



# 2023 Summary of Benefits

Aetna Medicare Assure (HMO D-SNP)  
H1609 - 017

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medicare solutions

Here's a summary of the services we cover from January 1, 2023 through December 31, 2023. Keep in mind: This is just a summary. Need a complete list of what we cover and any limitations? Just visit [AetnaMedicare.com](https://www.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.

## Are you eligible to enroll?

To join our plan, you must:

- Live in the plan's service area, which includes these counties:  
**Florida:** Broward, Miami-Dade
- Have Medicare Part A
- Have Medicare Part B
- Be in a Medicare Savings Program (MSP) or qualify for State Medicaid benefits. See table below for additional MSP details.

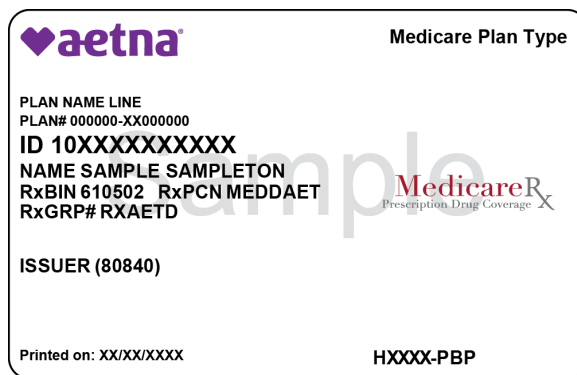
## Better health is a team effort

With our Medicare Advantage Dual Eligible Special Needs Plan, or D-SNP, you'll have a 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.

| 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 Beneficiary (SLMB)                    | Medicaid only covers your Medicare Part B premium.                                                                                                         |
| 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. |
| Full Benefit Dual Eligible (FBDE)                          | 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. |
| Qualified Disabled and Working Individual (QDWI)           | Medicaid only covers your Medicare Part A premium.                                                                                                         |
| Qualifying Individual (QI)                                 | Medicaid only covers your Medicare Part B premium.                                                                                                         |

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



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## Things to know

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

|                                                                                                 | 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                                                   | —                 | ✓         |
| Offers an allowance for food, transportation, and utilities                                     | —                 | ✓         |
| 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) and requires a referral to see a specialist | —                 | ✓         |



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

#### Out-of-Pocket Costs

|                              |                                                                                                                                                                                                                                                                                                  |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly premium              | \$0 up to \$32, depending on your level of Extra Help. Keep in mind: You must keep paying your Medicare Part B premium, too. But your state's Medicaid program may cover your Part B premium.                                                                                                    |
| Plan deductible              | \$0                                                                                                                                                                                                                                                                                              |
| Maximum out-of-pocket (MOOP) | \$3,450<br><br>The Maximum out-of-pocket (MOOP) is the <b>most you'll pay</b> for the medical services we cover each year. <b>It's in place to protect you.</b> Keep in mind: Medicaid will cover most of your costs. And your premium and prescription drug costs don't count toward your MOOP. |

## Medical and hospital benefits



### 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 per stay.          |
| 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. Unless it's an emergency, you'll need a **referral** from your PCP to see a specialist.

| 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 care (inside the U.S.)                                  | \$0                                                                |
| Urgent care (inside the U.S.)                                     | \$0                                                                |
| Emergency and urgent care, including ambulance (outside the U.S.) | \$0 for emergency care<br>\$0 for urgent care<br>\$0 for ambulance |



### Diagnostic services, labs, imaging

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification. You may also have to get a **referral from your PCP** before you get these services.

| Benefit                                    | Your costs in our plan |
|--------------------------------------------|------------------------|
| Diagnostic tests and procedures            | \$0                    |
| Lab services                               | \$0                    |
| Diagnostic radiology services, such as MRI | \$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<br>You must make your appointment through NationsHearing.                                                                                                                                                                                            |
| Hearing aids – maximum coverage            | Up to \$2,500 per ear every year<br>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 **Liberty Dental** network. To find a dentist, use the phone number or website listed in the contact quick reference chart. 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 and extractions        | \$0                    |



