2025 Plan Guide

WESTCHESTER-ROCKLAND

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 (PPO) H5521-120 Monthly plan premium: $0	Aetna Medicare Value (HMO) H3312-018 Monthly plan premium: $49	Aetna Medicare Premier (PPO) H5521-121 Monthly plan premium: $46	Aetna Medicare Eagle (PPO) H5521-320 Monthly plan premium: $0
Service area	**New York**: Bronx, Kings, Nassau, Queens, Rockland, Suffolk, Westchester	**New York**: Rockland, Westchester	**New York**: Bronx, Rockland, Westchester	**New York**: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester
Part B premium reduction	$0	$0	$0	$55
Plan deductible	$1,000* for certain in-network and out-of-network services combined.	$0	$0	$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	$9,350 for in-network services. $14,000 for in- and out-of-network services combined.	$9,350	$9,350 for in-network services. $14,000 for in- and out-of-network services combined.	$8,900 for in-network services. $14,000 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	$850 per stay after plan deductible Our plan covers unlimited hospital days.	$375 per day, days 1-6; $0 per day, days 7-90; $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.	$395 per day, days 1-6; $0 per day, days 7-90; $0 copay for additional days. Our plan covers unlimited hospital days.
Outpatient hospital	$35 - $395 copay after plan deductible $35 copay for outpatient hospital services other than surgery $395 copay for each outpatient hospital surgery	$35 - $395 copay $35 copay for outpatient hospital services other than surgery $395 copay for each outpatient hospital surgery	$40 - $395 copay $40 copay for outpatient hospital services other than surgery $395 copay for each outpatient hospital surgery	$35 - $500 copay $35 copay for outpatient hospital services other than surgery $500 copay for each outpatient hospital surgery
Ambulatory surgery center (ASC)	$250 after plan deductible	$300	$300	$300
Skilled nursing facility	$0 per day, days 1-20; $214 per day, days 21-100 after plan deductible Our plan covers up to 100 days per benefit period.	$0 per day, days 1-20; $214 per day, days 21-100 Our plan covers up to 100 days per benefit period.	$0 per day, days 1-20; $150 per day, days 21-100 Our plan covers up to 100 days per benefit period.	$0 per day, days 1-20; $180 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Doctor visits				
Primary care provider (PCP)	$0	$5	$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.
Specialist	$35	$35	$40	$35
Emergency and urgent care				
Emergency care	$110	$110	$110	$100
Urgently needed services	$45	$45	$45	$45

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Elite (PPO) H5521-120 Monthly plan premium: $0	Aetna Medicare Value (HMO) H3312-018 Monthly plan premium: $49	Aetna Medicare Premier (PPO) H5521-121 Monthly plan premium: $46	Aetna Medicare Eagle (PPO) H5521-320 Monthly plan premium: $0
Worldwide coverage (i.e., outside of the United States)	$110 for emergency and urgent services worldwide.	$110 for emergency and urgent services worldwide.	$110 for emergency and urgent services worldwide.	$100 for emergency and urgent services worldwide.
Diagnostic testing				
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: $35 Diagnostic radiology: $200 - $300 Lower cost sharing is for CT/CAT scans.	X-rays: $35 Diagnostic radiology: $200 - $250 Lower cost sharing is for CT/CAT scans.	X-rays: $40 Diagnostic radiology: $200 - $350 Lower cost sharing is for CT/CAT scans.	X-rays: $35 Diagnostic radiology: $300 - $350 Lower cost sharing is for CT/CAT scans.
Lab services	$0	$5 You'll pay $0 for certain lab services.	$0	$0
Dental, vision and hearing (non-Medicare covered)				
Dental services	$0 for preventive services. Comprehensive services are covered under optional supplemental benefits. Aetna Dental PPO Network	Our plan pays $750 every year for in-network preventive and comprehensive dental services combined. You must use the Aetna Dental PPO Network.	$0 for preventive services. Comprehensive services are covered under optional supplemental benefits. Aetna Dental PPO Network	Our plan pays $1,500 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)
Contacts and eyeglasses	Our plan will reimburse you $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 $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 $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 $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) Appointments should be scheduled through NationsHearing.	$0 (one exam every year) Appointments must be scheduled through NationsHearing.	$0 (one exam every year) Appointments should be scheduled through NationsHearing.	$0 (one exam every year) Appointments should 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.	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.	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.	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	$30	$35	$35	$40
Occupational therapy	$30	$35	$35	$35
Outpatient mental health therapy (individual)	$40	$40	$40	$40
Ambulance				
Ground ambulance (one-way trip)	$290	$300	$295	$285
Air ambulance (one-way trip)	$290	$300	$295	$285
Equipment and prosthetics				

