

# Aetna 2024 Benefits at a Glance



2024 Plan Guide

PA-PHILADELPHIA

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information, refer to the Summary of Benefits, visit our website [AetnaMedicare.com](https://www.aetna.com) 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-POS) H3939-083 Monthly plan premium: \$0	Aetna Medicare Freedom Core (PPO) H5522-028 Monthly plan premium: \$0	Aetna Medicare Advantra Value (HMO-POS) H3939-082 Monthly plan premium: \$0	Aetna Medicare Advantra Credit Value (PPO) H5522-017 Monthly plan premium: \$0	Aetna Medicare Value Plus (HMO-POS) H3959-033 Monthly plan premium: \$27	Aetna Medicare Advantra Premier Plus (PPO) H5522-014 Monthly plan premium: \$59	Aetna Medicare Value (PPO) H5521-263 Monthly plan premium: \$0	Aetna Medicare Advantra Eagle (HMO-POS) H3939-087 Monthly plan premium: \$0
Service area	<b>Pennsylvania:</b> Philadelphia	<b>Pennsylvania:</b> Bucks, Chester, Delaware, Montgomery, Philadelphia	<b>Pennsylvania:</b> Bucks, Chester, Delaware, Montgomery, Philadelphia	<b>Pennsylvania:</b> 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	<b>Pennsylvania:</b> 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	<b>Pennsylvania:</b> Bucks, Chester, Delaware, Montgomery, Philadelphia	<b>Pennsylvania:</b> 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, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York	<b>Pennsylvania:</b> Bucks, Chester, Delaware, Montgomery, Philadelphia
Part B premium reduction	\$0	\$0	\$0	\$56	\$0	\$0	\$0	\$40
Plan deductible	\$0	\$0	\$0	No in-network deductible. \$950 for certain out-of-network	\$0	\$0	No in-network deductible. \$1,000 for certain out-of-network	\$0



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PA-PHILADELPHIA-B

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Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Premier (HMO-POS) H3931-064 Monthly plan premium: \$57	Aetna Medicare Premier Plus (HMO-POS) H3931-004 Monthly plan premium: \$87	Aetna Medicare Silver (HMO-POS) H3931-070 Monthly plan premium: \$37	Aetna Medicare Gold Plan (PPO) H5521-122 Monthly plan premium: \$145	Aetna Medicare Philly Suburban Value (HMO-POS) H3931-105 Monthly plan premium: \$0
Service area	<b>Pennsylvania:</b> Bucks, Chester, Delaware, Montgomery, Philadelphia	<b>Pennsylvania:</b> Bucks, Chester, Delaware, Montgomery, Philadelphia	<b>Pennsylvania:</b> 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	<b>Pennsylvania:</b> 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	<b>Pennsylvania:</b> Bucks, Chester, Delaware, Montgomery, Philadelphia
Plan deductible	\$0	\$0	\$0	No in-network deductible. \$750 for certain out-of-network services.	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$6,900 for in-network services.	\$6,900 for in-network services.	\$7,550 for in-network services.	\$7,550 for in-network services. \$11,300 for in- and out-of-network services combined.	\$8,300 for in-network services.
<b>Hospital coverage</b>					
Inpatient hospital care	\$225 per day, days 1-5; \$0 per day, days 6-90; \$0 copay for additional days. Our plan covers unlimited hospital days.	\$375 per stay Our plan covers unlimited hospital days.	\$195 per day, days 1-7; \$0 per day, days 8-90; \$0 copay for additional days. Our plan covers unlimited hospital days.	\$400 per stay Our plan covers unlimited hospital days.	\$355 per day, days 1-6; \$0 per day, days 7-90; \$0 copay for additional days. Our plan covers unlimited hospital days.
Outpatient hospital	\$35 - \$350 Lower cost sharing is for outpatient hospital services other than surgery.	\$30 - \$275 Lower cost sharing is for outpatient hospital services other than surgery.	\$45 - \$350 Lower cost sharing is for outpatient hospital services other than surgery.	\$35 - \$275 Lower cost sharing is for outpatient hospital services other than surgery.	\$45 - \$350 Lower cost sharing is for outpatient hospital services other than surgery.
Ambulatory surgery center (ASC)	\$250	\$250	\$250	\$250	\$250