2022 Summary of Benefits

Aetna Medicare Dual Complete Plan (HMO D-SNP)
H8597 - 002

aetna medicare solutions

Here's a summary of the services we cover from January 1, 2022, through December 31, 2022. Keep in mind: This is just a summary. Need a complete list of what we cover and any limitations? Just visit AetnaMedicare.com where you'll find the plan's Evidence of Coverage (EOC) or you may call us to request a copy.

We're here to help

You may have questions as you read through this information. And that's OK — we're here to help.

Not a member yet?

Call 1-833-859-6031 (TTY: 711)
October 1-March 31: 8 AM-8 PM, 7 days a week
April 1-September 30: 8 AM-8 PM, Monday-Friday
An Aetna® team member will answer your call.

Already a member?

Call 1-866-409-1221 (TTY: 711)
8 AM-8 PM, 7 days a week.

An Aetna team member will answer your call.

2022-H8597.002.1

Better health is a team effort

With our Medicare Advantage Dual Eligible Special Needs Plan, or D-SNP, you'll have a personal care team in your corner, ready to help you reach your best health and make life easier.

- Your **nurse care manager** is a single point of contact to help coordinate your care.
- Your **social worker** will link you to programs in your community and help with questions you have about social services.
- Your **care coordinator** will help schedule doctor appointments, arrange rides and work with you to meet your personal needs.
- Your **member advocate** will assist you in accessing State Medicaid benefits.

Are you eligible to enroll?

To join our plan, you must:

- Live in the plan's service area, which includes these Texas counties: Collin, Dallas, Denton, Ellis, Hunt, Johnson, Kaufman, Navarro, Parker, Tarrant
- Have Medicare Part A
- Have Medicare Part B
- Be in a Medicare Savings Program (MSP) or qualify for State Medicaid benefits

Medicare Savings Program	What it covers
Qualified Medicare Beneficiary (QMB)	Medicaid covers your Medicare deductibles, premiums, copayments and coinsurance for medical services.
Qualified Medicare Beneficiary Plus (QMB Plus)	Medicaid covers your Medicare deductibles, premiums, copayments and coinsurance for medical services. You're eligible for full Medicaid.
Specified Low-Income Medicare Beneficiary Plus (SLMB Plus)	Medicaid may cover some of your Medicare cost sharing for medical services, depending on your state's Medicaid program. You're eligible for full Medicaid.

Be sure to show your Aetna® member ID card **AND** your state Medicaid ID card when you visit the doctor or pharmacy.

Things to know

Our D-SNP is for people on Medicare who are also eligible for Medicaid. It replaces your Original Medicare coverage. You'll still have Medicare, but you'll get it through us, instead of the federal government. We cover everything Original Medicare does and offer other benefits and services too.

Your plan doesn't require you to get a referral from your PCP to see a specialist. But the specialist may still ask you for one.

	Original Medicare	This Plan
Covers your Medicare Part A and Part B services	✔	✔
Offers coverage beyond Medicare Part A and Part B	—	✔
Covers your prescription drugs	—	✔
Includes a SilverSneakers® fitness membership	—	✔
Provides a personal nurse care manager	—	✔
Offers dental benefits for things like dentures	—	✔
Offers vision benefits for contacts and glasses	—	✔
Offers hearing aids	—	✔
Offers an allowance for over-the-counter items	—	✔
Requires you to have a primary care physician (PCP)	—	✔

Medical and hospital benefits

What you pay depends on what level of MSP you have (Medicaid eligibility). Those with QMB or full Medicaid pay $0.

Plan premium, deductible and maximum out-of-pocket (MOOP)

Out-of-pocket costs	
Monthly premium	$0
Plan deductible	$0
Maximum out-of-pocket (MOOP)	This plan does not have a MOOP.

Hospital coverage

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Inpatient (unlimited number of days)	$0
Outpatient (hospital observation services)	$0
Outpatient hospital	$0
Ambulatory surgical center	$0

Doctor visits

You must choose a doctor in our plan network as your **primary care physician (PCP).** When you enroll, we'll ask who your PCP is. If you don't choose, we'll assign one to you. You can always change the PCP by calling us.

Benefit	Your costs in our plan
PCP visit	$0
Specialist visit	$0

Preventive, emergency and urgent care

Benefit	Your costs in our plan
Preventive care	$0
Emergency or urgent care, including ambulance (inside or outside the U.S.)	$0

Diagnostic services, labs, imaging

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Diagnostic radiology services, such as MRI	$0
Lab services	$0
Diagnostic tests and procedures	$0
Outpatient X-rays	$0

Hearing services

Our **hearing benefit** is provided by **NationsHearing**. For us to cover your hearing aids, you must get them through NationsHearing.