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Elite (PPO) H5521-120 Monthly plan premium: $0	Aetna Medicare Value (HMO) H3312-018 Monthly plan premium: $49	Aetna Medicare Premier (PPO) H5521-121 Monthly plan premium: $46	Aetna Medicare Eagle (PPO) H5521-320 Monthly plan premium: $0
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.
Prosthetics	20%	20%	20%	20%

Additional benefits	Aetna Medicare Elite (PPO) H5521-120 Monthly plan premium: $0	Aetna Medicare Value (HMO) H3312-018 Monthly plan premium: $49	Aetna Medicare Premier (PPO) H5521-121 Monthly plan premium: $46	Aetna Medicare Eagle (PPO) H5521-320 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.
Over-the-counter (OTC) items	Not covered	Not covered	Not covered	**Over-the-counter (OTC) items** $60 benefit amount (allowance) each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, external pain relievers, adult care products, and more. The benefit amount is not connected to a payment card or debit card.
Special supplemental benefits	Not offered with this plan	**Members with certain chronic conditions may be eligible for:** **Aetna In Home Chronic Care Program** • $0 copay for certain in-home and telehealth PCP services See the *Evidence of Coverage* for more information.	Not offered with this plan	Not offered with this plan
Fitness	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.
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.
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.	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 (PPO) H5521-120 Monthly plan premium: $0	Aetna Medicare Value (HMO) H3312-018 Monthly plan premium: $49	Aetna Medicare Premier (PPO) H5521-121 Monthly plan premium: $46	Aetna Medicare Eagle (PPO) H5521-320 Monthly plan premium: $0
Option 1 (Beyond Original Medicare coverage)	$40 monthly premium Deluxe Comprehensive Dental Package	Not applicable	$40 monthly premium Deluxe Comprehensive Dental Package	Not applicable
Optional Supplemental Benefits Description(s)	20% - 50% cost share Our plan pays $1,500 every year for comprehensive dental services. Aetna Dental PPO Network	Not applicable	20% - 50% cost share Our plan pays $1,500 every year for comprehensive dental services. Aetna Dental PPO Network	Not applicable

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Elite (PPO) H5521-120 Monthly plan premium: $0	Aetna Medicare Value (HMO) H3312-018 Monthly plan premium: $49	Aetna Medicare Premier (PPO) H5521-121 Monthly plan premium: $46	Aetna Medicare Eagle (PPO) H5521-320 Monthly plan premium: $0
Rx formulary	B2	B2	B2	No Part D benefit Cannot add a Part D plan
Rx deductible	$590 Does not apply to Tier 1, Tier 2 drugs.	$450 Does not apply to Tier 1, Tier 2 drugs.	$590 Does not apply to Tier 1, Tier 2 drugs.	No Part D benefit Cannot add a Part D plan
Tier 1 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard $0 / $2 $0 / $6	Preferred/Standard $0 / $2 $0 / $6	Preferred/Standard $0 / $2 $0 / $6	No Part D benefit Cannot add a Part D plan
Tier 2 Drugs: • Retail: 30-day supply • Retail: 100-day supply • Mail: 100-day supply	Preferred/Standard $0 / $12 $0 / $36 $0 / $36	Preferred/Standard $0 / $12 $0 / $36 $0 / $36	Preferred/Standard $0 / $12 $0 / $36 $0 / $36	No Part D benefit Cannot add a Part D plan
Tier 3 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 24% / 24% 24% / 24%	Preferred/Standard 22% / 22% 22% / 22%	Preferred/Standard 24% / 24% 24% / 24%	No Part D benefit Cannot add a Part D plan
Tier 4 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 25% / 25% 25% / 25%	Preferred/Standard 25% / 25% 25% / 25%	Preferred/Standard 25% / 25% 25% / 25%	No Part D benefit Cannot add a Part D plan
Tier 5 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 25% / 25% N/A	Preferred/Standard 27% / 27% N/A	Preferred/Standard 25% / 25% N/A	No Part D benefit Cannot add a Part D plan
Out-of-Pocket Threshold	$2,000	$2,000	$2,000	No Part D benefit Cannot add a Part D plan

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Elite (PPO) H5521-120 Monthly plan premium: $0	Aetna Medicare Value (HMO) H3312-018 Monthly plan premium: $49	Aetna Medicare Premier (PPO) H5521-121 Monthly plan premium: $46	Aetna Medicare Eagle (PPO) H5521-320 Monthly plan premium: $0
Catastrophic coverage: • Generic and Brand Name Drugs	$0	$0	$0	No Part D benefit Cannot add a Part D plan

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.

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.

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) or consult the online pharmacy directory at AetnaMedicare.com/findpharmacy.

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).

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.

Y0001_3764061_2025_M NY06

20240819