



METRO-CSNP

2026 Plan Guide

Aetna Medicare Chronic Care (HMO C-SNP) H3312-091

What you'll find inside

- Service areas
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- Additional benefits
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When joining a plan

Review the following pages for in-network costs for some of our Medicare benefits. It's not a complete list. For more information, refer to the *Summary of Benefits* or *Evidence of Coverage*, visit our website AetnaMedicare.com or call us at **1-833-771-2456** (TTY: **711**). Your call may be answered by a licensed agent. To join a Chronic Care Special Needs Plan, you must have one of the following qualifying conditions verified by a physician: diabetes mellitus, chronic heart failure, and/or cardiovascular disorders.

Service area

Plan name	Contract PBP	Plan service area
Aetna Medicare Chronic Care (HMO C-SNP)	H3312-091	New York: Bronx, Kings, New York, Queens, Richmond

Medical and hospital benefits

Benefits listed are for services received in-network and per visit unless otherwise stated.

Benefits	H3312-091 Aetna Medicare Chronic Care (HMO C-SNP)
Monthly plan premium	\$0
Plan deductible	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drug costs)	\$9,250
Hospital coverage	
Inpatient hospital care	\$407 per day, days 1-6; \$0 per day, days 7-90
Outpatient hospital	\$50 - \$407 copay \$50 copay for outpatient hospital services other than surgery \$407 copay for each outpatient hospital surgery
Ambulatory surgery center (ASC)	\$350 copay
Skilled nursing facility	\$0 per day, days 1-20; \$218 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Doctor visits	
Annual routine physical	\$0 copay for an annual routine physical exam.
Primary care provider (PCP)	\$0 copay
PCP referrals	This plan doesn't require a referral to see a specialist.
Specialist	\$0 - \$50 copay \$0 copay for certain physician specialist visits including: Cardiologists, Endocrinologists, Nephrologists, and Pulmonologists \$50 copay for all other physician specialist visits
Emergency and urgent care	
Emergency care	\$115 copay
Urgently needed services	\$40 copay
Worldwide coverage (i.e., outside of the United States)	\$115 copay for emergency and urgent services worldwide. \$250,000 maximum coverage.

Benefits	H3312-091 Aetna Medicare Chronic Care (HMO C-SNP)
Diagnostic testing	
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: \$50 copay Diagnostic radiology: \$175 - \$225 copay Lower cost sharing is for CT/CAT scans.
Lab services	\$0 copay
Dental, vision and hearing (non-Medicare covered)	
Dental services	Our plan pays \$750 every year for in-network preventive and comprehensive dental services combined. You must use the Aetna Dental PPO Network.
Routine eye exam	\$0 copay with an EyeMed provider (one exam every year)
Contacts and eyeglasses	Our plan pays \$100 every year for prescription eyewear. You must use the EyeMed network.
Routine hearing exam	\$0 copay (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 <i>Summary of Benefits</i> for more details.) Hearing aids must be purchased through NationsHearing®.
Therapy	
Physical and speech therapy	\$35 copay
Occupational therapy	\$35 copay
Outpatient mental health therapy (individual)	\$40 copay
Ambulance	
Ground ambulance (one-way trip)	\$260 copay

Benefits	H3312-091 Aetna Medicare Chronic Care (HMO C-SNP)
Air ambulance (one-way trip)	\$260 copay
Equipment	
Durable medical equipment	0% - 20% coinsurance Lower cost sharing is for continuous glucose monitors.
Additional benefits	
24-Hour Nurse Line	\$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.***
Acupuncture services (additional)	\$50 copay (up to twelve visits every year)
Special supplemental benefits	<p>By qualifying for enrollment in this plan, you get an Aetna Medicare Extra Benefits Card.</p> <p>Members with certain chronic conditions may be eligible for: Aetna Extra Supports Wallet (ESW)</p> <ul style="list-style-type: none"> Extra Supports Wallet - \$30 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.***
Fitness	Physical fitness program: Basic SilverSneakers® membership.
Foot care (additional)	\$0 copay (up to six 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.

Prescription drugs

Benefits	H3312-091 Aetna Medicare Chronic Care (HMO C-SNP)
Rx formulary	B2_CSNP
Rx deductible	\$615
	Does not apply to Tier 1, Tier 2 drugs.
Tier 1 drugs:	Preferred / Standard
<ul style="list-style-type: none"> • Retail: 30-day supply • Retail/Mail-order: 100-day supply 	<ul style="list-style-type: none"> \$0 / \$2 \$0 / \$6
Tier 2 drugs:	Preferred / Standard
<ul style="list-style-type: none"> • Retail: 30-day supply • Retail: 100-day supply • Mail-order: 100-day supply 	<ul style="list-style-type: none"> \$5 / \$12 \$15 / \$36 \$10 / \$36
Tier 3 drugs:	Preferred / Standard
<ul style="list-style-type: none"> • Retail: 30-day supply • Retail/Mail-order: 100-day supply 	<ul style="list-style-type: none"> 22% / 22% 22% / 22%
Tier 4 drugs:	Preferred / Standard
<ul style="list-style-type: none"> • Retail: 30-day supply • Retail/Mail-order: 100-day supply 	<ul style="list-style-type: none"> 25% / 25% 25% / 25%
Tier 5 drugs:	Preferred / Standard
<ul style="list-style-type: none"> • Retail: 30-day supply • Retail/Mail-order: 100-day supply 	<ul style="list-style-type: none"> 25% / 25% N/A
Out-of-pocket threshold	\$2,100
Catastrophic coverage:	
<ul style="list-style-type: none"> • Generic and brand name drugs 	\$0

*** The benefit(s) mentioned are part of special supplemental benefits for the chronically ill (SSBCI). SSBCI conditions include certain cardiovascular disorders, congestive heart failure, and diabetes. Eligibility is determined by whether you have a chronic condition associated with the benefit(s). Standards and conditions vary for each benefit. Contact us to confirm the specific SSBCI condition requirements for the benefit(s) for this plan and determine your eligibility.

**** While only your doctor can diagnose, prescribe or give medical advice, the [care management nurses/24-Hour Nurse Line] can provide information on a variety of health topics.

Disclaimers

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 *Member Handbook* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Other [pharmacies/physicians/providers] are available in our network.

The Aetna C-SNP is available to Medicare members who have at least one of the qualifying chronic conditions. To ensure a successful enrollment process, we'll confirm with your healthcare provider that you have one of these eligible conditions. If verification of eligible condition is not received, involuntary disenrollment will occur. Aetna is part of the CVS Health® family of companies.

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The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in Suburban Arizona, Urban Kansas,

Urban Missouri, Rural Michigan, Rural Nebraska, Rural North Dakota, Suburban West Virginia, and Suburban Puerto Rico. 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 **1-833-771-2456** (TTY: **711**) or consult the online *Pharmacy Directory* at [**AetnaMedicare.com/findpharmacy**](http://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.

Your Extra Benefits Card, administered by CVS OTC Health Solutions®.

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 (**1-800-633-4227**) (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.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-833-595-1008** (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-595-1008** (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 (1-800-633-4227), 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 (1-800-633-4227), or your local State Health Insurance Program for help with plan choices.



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