Members can get home-delivered meals after leaving the hospital

With certain Aetna Medicare Advantage plans, members can get healthy, precooked, frozen meals delivered to their homes after a qualified inpatient hospital stay — at no cost. Members can focus on recuperating, while getting good nutrition with the meal benefit.

Aetna partners with GA Foods and Independent Living Systems (ILS) to have high-quality, nutritious meals delivered to members after they are discharged from an inpatient hospital stay.

Which plans offer this benefit?
The meal benefit is only available with specific MA/MAPD plans. To find out if a plan offers the meal benefit, check the plan's Evidence of Coverage or Summary of Benefits.

How many meals can members receive?
It varies by plan, with at least 14 meals provided. To find out how many meals a plan offers, check the plan's documents.

What are the meal options?
Each meal is packaged in a bento box and includes a chef-inspired entrée (such as pasta, stews and salads), sides, dessert and a drink. Sides may consist of fruit or vegetables. The menu is developed by registered dietitians, so all meals are low in sodium, fat, cholesterol and sugar, and are high in vitamins and minerals. All meals come frozen and are easy to prepare.

It's easy for members to get their meals
After members are discharged from an inpatient hospital stay:

- They'll get a phone call from GA Foods or ILS to review the meal benefit and discuss delivery time frames
- If the member opts in to receive meals, the meals will be delivered by FedEx, GA Foods or ILS within 48 – 72 hours

Questions?

For more information, just contact your local Aetna Medicare broker manager.

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72.03.025.1 B (7/20)

AetnaMedicare.com

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OneTouch® diabetes supplies

OneTouch by LifeScan is the exclusive manufacturer for diabetes supplies for 2021 Aetna Medicare Advantage and Medicare Advantage Prescription Drug plans. Through this diabetes supplies benefit, members can access:

- OneTouch meters and test strips
- OneTouch diabetes supplies like lancets, lancing devices and solutions

$0
cost share

OneTouch offers multiple blood glucose meters with different features, giving members several choices to fit their needs.

90.03.039.1 D (8/20)

It's easy to switch to OneTouch products

OneTouch blood glucose meters are available from:

- OneTouch, without a prescription. Members can visit **www.onetouch.orderpoints.com** or call **1-877-764-5390** and use order code 123AET200
- Local pharmacies, with a prescription. At in-network pharmacies, members pay a $0 copay

OneTouch test strips are available at pharmacies, with a prescription.

- If the pharmacy is in network, or if members get their OneTouch test strips through the CVS Caremark® Mail Service Pharmacy, there's a $0 copay

Can members get diabetes supplies made by other manufacturers?

If members need diabetes supplies not manufactured by OneTouch, they must demonstrate medical necessity (for example, sight impairment requiring a talking meter). *This will require getting a prior authorization from our plan.* With proven medical necessity, members pay 20 percent for non-OneTouch diabetes supplies. Without it, they pay 100 percent for non-OneTouch diabetes supplies.

Don't forget about quantity limits

Diabetes supplies carry quantity limits, as shown below. If members need higher quantities, they must get prior authorization from us.

- **Meters = 1 meter per calendar year**
- **Test strips = 100 strips per 30 days**

Questions?

If members have any questions about getting their diabetes supplies, please encourage them to call Member Services by dialing the number on their member ID card.

AetnaMedicare.com

aetna™ medicare solutions

90.03.039.1 D (8/20)

Explore OTC benefits

AetnaMedicare.com

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Some Aetna Medicare plans include an over-the-counter (OTC) benefit. It offers members a convenient way to get generic OTC health and wellness products — up to a certain allowance amount — delivered straight to their homes.

Be sure to check the plan's Summary of Benefits to confirm if a plan offers this benefit. If it does, also check the plan's specific OTC allowance frequency, as it can be either monthly or quarterly. The allowance amount varies by plan.

Why use the OTC benefit?

- **Save money** — Members can get OTC items they need without spending money out of pocket
- **Easy access** — OTC orders are delivered straight to members' doorsteps
- **Save time** — One less trip to the pharmacy means members get to spend more time on what matters most

Getting started

When members enroll in a plan with an OTC benefit, they'll have access to a digital copy of the OTC catalog. It's available online with other plan documents at aetnamedicare.com, under the "view my coverage & benefits" page.

