\$200	\$275	\$350
Skilled nursing facility	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.
<b>Doctor visits</b>								
Primary care physician (PCP)	\$0	\$0	\$0	\$0	\$0	\$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.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.
Specialist	\$25	\$40	\$20	\$40	\$45	\$25	\$35	\$35
<b>Emergency and urgent care</b>								
Emergency care	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90

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Urgently needed services	\$0 - \$25 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$40 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$20 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$40 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$45 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$25 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$35 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$35 Lower cost sharing is for services provided by your primary care physician in their office.
Worldwide coverage (i.e., outside of the United States)	\$90 for emergency and urgent services worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent services worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent services worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent services worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent services worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent services worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent services worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent services worldwide. \$250,000 maximum benefit.
<b>Diagnostic testing</b>								
X-rays and diagnostic radiology (e.g., CT Scan, MRI)	X-rays: \$14  Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14  Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14  Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14  Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14  Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14  Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14  Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$14  Diagnostic radiology: \$0 - \$120 Lower cost sharing is for services provided by your primary care physician in their office.
Lab services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Dental, vision and hearing (non-Medicare covered)</b>								
Dental services	\$1,500 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined.  Aetna Dental PPO Network	\$1,400 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined.  Aetna Dental PPO Network	\$2,500 maximum benefit every year for preventive and comprehensive dental combined.  Aetna Dental PPO Network	\$2,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined.  Aetna Dental PPO Network	\$1,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined.  Aetna Dental PPO Network	\$1,500 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined.  Aetna Dental PPO Network	\$3,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined.  Aetna Dental PPO Network	\$1,400 maximum benefit in- and out-of-network every year for preventive and comprehensive dental 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)	\$0 (one exam every year)	\$0 (one exam every year)
Eyewear	\$250 reimbursement** every year.  You can see any licensed U.S. provider. Discounts may be available when seeing an EyeMed provider.	\$200 reimbursement** every year.  You can see any licensed U.S. provider. Discounts may be available when seeing an EyeMed provider.	\$300 reimbursement** every year.  You can see any licensed U.S. provider. Discounts may be available when seeing an EyeMed provider.	\$210 reimbursement** every year.  You can see any licensed U.S. provider. Discounts may be available when seeing an EyeMed provider.	\$130 reimbursement** every year.  You can see any licensed U.S. provider. Discounts may be available when seeing an EyeMed provider.	\$135 reimbursement** every year.  You can see any licensed U.S. provider. Discounts may be available when seeing an EyeMed provider.	\$300 reimbursement** every year.  You can see any licensed U.S. provider. Discounts may be available when seeing an EyeMed provider.	\$150 reimbursement** every year.  You can see any licensed U.S. provider. Discounts may be available when seeing an EyeMed provider.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$7	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0
Routine hearing exam	\$0 (one exam every year)  All appointments must be scheduled through NationsHearing.	\$0 (one exam every year)	\$0 (one exam every year)  All appointments must be scheduled through NationsHearing.	\$0 (one exam every year)  All appointments should be scheduled through NationsHearing.	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)  All appointments should be scheduled through NationsHearing.	\$0 (one exam every year)
Hearing aids	\$0 copay with a \$1,250 (per ear) maximum benefit every year.  All hearing aids must be purchased through NationsHearing.	Not covered	\$0 copay with a \$1,250 (per ear) maximum benefit every year.  All hearing aids must be purchased through NationsHearing.	\$0 copay with a \$1,250 (per ear) maximum benefit every year.  All hearing aids must be purchased through NationsHearing.	Not covered	Not covered	\$0 copay with a \$1,250 (per ear) maximum benefit every year.  All hearing aids must be purchased through NationsHearing.	Not covered
<b>**Member pays the provider upfront and we pay the member back. Plan coverage rules apply.</b>								
<b>Therapy</b>								
Physical and speech therapy	\$25	\$35	\$20	\$35	\$35	\$35	\$35	\$35
Occupational therapy	\$25	\$35	\$20	\$35	\$35	\$35	\$35	\$35
Outpatient mental health therapy (individual)	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
<b>Ambulance</b>								
Ground ambulance (one-way trip)	\$260	\$250	\$260	\$260	\$260	\$260	\$260	\$260
Air ambulance (one-way trip)	\$260	\$250	\$260	\$260	\$260	\$260	\$260	\$260
<b>Equipment and prosthetics</b>								
Durable medical equipment	20%	20%	20%	20%	20%	20%	20%	20%
Prosthetics	20%	20%	20%	20%	20%	20%	20%	20%