### Vision services

Our **vision benefit** is provided by **iCare**. For us to cover your contacts or eyeglasses, you must see a doctor in the iCare 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                                                                                                         | \$0                                                                                                                                                                                            |
| Contacts and eyeglasses (includes coverage after cataract surgery and frames and lenses not usually covered by Medicare) | Up to \$400 every year<br><br>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 per stay           |
| 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. You may also have to get a **referral** from your PCP before you get these services.

| Benefit                                              | Your costs in our plan |
|------------------------------------------------------|------------------------|
| Skilled nursing facility (SNF) care (up to 100 days) | \$0 per stay           |
| 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, one-way trip)      | \$0                                                                                                                                                                                                                                                                                                      |
| Ambulance (air, one-way trip)         | \$0 - 20% <ul style="list-style-type: none"> <li>• \$0 for QMB, QMB+, SLMB+, and FBDE members</li> <li>• 20% for SLMB, QI, and QDWI members</li> </ul> <p>Your doctor often needs approval from us before we cover an air ambulance. This is called <b>prior authorization</b> or pre-certification.</p> |
| Routine, non-emergency transportation | \$0 <p>Our plan covers unlimited one-way trips every year, up to 60 miles each trip.</p>                                                                                                                                                                                                                 |



### Medicare Part B Drugs

Medicare Part B only covers certain medicines for certain conditions. These medicines are often given to you in your doctor's office. They can include things like vaccines, injections and nebulizers, among others. They can also include medicines you take at home through special medical equipment. 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 - 20% <ul style="list-style-type: none"> <li>• \$0 for QMB, QMB+, SLMB+, and FBDE members</li> <li>• 20% for SLMB, QI, and QDWI members</li> </ul> |
| Other Part B drugs | \$0 - 20% <ul style="list-style-type: none"> <li>• \$0 for QMB, QMB+, SLMB+, and FBDE members</li> <li>• 20% for SLMB, QI, QDWI members</li> </ul>     |



### Medicare Part D Drugs

Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes. 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                                                                                                                                                                                      |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Formulary Name        | B5_Plus (You can use this when referencing our list of covered drugs.)                                                                                                                                      |
| Deductible            | \$0                                                                                                                                                                                                         |
| Initial Coverage      | \$0 for all covered drugs<br><br>You can get a 30, 60 or 100-day supply of drugs. This includes home infusion drugs obtained through your Part D benefit.<br><br>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 (OTC) benefit

| Benefit | Your costs in our plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OTC     | <p>\$0</p> <p>You will receive a \$375 quarterly allowance to be used towards items from the Nations OTC catalog (<a href="https://aetna.nationsbenefits.com">aetna.nationsbenefits.com</a>) such as pain relievers, cold remedies and vitamins. You can shop for eligible products online, by phone and at participating retail locations using a preloaded debit card that will be provided to you by mail.</p> <p>Your allowance is quarterly. It will not carry over from one quarter to the next. You will lose any amount leftover at the end of the quarter. Note: Your allowance will be on the same debit card as your Extra Benefits Card.</p> |



### 24-Hour Nurse Line and Telehealth

| Benefit            | Your costs in our plan                                                                                                                                                                                                                                                                                                                                                           |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 24-Hour Nurse Line | <p>\$0</p> <p>Talk to a registered nurse anytime, day or night.</p>                                                                                                                                                                                                                                                                                                              |
| Telehealth         | <p>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 providers that offer telehealth services covered under your plan.</p> |



### Substance Abuse

| Benefit                                         | Your costs in our plan |
|-------------------------------------------------|------------------------|
| Individual substance abuse therapy (outpatient) | \$0                    |
| Group 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<br><br>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 &amp; support