D-SNP members will receive an OTC catalog in the mail upon enrolling in a plan offering the OTC benefit. Other members can request a printed copy of the OTC catalog by calling the number on their member ID card.

OTC product options

Members can use their OTC allowance on any items listed in the approved OTC catalog. Product categories include:

- Pain relief
- Digestions/laxatives/antacids
- Cough/cold/allergy
- Anti-hemorrhoidals
- First aid
- Foot care
- Adult incontinence
- Dental
- Ear & eye care
- Vitamins and minerals
- Personal care (e.g., sunscreen, lotions, cotton swabs)
- Miscellaneous (e.g., cleaning wipes, insect repellant)

72.03.026.1 C (8/20)

How to place an order

Members will need to have their Aetna member ID to place an order. There are two ways to order:

By phone (toll-free):

1-833-331-1573 (TTY: 711)

Monday to Friday, 9 AM to 8 PM local time (except Hawaii).

Online:

cvs.com/otchs/myorder

Members will need to register on the website first.

Ordering FAQs

How much can members order?
Some plans offer a monthly allowance amount and some plans offer a quarterly allowance amount. Each order should be less than or equal to their plan's allowance amount. If the plan has a monthly allowance, members can order once per month. If the plan has a quarterly allowance, members can place three separate orders per quarter.

If members order products that cost more than their allowance amount, can they pay the balance separately with cash or card?
No. Members cannot order OTC items that cost more than the allowance amount. If the selected items cost more than the allowance, they'll need to remove or replace items in their order, so it totals less than or equal to their allowance amount.

For plans with quarterly allowance amounts, they can place three separate orders up to the allowance amount per quarter.

When will products be delivered?
Once ordered, products should arrive in 14 days.

Do OTC allowance amounts apply toward out-of-pocket maximums?
No, they do not.

Do unused allowance funds carry over to the next month or quarter?
No. For example, if a plan's allowance amount is $10 per month or quarter, and a member orders $5 of approved OTC products, the remaining funds do not roll over to the next month or quarter.

Questions?

If you have any questions about the OTC benefit for plans in your market, just contact your local Aetna Medicare broker manager.

AetnaMedicare.com

aetna™ medicare solutions

The 2021 transportation benefit offers members a convenient way to get to medical appointments

Some 2021 Aetna Medicare Advantage plans offer an enhanced transportation benefit provided by Access2Care. This benefit provides members with a certain number of free one-way trips to and from their medical appointments.

Not all plans include a transportation benefit, so be sure to check plan documents to verify if it's included.

What's great about the transportation benefit?

- **Convenience** — Members can schedule rides for medical appointments at their leisure
- **Save money** — The trips are free of charge
- **Safety** — Professional drivers will bring members comfortably and safely to their destination in a vehicle that suits their needs
- **Improved health** — When members have an easy, reliable way to get to appointments, they're more likely to get the health services they need. This can help them stay active and healthy longer

How many trips are included?

The number of trips allowed per year varies by plan. Check the plan's Evidence of Coverage or Summary of Benefits to confirm.

aetnamedicare.com

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72.03.028.1 B (8/20)

Members can get transportation to appointments for their:

- Primary Care Provider (PCP)
- Dialysis Facility
- Behavioral Health
- Preventative Services
- Chemotherapy
- Physical therapy
- Diagnostic Services
- Outpatient Services
- Medical Specialist
- Dental Provider
- Urgent Care Facility

Plus, members can stop at a pharmacy immediately following an approved medical appointment to pick up their prescriptions as part of their trip home.

What are the vehicle options?

Several different vehicle options are available for members with different health needs. Options include:

- **Ambulatory vehicle (i.e., sedan or van)** — This is for members who can move on their own or with an assistive device such as a walker or cane
- **Wheelchair vehicle** — This option is for members who will need to stay in their wheelchair during the trip
- **Gurney van** — This is required for members who must travel reclined and are unable to transfer from a stretcher to a wheelchair

In addition, some plans allow members (those who do not use any assistive devices) to use **Lyft***. Members still need to call Access2Care to initiate this option; they can't contact Lyft directly. To use this option, members must meet all medical and physical requirements. They must also be able to send and receive text messages.

