

Summary of Benefits 2021

Aetna Medicare Assure Plan (HMO D-SNP)

H3312 - 069

January 1, 2021 - December 31, 2021

H3312-069

Aetna Medicare Assure Plan (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 Plan (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: New York: Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester.

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 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:** Aetna Medicare Assure Plan (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 Plan (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 | |
|--|--|---|--|
| Hospital coverage* | | | |
| 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 | | |
| Doctor visits | | | |
| Primary care physician (PCP) | \$0 | | |
| Specialists | \$0 | | |
| 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 |

| Primary benefits | Your costs |
|--|--|
| Emergency & urgent care | |
| 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 |
| Diagnostic Testing* | |
| Diagnostic radiology (e.g. MRI & CT scans) | \$0 |
| Lab services | \$0 |
| Diagnostic tests & procedures | \$0 |
| Outpatient x-rays | \$0 |
| Hearing, dental, and vision | |
| 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 \$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 | \$0 for preventive services (e.g. oral exam, x-rays, & cleaning) \$0 for comprehensive services (e.g. fillings & extractions) Our plan pays up to \$2,000 every year for covered services. Cosmetic procedures are not covered. You are responsible for any costs over this amount. |
| | DentaQuest will manage your dental benefits. If you choose a provider outside of the network, services will not be covered. |

| Primary benefits | Your costs |
|---|---|
| Glaucoma screening | \$0 |
| 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. |
| Mental health services* | |
| Inpatient psychiatric stay | \$0 |
| Outpatient mental health therapy (individual) | \$0 |
| Outpatient psychiatric therapy (individual) | \$0 |
| Skilled nursing* | |
| Skilled nursing facility (SNF) | \$0 |
| | Our plan covers up to 100 days. |
| Therapy* | |
| Physical and speech therapy | \$0 |
| Ambulance & routine transportation | |
| Ground ambulance (one-way trip) | \$0 |
| Air ambulance* (one-way trip) | \$0 |

| Primary benefits | Your costs |
|--|-------------|
| Routine transportation (non-emergency) | Not covered |
| Medicare Part B drugs* | |
| 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) | |
|---|--|
| Formulary name | B2 (You can use this when referencing our list of covered drugs) |
| Deductible 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 |
| 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 | \$0 |
| Other drugs: | (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 |
|--|---|
| Equipment, prosthetics, and supplies* | |
| Diabetic supplies | 0% |
| | We exclusively cover blood glucose monitors and diabetic test strips manufactured by OneTouch / LifeScan. |

| Other benefits | Your costs |
|---|------------|
| Durable medical equipment (e.g. wheelchair, oxygen) | \$0 |
| Prosthetics (e.g. braces, artificial limbs) | \$0 |
| Substance abuse | |
| 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 Plan (HMO D-SNP) | Benefit information and your costs |
|--|--|
| Acupuncture | <p>\$0</p> <p>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. We cover eighteen visits every year.</p> |
| Fall prevention | <p>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.</p> |
| Fitness | <p>Standard membership at participating SilverSneakers® facilities and access to online wellness related tools, planners, newsletters, and classes, at no extra cost.</p> <p>You can get an at-home fitness kit if you don't live near a participating club or prefer to exercise at home.</p> |
| Healthy Foods Card (Special benefit for certain chronic conditions) | <p>A Healthy Foods benefit card can be used at approved locations to purchase items that promote nutritional health.</p> <p>Our plan pays up to a maximum amount of \$25 every month.</p> <p>An Aetna Care Manager will determine your eligibility for this benefit.</p> |

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

Benefit information and your costs

| | |
|---|--|
| <p>Help during a COVID-19 Public Health Emergency</p> | <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"> • 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 |
| <p>Meals</p> | <p>When you get home after an inpatient hospital stay, we cover up to 42 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®.</p> |
| <p>Nursing hotline</p> | <p>Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.</p> |
| <p>Over-the-counter items (OTC)</p> | <p>Get over-the-counter health & wellness products by mail.</p> <p>Our plan pays up to a maximum amount of \$270 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> |
| <p>Personal emergency response system</p> | <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> |
| <p>Resources For Living®</p> | <p>Resources For Living® helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities, and more.</p> |
| <p>Telehealth</p> | <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 Plan (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 NY 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 NY 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 Plan (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 Plan (HMO D-SNP) |
|--|-----------------------|---|
| Adult Day Health Care | Covered | Not Covered |
| Care Management | Covered | Covered |
| Comprehensive Medicaid Case Management | Covered | Not Covered |
| Dental Services | Covered | Covered |
| Emergency Services | Covered | Covered |
| Emergency Transportation | Covered | Covered |
| Hearing Services (and Audiology) | Covered | Covered |
| Home and Community Based Waiver Program Services | Covered | Not Covered |
| Home Care Services | Covered | Covered |
| Home Delivered Meals | Covered | Covered |
| Hospice Services | Covered | Covered (see EOC for coverage details) |
| Inpatient Hospital Services | Covered | Covered |

| Service | State Medicaid | Aetna Medicare Assure Plan (HMO D-SNP) |
|--|-----------------------|---|
| Inpatient Mental Health over 190-Day Lifetime Limit | Covered | Not Covered |
| Laboratory Services | Covered | Covered |
| Medicaid Pharmacy Benefits | Covered | Not Covered |
| Medical Social Services | Covered | Covered |
| Mental Health Services | Covered | Covered |
| Observation Services | Covered | Covered |
| Outpatient Hospital Services | Covered | Covered |
| Outpatient Rehabilitation | Covered | Covered |
| Personal Emergency Response Services | Covered | Covered |
| Pharmacy Benefits as Permitted by State Law Services | Covered | Not Covered |
| Physician Services | Covered | Covered |
| Preventative Health Services | Covered | Covered |
| Private Duty Nursing Services | Covered | Not Covered |
| Prosthetics | Covered | Covered |
| Physical Therapy, Occupational Therapy, and other services | Covered | Covered |
| Radiology and Radioscope Services | Covered | Covered |
| Renal Dialysis | Covered | Covered |
| Respiratory Therapy | Covered | Covered |
| Smoking Cessation Products | Covered | Covered |
| Social Day Care | Covered | Not Covered |
| Substance Use Disorder Services | Covered | Covered |

| Service | State Medicaid | Aetna Medicare Assure Plan (HMO D-SNP) |
|-----------------|-----------------------|---|
| 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

- 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. 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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