Additional benefits	Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$7	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 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.	\$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.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Extra Benefits	Members with hypertension may be eligible for: • Blood pressure monitor • Transportation  Members with hyperlipidemia may be eligible for: • Transportation  See the Evidence of Coverage for more information	Not covered	Members with Low Income Subsidy (also known as “Extra Help”) may be eligible for: • \$0 Part D drugs • Extra Benefits Card with quarterly allowance of \$120 to help pay for healthy foods  Members with hypertension may be eligible for: • Blood pressure monitor • Transportation  Members with hyperlipidemia may be eligible for: • Transportation  See the Evidence of Coverage for more information	Not covered	Not covered	Not covered	Members with Low Income Subsidy (also known as “Extra Help”) may be eligible for: • \$0 Part D drugs • Extra Benefits Card with quarterly allowance of \$120 to help pay for healthy foods  See the Evidence of Coverage for more information	Not covered
Fitness	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.

<b>Additional benefits</b>	<b>Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0</b>	<b>Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0</b>	<b>Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$7</b>	<b>Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0</b>	<b>Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0</b>	<b>Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0</b>	<b>Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18</b>	<b>Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0</b>
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.	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 items (OTC)	\$75 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$45 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$105 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$105 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$75 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$75 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$150 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$45 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.
Transportation	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	\$0 (24 one-way trips every year)	Not covered
Visitor/travel benefit	Not covered	Explorer program: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Not covered	Explorer program: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer program: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer program: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer program: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer program: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.

<b>Prescription drugs (Retail/Mail Pharmacy)</b>	<b>Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0</b>	<b>Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0</b>	<b>Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$7</b>	<b>Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0</b>	<b>Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0</b>	<b>Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0</b>	<b>Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18</b>	<b>Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0</b>
Rx deductible	\$0	\$150	\$95	\$0	\$200	\$0	\$150	\$150
		Does not apply to Tier 1, Tier 2 drugs.	Does not apply to Tier 1, Tier 2, Tier 3 drugs.		Does not apply to Tier 1, Tier 2 drugs.		Does not apply to Tier 1, Tier 2, Tier 3 drugs.	Does not apply to Tier 1, Tier 2, Tier 3 drugs.
Tier 1 Drugs:	Preferred/Standard	Preferred/Standard	Preferred/Standard	Preferred/Standard	Preferred/Standard	Preferred/Standard	Preferred/Standard	Preferred/Standard
<ul style="list-style-type: none"> <li>Retail: 30-day supply</li> <li>Retail/Mail: 100-day supply</li> </ul>	\$0 / \$5 \$0 / \$15	\$0 / \$15 \$0 / \$45	\$0 / \$15 \$0 / \$45	\$0 / \$3 \$0 / \$9	\$0 / \$15 \$0 / \$45	\$0 / \$3 \$0 / \$9	\$0 / \$15 \$0 / \$45	\$0 / \$15 \$0 / \$45

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$7	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0
Tier 2 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$5 / \$10 \$0 / \$30	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$5 / \$20 \$15 / \$60	Preferred/Standard \$5 / \$7 \$0 / \$21	Preferred/Standard \$10 / \$20 \$25 / \$60	Preferred/Standard \$5 / \$7 \$0 / \$21	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60
Tier 3 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141
Tier 4 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300
Tier 5 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 33% / 33% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 31% / 31% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 29% / 29% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 30% / 30% N/A
Gap coverage	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	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. 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, including the cost-sharing that applies to out-of-network services.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri 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 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at [AetnaMedicare.com/findpharmacy](https://www.aetnamedicare.com/findpharmacy).

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. Participating physicians, hospitals and other 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.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-810-6150 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-810-6150 (TTY: 711).