It's easy for members to schedule a ride

To schedule a ride, members just need to call Access2Care's toll-free number, 1-855-814-1699. Access2Care is open Monday through Friday, 7 a.m. to 8 p.m. all time zones.

- Members must schedule trips at least 48 hours in advance. They can schedule trips up to 30 days in advance
- Trips for emergency appointments may be scheduled with less notice. However, Access2Care will confirm the appointment with the member's provider
- Members can have an escort (family member or caregiver) ride with them
- Members are responsible for being ready when the driver arrives

Questions?

If you have any questions about the transportation benefit, just contact your **local Aetna Medicare broker manager**.

*Not available with plans in Texas.

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2021 Deluxe Mandatory

As explained in Chapter 4 of this Evidence of Coverage, our plan offers supplemental dental benefits. This document describes your covered benefits and services. You are responsible for cost shares listed in the table below when you're treated by a participating dentist in our network. If you get a service not listed in the table, you will have to pay the full cost. You can take this document to verify your coverage with your dentist. To locate a participating dentist, you can contact Member Services at the number on the back of your ID card or go online at aetnamedicare.com.

Maximum Benefit	**$3,000**
Deductible	**$50 on Basic and Major services***
	What you must pay:
Exams – two procedures per calendar year	
D0120 – Periodic oral exam	$0
D0140 – Limited oral evaluation – problem focused	$0
D0150 – Comprehensive oral exam	$0
Cleanings – two procedures per calendar year	
D1110 – Adult prophylaxis	$0
Bitewing X-ray – one procedure per calendar year	
D0270 – Single radiographic image	$0
D0272 – Two radiographic images	$0
D0273 – Three radiographic images	$0
D0274 – Four radiographic images	$0
D0708 - Intraoral – bitewing radiographic image – image capture only	$0
Periapical X-ray – as needed	
D0220 – Periapical – first image	$0
D0230 – Periapical – each additional image	$0
D0391 - Interpretation of diagnostic image by practitioner not associated with image capture	$0
D0707 – Periapical radiographic image – image capture only	$0
Panoramic and Full Mouth Series – one procedure every three years	
D0210 – Full mouth series	$0
D0330 – Panoramic image	$0
D0701 – Panoramic radiographic image – image capture only	$0

D0709 - Complete series of radiographic images – image capture only	$0
Basic Services* Coverage will be provided after the $50 deductible has been met.	
Restorative (Fillings) – Amalgam and Composite – once per surface, per tooth every two years	
D2140 – Amalgam -1 surface	20%
D2150 – Amalgam – 2 surfaces	20%
D2160 – Amalgam – 3 surfaces	20%
D2161 – Amalgam – 4 or more surfaces	20%
D2330 – Resin-based composite – 1 surface - anterior	20%
D2331 – Resin-based composite– 2 surfaces - anterior	20%
D2332 – Resin-based composite – 3 surfaces anterior	20%
D2335 – Resin-based composite – 4 or more surfaces – anterior	20%
D2390 – Resin-based composite crown - anterior	20%
D2391 – Resin-based composite one surface- posterior	20%
D2392 – Resin–based composite two surfaces	20%
D2393 – Resin-based composite three Surfaces	20%
D2394 – Resin-based composite – four or more surfaces	20%
Re-cementation – one per tooth per year	
D2910 – Re-cement inlay, onlay or veneer	20%
D2915 – Re-cement cast or prefabricated post and core	20%
D2920 – Re-cement crown	20%
Root Canal- one per tooth per lifetime	
D3310 – Anterior excluding final restoration	20%
D3320 – Premolar excluding final restoration	20%
D3330 - Molar excluding final restoration	20%
Retreatment of Root Canal – one per tooth per lifetime	
D3346 - Retreatment- anterior	20%
D3347 - Retreatment- premolar	20%
D3348 - Retreatment- molar	20%
Scaling and Root Planing – each quad every two years	
D4341 - Periodontal scaling and root planing, 4 or more teeth per quadrant	20%
D4342 - Periodontal scaling and root planing, 1-3 teeth per quadrant	20%

