



2023 Plan Guide

SOUTHEASTERN-PHILADELPHIA-REGION

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

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Advantra Philly Prime (HMO) H3959-053 Monthly Plan Premium: \$0	Aetna Medicare Advantra Value (HMO) H3959-052 Monthly Plan Premium: \$0	Aetna Medicare Value Plus (PPO) H5522-021 Monthly Plan Premium: \$45	Aetna Medicare Value (PPO) H5521-263 Monthly Plan Premium: \$0	Aetna Medicare Advantra Premier (HMO) H3959-033 Monthly Plan Premium: \$27	Aetna Medicare Advantra Premier Plus (PPO) H5522-014 Monthly Plan Premium: \$48	Aetna Medicare Advantra Credit Value (PPO) H5522-017 Monthly Plan Premium: \$0	Aetna Medicare Advantra Eagle (HMO) H3959-057 Monthly Plan Premium: \$0	
Service area	PA-Philadelphia	PA-Bucks, Chester, Delaware, Montgomery, Philadelphia	PA-Bucks, Chester, Delaware, Montgomery, Philadelphia	PA-Adams, Berks, Blair, Bradford, Bucks, Carbon, Centre, Chester, Clinton, Columbia, Cumberland, Dauphin, Delaware, Franklin, Fulton, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York		PA-Bucks, Chester, Delaware, Montgomery, Philadelphia	PA-Bucks, Chester, Delaware, Montgomery, Philadelphia	PA-Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York	PA-Bucks, Chester, Delaware, Montgomery, Philadelphia
Part B premium reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$52	\$40	

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Plan deductible	\$0	\$0	No in-network deductible. \$400 for certain out-of-network services.	No in-network deductible. \$1,000 for certain out-of-network services.	\$0	No in-network deductible. \$400 for certain out-of-network services.	No in-network deductible. \$950 for certain out-of-network services.	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$6,900	\$7,550	\$6,700 for in-network services. \$11,300 for in- and out-of-network services combined.	\$7,550 for in-network services. \$11,300 for in- and out-of-network services combined.	\$7,550	\$6,700 for in-network services. \$11,300 for in- and out-of-network services combined.	\$7,550 for in-network services. \$11,300 for in- and out-of-network services combined.	\$4,000
Network	Your plan works with a dedicated network. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .
Hospital coverage								
Inpatient hospital care	\$275 per stay Plan covers unlimited hospital days.	\$225 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$475 per stay Plan covers unlimited hospital days.	\$255 per day, days 1-8; \$0 per day, days 9-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$400 per stay Plan covers unlimited hospital days.	\$475 per stay Plan covers unlimited hospital days.	\$360 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$275 per stay Plan covers unlimited hospital days.
Outpatient hospital	\$300	\$325	\$295	\$50 - \$350 Lower cost sharing is for outpatient hospital services other than surgery.	\$350	\$295	20%	\$250
Ambulatory surgery center (ASC)	\$250	\$250	\$245	\$250	\$300	\$245	20%	\$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.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$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	\$5	\$5	\$10	\$0	\$5	\$10	\$0

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PCP referrals	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.
Specialist	\$40	\$45	\$40	\$50	\$35	\$45	\$50	\$35
Emergency and urgent care								
Emergency care	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$110
Urgently needed services	\$50	\$50	\$50	\$10 - \$50 Lower cost sharing is for services provided by your primary care physician in their office.	\$60	\$50	\$60	\$50
Worldwide coverage (i.e., outside of the United States)	\$95 for emergency and urgent services worldwide.	\$95 for emergency and urgent services worldwide.	\$95 for emergency and urgent services worldwide.	\$95 for emergency and urgent services worldwide.	\$95 for emergency and urgent services worldwide.	\$95 for emergency and urgent services worldwide.	\$95 for emergency and urgent services worldwide.	\$110 for emergency and urgent services worldwide.
Diagnostic testing								
X-rays and diagnostic radiology (e.g., CT Scan, MRI)	X-rays: \$20 Diagnostic radiology: \$0 - \$250 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$30 Diagnostic radiology: \$5 - \$295 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$35 Diagnostic radiology: \$5 - \$275 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$30 Diagnostic radiology: \$10 - \$295 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$35 Diagnostic radiology: \$0 - \$250 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$35 Diagnostic radiology: \$5 - \$275 Lower cost sharing is for services provided by your primary care physician in their office.	X-rays: \$50 Diagnostic radiology: \$10 - \$350 Lower cost sharing is for services provided by your primary care physician in their office.	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	\$5 You'll pay \$0 for certain lab services.	\$0	\$10 You'll pay \$0 for certain lab services.	\$0	\$0	\$5 You'll pay \$0 for certain 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	\$0 - 50% up to \$3,000 for preventive and comprehensive dental services combined. Aetna Dental PPO Network	\$0 - 50% up to \$1,000 for preventive and comprehensive dental services combined. Aetna Dental PPO Network	\$1,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental PPO Network	\$0 - 50% up to \$3,000 for preventive and comprehensive dental services combined. Aetna Dental PPO Network	\$0 - 50% up to \$3,000 for preventive and comprehensive dental services combined. Aetna Dental PPO Network	\$0 - 50% up to \$1,000 for preventive and comprehensive dental services combined. Aetna Dental PPO Network	\$0 - 50% up to \$3,000 for preventive and comprehensive dental services combined. Aetna Dental PPO Network

