

# Summary of Benefits 2021

## Aetna Medicare Assure Premier (HMO D-SNP)

H3192 - 007

January 1, 2021 - December 31, 2021

H3192-007

Aetna Medicare Assure Premier (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 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.

To join Aetna Medicare Assure Premier (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: Michigan:** Macomb, Oakland, Wayne.

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 Coverage (EOC) provides a complete list of services we cover. The EOC is available at [www.aetnamedicare.com](http://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](http://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](http://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. Having a PCP on file can affect how we pay for your care so this is an important step when you sign-up.
- **Referrals:** Aetna Medicare Assure Premier (HMO D-SNP) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.
- **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 Premier (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
Plan deductible	\$0
Maximum out-of-pocket amount (does not include prescription drugs)	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.

Primary benefits		Your costs	
<b>Hospital coverage*</b>			
Inpatient hospital coverage	\$0		
	Our plan covers an unlimited number of days.		
Outpatient hospital observation services	\$0		
Outpatient hospital services	\$0		
Ambulatory surgical center	\$0		
<b>Doctor visits</b>			
Primary care physician (PCP)	\$0		
Specialists	\$0		
Preventive care	\$0		
	Preventive care includes: <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screenings</li> <li>• Alcohol misuse screenings &amp; counseling</li> <li>• Bone mass measurements</li> <li>• Breast cancer screening: mammogram</li> <li>• Cardiovascular disease screenings</li> <li>• Cardiovascular behavior therapy</li> <li>• Cervical &amp; vaginal cancer screenings</li> </ul>	<ul style="list-style-type: none"> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screenings</li> <li>• Diabetes screenings</li> <li>• HBV infection screening</li> <li>• Hepatitis C screening tests</li> <li>• HIV screenings</li> <li>• Lung cancer screenings</li> <li>• Nutrition therapy services</li> </ul>	<ul style="list-style-type: none"> <li>• Obesity behavior therapy</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screenings &amp; counseling</li> <li>• Tobacco use cessation counseling</li> <li>• Vaccines: flu, hepatitis B, pneumococcal</li> <li>• Welcome to Medicare preventive visit</li> <li>• Yearly wellness visit</li> </ul>

Primary benefits	Your costs
<b>Emergency &amp; urgent care</b>	
Emergency care in the United States	\$0
Urgently needed care in the United States	\$0
Emergency & urgently needed care worldwide	Emergency care: \$0 Urgently needed care: \$0 Ambulance: \$0
<b>Diagnostic Testing*</b>	
Diagnostic radiology (e.g. MRI & CT scans)	\$0
Lab services	\$0
Diagnostic tests & procedures	\$0
Outpatient x-rays	\$0
<b>Hearing, dental, and vision</b>	
Diagnostic hearing exam	\$0
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 \$750 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 \$2,500 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

Primary benefits	Your costs
Diagnostic eye exams (including diabetic eye exams)	\$0
Routine eye exam	\$0
	We cover one exam every year.
Contacts and eyeglasses	Our plan pays up to a maximum amount of \$250 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.
<b>Mental health services*</b>	
Inpatient psychiatric stay	\$0
Outpatient mental health therapy (individual)	\$0
Outpatient psychiatric therapy (individual)	\$0
<b>Skilled nursing*</b>	
Skilled nursing facility (SNF)	\$0
	Our plan covers up to 100 days.
<b>Therapy*</b>	
Physical and speech therapy	\$0
<b>Ambulance &amp; routine transportation</b>	
Ground ambulance (one-way trip)	\$0
Air ambulance* (one-way trip)	\$0

Primary benefits	Your costs
Routine transportation (non-emergency)	\$0
	Our plan covers 24 one-way trips every year to approved locations. Access2Care will manage your transportation benefit.
<b>Medicare Part B drugs*</b>	
Chemotherapy drugs	\$0
Other Part B drugs	\$0

\* 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)

<b>Formulary name</b>	B2 (You can use this when referencing our list of covered drugs)
<b>Deductible</b> You pay the full cost of drugs until you reach your deductible.	
This plan doesn't have a deductible, so your coverage begins at Stage 2.	\$0
<b>Prescription drug costs</b> 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, or \$3.70
All other drugs	\$0, \$4.00, or \$9.20

Other benefits	Your costs
<b>Equipment, prosthetics, and supplies*</b>	
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
Prosthetics (e.g. braces, artificial limbs)	\$0
<b>Substance abuse</b>	
Outpatient substance abuse (Individual therapy)*	\$0

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

Additional benefits provided by Aetna Medicare Assure Premier (HMO D-SNP)	
	Benefit information
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.
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. During a COVID-19 Public Health Emergency 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.