Periodontal Maintenance – two per calendar year	
D4910 - Periodontal maintenance - procedures	20%
Extractions – one per tooth per Lifetime	
D7140 – Extraction – erupted tooth or exposed	20%
D7210 – Surgical removal of erupted tooth	20%
D7220 – Removal of impacted tooth – soft tissue	20%
D7250 – Surgical removal of residual tooth	20%
Pain Treatment – as medically necessary	
D9110 - Palliative treatment of dental pain, minor	20%
Major Services* Coverage will be provided after the $50 deductible has been met.	
Crown/Buildup – one per tooth every five years	
D2720 - Crown - resin with high noble metal	50%
D2740 - Crown - porcelain/ceramic substrate	50%
D2750 - Crown - porcelain fused high noble metal	50%
D2751 -Crown -porcelain fused predominantly base metal	50%
D2752 - Crown - porcelain fused to noble metal	50%
D2753 – Crown – porcelain fused to titanium and titanium alloy	50%
D2780 - Crown - 3/4 cast high noble metal	50%
D2781 - Crown -3/4 cast predominantly base metal	50%
D2782 - Crown - 3/4 cast noble metal	50%
D2783 - Crown - 3/4 cast porcelain/ceramic	50%
D2790 - Crown - full cast high noble metal	50%
D2791 - Crown - full cast predominantly metal	50%
D2792 - Crown - full cast noble metal	50%
D2950 - Core buildup, including any pins	50%
D2952 - Cast post and core in addition to crown	50%
D2953 - Cast post - each additional - same tooth	50%
D2954 - Prefabricated post and core in addition to crown	50%
D2957 - Prefabricated post - each additional - same tooth	50%
Crown Repair – one per tooth per year	
D2980 – Crown repair	50%
Debridement – one per lifetime	
D4355 - Full mouth debridement	50%

Complete Dentures – one every five years	
D5110 - Complete denture – maxillary	50%
D5120 - Complete denture - mandibular	50%
Partial Dentures – one every five years	
D5211 - Maxillary partial denture - resin base	50%
D5212 - Mandibular partial denture - resin base	50%
D5213 - Maxillary partial denture - cast base	50%
D5214 - Mandibular partial denture - cast base	50%
D5225 - Maxillary partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	50%
D5226 - Mandibular partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	50%
D5282 - Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	50%
D5283 - Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth) mandibular	50%
D5284 - Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth)– per quadrant	50%
D5286 - Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth)– per quadrant	50%
Denture Adjustment, Repair and Rebase – as needed	
D5410 - Adjustments maxillary complete denture	50%
D5411 -Adjustments mandibular complete denture	50%
D5421 - Adjustments partial denture - maxillary	50%
D5422 - Adjustments partial denture - mandibular	50%
D5511- Repair broken complete denture base - mandibular	50%
D5512 - Repair broken complete denture base - maxillary	50%
D5520 - Replace missing or broken teeth, comp denture (each tooth)	50%
D5611 - Repair resin denture base - mandibular	50%
D5612 - Repair resin denture base - maxillary	50%
D5621 – Repair cast framework - mandibular	50%
D5622 - Repair cast framework - maxillary	50%
D5630 - Repair or replace broken clasp	50%
D5640 - Replace broken teeth - per tooth	50%

D5650 - Add tooth to existing partial denture	50%
D5660 - Add clasp to existing partial denture	50%
D5670 - Replace all teeth - upper partial	50%
D5671 - Replace all teeth - lower partial	50%
D5710 - Rebase complete maxillary denture	50%
D5711 - Rebase complete mandibular denture	50%
D5720 - Rebase partial maxillary denture	50%
D5721 - Rebase partial mandibular denture	50%
D5730- Reline complete maxillary denture (direct)	50%
D5731 - Reline complete mandibular denture (direct)	50%
D5740 - Reline maxillary partial denture (direct)	50%
D5741 - Reline mandibular partial denture (direct)	50%
D5750 - Reline complete maxillary denture (indirect)	50%
D5751 - Reline complete mandibular denture (indirect)	50%
D5760 - Reline maxillary partial denture (indirect)	50%
D5761 - Reline mandibular partial denture (indirect)	50%
D5876 - Add metal substructure to acrylic full denture (per arch)	50%
Fixed partial denture – one per year	
D6980 - Fixed partial denture repair	50%
Pontic – one tooth every five years	
D6210 - Pontic - cast high noble metal	50%
D6211 - Pontic - cast predominantly base metal	50%
D6212 - Pontic - cast noble metal	50%
D6240 - Pontic - porcelain fused to high noble	50%
D6241 - Pontic - porcelain fused to base metal	50%
D6242 - Pontic - porcelain fused to noble metal	50%
D6243 – Pontic -porcelain fused to titanium and titanium alloys	50%
D6245 - Pontic - porcelain/ceramic	50%
D6250 - Pontic - resin with high noble metal	50%
D6251 - Pontic - resin with predominantly base meta	50%
D6252 - Pontic - resin with noble metal	50%
Bridge Retainers – one per tooth every five years	
D6545 - Retainer-cast metal for resin bonded	50%
D6548 - Retainer proc/ceramic resin bonded fixed prosthesis	50%
D6720 - Crown-resin with high noble metal	50%
D6721 - Crown-resin with predominately base metal	50%