Benefit	Your costs in our plan
Diagnostic hearing exam	$0
Routine hearing exam (one exam every year)	$0 You must make your appointments through NationsHearing.
Hearing aids - maximum coverage	Up to $2,000 per ear every year Your hearing aid benefit has an allowance. Keep in mind: If you choose a hearing aid that costs more than your allowance, you'll have to pay the difference. And your plan won't reimburse you for the extra amount.

Dental services

For us to cover your **dental services**, you must see a dentist in the Aetna Dental® PPO Network. To find a dentist, use the phone number or website listed in the contact quick reference chart. Please be aware your dental network is different than your medical network. We cover preventive and comprehensive dental services. This includes things like cleanings, x-rays, fillings, extractions and dentures. Cosmetic services, such as teeth whitening, are not covered.

Benefit	Your costs in our plan
Oral exam, cleanings and x-rays	$0
Fillings, extractions, crowns, root canals and dentures	$0
Maximum coverage	$4,500 maximum benefit every year Your dental coverage has a maximum benefit. Keep in mind: If you have dental care that costs more than the maximum, you'll have to pay the difference. And your plan won't reimburse you for the extra amount.

Vision services

Our **vision benefit** is provided by **EyeMed**. For us to cover your contacts or eyeglasses, you must see a doctor in the EyeMed network. To find a doctor, use the phone number or website listed in the contact quick reference chart.

Benefit	Your costs in our plan
Diagnostic eye exam (includes diabetic eye exams)	$0
Glaucoma screenings	$0
Routine eye exam (one each year)	$0
Contacts and eyeglasses (includes coverage after cataract surgery and frames and lenses not usually covered by Medicare)	Up to $500 every year Keep in mind: If you get eyewear that costs more than your allowance, you'll have to pay the difference. And your plan won't reimburse you for the extra amount.

Mental health services

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Inpatient psychiatric hospital stay	$0
Group and Individual therapy (outpatient)	$0
Individual psychiatric therapy (outpatient)	$0

Skilled nursing facility (SNF) and therapy

Your doctor often needs approval from us before we cover these services. This is called a **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Skilled nursing facility (SNF) care (up to 100 days)	$0
Physical and speech therapy	$0
Occupational therapy	$0

Ambulance and routine transportation

Our routine **transportation benefit** is provided by **Access2Care. Keep in mind:** All trips are subject to a mileage limit, unless we approve it first. And you must schedule your trip with Access2Care at least **48 hours in advance**.

Benefit	Your costs in our plan
Ambulance (ground or air, one-way trip)	$0 Your doctor often needs approval from us before we cover an air ambulance. This is called prior authorization or pre-certification.
Routine, non-emergency transportation (40 one-way trips every year)	$0

Medicare Part B Drugs

Your doctor often needs approval from us before we cover these services. This is called a prior authorization or pre-certification.

Benefit	Your costs in our plan
Chemotherapy drugs	$0
Other Part B drugs	$0

Medicare Part D Drugs

Some drugs require prior authorization. This means you must get approval from us first before we'll cover it.

Benefit	Your costs in our plan
Deductible	$0
Initial Coverage	$0 for all covered drugs You can get a 30, 60 or 100-day supply of drugs. This includes home infusion drugs obtained through your Part D benefit. Note: Specialty drugs have a 30-day limit.
Coverage Gap	$0
Catastrophic Coverage	$0

Other covered benefits

Your doctor may need approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Over the counter benefit (OTC)

Includes items from our OTC catalog (cvs.com/otchs/myorder) such as pain relievers, cold remedies and vitamins. Get over-the-counter health & wellness products by mail.

Benefit	Your costs in our plan
OTC ($225 every quarter)	$0

24-Hour Nurse Line and Telehealth

Benefit	Your costs in our plan
24-Hour Nurse Line	$0 Talk to a registered nurse anytime, day or night.
Telehealth	You can receive primary care, physician specialist, mental health services and urgent care services via a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan. Members can access Teladoc at https://www.teladoc.com/aetna/ or by calling 1-855-TELADOC (1-855-835-2362) (TTY: 711). Members can find out if MinuteClinic Video Visit are available in their area at: https://www.cvs.com/minuteclinic/virtual-care/videovisit.

Substance Abuse

Benefit	Your costs in our plan
Individual substance abuse therapy (outpatient)	$0

Medical equipment/supplies

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Durable medical equipment (DME), like CPAP* machines, wheelchairs and oxygen	$0
Prosthetics, such as braces and artificial limbs	$0
Fall prevention	$0 Up to $150 every year for certain clinically appropriate safety items for your home. These can improve your ability to move around your home.

*CPAP stands for “continuous positive airway pressure”

Home care and meals

Benefit	Your costs in our plan
Home health care	$0
LifeStation® personal emergency response system	$0
Meals	$0 14 meals over a 7-day period after you're discharged from an inpatient hospital or skilled nursing stay
Healthy Foods card	$0 Our plan offers a Healthy Foods benefit card that can be used at approved locations to purchase items that promote nutritional health. The card has a $25 monthly allowance that you can use for your purchases. Note: any unused allowance can't be carried over.

