



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](https://www.aetna.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 SmartFit (HMO-POS) H1609-069 Monthly plan premium: \$0	Aetna Medicare SmartFit (PPO) H1608-065 Monthly plan premium: \$0	Aetna Medicare Premier (HMO-POS) H1609-001 Monthly plan premium: \$0	Aetna Medicare Premier (PPO) H1608-001 Monthly plan premium: \$0	Aetna Medicare Elite (PPO) H1608-037 Monthly plan premium: \$0	Aetna Medicare Premier Plus (PPO) H1608-048 Monthly plan premium: \$0	Aetna Medicare Value Plus (HMO-POS) H1609-068 Monthly plan premium: \$34	Aetna Medicare Eagle (HMO-POS) H1609-058 Monthly plan premium: \$0	
Service area	<b>Iowa:</b> Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello,	<b>Iowa:</b> Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, 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	Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Wright	Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Wright	Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Wright	Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Wright  <b>South Dakota:</b> Aurora, Beadle, Bon Homme, Brookings, Brule, Campbell, Charles Mix, Clark, Clay, Corson, Davison, Day, Deuel, Douglas, Gregory, Hanson, Hutchinson, Jerauld, Kingsbury, Lake, Lincoln, Marshall, McCook, Miner, Minnehaha, Moody, Sanborn, Turner, Union, Walworth, Yankton	Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Wright		Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Wright	Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Wright
Part B premium reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$75
Plan deductible	\$0	\$0	\$0	\$0	\$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)	\$3,600 for in-network services.	\$3,800 for in-network services. \$5,750 for in- and out-of-network services combined.	\$3,900 for in-network services.	\$3,900 for in-network services. \$8,950 for in- and out-of-network services combined.	\$4,900 for in-network services. \$8,000 for in- and out-of-network services combined.	\$4,300 for in-network services. \$8,950 for in- and out-of-network services combined.	\$3,900 for in-network services.	\$6,700 for in-network services.
<b>*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.</b>								
<b>Hospital coverage</b>								
Inpatient hospital care	\$350 per day, days 1-5; \$0 per day, days 6-90; \$0 copay for additional days.  Our plan covers unlimited hospital days.	\$350 per day, days 1-5; \$0 per day, days 6-90; \$0 copay for additional days.  Our plan covers unlimited hospital days.	\$325 per day, days 1-5; \$0 per day, days 6-90; \$0 copay for additional days.  Our plan covers unlimited hospital days.	\$325 per day, days 1-5; \$0 per day, days 6-90; \$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.	\$390 per day, days 1-5; \$0 per day, days 6-90; \$0 copay for additional days.  Our plan covers unlimited hospital days.	\$300 per day, days 1-5; \$0 per day, days 6-90; \$0 copay for additional days.  Our plan covers unlimited hospital days.	\$225 per day, days 1-7; \$0 per day, days 8-90; \$0 copay for additional days.  Our plan covers unlimited hospital days.
Outpatient hospital	\$350	\$350	\$350	\$350	\$400 after plan deductible	\$400	\$350	\$225

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Ambulatory surgery center (ASC)	\$250	\$250	\$250	\$250	\$300 after plan deductible	\$300	\$250	\$200
Skilled nursing facility	\$0 per day, days 1-20; \$184 per day, days 21-100  Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$184 per day, days 21-100  Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$184 per day, days 21-100  Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$184 per day, days 21-100  Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$184 per day, days 21-100 after plan deductible  Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$184 per day, days 21-100  Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$184 per day, days 21-100  Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$184 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
Specialist	\$20	\$20	\$25	\$30	\$35	\$35	\$25	\$40
<b>Emergency and urgent care</b>								
Emergency care	\$135	\$120	\$120	\$120	\$120	\$120	\$120	\$100
Urgently needed services	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Worldwide coverage (i.e., outside of the United States)	\$135 for emergency and urgent services worldwide.	\$120 for emergency and urgent services worldwide.	\$120 for emergency and urgent services worldwide.	\$120 for emergency and urgent services worldwide.	\$120 for emergency and urgent services worldwide.	\$120 for emergency and urgent services worldwide.	\$120 for emergency and urgent services worldwide.	\$100 for emergency and urgent services worldwide.
<b>Diagnostic testing</b>								
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: \$10 Diagnostic radiology: \$200	X-rays: \$10 Diagnostic radiology: \$150	X-rays: \$10 Diagnostic radiology: \$200	X-rays: \$10 Diagnostic radiology: \$150	X-rays: \$10 Diagnostic radiology: \$150	X-rays: \$10 Diagnostic radiology: \$150	X-rays: \$10 Diagnostic radiology: \$200	X-rays: \$10 Diagnostic radiology: \$150
Lab services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Dental, vision and hearing (non-Medicare covered)</b>								
Dental services	Our plan pays up to \$1,850 every year for in- and out-of-network preventive and comprehensive dental services combined.  Aetna Dental PPO Network	Our plan pays up to \$1,600 every year for in- and out-of-network preventive and comprehensive dental services combined.  Aetna Dental PPO Network	Our plan pays up to \$1,650 every year for in- and out-of-network preventive and comprehensive dental services combined.  Aetna Dental PPO Network	Our plan pays up to \$1,200 every year for in- and out-of-network preventive and comprehensive dental services combined.  Aetna Dental PPO Network	Our plan pays up to \$1,150 every year for in- and out-of-network preventive and comprehensive dental services combined.  Aetna Dental PPO Network	Our plan pays up to \$1,150 every year for in- and out-of-network preventive and comprehensive dental services combined.  Aetna Dental PPO Network	Our plan pays up to \$2,000 every year for in- and out-of-network preventive and comprehensive dental services combined.  Aetna Dental PPO Network	Our plan pays up to \$2,000 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)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)
Eyewear	Our plan will reimburse you up to \$370** every	Our plan will reimburse you up to \$260** every	Our plan will reimburse you up to \$380** every	Our plan will reimburse you up to \$260** every	Our plan will reimburse you up to \$370** every	Our plan will reimburse you up to \$225** every	Our plan will reimburse you up to \$350** every	Our plan will reimburse you up to \$300** every

