

Summary of Benefits 2021

Aetna Medicare Assure 1 (HMO D-SNP)

H0628 - 013

January 1, 2021 - December 31, 2021

H0628-013

Aetna Medicare Assure 1 (HMO D-SNP) is a Dual Eligible Special Needs Plan (D-SNP) for Medicare beneficiaries who are also eligible for Medicaid. This is a Medicare Advantage plan that covers prescription drugs.

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. To enroll in this plan, you must be enrolled in one of the following Medicare Savings Programs.

- **Qualified Medicare Beneficiary (QMB):** Medicaid covers your Medicare cost-shares, including deductibles, premiums, copayments, and coinsurance for medical services. You will only pay copayments for Part D prescription drugs.
- **Qualified Medicare Beneficiary Plus (QMB Plus):** Medicaid covers your Medicare cost-shares, including deductibles, premiums, copayments, and coinsurance for medical services. You are also eligible for full Medicaid benefits from your state Medicaid program. You will only pay copayments for Part D prescription drugs.
- **Specified Low-Income Beneficiary (SLMB):** Medicaid covers your Medicare Part B premium only.
- **Specified Low-Income Beneficiary Plus (SLMB Plus):** Medicaid covers your Medicare Part B premium. You are also eligible for full Medicaid benefits from your state Medicaid program.
- **Full Benefit Dual Eligible (FBDE):** You are eligible for full Medicaid benefits from your state Medicaid program. In addition, Medicaid may cover some of your Medicare cost-sharing for medical services, depending on your state's Medicaid program.
- **Qualified Disabled and Working Individual (QDWI):** Medicaid covers your Medicare Part A premium only.
- **Qualifying Individual (QI):** Medicaid covers your Medicare Part B premium only.

To join Aetna Medicare Assure 1 (HMO D-SNP), you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area. You must also be enrolled in one of the Medicare Savings Programs listed above.

Service area: Ohio: Belmont, Brown, Butler, Carroll, Clermont, Columbiana, Coshocton, Cuyahoga, Franklin, Fulton, Guernsey, Hamilton, Hancock, Lake, Lorain, Lucas, Mahoning, Medina, Montgomery, Morgan, Muskingum, Ottawa, Portage, Stark, Summit, Trumbull, Tuscarawas, Warren, Wayne, Wood.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service or every limitation and exclusion. The plan's Evidence of

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Aetna Medicare Assure 1 (HMO D-SNP) | H0628-013 | \$0 up to \$26.20

Coverage (EOC) provides a complete list of services we cover. The EOC is available at www.aetnamedicare.com or you may call us to request a copy.

Call us or go online for more information.



1-833-859-6031 (TTY: 711)

October 1 to March 31: 7 days a week from 8 a.m. - 8 p.m. local time

April 1 to September 30: Monday through Friday from 8 a.m. - 8 p.m. local time



www.aetnamedicare.com

Compare our plan to Medicare

To learn more about the coverage and costs of Original Medicare, look in your "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

What you should know

- **Primary Care Physician (PCP):** A PCP is important for receiving care and this plan requires you to select a PCP. When you enroll, we'll ask who your PCP is. If you don't tell us, we'll assign one to you. You can always change the PCP by calling us.
- **Referrals:** In most cases, your PCP must give you approval before you can use other providers in the network. You don't need a referral for emergency or urgently needed care.
- **Prior authorizations:** Your doctor will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

Remember to show both your Aetna Medicare Assure 1 (HMO D-SNP) ID card and your Medicaid card when getting care.

You can find more details on each benefit listed below in the Evidence of Coverage (EOC).

Plan costs and information

Monthly plan premium	\$0 up to \$26.20 depending on your level of Extra Help. You must keep paying your Medicare Part B premium. The Part B premium may be covered through your State Medicaid Program.
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Plan costs and information

Plan deductible	\$0 or \$198
	You pay the 2021 Original Medicare deductible amount which will be determined in the fall of 2020.
	This is the amount you pay for certain services before Aetna Medicare Assure 1 (HMO D-SNP) begins to pay. The plan deductible applies only to certain services.
Maximum out-of-pocket amount (does not include prescription drugs)	\$7,550
	This is the most you pay for copays, coinsurance, and other costs for medical services for the year. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drugs don't count toward the maximum out-of-pocket.

