



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 (HMO D-SNP) H3312-069 Monthly plan premium: \$0
Dual Eligibles	FBDE QMB+
Service area	New York: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester
Plan deductible	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$9,350 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 Our plan covers unlimited hospital days.
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 provider (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.
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	\$0 for preventive and comprehensive services. You must use the Liberty Dental network.
Routine eye exam	\$0 (one exam every year)
Contacts and eyeglasses	Our plan pays \$290 every year for prescription eyewear. You must use the EyeMed network.
Routine hearing exam	\$0 (one exam every year) Appointments must be scheduled through NationsHearing.
Hearing aids	Every year, you have a \$0 - \$1,700 copay. (Copay may vary based on technology; see Summary of Benefits for more details.) 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 Assure (HMO D-SNP) H3312-069 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.
Acupuncture services (additional)	\$0 (up to twelve visits every year)
Over-the-counter (OTC)	See Special supplemental benefits row for OTC details.
Chiropractic services (additional)	\$0 (up to twelve visits every year)
Special supplemental benefits	<p>This plan offers additional benefits such as: Aetna Assist Program (AAP)</p> <ul style="list-style-type: none"> Extra Supports Wallet - \$165 monthly allowance loaded on your Aetna Medicare Extra Benefits Card to help pay for certain healthy foods, over-the-counter (OTC) health and wellness products, transportation, utilities, and personal care products. \$0 covered Part D Prescription Drugs through the Aetna Rx Cost Support Program <p>Members who select a qualifying high value primary care provider may be eligible for: Aetna High Value Provider Incentive Program (HVPIP)</p> <ul style="list-style-type: none"> High Value Provider Bonus - \$50 monthly allowance loaded on your Extra Benefits Card. <p>See the <i>Evidence of Coverage</i> for more information.</p>
Fitness	Physical fitness program: Basic membership at any SilverSneakers® facility.
Foot care (additional)	\$0 (up to four visits every year)
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.

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Assure (HMO D-SNP) H3312-069 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.

The formulary may change at any time. You will receive notice when necessary.

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.

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](tel: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](tel:1-866-409-1221)).

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

REQUIRED DISCLAIMER:

If a TPMO does not sell for all MA organizations in the service area the disclaimer consists of the statement:

We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact [Medicare.gov](#), 1-800-MEDICARE, or your local State Health Insurance Program to get information on all of your options.

If the TPMO sells for all MA organizations in the service area the disclaimer consists of the statement:

Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact [Medicare.gov](#), 1-800-MEDICARE, or your local State Health Insurance Program for help with plan choices.

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