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	year for prescription eyewear.  You can see any licensed U.S. provider. Discounts may be available when you see an EyeMed provider.	year for prescription eyewear.  You can see any licensed U.S. provider. Discounts may be available when you see an EyeMed provider.	year for prescription eyewear.  You can see any licensed U.S. provider. Discounts may be available when you see an EyeMed provider.	year for prescription eyewear.  You can see any licensed U.S. provider. Discounts may be available when you see an EyeMed provider.	year for prescription eyewear.  You can see any licensed U.S. provider. Discounts may be available when you see an EyeMed provider.	year for prescription eyewear.  You can see any licensed U.S. provider. Discounts may be available when you see an EyeMed provider.	year for prescription eyewear.  You can see any licensed U.S. provider. Discounts may be available when you see an EyeMed provider.	year for prescription eyewear.  You can see any licensed U.S. provider. Discounts may be available when you see an EyeMed provider.
<b>**Member pays the provider upfront and we reimburse the member. Plan coverage rules apply.</b>								
Routine hearing exam	\$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 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.	\$0 (one exam every year)  Appointments should be scheduled through NationsHearing.	\$0 (one exam every year)  Appointments should be scheduled through NationsHearing.	\$0 (one exam every year)  Appointments must be scheduled through NationsHearing.
Hearing aids	Our plan pays up to \$1,250 per ear every year for hearing aids.  Hearing aids must be purchased through NationsHearing.	Our plan pays up to \$1,250 per ear every year for hearing aids.  Hearing aids must be purchased through NationsHearing.	Our plan pays up to \$1,250 per ear every year for hearing aids.  Hearing aids must be purchased through NationsHearing.	Our plan pays up to \$1,250 per ear every year for hearing aids.  Hearing aids must be purchased through NationsHearing.	Our plan pays up to \$1,250 per ear every year for hearing aids.  Hearing aids must be purchased through NationsHearing.	Our plan pays up to \$1,250 per ear every year for hearing aids.  Hearing aids must be purchased through NationsHearing.	Our plan pays up to \$1,250 per ear every year for hearing aids.  Hearing aids must be purchased through NationsHearing.	Our plan pays up to \$1,250 per ear every year for hearing aids.  Hearing aids must be purchased through NationsHearing.
<b>Therapy</b>								
Physical and speech therapy	\$20	\$20	\$25	\$30	\$35	\$35	\$25	\$40
Occupational therapy	\$20	\$20	\$25	\$30	\$35	\$35	\$25	\$40
Outpatient mental health therapy (individual)	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
<b>Ambulance</b>								
Ground ambulance (one-way trip)	\$350	\$370	\$350	\$370	\$350	\$300	\$350	\$320
Air ambulance (one-way trip)	\$350	\$370	\$350	\$370	\$350	\$300	\$350	\$320
<b>Equipment and prosthetics</b>								
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.	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%	20%	20%	20%	20%