**Additional benefits provided by Aetna Medicare Assure Premier (HMO D-SNP) Benefit information**

Meals	When you get home after an inpatient hospital stay, we cover up to 42 home delivered meals over a 21 day period. You will be contacted to schedule delivery if eligible and meals will be provided through GA Foods®.
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)	Get over-the-counter health & wellness products by mail.  Our plan pays up to a maximum amount of \$360 every three months.
	CVS will manage your OTC benefit. See the OTC catalog for a list of eligible items. You can find the catalog at <a href="http://www.cvs.com/otchs/myorder">www.cvs.com/otchs/myorder</a> .
Personal emergency response system	Members are eligible to receive a medical alert system that gives 24/7 access to help if you fall or have another emergency.  Lifestation will manage your Personal Emergency Response System benefit.
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.
Supplemental benefits for certain chronic conditions	If you're eligible, PAPA can connect you with local college age individuals who will spend up to 10 hours per month with you. You can receive companionship or help with errands, technology, and house needs. An Aetna Care Manager will determine your eligibility for this benefit.
Telehealth	You can receive primary care, mental health services and urgent care services via a virtual visit for the same cost as an in-person visit.  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 <a href="http://www.cvs.com/minuteclinic/virtual-care/video-visit">www.cvs.com/minuteclinic/virtual-care/video-visit</a> .



## Summary of Medicaid-Covered Benefits

Below is a summary of Medicaid and Aetna Medicare Assure Premier (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 MI 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 MI 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 Premier (HMO D-SNP). For each benefit listed below, you can see what Medicaid covers and what our plan covers.

<b>Service</b>	<b>State Medicaid</b>	<b>Aetna Medicare Assure Premier (HMO D-SNP)</b>
Ambulance	Covered	Covered
Blood Lead Testing	Covered	Not Covered
Breast Pumps	Covered	Covered
Certified Nurse Midwife Services	Covered	Covered
Certified Pediatric and Family Nurse Practitioner Services	Covered	Covered
Chiropractic Services	Covered	Covered
Dental Services for Pregnant Beneficiaries	Covered	Covered
Dental Services (Over 21)	Not Covered	Covered
Dentures	Not Covered	Covered
Diagnostic Laboratory, X-ray, and Other Imaging Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Emergency Services	Covered	Covered
End Stage Renal Disease (ESRD) Services	Covered	Covered

<b>Service</b>	<b>State Medicaid</b>	<b>Aetna Medicare Assure Premier (HMO D-SNP)</b>
Eyeglasses (over 21)	Not Covered	Covered
Family Planning Services	Covered	Limited (see EOC for coverage details)
Health Education	Covered	Covered
Hearing and Speech Services	Covered	Covered
Hearing Aids	Covered	Covered
Home Health Services	Covered	Covered
Hospice Services	Covered	Covered (see EOC for coverage details)
Immunizations	Covered	Covered
Inpatient Hospital Services	Covered	Covered
Inpatient Psychiatric Services	Covered	Covered
Inpatient /Skilled Nursing Facilities/Intermediate Care Facilities for Mental Diseases	Covered	Limited (see EOC for coverage details)
Intermediate Care Facility – Intellectual Disabilities (ICF-ID)	Covered	Not Covered
Intermittent or Short-Term Restorative or Rehabilitative Services	Covered	Covered
Long Term-Acute Hospital Services (LTACH)	Covered	Covered
Medical/Surgical Services of a Dentist (non-pregnant or over 21)	Not Covered	Covered
Medically Necessary Weight Reduction Services	Covered	Covered
Non-Emergency Transportation	Covered	Covered

<b>Service</b>	<b>State Medicaid</b>	<b>Aetna Medicare Assure Premier (HMO D-SNP)</b>
Non-Emergent Medical Transportation (NEMT) to Medically-Necessary, Covered Services	Covered	Covered
Optometrist Services	Covered	Covered
Out-of-State Services Authorized by the Contractor	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Outpatient Mental Health Services	Covered	Covered
Personal Care Services	Covered	Not Covered
Pharmacy	Covered	Covered
Pharmacy Services	Covered	Covered
Practitioner's Services	Covered	Covered
Preventive Services Required by the Patient Protection and Affordable Care Act as Outlined by MDHHS	Covered	Limited (see EOC for coverage details)
Prosthetics and Orthotics	Covered	Covered
Restorative or Rehabilitative Services in Place of Service Other than a Nursing Facility	Covered	Covered
Sexually Transmitted Infections Treatment	Covered	Covered
Therapies (speech, language, physical, occupational, and therapies to support activities of daily living)	Covered	Limited (see EOC for coverage details)
Tobacco Cessation Treatment	Covered	Covered
Transplant Services	Covered	Covered
Vision Services	Covered	Covered
Well Child/EPSTD for Persons Under age 21	Covered	Not 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](http://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

- 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 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](http://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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