D6722 - Crown-resin with noble metal	50%
D6740 - Crown porcelain/ceramic	50%
D6750 - Crown-porcelain fused to high noble metal	50%
D6751 - Crown-porcelain fused predominately base metal	50%
D6752 - Crown-porcelain fused noble metal	50%
D6753 - Retainer crown – porcelain fused to titanium and titanium alloys	50%
D6780 - Crown-3/4 cast high noble metal	50%
D6781 - Crown 3/4 cast predominantly based metal	50%
D6782 - Crown 3/4 cast noble metal	50%
D6783 - Crown 3/4 porcelain/ceramic	50%
D6784 - Retainer crown ¾ – titanium and titanium alloys	50%
D6790 - Crown-full cast high noble metal	50%
D6791 - Crown-full cast predominantly base metal	50%
D6792 - Crown-full cast noble metal	50%
Oral Surgery – once per tooth per lifetime	
D7230 - Removal of impacted tooth - part bony	50%
D7240 - Removal of impacted tooth - full bony	50%
D7241 - Removal of impacted tooth - complication	50%
Anesthesia – As needed/medical necessity	
D9219 - Evaluation - deep sedation or general anesthesia	50%
D9222 - General anesthesia - 1st 15 minute	50%
D9223 - General anesthesia - 15 minute increment	50%
D9239 - Intravenous sedation/analgesia - 1st 15 minute	50%
D9243 - Intravenous sedation/analgesia - 15 min increment	50%
D9613- Infiltration of sustained release therapeutic drug – single or multiple sites	50%

Non-covered Services

The plan does not cover the following:

- Dental services not listed in the table above
- Services or items listed in the Exclusions section or dental services that exceed frequency limitations
- Services performed outside the United States of America

2021 Deluxe Mandatory

As explained in Chapter 4 of this Evidence of Coverage, our plan offers supplemental dental benefits. This document describes your covered benefits and services. You are responsible for cost shares listed in the table below when you're treated by a dentist. If you get a service not listed in the table, you will have to pay the full cost. You can take this document to verify your coverage with your dentist. To locate a participating dentist, you can contact Member Services at the number on the back of your ID card or go online at aetnamedicare.com.

Maximum Benefit		**$2,000**
Deductible	**$50 on Basic and Major services***	
What you must pay:	**IN**	**OON**
Exams - two procedures per calendar year		
D0120 - Periodic oral exam	$0	30%
D0140 - Limited oral evaluation - problem focused	$0	30%
D0150 - Comprehensive oral exam	$0	30%
Cleanings - two procedures per calendar year		
D1110 - Adult prophylaxis	$0	30%
Bitewing X-ray - one procedure per calendar year		
D0270 - Single radiographic image	$0	30%
D0272 - Two radiographic images	$0	30%
D0273 - Three radiographic images	$0	30%
D0274 - Four radiographic images	$0	30%
D0708 - Intraoral – bitewing radiographic image – image capture only	$0	30%
Periapical - as needed		
D0220 - Periapical - first image	$0	30%
D0230 - Periapical - each additional image	$0	30%
D0391 - Interpretation of diagnostic image by practitioner not associated with image capture	$0	30%
D0707 – Periapical radiographic image – image capture only	$0	30%
Panoramic and Full Mouth Series - one procedure every three years		
D0210 - Full mouth series	$0	30%
D0330 - Panoramic image	$0	30%
D0701 – Panoramic radiographic image – image capture only	$0	30%
D0709 - Complete series of radiographic images – image capture only	$0	30%
Basic Services* Coverage will be provided after the $50 deductible has been met.		
Restorative (Fillings) - Amalgam and Composite - once per surface, per tooth every two years		
D2140 - Amalgam - 1 surface	20%	50%
D2150 - Amalgam - 2 surfaces	20%	50%