<b>Additional benefits</b>	<b>Aetna Medicare SmartFit (HMO-POS) H1609-069 Monthly plan premium: \$0</b>	<b>Aetna Medicare SmartFit (PPO) H1608-065 Monthly plan premium: \$0</b>	<b>Aetna Medicare Premier (HMO-POS) H1609-001 Monthly plan premium: \$0</b>	<b>Aetna Medicare Premier (PPO) H1608-001 Monthly plan premium: \$0</b>	<b>Aetna Medicare Elite (PPO) H1608-037 Monthly plan premium: \$0</b>	<b>Aetna Medicare Premier Plus (PPO) H1608-048 Monthly plan premium: \$0</b>	<b>Aetna Medicare Value Plus (HMO-POS) H1609-068 Monthly plan premium: \$34</b>	<b>Aetna Medicare Eagle (HMO-POS) H1609-058 Monthly plan premium: \$0</b>
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.
Special supplemental benefits	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Aetna Assist Program - Members with Low Income Subsidy (also known as "Extra Help") may be eligible for: <ul style="list-style-type: none"> <li>• \$0 Medicare covered Part D Prescription Drugs</li> <li>• Healthy Foods Wallet - \$50 monthly allowance loaded on your Extra Benefits Card to help pay for healthy foods</li> </ul> ----- See the Evidence of Coverage for more information	Not covered
Fitness	Physical fitness program: Basic membership at any SilverSneakers® facility.  Our plan will reimburse you up to \$1,200 every year for qualified non-participating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment.	Physical fitness program: Basic membership at any SilverSneakers® facility.  Our plan will reimburse you up to \$1,200 every year for qualified non-participating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment.	Physical fitness program: Basic membership at any SilverSneakers® facility.  Our plan will reimburse you up to \$600 every year for qualified non-participating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment.	Physical fitness program: Basic membership at any SilverSneakers® facility.  Our plan will reimburse you up to \$600 every year for qualified non-participating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment.	Physical fitness program: Basic membership at any SilverSneakers® facility.  Our plan will reimburse you up to \$600 every year for qualified non-participating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment.	Physical fitness program: Basic membership at any SilverSneakers® facility.  Our plan will reimburse you up to \$600 every year for qualified non-participating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment.	Physical fitness program: Basic membership at any SilverSneakers® facility.  Our plan will reimburse you up to \$600 every year for qualified non-participating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment.	Physical fitness program: Basic membership at any SilverSneakers® facility.  Our plan will reimburse you up to \$200 every three months for qualified non-participating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment.

<b>Additional benefits</b>	<b>Aetna Medicare SmartFit (HMO-POS)</b> H1609-069 <b>Monthly plan premium:</b> <b>\$0</b>	<b>Aetna Medicare SmartFit (PPO)</b> H1608-065 <b>Monthly plan premium:</b> <b>\$0</b>	<b>Aetna Medicare Premier (HMO-POS)</b> H1609-001 <b>Monthly plan premium:</b> <b>\$0</b>	<b>Aetna Medicare Premier (PPO)</b> H1608-001 <b>Monthly plan premium:</b> <b>\$0</b>	<b>Aetna Medicare Elite (PPO)</b> H1608-037 <b>Monthly plan premium:</b> <b>\$0</b>	<b>Aetna Medicare Premier Plus (PPO)</b> H1608-048 <b>Monthly plan premium:</b> <b>\$0</b>	<b>Aetna Medicare Value Plus (HMO-POS)</b> H1609-068 <b>Monthly plan premium:</b> <b>\$34</b>	<b>Aetna Medicare Eagle (HMO-POS)</b> H1609-058 <b>Monthly plan premium:</b> <b>\$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 (OTC) items	You will receive a preloaded debit card with \$105 quarterly to be used towards items from the Nations OTC catalog such as pain relievers, cold remedies and vitamins.	You will receive a preloaded debit card with \$45 quarterly to be used towards items from the Nations OTC catalog such as pain relievers, cold remedies and vitamins.	You will receive a preloaded debit card with \$105 quarterly to be used towards items from the Nations OTC catalog such as pain relievers, cold remedies and vitamins.	You will receive a preloaded debit card with \$45 quarterly to be used towards items from the Nations OTC catalog such as pain relievers, cold remedies and vitamins.	You will receive a preloaded debit card with \$45 quarterly to be used towards items from the Nations OTC catalog such as pain relievers, cold remedies and vitamins.	You will receive a preloaded debit card with \$45 quarterly to be used towards items from the Nations OTC catalog such as pain relievers, cold remedies and vitamins.	You will receive a preloaded debit card with \$35 monthly to be used towards items from the Nations OTC catalog such as pain relievers, cold remedies and vitamins.	You will receive a preloaded debit card with \$90 quarterly to be used towards items from the Nations OTC catalog such as pain relievers, cold remedies and vitamins.
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.	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.

