

# Summary of Benefits 2021

## Aetna Medicare Eagle Plan (PPO)

H3288 - 049

January 1, 2021 - December 31, 2021

H3288-049

Aetna Medicare Eagle Plan (PPO) is a PPO plan. This is a Medicare Advantage plan. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.

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.

To join Aetna Medicare Eagle Plan (PPO), you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area.

**Service area: Texas:** Dallas

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 - Friday from 8 a.m. - 8 p.m. local time



**[www.aetnamedicare.com](http://www.aetnamedicare.com)**

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Aetna Medicare Eagle Plan (PPO) | H3288-049 | \$0

## 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):** You have the option to choose a PCP. When we know who your doctor is, we can better support your care.
- **Referrals:** Aetna Medicare Eagle Plan (PPO) 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. Benefits that may require a prior authorization are listed with an asterisk (\*) in the benefits grid.

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

Plan costs & information	In-network	Out-of-network
Monthly plan premium	\$0	
	You must continue to pay your Medicare Part B premium.	
Plan deductible	\$0	\$0
Maximum out-of-pocket amount	\$5,000 for in-network services.	\$11,300 for in and out-of-network services combined.
	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 doesn't count toward the maximum out-of-pocket.	

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
<b>Hospital coverage*</b>		
Inpatient hospital coverage	\$365 per day, days 1-5; \$0 per day, days 6-90	30% per stay
	You pay \$0 for days 91 and beyond.	
	Our plan covers an unlimited number of days.	
Outpatient hospital observation services	\$350	30%

Primary benefits	Your costs for in-network care	Your costs for out-of-network care	
Outpatient hospital services	\$40 - \$350	30%	
	Lower cost sharing applies for services other than surgery.		
Ambulatory surgical center	\$350	30%	
<b>Doctor visits</b>			
Primary care physician (PCP)	\$0	30%	
Specialists	\$40	30%	
Preventive care	\$0	0% - 30%	
	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>
	Lower cost sharing out-of-network: for pneumonia, influenza, and Hepatitis B vaccines Higher cost sharing out-of-network: for all other Medicare-covered preventive services		

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
<b>Emergency &amp; urgent care</b>		
Emergency care in the United States	\$90	
Urgently needed care in the United States	\$0 - \$40	
	Lower cost sharing: for services provided by your primary care physician in their office Higher cost sharing: for services performed by a provider other than your primary care physician	
Emergency & urgently needed care worldwide	Emergency care: \$90 Urgently needed care: \$90 Ambulance: \$300	
<b>Diagnostic testing*</b>		
Diagnostic radiology (e.g. MRI & CT scans)	\$375	30%
Lab services	\$0	30%
Diagnostic tests & procedures	20%	30%
Outpatient x-rays	\$40	30%
<b>Hearing, dental, &amp; vision</b>		
Diagnostic hearing exam	\$40	30%
Routine hearing exam	\$0	30%
	We cover one exam every year. All appointments should be scheduled through NationsHearing.	
Hearing aids	Our plan pays up to a maximum amount of \$2,000 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.	

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
Dental services	\$0 for preventive services (e.g. oral exam, x-rays, & cleaning)	30% for preventive services (e.g. oral exam, x-rays, & cleaning)
	20% - 50% for comprehensive services. Comprehensive services include fillings, extractions, crowns, root canals, dentures, and oral surgery.	50% - 70% for comprehensive services. Comprehensive services include fillings, extractions, crowns, root canals, dentures, and oral surgery.
	You pay a \$50 deductible for comprehensive services. Our plan pays up to a maximum amount of \$3,000 every year. 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, you may be responsible for additional costs.		
Glaucoma screening	\$0	30%
Diagnostic eye exams (including diabetic eye exams)	\$0 - \$40	30%
	Lower cost sharing: for first diabetic eye exam Higher cost sharing: for all other eye exams	
Routine eye exam	\$0	30%
	We cover one exam every year.	
Contacts and eyeglasses	Our plan pays up to a maximum amount of \$400 every year. You are responsible for any costs over this amount.	
EyeMed will manage your eyewear benefits.		
<b>Mental health services*</b>		
Inpatient psychiatric stay	\$1,871 per stay	30% per stay
Outpatient mental health therapy (individual)	\$40	30%
Outpatient psychiatric therapy (individual)	\$40	30%

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
<b>Skilled nursing*</b>		
Skilled nursing facility (SNF)	\$0 per day, days 1-20; \$184 per day, days 21-100	30% per stay
	Our plan covers up to 100 days per benefit period.	
<b>Therapy*</b>		
Physical and speech therapy	\$40	30%
<b>Ambulance &amp; routine transportation</b>		
Ground ambulance (one-way trip)	\$300	\$300
Air ambulance* (one-way trip)	\$300	\$300
Routine transportation (non-emergency)	Not Covered	Not Covered
<b>Medicare Part B drugs*</b>		
Chemotherapy drugs	20%	30%
Other Part B drugs	20%	30%

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

Other benefits	Your costs for in-network care	Your costs for out-of-network care
<b>Equipment, prosthetics, &amp; supplies*</b>		
Diabetic supplies	0% - 20%	0% - 20%
	<p>We only cover OneTouch/Lifescan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices for 0%.</p> <p>We will only cover other brands with a medical exception. If we approve an exception, non-OneTouch/Lifescan supplies are covered at 20%.</p>	

Other benefits	Your costs for in-network care	Your costs for out-of-network care
Durable medical equipment (e.g. wheelchair, oxygen)	20%	30%
Prosthetics (e.g. braces, artificial limbs)	20%	30%
<b>Substance abuse*</b>		
Outpatient substance abuse (Individual therapy)	\$40	30%

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

Additional benefits and services provided by Aetna Medicare Eagle Plan (PPO)	Benefit information	
	Your costs for in-network care	Your costs for out-of-network care
Acupuncture	\$20	50%
	Acupuncture uses thin needles to get the body to release chemicals that help with medical problems. The goal is to improve problems like headaches, insomnia, anxiety, addiction, or side-effects from chemotherapy. American Specialty Health will manage your acupuncture benefit. We cover twenty visits every year. On your initial visit, your provider will discuss and establish your treatment plan.	
Chiropractic care*	\$20	30%
	We cover twelve visits every year. On your initial visit, your provider will discuss and establish your treatment plan.	
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.	

Additional benefits and services provided by Aetna Medicare Eagle Plan (PPO)	Benefit information	
	Your costs for in-network care	Your costs for out-of-network care
Help during a COVID-19 Public Health Emergency	<p>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:</p> <ul style="list-style-type: none"> <li>• Mental health &amp; psychiatric telehealth services with network providers</li> <li>• 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</li> </ul>	
Meals	When you get home after an inpatient hospital stay, we cover up to 14 home delivered meals. 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 \$50 every month.	
	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> .	
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 <a href="http://www.cvs.com/minuteclinic/virtual-care/video-visit">www.cvs.com/minuteclinic/virtual-care/video-visit</a>.</p>	



# 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.

## 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.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.

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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 provider network may change at any time. You will receive notice when necessary. 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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