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Routine eye exam	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)
Eyewear	\$525 maximum benefit every year for prescription eyewear. EyeMed Network	\$325 maximum benefit every year for prescription eyewear. EyeMed Network	\$200 maximum benefit every year for prescription eyewear. EyeMed Network	Not covered	\$300 reimbursement** every year. You can see any licensed U.S. provider. Discounts may be available when seeing an EyeMed provider.	\$200 maximum benefit every year for prescription eyewear. EyeMed Network	Not covered	\$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.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.	\$0 (one exam every year)	\$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.	\$0 copay with a \$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$0 copay with a \$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$0 copay with a \$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$0 copay with a \$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$0 copay with a \$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	Not covered	\$0 copay with a \$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.
**Member pays the provider upfront and we pay the member back. Plan coverage rules apply.								
Therapy								
Physical and speech therapy	\$35	\$35	\$35	\$35	\$25	\$40	\$40	\$25
Occupational therapy	\$35	\$35	\$35	\$35	\$25	\$40	\$40	\$25
Outpatient mental health therapy (individual)	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Ambulance								
Ground ambulance (one-way trip)	\$225	\$230	\$250	\$265	\$245	\$255	\$275	\$230
Air ambulance (one-way trip)	\$325	\$370	\$350	\$365	\$345	\$355	\$375	\$335

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Equipment and prosthetics								
Durable medical equipment	20%	20%	20%	20%	20%	20%	20%	20%
Prosthetics	20%	20%	20%	20%	20%	20%	20%	20%

Additional benefits	Aetna Medicare Advantra Philly Prime (HMO) H3959-053 Monthly Plan Premium: \$0	Aetna Medicare Advantra Value (HMO) H3959-052 Monthly Plan Premium: \$0	Aetna Medicare Value Plus (PPO) H5522-021 Monthly Plan Premium: \$45	Aetna Medicare Value (PPO) H5521-263 Monthly Plan Premium: \$0	Aetna Medicare Advantra Premier (HMO) H3959-033 Monthly Plan Premium: \$27	Aetna Medicare Advantra Premier Plus (PPO) H5522-014 Monthly Plan Premium: \$48	Aetna Medicare Advantra Credit Value (PPO) H5522-017 Monthly Plan Premium: \$0	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.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Aetna Medicare Payment Card	You will receive a preloaded debit card in the mail to be used toward the following: <ul style="list-style-type: none"> \$100 quarterly allowance to be used toward cost share for medical plan covered services such as lab and physician cost share and services among others. \$105 quarterly allowance to be used toward the purchase of plan approved covered OTC items. 	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

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Chiropractic services (additional)	\$10 (up to twelve visits every year through Aetna)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Extra Benefits	Members with certain chronic conditions may be eligible for: • Extra Benefits Card with quarterly allowance of \$150 to help pay for healthy foods See the Evidence of Coverage for more information	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Fitness	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities. Memory fitness program: You are provided access to BrainHQ.
Foot care (additional)	\$20 (up to one visit every three months)	\$30 (up to one visit every three months)	\$35 (up to one visit every three months)	\$40 (up to one visit every three months)	\$30 (up to one visit every three months)	\$45 (up to one visit every three months)	\$50 (up to one visit every three months)	\$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.	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.	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.	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.	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.	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.	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.	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)	See Aetna Medicare Payment Card row above for OTC details.	\$105 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$120 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$90 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$105 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$120 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$45 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$90 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.