D2160 - Amalgam - 3 surfaces	20%	50%
D2161 - Amalgam - 4 or more surfaces	20%	50%
D2330 - Resin-based composite - 1 surface - anterior	20%	50%
D2331 - Resin-based composite - 2 surfaces - anterior	20%	50%
D2332 - Resin-based composite - 3 surfaces - anterior	20%	50%
D2335 - Resin-based composite - 4 or more surfaces - anterior	20%	50%
D2390 - Resin-based composite crown - anterior	20%	50%
D2391 - Resin-based composite - 1 surface - posterior	20%	50%
D2392 - Resin-based composite - 2 surfaces	20%	50%
D2393 - Resin-based composite - 3 surfaces	20%	50%
D2394 - Resin-based composite - 4 or more surfaces	20%	50%
Re-cementation - one per tooth per year		
D2910 - Re-cement inlay, onlay or veneer	20%	50%
D2915 - Re-cement cast or prefabricated post and core	20%	50%
D2920 - Re-cement crown	20%	50%
Root Canal- one per tooth per lifetime		
D3310 - Anterior excluding final restoration	20%	50%
D3320 - Premolar excluding final restoration	20%	50%
D3330 - Molar excluding final restoration	20%	50%
Retreatment of Root Canal - one per tooth per lifetime		
D3346 - Retreatment of root canal - anterior	20%	50%
D3347 - Retreatment of root canal - premolar	20%	50%
D3348 - Retreatment of root canal - molar	20%	50%
Scaling and Root Planing - each quad every two years		
D4341 - Periodontal scaling and root planing, 4 or more teeth per quadrant	20%	50%
D4342 - Periodontal scaling and root planing, 1-3 teeth per quadrant	20%	50%
Periodontal Maintenance - two per calendar year		
D4910 - Periodontal maintenance - procedures	20%	50%
Extractions - one per tooth per Lifetime		
D7140 - Extraction - erupted tooth or exposed	20%	50%
D7210 - Surgical removal of erupted tooth	20%	50%
D7220 - Removal of impacted tooth - soft tissue	20%	50%
D7250 - Surgical removal of residual tooth	20%	50%
Pain Treatment - as medically necessary		
D9110 - Palliative treatment of dental pain, minor	20%	50%
Major Services* Coverage will be provided after the $50 deductible has been met.		
Crown/Buildup – one per tooth every five years		
D2720 - Crown - resin with high noble metal	50%	70%
D2740 - Crown - porcelain/ceramic substrate	50%	70%

D2750 - Crown - porcelain fused high noble metal	50%	70%
D2751 - Crown - porcelain fused predominantly base metal	50%	70%
D2752 - Crown - porcelain fused to noble metal	50%	70%
D2753 - Crown - porcelain fused to titanium and titanium alloy	50%	70%
D2780 - Crown - 3/4 cast high noble metal	50%	70%
D2781 - Crown - 3/4 cast predominantly base metal	50%	70%
D2782 - Crown - 3/4 cast noble metal	50%	70%
D2783 - Crown - 3/4 cast porcelain/ceramic	50%	70%
D2790 - Crown - full cast high noble metal	50%	70%
D2791 - Crown - full cast predominantly metal	50%	70%
D2792 - Crown - full cast noble metal	50%	70%
D2950 - Core buildup, including any pins	50%	70%
D2952 - Cast post and core in addition to crown	50%	70%
D2953 - Cast post - each additional - same tooth	50%	70%
D2954 - Prefabricated post and core in addition to crown	50%	70%
D2957 - Prefabricated post - each additional - same tooth	50%	70%
Crown Repair - one per tooth per year		
D2980 - Crown repair	50%	70%
Debridement - one per lifetime		
D4355 - Full mouth debridement	50%	70%
Complete Dentures - One every five years		
D5110 - Complete denture - maxillary	50%	70%
D5120 - Complete denture - mandibular	50%	70%
Partial Dentures - One every five years		
D5211 - Maxillary partial denture - resin base	50%	70%
D5212 - Mandibular partial denture - resin base	50%	70%
D5213 - Maxillary partial denture - cast base	50%	70%
D5214 - Mandibular partial denture cast base	50%	70%
D5225 - Maxillary partial denture - flexible base (including retentive/ clasping materials, rests, and teeth)	50%	70%
D5226 - Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	50%	70%
D5282 - Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth)maxillary	50%	70%
D5283 - Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth),mandibular	50%	70%
D5284 - removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth)- per quadrant	50%	70%
D5286 - removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth)- per quadrant	50%	70%

