



2025 Plan Guide

VALUE-SELECT

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 Value Select (HMO) H3312-074 Monthly plan premium: \$0
Service area	New York: Bronx, Kings, Nassau, New York, Queens, Westchester
Plan deductible	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$9,350
Hospital coverage	
Inpatient hospital care	\$399 per day, days 1-6; \$0 per day, days 7-90; \$0 copay for additional days. Our plan covers unlimited hospital days.
Outpatient hospital	\$45 - \$390 copay \$45 copay for outpatient hospital services other than surgery \$390 copay for each outpatient hospital surgery
Ambulatory surgery center (ASC)	\$325
Skilled nursing facility	\$0 per day, days 1-20; \$214 per day, days 21-100 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	\$45
Emergency and urgent care	
Emergency care	\$110
Urgently needed services	\$45
Worldwide coverage (i.e., outside of the United States)	\$110 for emergency and urgent services worldwide.
Diagnostic testing	
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: \$45 Diagnostic radiology: \$250 - \$300 Lower cost sharing is for CT/CAT scans.
Lab services	\$5 You'll pay \$0 for certain lab services.
Dental, vision and hearing (non-Medicare covered)	
Dental services	Our plan pays \$1,500 every year for in-network preventive and comprehensive dental services combined. You must use the Aetna Dental PPO Network.
Routine eye exam	\$0 (one exam every year)
Contacts and eyeglasses	Our plan will reimburse you \$165** 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) 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	\$35
Occupational therapy	\$30
Outpatient mental health therapy (individual)	\$45
Ambulance	
Ground ambulance (one-way trip)	\$300
Air ambulance (one-way trip)	\$300
Equipment and prosthetics	
Durable medical equipment	0% - 20% Lower cost sharing is for continuous glucose monitors.
Prosthetics	20%

Additional benefits	Aetna Medicare Value Select (HMO) H3312-074 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.
Aetna Medicare Extra Benefits Card	CVS Over-the-counter (OTC) Wallet \$45 quarterly benefit amount (allowance) on the Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products including allergy medicine, pain relievers, first aid supplies, and more.
Special supplemental benefits	Members with certain chronic conditions may be eligible for: Aetna Extra Supports Wallet (ESW) <ul style="list-style-type: none"> Extra Supports Wallet - \$25 quarterly allowance loaded on your Extra Benefits Card to help pay for certain healthy foods, over-the-counter (OTC) health and wellness products, transportation, utilities, and personal care products.*** Members with certain chronic conditions may be eligible for: Aetna High Value Provider Incentive Program (HVPIP) - Members who select a qualifying high value primary care provider may be eligible for: <ul style="list-style-type: none"> \$10 copay for specialists including podiatry \$0 copay for behavioral health \$0 copay for diagnostic stress tests and echocardiograms High Value Provider Bonus - \$75 quarterly allowance loaded on your Extra Benefits Card.*** See the <i>Evidence of Coverage</i> for more information.
*** The benefit(s) mentioned are part of a special supplemental program for the chronically ill. Eligibility is determined by whether you have a chronic condition associated with this benefit. Standards may vary for each benefit. Conditions include Hypertension, Hyperlipidemia, Diabetes, Cardiovascular Disorders, Cancer. Other eligible conditions may apply. Contact us to confirm your eligibility for these benefits.	
Fitness	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.
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.

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Value Select (HMO) H3312-074 Monthly plan premium: \$0
Rx formulary	B2
Rx deductible	\$590 Does not apply to Tier 1, Tier 2 drugs.
Tier 1 Drugs: <ul style="list-style-type: none"> Retail: 30-day supply Retail/Mail: 100-day supply 	Preferred/Standard \$0 / \$2 \$0 / \$6
Tier 2 Drugs: <ul style="list-style-type: none"> Retail: 30-day supply Retail: 100-day supply Mail: 100-day supply 	Preferred/Standard \$0 / \$12 \$0 / \$36 \$0 / \$36
Tier 3 Drugs: <ul style="list-style-type: none"> Retail: 30-day supply Retail/Mail: 100-day supply 	Preferred/Standard 24% / 24% 24% / 24%
Tier 4 Drugs: <ul style="list-style-type: none"> Retail: 30-day supply Retail/Mail: 100-day supply 	Preferred/Standard 25% / 25% 25% / 25%
Tier 5 Drugs: <ul style="list-style-type: none"> Retail: 30-day supply Retail/Mail: 100-day supply 	Preferred/Standard 25% / 25% N/A
Out-of-Pocket Threshold	\$2,000
Catastrophic coverage: <ul style="list-style-type: none"> Generic and Brand Name 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.

Aetna is part of the CVS Health® family of companies.

The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in Suburban Arizona, Rural California, 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, members please call the number on your ID card, non-members please call 1-833-859-6031 (TTY: [711](tel:711)) or consult the online pharmacy directory at 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](tel:18774862048)), 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](tel:711)).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-570-6670 (TTY: [711](tel:711)).

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](https://www.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](https://www.Medicare.gov), 1-800-MEDICARE, or your local State Health Insurance Program for help with plan choices.

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