Primary benefits Your costs

Hospital coverage*

Inpatient hospital coverage	\$0 per stay or \$1,408 per stay
Outpatient hospital observation services	\$0 or 20% after your plan deductible
Outpatient hospital services	\$0 or 20% after your plan deductible
Ambulatory surgical center	\$0 or 20% after your plan deductible

Doctor visits

Primary care physician (PCP)	\$0 or 0% after your plan deductible
Specialists	\$0 or 20% after your plan deductible

Primary benefits	Your costs		
Preventive care	\$0		
	Preventive care includes: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screenings • Alcohol misuse screenings & counseling • Bone mass measurements • Breast cancer screening: mammogram • Cardiovascular disease screenings • Cardiovascular behavior therapy • Cervical & vaginal cancer screenings 	<ul style="list-style-type: none"> • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screenings • Diabetes screenings • HBV infection screening • Hepatitis C screening tests • HIV screenings • Lung cancer screenings • Nutrition therapy services 	<ul style="list-style-type: none"> • Obesity behavior therapy • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings & counseling • Tobacco use cessation counseling • Vaccines: flu, hepatitis B, pneumococcal • Welcome to Medicare preventive visit • Yearly wellness visit
Emergency & urgent care			
Emergency care in the United States	\$0 or 20% (up to \$90)		
Urgently needed care in the United States	\$0 or 20% (up to \$65)		
Emergency & urgently needed care worldwide	Emergency care: \$0 Urgently needed care: \$0 Ambulance: \$0 \$150,000 maximum benefit for worldwide emergency and urgent care combined.		
Diagnostic Testing*			
Diagnostic radiology (e.g. MRI & CT scans)	\$0 or 20% after your plan deductible		
Lab services	\$0 or 0% after your plan deductible		

Primary benefits	Your costs
Diagnostic tests & procedures	\$0 or 20% after your plan deductible
Outpatient x-rays	\$0 or 20% after your plan deductible
Hearing, dental, and vision	
Diagnostic hearing exam	\$0 or 20% after your plan deductible
Routine hearing exam	\$0
	We cover one exam every year. All appointments must be scheduled through NationsHearing.
Hearing aids	Our plan pays up to a maximum amount of \$1,250 per ear, every year. You are responsible for any costs over this amount.
	NationsHearing will manage your hearing aid benefits. All hearing aids must be purchased through NationsHearing.
Dental services	Our plan pays up to \$3,000 every year for covered services. Cosmetic procedures are not covered.
	You are responsible for any costs over this amount.
	Aetna Dental will manage your dental benefits. If you choose a provider outside of the network, services will not be covered.
Glaucoma screening	\$0 or 0% after your plan deductible
Diagnostic eye exams (including diabetic eye exams)	\$0 or 20% after your plan deductible
Routine eye exam	\$0
	We cover one exam every year.
Contacts and eyeglasses	Our plan pays up to a maximum amount of \$515 every year. You are responsible for any costs over this amount.
	EyeMed will manage your eyewear benefits. If you choose a provider outside of the network, services will not be covered.
Mental health services*	
Inpatient psychiatric stay	\$0 or \$1,408 per stay

Primary benefits	Your costs
Outpatient mental health therapy (individual)	\$0 or 20% after your plan deductible
Outpatient psychiatric therapy (individual)	\$0 or 20% after your plan deductible
Skilled nursing*	
Skilled nursing facility (SNF)	\$0 per stay or \$0 per day, days 1-20; \$176 per day, days 21-100
	You pay the 2021 Original Medicare cost-sharing amount which will be determined by Medicare in the fall of 2020. Our plan covers up to 100 days.
Therapy*	
Physical and speech therapy	\$0 or 20% after your plan deductible
Ambulance & routine transportation	
Ground ambulance (one-way trip)	\$0 or 20% after your plan deductible
Air ambulance* (one-way trip)	\$0 or 20% after your plan deductible
Routine transportation (non-emergency)	\$0
	Our plan covers 50 one-way trips every year to approved locations. Access2Care will manage your transportation benefit.
Medicare Part B drugs*	
Chemotherapy drugs	\$0 or 20% after your plan deductible
Other Part B drugs	\$0 or 20% after your plan deductible

* Prior authorization may be required for these benefits. See the EOC for details.