Denture Adjustment, Repair and Rebase - as needed		
D5410 - Adjustments maxillary complete denture	50%	70%
D5411 - Adjustments mandibular complete denture	50%	70%
D5421 - Adjustments partial denture - maxillary	50%	70%
D5422 - Adjustments partial denture - mandibular	50%	70%
D5511 - Repair broken complete denture base - mandibular	50%	70%
D5512 - Repair broken complete denture base - maxillary	50%	70%
D5520 - Replace missing or broken teeth, complete denture (each tooth)	50%	70%
D5611 - Repair resin denture base - mandibular	50%	70%
D5612 - Repair resin denture base - maxillary	50%	70%
D5621 - Repair cast framework - mandibular	50%	70%
D5622 - Repair cast framework - maxillary	50%	70%
D5630 - Repair or replace broken clasp	50%	70%
D5640 - Replace broken teeth - per tooth	50%	70%
D5650 - Add tooth to existing partial denture	50%	70%
D5660 - Add clasp to existing partial denture	50%	70%
D5670 - Replace all teeth - upper partial	50%	70%
D5671 - Replace all teeth - lower partial	50%	70%
D5710 - Rebase complete maxillary denture	50%	70%
D5711 - Rebase complete mandibular denture	50%	70%
D5720 - Rebase partial maxillary denture	50%	70%
D5721 - Rebase partial mandibular denture	50%	70%
D5730 - Reline complete maxillary denture (direct)	50%	70%
D5731 - Reline complete mandibular denture (direct)	50%	70%
D5740 - Reline complete maxillary partial denture (direct)	50%	70%
D5741 - Reline complete mandibular partial denture (direct)	50%	70%
D5750 - Reline complete maxillary denture (indirect)	50%	70%
D5751 - Reline complete mandibular denture (indirect)	50%	70%
D5760 - Reline maxillary partial denture (indirect)	50%	70%
D5761 - Reline mandibular partial denture (indirect)	50%	70%
D5876 - Add metal substructure to acrylic full denture (per arch)	50%	70%
Fixed partial denture - one per year		
D6980 - Fixed partial denture repair	50%	70%
Pontic - one tooth every five years		
D6210 - Pontic - cast high noble metal	50%	70%
D6211 - Pontic - cast predominantly base metal	50%	70%
D6212 - Pontic - cast noble metal	50%	70%
D6240 - Pontic - porcelain fused to high noble	50%	70%
D6241 - Pontic - porcelain fused to base metal	50%	70%
D6242 - Pontic - porcelain fused to noble metal	50%	70%
D6243 – Pontic - porcelain fused to titanium and titanium alloys	50%	70%