H1609-017

| Benefit                      | Your costs in our plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Home health care             | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Meals                        | \$0<br><br>42 meals over a 14-day period after you're discharged from an inpatient hospital or skilled nursing facility stay. Upon discharge, you'll be contacted by Independent Living Systems to schedule delivery.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Meals (supplemental program) | \$0<br><br>Our plan provides an extra meal program if you have a chronic condition. It covers up to 14 home-delivered meals over a 30-day period. If you're eligible, you'll be contacted to schedule delivery.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Extra benefits card          | You will receive a \$75 quarterly allowance on a preloaded debit card to be used towards the following: <ul style="list-style-type: none"> <li>• <b>Healthy foods:</b> <ul style="list-style-type: none"> <li>◦ Benefit can be used towards the purchase of healthy and nutritious foods and produce at approved retail locations, as well as online and over the phone.</li> </ul> </li> <li>• <b>Utilities:</b> <ul style="list-style-type: none"> <li>◦ Benefit can be used towards your utility expenses such as water, heating oil, electricity, sanitary/trash, gas, land line or cell phone, and internet.</li> </ul> </li> <li>• <b>Transportation:</b> <ul style="list-style-type: none"> <li>◦ Benefit can be used for transportation services including ambulance services (if applicable), taxi, rideshare services (including Uber and Lyft), public transportation (including bus and metro), and gas (petroleum).</li> </ul> </li> </ul> Our plan has partnered with Nations to provide this benefit. |



### 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 - 20% <ul style="list-style-type: none"> <li>• \$0 for QMB, QMB+, SLMB+, and FBDE members</li> <li>• 20% for SLMB, QI, and QDWI members</li> </ul> |



### Foot care (podiatry services)

You may have to get a **referral** from your PCP before you get these services.

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



### Acupuncture and back care

You may have to get a **referral** from your PCP before you get these services.

| Benefit                                                 | Your costs in our plan                                                                                                                                                                                                                                    |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Acupuncture (in addition to Original Medicare coverage) | \$0 <p>American Specialty Health will manage your acupuncture benefit. On your initial visit, your provider will discuss and establish your treatment plan.</p> <p>We cover twenty four visits every year as necessary to meet your individual needs.</p> |
| Chiropractic care                                       | \$0 for Medicare-covered chiropractic care <p>\$0 for routine chiropractic care</p> <p>We cover twenty four visits every year for routine care as necessary to meet your individual needs.</p>                                                            |



**Fitness benefit**

| Benefit        | Your costs in our plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SilverSneakers | <p>\$0</p> <p>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. You'll also have access to classes and workshops taught by instructors trained in senior fitness, workout videos, a mobile app, and online fitness nutrition tips. You'll have access to online mental enrichment classes to support your health and wellness, as well as your mental fitness.</p> |

# Summary of Medicaid Benefits

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

Below is a summary of your Medicaid and Aetna Medicare Assure (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 Florida 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. Aetna Medicare Assure (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.

| Service                                        | State Medicaid | Aetna Medicare Assure (HMO D-SNP) |
|------------------------------------------------|----------------|-----------------------------------|
| Allergy Services                               | ✓              | ✓                                 |
| Ambulatory Surgical Center Services            | ✓              | ✓                                 |
| Anesthesia Services                            | ✓              | ✓                                 |
| Assistive Care Services                        | ✓              | ✓                                 |
| Behavioral Health Assessment Services          | ✓              | ✓                                 |
| Behavioral Health Community Support Services   | ✓              | ✓                                 |
| Behavioral Health Intervention Services        | ✓              | ✓                                 |
| Behavioral Health Medication Management        | ✓              | ✓                                 |
| Behavioral Health Overlay                      | ✓              | ✓                                 |
| Behavioral Health Therapy Services             | ✓              | ✓                                 |
| Cardiovascular Services                        | ✓              | ✓                                 |
| Child Health Services Targeted Case Management | ✓              | ✓                                 |
| Chiropractic Services                          | ✓              | ✓                                 |
| Dental Services                                | ✓              | ✓                                 |
| Dialysis Services                              | ✓              | ✓                                 |
| Durable Medical Equipment and Medical Supplies | ✓              | ✓                                 |

