

## 2023 Plan Guide

## PHILLY-EAGLE-MA-ONLY-PA

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information about this plan, refer to the Summary of Benefits, visit our website **AetnaMedicare.com** or call us at **1-833-859-6031 (TTY: 711)**. Your call may be answered by a licensed agent.

agent.  Benefits listed are for services received in-network and per visit	Aetna Medicare Advantra Eagle (HMO)
unless otherwise stated	H3959-057  Monthly Plan Premium: <b>\$0</b>
Service area	PA-Bucks, Chester, Delaware, Montgomery, Philadelphia
Part B premium reduction	\$40
Plan deductible	\$0
Annual maximum out-of-pocket amount (does not include premium	\$4,000
or prescription drugs)	
Hospital coverage	
Inpatient hospital care	\$275 per stay Plan covers unlimited hospital days.
Outpatient hospital	\$250
Ambulatory surgery center (ASC)	\$200
Skilled nursing facility	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Doctor visits	
Primary care physician (PCP)	\$0
PCP referrals	This plan doesn't require a referral to see a specialist.
Specialist	\$35
Emergency and urgent care	
Emergency care	\$110
Urgently needed services	\$50
Worldwide coverage (i.e., outside of the United States)	\$110 for emergency and urgent services worldwide.
Diagnostic testing	
X-rays and diagnostic radiology (e.g., CT Scan, MRI)	X-rays: \$15
	Diagnostic radiology: \$0 - \$275 Lower cost sharing is for services provided by your primary care physician in their office.
Lab services	\$0
Dental, vision and hearing (non-Medicare covered)	
Dental services	\$0 - 50% up to \$3,000 for preventive and comprehensive dental services combined.
	Aetna Dental PPO Network
Routine eye exam	\$0 (one exam every year)
Eyewear	\$300 maximum benefit every year for prescription eyewear.
	EyeMed Network
Routine hearing exam	\$0 (one exam every year)
	All appointments must be scheduled through NationsHearing.
Hearing aids	\$0 copay with a \$1,250 (per ear) maximum benefit every year.
	All hearing aids must be purchased through NationsHearing.
Therapy	
Physical and speech therapy	\$25 
Occupational therapy	\$25

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Advantra Eagle (HMO) H3959-057 Monthly Plan Premium: \$0	
Outpatient mental health therapy (individual)	\$40	
Ambulance		
Ground ambulance (one-way trip)	\$230	
Air ambulance (one-way trip)	\$335	
Equipment and prosthetics		
Durable medical equipment	20%	
Prosthetics	20%	

Additional benefits	Aetna Medicare Advantra Eagle (HMO) H3959-057 Monthly Plan Premium: \$0
24-Hour Nurse Line	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Fitness	Physical fitness program: Basic membership at participating SilverSneakers® facilities. Memory fitness program: You are provided access to BrainHQ.
Foot care (additional)	\$35 (up to one visit every three months)
Meals	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter items (OTC)	\$90 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.
Transportation	\$0 (6 one-way trips every year)

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Advantra Eagle (HMO) H3959-057 Monthly Plan Premium: \$0
Rx deductible	No Part D benefit Cannot add a Part D plan
Tier 1 Drugs:  Retail: 30-day supply Retail/Mail: 100-day supply	No Part D benefit Cannot add a Part D plan
Tier 2 Drugs:  • Retail: 30-day supply  • Retail/Mail: 100-day supply	No Part D benefit Cannot add a Part D plan
Tier 3 Drugs:  • Retail: 30-day supply  • Retail/Mail: 100-day supply	No Part D benefit Cannot add a Part D plan
Tier 4 Drugs:  • Retail: 30-day supply  • Retail/Mail: 100-day supply	No Part D benefit Cannot add a Part D plan
Tier 5 Drugs:  Retail: 30-day supply Retail/Mail: 100-day supply	No Part D benefit Cannot add a Part D plan
Gap coverage	No Part D benefit Cannot add a Part D plan

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our DSNPs 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. Out-of-network/non-contracted providers are under no obligation to treat plan 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.

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.

Aetna 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.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-810-6150 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-810-6150 (TTY: 711).

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