D6245 - Pontic - porcelain/ceramic	50%	70%
D6250 - Pontic - resin with high noble metal	50%	70%
D6251 - Pontic - resin with predominantly base metal	50%	70%
D6252 - Pontic - resin with noble metal	50%	70%
Bridge Retainers - one per tooth every five years		
D6545 - Retainer - cast metal for resin bonded	50%	70%
D6548 - Retainer - porcelain/ceramic resin bonded fixed prosthesis	50%	70%
D6720 - Crown - resin with high noble metal	50%	70%
D6721 - Crown - resin with predominately base metal	50%	70%
D6722 - Crown - resin with noble metal	50%	70%
D6740 - Crown - porcelain/ceramic	50%	70%
D6750 - Crown - porcelain fused to high noble meta	50%	70%
D6751 - Crown - porcelain fused predominately base metal	50%	70%
D6752 - Crown - porcelain fused noble metal	50%	70%
D6753 - retainer crown - porcelain fused to titanium and titanium alloys	50%	70%
D6780 - Crown - 3/4 cast high noble metal	50%	70%
D6781 - Crown - 3/4 cast predominantly based metal	50%	70%
D6782 - Crown - 3/4 cast noble metal	50%	70%
D6783 - Crown - 3/4 porcelain/ceramic	50%	70%
D6784 - Retainer crown ¾ - titanium and titanium alloys	50%	70%
D6790 - Crown - full cast high noble metal	50%	70%
D6791 - Crown - full cast predominantly base metal	50%	70%
D6792 - Crown - full cast noble metal	50%	70%
Oral Surgery - once per tooth per lifetime		
D7230 - Removal of impacted tooth - part bony	50%	70%
D7240 - Removal of impacted tooth - full bony	50%	70%
D7241 - Removal of impacted tooth - complication	50%	70%
Anesthesia - As needed/medical necessity		
D9219 - Evaluation - deep sedation or general anesthesia	50%	70%
D9222 - General anesthesia - 1st 15 minutes	50%	70%
D9223 - General anesthesia - 15 minute increments	50%	70%
D9239 - Intravenous sedation/analgesia - 1st 15 minutes	50%	70%
D9243 - Intravenous sedation/analgesia - 15 minute increments	50%	70%
D9613 - Infiltration of sustained release therapeutic drug - single or multiple sites	50%	70%

Non-covered Services

The plan does not cover the following:

- Dental services not listed in the table above
- Services or items listed in the Exclusions section or dental services that exceed frequency limitations
- Services performed outside the United States of America

2021 preferred pharmacies

P1 Preferred Network

We want you to pay the lowest price possible for your prescription drugs. You'll save money on your copays when you use preferred pharmacies. It's easy to find a pharmacy near you.

Albertsons, including:
- ACME Pharmacy[1]
- Osco
- Sav-on[1]
- Shaws[1]
- United Supermarkets of Texas

Allina Health Pharmacies

Aurora Pharmacy

Bartell Drugs

BI-LO Pharmacy, including:
- Harveys[1]
- Winn-Dixie

Big Y

Brookshire Grocery Company, including:
- Super 1 Foods

Coborn's, including:
- Cashwise

Costco

Cub Pharmacy[1]

CVS Pharmacy, including:
- Eaton Apothecary
- Longs[1]
- Minute Clinics
- Navarro
- CVS at Schnucks
- CVS at Target

Dierbergs

Discount Drug Mart

Giant Eagle

Harmon's Whole Health

H-E-B

Hy-Vee

Ingles Markets

Kinney Drugs

Kmart

Kroger, including:
- Baker's[1]
- City Market[1]
- Copps
- Dillons[1]
- Fred Meyer
- Fry's
- Gerbes
- Harris Teeter
- Kessel
- King Soopers
- Kroger Sav-on
- Mariano's
- QFC
- Pick 'n Save
- Ralph's[1]
- Roundy's
- Scotts[1]
- Smith's[1]

Lewis Drugs

Marc's

Meijer

Price Chopper[1]

Publix

Raley's, including:
- Nob Hill Pharmacy

Safeway, including:
- Carrs[1]
- Haggen
- Pavilions[1]
- Randalls[1]
- Tom Thumb
- Vons

Save Mart

ShopRite

Thrifty White[1]

Walmart

Weis Markets

Wegmans

In 2021 CVS Caremark Mail Service Pharmacy™ is your preferred mail order provider.

[1]Not all pharmacies with this name are part of the preferred chain. Please consult the online directory.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. 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. Our SNPs also have contracts with State Medicaid programs. Other pharmacies are available in our pharmacy network. Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Suburban Arizona, Rural Kansas, Rural Maine, Rural and Urban Michigan, Rural Nebraska and Suburban West Virginia. 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 1-855-338-7027 (TTY: 711) or consult the online pharmacy directory at http://www.aetnamedicare.com/pharmacyhelp

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