Diabetic supplies & dialysis

We cover blood glucose monitors and diabetic test strips from **LifeScan/ OneTouch®. Keep in mind:** We **don't** cover other brands unless you get approval from us first.

Benefit	Your costs in our plan
Diabetic supplies	$0
Dialysis	$0

Foot care (podiatry services)

Benefit	Your costs in our plan
Medicare-covered foot exams and treatment	$0
Routine foot care (twelve visits every year)	$0

Back care

Benefit	Your costs in our plan
Chiropractic care	$0 for Medicare-covered care

Fitness benefit

Benefit	Your costs in our plan
SilverSneakers®	$0 You're eligible for a basic membership at SilverSneakers® participating facilities. If you prefer to exercise at home, you can also access online classes or get an at-home fitness kit.

Benefit snapshot

Here's a quick look at what's covered by Aetna Medicare Dual Complete Plan (HMO D-SNP) and your state Medicaid program.

Below is a summary of Medicaid and Aetna Medicare Dual Complete Plan (HMO D-SNP) benefits. If you qualify for Medicare and Medicaid (or "Medical Assistance"), you're "dual eligible." This means you're eligible for benefits under both the federal Medicare program **and** the Texas Medicaid program. What you pay for covered services may depend on your level of Medicaid eligibility. If you meet the state's requirements for **full** Medicaid coverage, you 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 Texas Medicaid Agency. The table below gives you a summary of the benefits Medicaid covers. Aetna Medicare Dual Complete Plan (HMO D-SNP) covers the benefits we described earlier in the Medical and Hospital Benefits section. For each benefit listed below, you can see what Medicaid covers and what our plan covers. **Keep in mind:** There may be limits for some services and the provider you pick needs to be enrolled with Medicaid.

Service	State Medicaid	Aetna Medicare Dual Complete Plan (HMO D-SNP)
Behavioral health and inpatient psychiatric services	✔	✔
Cardiac rehabilitation	✔	✔
Chiropractic services	✔	✔
Dental and vision services	✔	✔
Diabetic supplies	✔	✔
Dialysis	✔	✔
Doctor visits, vaccines and preventive care	✔	✔
Durable medical equipment (DME), prosthetics and orthotics	✔	✔
Emergency room, urgent care services and ambulance	✔	✔
Foot care (podiatry)	✔	✔
Hearing services	✔	✔

Service	State Medicaid	Aetna Medicare Dual Complete Plan (HMO D-SNP)
Home health services	✔	✔
Home/community-based services	✔	Not Covered
Hospice care	✔	Covered (see EOC for coverage details)
Inpatient/outpatient hospital and skilled nursing facility services	✔	✔
Lab tests and x-rays	✔	✔
Non-emergency medical transport (NEMT)	✔	✔
Prescription drugs	✔	✔
Rehabilitative services	✔	✔
Substance abuse	✔	✔
Telehealth	✔	✔

If you want to know more about Original Medicare, look in the "Medicare & You" handbook. Stop by Medicare.gov to view it online. Or get a copy by calling 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, 7 days a week.

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. The formulary, pharmacy network, and/or 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. Out-of-network/non-contracted providers are under no obligation to treat Aetna Medicare 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. Aetna, CVS Pharmacy® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies. SilverSneakers is a registered trademark of Tivity Health, Inc.
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Contact quick reference

Contact name	Phone number (TTY: 711)	Website
Aetna®: before you enroll	**1-833-859-6031**	**AetnaMedicare.com**
Aetna: after you enroll	Customer Service: **1-866-409-1221** Personal Care Team: **1-800-241-9379**	**AetnaMedicare.com**
Your agent/broker (use this space for your agent/ broker's phone number)		
Find a network doctor, hospital, pharmacy or dentist	**1-866-409-1221**	**AetnaMedicare.com/ findprovider**
24-Hour Nurse Line	**1-855-493-7019**	Please call
Access2Care (Transportation)	**1-855-814-1699**	**access2care.net**
EyeMed (Vision)	**1-844-486-3485**	**AetnaMedicareVision.com**
LifeScan/OneTouch®	**1-877-764-5390** **Order code: 123AET200**	**OneTouch.orderpoints.com** **Order code: 123AET200**
LifeStation®	**1-855-798-9948**	Please call
NationsHearing®	**1-877-225-0137**	**NationsHearing.com/Aetna**
Over-the-counter (OTC) benefit	**1-833-331-1573**	**cvs.com/otchs/myorder**
SilverSneakers®	**1-888-423-4632**	**SilverSneakers.com**

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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 AM - 8 PM local time. From April 1 to September 30, we're here Monday through Friday from 8 AM - 8 PM 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 **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, 2023.
- ☐ 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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