Additional benefits	Aetna Medicare Advantra Philly Prime (HMO) H3959-053 Monthly Plan Premium: \$0	Aetna Medicare Advantra Value (HMO) H3959-052 Monthly Plan Premium: \$0	Aetna Medicare Value Plus (PPO) H5522-021 Monthly Plan Premium: \$45	Aetna Medicare Value (PPO) H5521-263 Monthly Plan Premium: \$0	Aetna Medicare Advantra Premier (HMO) H3959-033 Monthly Plan Premium: \$27	Aetna Medicare Advantra Premier Plus (PPO) H5522-014 Monthly Plan Premium: \$48	Aetna Medicare Advantra Credit Value (PPO) H5522-017 Monthly Plan Premium: \$0	Aetna Medicare Advantra Eagle (HMO) H3959-057 Monthly Plan Premium: \$0
Personal emergency response system	Members are eligible for an alert system through LifeStation.	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Transportation	\$0 (18 one-way trips every year)	\$0 (12 one-way trips every year)	\$0 (6 one-way trips every year)	Not covered	\$0 (6 one-way trips every year)	\$0 (6 one-way trips every year)	\$0 (6 one-way trips every year)	\$0 (6 one-way trips every year)
Visitor/travel benefit	Not covered	Not covered	Not covered	Explorer program: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Not covered	Not covered	Not covered	Not covered

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Advantra Philly Prime (HMO) H3959-053 Monthly Plan Premium: \$0	Aetna Medicare Advantra Value (HMO) H3959-052 Monthly Plan Premium: \$0	Aetna Medicare Value Plus (PPO) H5522-021 Monthly Plan Premium: \$45	Aetna Medicare Value (PPO) H5521-263 Monthly Plan Premium: \$0	Aetna Medicare Advantra Premier (HMO) H3959-033 Monthly Plan Premium: \$27	Aetna Medicare Advantra Premier Plus (PPO) H5522-014 Monthly Plan Premium: \$48	Aetna Medicare Advantra Credit Value (PPO) H5522-017 Monthly Plan Premium: \$0	Aetna Medicare Advantra Eagle (HMO) H3959-057 Monthly Plan Premium: \$0
Rx deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	No Part D benefit Cannot add a Part D plan
Tier 1 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	No Part D benefit Cannot add a Part D plan
Tier 2 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$5 / \$20 \$10 / \$60	Preferred/Standard \$5 / \$20 \$10 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$5 / \$20 \$10 / \$60	No Part D benefit Cannot add a Part D plan
Tier 3 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$37* / \$47* \$111** / \$141**	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47* / \$47* \$141** / \$141**	Preferred/Standard \$47 / \$47 \$141 / \$141	No Part D benefit Cannot add a Part D plan

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Advantra Philly Prime (HMO) H3959-053 Monthly Plan Premium: \$0	Aetna Medicare Advantra Value (HMO) H3959-052 Monthly Plan Premium: \$0	Aetna Medicare Value Plus (PPO) H5522-021 Monthly Plan Premium: \$45	Aetna Medicare Value (PPO) H5521-263 Monthly Plan Premium: \$0	Aetna Medicare Advantra Premier (HMO) H3959-033 Monthly Plan Premium: \$27	Aetna Medicare Advantra Premier Plus (PPO) H5522-014 Monthly Plan Premium: \$48	Aetna Medicare Advantra Credit Value (PPO) H5522-017 Monthly Plan Premium: \$0	Aetna Medicare Advantra Eagle (HMO) H3959-057 Monthly Plan Premium: \$0
Tier 4 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$99 / \$100 \$297 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	No Part D benefit Cannot add a Part D plan
Tier 5 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 33% / 33% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 33% / 33% N/A	No Part D benefit Cannot add a Part D plan
Gap coverage	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	No Part D benefit Cannot add a Part D plan
<p>* Select Insulins on Tier 3 are \$35 for 30 days. ** Select Insulins on Tier 3 are \$105 for 100 days.</p>								

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 formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri 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, please call 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at [AetnaMedicare.com/findpharmacy](https://www.aetnamedicare.com/findpharmacy).

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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