<b>Prescription drugs (Retail/Mail Pharmacy)</b>	<b>Aetna Medicare SmartFit (HMO-POS)</b> H1609-069 <b>Monthly plan premium:</b> <b>\$0</b>	<b>Aetna Medicare SmartFit (PPO)</b> H1608-065 <b>Monthly plan premium:</b> <b>\$0</b>	<b>Aetna Medicare Premier (HMO-POS)</b> H1609-001 <b>Monthly plan premium:</b> <b>\$0</b>	<b>Aetna Medicare Premier (PPO)</b> H1608-001 <b>Monthly plan premium:</b> <b>\$0</b>	<b>Aetna Medicare Elite (PPO)</b> H1608-037 <b>Monthly plan premium:</b> <b>\$0</b>	<b>Aetna Medicare Premier Plus (PPO)</b> H1608-048 <b>Monthly plan premium:</b> <b>\$0</b>	<b>Aetna Medicare Value Plus (HMO-POS)</b> H1609-068 <b>Monthly plan premium:</b> <b>\$34</b>	<b>Aetna Medicare Eagle (HMO-POS)</b> H1609-058 <b>Monthly plan premium:</b> <b>\$0</b>
Rx formulary	B3	B3	B2	B2	B3	B2	B3	No Part D benefit Cannot add a Part D plan
Rx deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$250  Does not apply to Tier 1, Tier 2 drugs.	No Part D benefit Cannot add a Part D plan

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare SmartFit (HMO-POS) H1609-069 Monthly plan premium: \$0	Aetna Medicare SmartFit (PPO) H1608-065 Monthly plan premium: \$0	Aetna Medicare Premier (HMO-POS) H1609-001 Monthly plan premium: \$0	Aetna Medicare Premier (PPO) H1608-001 Monthly plan premium: \$0	Aetna Medicare Elite (PPO) H1608-037 Monthly plan premium: \$0	Aetna Medicare Premier Plus (PPO) H1608-048 Monthly plan premium: \$0	Aetna Medicare Value Plus (HMO-POS) H1609-068 Monthly plan premium: \$34	Aetna Medicare Eagle (HMO-POS) H1609-058 Monthly plan premium: \$0
Tier 1 Drugs:  • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard  \$0 / \$5 \$0 / \$15	Preferred/Standard  \$0 / \$5 \$0 / \$15	Preferred/Standard  \$0 / \$5 \$0 / \$15	Preferred/Standard  \$0 / \$5 \$0 / \$15	Preferred/Standard  \$0 / \$5 \$0 / \$15	Preferred/Standard  \$0 / \$5 \$0 / \$15	Preferred/Standard  \$0 / \$5 \$0 / \$15	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  \$10 / \$10 \$30 / \$30 \$10 / \$30	Preferred/Standard  \$10 / \$10 \$30 / \$30 \$10 / \$30	Preferred/Standard  \$0 / \$10 \$0 / \$30 \$0 / \$30	Preferred/Standard  \$0 / \$10 \$0 / \$30 \$0 / \$30	Preferred/Standard  \$10 / \$10 \$30 / \$30 \$10 / \$30	Preferred/Standard  \$5 / \$10 \$10 / \$30 \$0 / \$30	Preferred/Standard  \$10 / \$10 \$30 / \$30 \$10 / \$30	No Part D benefit Cannot add a Part D plan
Tier 3 Drugs:  • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard  20% / 25% 20% / 25%	Preferred/Standard  20% / 25% 20% / 25%	Preferred/Standard  \$47 / \$47 \$141 / \$141	Preferred/Standard  \$47 / \$47 \$141 / \$141	Preferred/Standard  20% / 25% 20% / 25%	Preferred/Standard  \$47 / \$47 \$141 / \$141	Preferred/Standard  20% / 25% 20% / 25%	No Part D benefit Cannot add a Part D plan
Tier 4 Drugs:  • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard  50% / 50% 50% / 50%	Preferred/Standard  50% / 50% 50% / 50%	Preferred/Standard  \$100 / \$100 \$300 / \$300	Preferred/Standard  \$100 / \$100 \$300 / \$300	Preferred/Standard  50% / 50% 50% / 50%	Preferred/Standard  \$100 / \$100 \$300 / \$300	Preferred/Standard  50% / 50% 50% / 50%	No Part D benefit Cannot add a Part D plan
Tier 5 Drugs:  • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard  33% / 33% N/A	Preferred/Standard  33% / 33% N/A	Preferred/Standard  33% / 33% N/A	Preferred/Standard  33% / 33% N/A	Preferred/Standard  33% / 33% N/A	Preferred/Standard  33% / 33% N/A	Preferred/Standard  29% / 29% N/A	No Part D benefit Cannot add a Part D plan
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	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.

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 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.

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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), 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).

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