Prescription drug coverage if you qualify for Extra Help (The amount you pay depends on the amount of Extra Help you get and the pharmacy you choose)

Formulary name	B2 (You can use this when referencing our list of covered drugs)
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Prescription drug coverage if you qualify for Extra Help (The amount you pay depends on the amount of Extra Help you get and the pharmacy you choose)

Deductible

You pay the full cost of drugs until you reach your deductible.

The deductible applies to Tiers 3, 4 and 5.	\$0 or \$92.00
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Prescription drug costs

You pay the costs below for a 30, 60, or 90 day supply of drugs. (For specialty drugs, you are limited to a 30 day supply.)

Drugs on Tiers 1 and 2 filled at a preferred pharmacy	\$0
Other drugs, including Tiers 1 and 2 filled at a standard pharmacy:	(costs below are based on your LIS level)
Generic drugs	\$0, \$1.30, \$3.70, or 15%
All other drugs	\$0, \$4.00, \$9.20, or 15%

Prescription drug coverage if you do not qualify for Extra Help (Your costs may be lower if you qualify for Extra Help)

Formulary name	B2 (You can use this when referencing our list of covered drugs)
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Stage 1: Deductible

You pay the full cost of drugs until you reach your deductible.

The deductible applies to Tiers 3, 4 and 5	\$220
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Prescription drug coverage if you do not qualify for Extra Help (Your costs may be lower if you qualify for Extra Help)

Stage 2: Initial coverage

You pay the costs below until your total drug costs reach \$4,130. You pay the copay listed below or the cost of the drug, whichever is lower. These cost shares may also apply to Home Infusion drugs when obtained through your Part D benefit. For Long Term Care, you'll get a 31 day supply and pay the Standard cost-share.

	30-day supply through Retail or Mail		90-day supply through Retail or Mail	
	Preferred	Standard	Preferred	Standard
Tier 1: Preferred Generic	\$0	\$5	\$0	\$15
Tier 2: Generic	\$0	\$10	\$0	\$30
Tier 3: Preferred Brand	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	35%	35%	35%	35%
Tier 5: Specialty	29%	29%	N/A	N/A

Stage 3: Coverage gap

The coverage gap lasts until your out-of-pocket drug costs reach \$6,550.

Brand Name Drugs	25% of the plan's cost
Generic Drugs	25% of the plan's cost

Stage 4: Catastrophic coverage

You pay a small cost share for each drug.

Generic Drugs	You pay the greater of 5% of the cost of the drug or \$3.70
Brand Name Drugs	You pay the greater of 5% of the cost of the drug or \$9.20

Other benefits

Your costs

Equipment, prosthetics, and supplies*

Diabetic supplies	0%
	We exclusively cover blood glucose monitors and diabetic test strips manufactured by OneTouch / LifeScan.
Durable medical equipment (e.g. wheelchair, oxygen)	\$0 or 20% after your plan deductible

Other benefits	Your costs
Prosthetics (e.g. braces, artificial limbs)	\$0 or 20% after your plan deductible
Substance abuse	
Outpatient substance abuse (Individual therapy)*	\$0 or 20% after your plan deductible

* Prior authorization may be required for these benefits. See the EOC for details.

Additional benefits provided by Aetna Medicare Assure 1 (HMO D-SNP)	Benefit information and your costs
Fall prevention	Our plan pays up to a maximum amount of \$150 every year for certain clinically appropriate home and bathroom safety devices that can improve your ability to move around your home. An Aetna Care Manager will determine your eligibility for this benefit. CVS® will manage your fall prevention benefit.
Fitness	Standard membership at participating SilverSneakers® facilities and access to online wellness related tools, planners, newsletters, and classes, at no extra cost. You can get an at-home fitness kit if you don't live near a participating club or prefer to exercise at home.
Routine foot care	\$0 We cover three visits every year.
Help during a COVID-19 Public Health Emergency	You'll always pay \$0 for COVID-19 testing, even if the COVID-19 Public Health Emergency ends. Additionally, during a COVID-19 Public Health Emergency we offer these extra services: <ul style="list-style-type: none"> • Mental health & psychiatric telehealth services with network providers • You may be eligible for a package of supplies, if you've tested positive, to help prevent the spread of COVID-19 and assist with recovery
Meals	When you get home after an inpatient hospital stay, we cover up to 28 home delivered meals over a 14 day period. You will be contacted to schedule delivery if eligible and meals will be provided through GA Foods®.

**Additional benefits
provided by Aetna
Medicare Assure 1
(HMO D-SNP)**

Benefit information and your costs

Nursing hotline	Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Over-the-counter items (OTC)	<p>Get over-the-counter health & wellness products by mail or at participating CVS® stores.</p> <p>Our plan pays up to a maximum amount of \$240 every three months.</p> <p>CVS will manage your OTC benefit. See the OTC catalog for a list of eligible items. You can find the catalog at www.cvs.com/otchs/myorder.</p>
Personal emergency response system	<p>Members are eligible to receive a medical alert system that gives 24/7 access to help if you fall or have another emergency.</p> <p>Lifestation will manage your Personal Emergency Response System benefit.</p>
Resources For Living®	Resources For Living® helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities, and more.
Telehealth	<p>You can receive primary care and urgent care services via a virtual visit for the same cost as an in-person visit.</p> <p>Depending on your location, you also have 24/7 access to MinuteClinic® Video Visits. Find out if these visits are available in your area at www.cvs.com/minuteclinic/virtual-care/video-visit.</p>

Summary of Medicaid-Covered Benefits

Below is a summary of Medicaid and Aetna Medicare Assure 1 (HMO D-SNP) benefits. People who qualify for Medicare and Medicaid (also called "Medical Assistance") are known as dual eligibles. As a dual eligible, you are eligible for benefits under both the Federal Medicare program and the OH Medicaid program.

What you pay for covered services may depend on your level of Medicaid eligibility. Members who meet the state's requirements for full Medicaid coverage may also receive Medicaid services not covered by Medicare. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call your OH Medicaid Agency.

The table below provides a summary of benefits that are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section (earlier in this document) are covered by Aetna Medicare Assure 1 (HMO D-SNP). For each benefit listed below, you can see what Medicaid covers and what our plan covers.

Service	State Medicaid	Aetna Medicare Assure 1 (HMO D-SNP)
Alcohol and Drug Addiction	Covered	Covered
Ambulance	Covered	Covered
Ambulatory Surgery Centers	Covered	Covered
Audiology Services	Covered	Covered
Behavioral Health	Covered	Covered
Chiropractor Services	Covered	Covered
Dental	Covered	Covered
Durable Medical Equipment	Covered	Covered
Emergency	Covered	Covered
Hearing Aids	Covered	Covered
Immunizations	Covered	Covered
Inpatient Hospital Services	Covered	Covered
Laboratory and X-ray	Covered	Covered
Non-Emergency Transportation	Covered	Covered

Service	State Medicaid	Aetna Medicare Assure 1 (HMO D-SNP)
Occupational Therapy	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Physical Therapy	Covered	Covered
Physician Services	Covered	Covered
Podiatrist Services	Covered	Covered
Prescriptions	Covered	Covered
Preventative Health	Covered	Covered
Private Duty Nursing Services	Covered	Not Covered
Professional Medical Services	Covered	Covered
Speech/Language Pathology Services	Covered	Covered
Vision Services	Covered	Covered

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-833-859-6031 (TTY: 711)**. From October 1 to March 31, you can call us 7 days a week from 8 a.m. - 8 p.m. local time. From April 1 to September 30, we're here Monday through Friday from 8 a.m. - 8 p.m. local time.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially those services for which you routinely see a doctor. Visit **www.aetnamedicare.com** or call **1-833-859-6031 (TTY: 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part B premium is covered for full-dual members.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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Aetna and CVS Pharmacy, Inc., which owns CVS® HealthHUB® locations, are part of the CVS Health family of companies.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs 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 Aetna 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. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary. Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Rural Kansas, Rural Nebraska, Rural Maine, Rural Michigan, Suburban Arizona, Suburban West Virginia, and Urban Michigan. 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 www.aetnamedicare.com/findpharmacy. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call the number on your ID card if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery. Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. Participating physicians, hospitals and other 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.

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