| Service                                 | State Medicaid | Aetna Medicare Assure (HMO D-SNP) |
|-----------------------------------------|----------------|-----------------------------------|
| Early Intervention Services             | ✓              | ✓                                 |
| Emergency Transportation Services       | ✓              | ✓                                 |
| Gastrointestinal Services               | ✓              | ✓                                 |
| Genitourinary Services                  | ✓              | ✓                                 |
| Hearing Services                        | ✓              | ✓                                 |
| Home Health Services                    | ✓              | ✓                                 |
| Inpatient Hospital Services             | ✓              | ✓                                 |
| Integumentary Services                  | ✓              | ✓                                 |
| Laboratory Services                     | ✓              | ✓                                 |
| Medical Foster Care Services            | ✓              | ✓                                 |
| Mental Health Targeted Case Management  | ✓              | ✓                                 |
| Neurology Services                      | ✓              | ✓                                 |
| Non-Emergency Transportation Services   | ✓              | ✓                                 |
| Nursing Facility Services               | ✓              | ✓                                 |
| Occupational Therapy                    | ✓              | ✓                                 |
| Oral and Maxillofacial Surgery Services | ✓              | ✓                                 |
| Orthopedic Services                     | ✓              | ✓                                 |
| Outpatient Hospital Services            | ✓              | ✓                                 |
| Pain Management Services                | ✓              | ✓                                 |
| Personal Care Services                  | ✓              | ✓                                 |
| Physical Therapy Services               | ✓              | ✓                                 |
| Podiatry Services                       | ✓              | ✓                                 |
| Prescription Drugs                      | ✓              | ✓                                 |

| Service                                                                                                      | State Medicaid | Aetna Medicare Assure (HMO D-SNP) |
|--------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------|
| Private Duty Nursing                                                                                         | ✓              | ✓                                 |
| Radiology and Nuclear Medicine Services                                                                      | ✓              | ✓                                 |
| Regional Perinatal Intensive Care Center Services                                                            | ✓              | ✓                                 |
| Reproductive Services                                                                                        | ✓              | ✓                                 |
| Respiratory System Services                                                                                  | ✓              | ✓                                 |
| Respiratory Therapy                                                                                          | ✓              | ✓                                 |
| Services Provided at County Health Department and/or Federally Qualified Health Centers/Rural Health Clinics | ✓              | ✓                                 |
| Specialized Therapeutic Services                                                                             | ✓              | ✓                                 |
| Speech Language Pathology                                                                                    | ✓              | ✓                                 |
| Statewide Inpatient Psychiatric Program                                                                      | ✓              | ✓                                 |
| Transplant Services                                                                                          | ✓              | ✓                                 |
| Visual Aid Services                                                                                          | ✓              | ✓                                 |
| Visual Care Services                                                                                         | ✓              | ✓                                 |

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 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. Plan features and availability may vary by service area. Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. 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 member services 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. ©2021 Tivity Health, Inc. All rights reserved.

# Contact quick reference

H1609-017

| Contact name                                                                      | Phone number (TTY: 711)                           | Website                                                                                             |
|-----------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Aetna: before you enroll                                                          | <b>1-833-859-6031</b>                             | <a href="https://www.aetna.com/medicare">AetnaMedicare.com</a>                                      |
| Aetna: after you enroll                                                           | Member Services:<br><b>1-866-409-1221</b>         | <a href="https://www.aetna.com/medicare">AetnaMedicare.com</a>                                      |
| Your agent/broker (use this space to write down your agent/broker's phone number) |                                                   |                                                                                                     |
| Find a network doctor, hospital, or pharmacy                                      | <b>1-866-409-1221</b>                             | <a href="https://www.aetna.com/medicare/findprovider">AetnaMedicare.com/findprovider</a>            |
| 24-Hour Nurse Line                                                                | <b>1-855-493-7019</b>                             | Please call                                                                                         |
| Access2Care (transportation)                                                      | <b>1-855-814-1699</b>                             | Please call                                                                                         |
| iCare (vision)                                                                    | <b>1-866-409-1221</b>                             | <a href="https://myicarehealth.com/find-a-provider">Myicarehealth.com/find-a-provider</a>           |
| Liberty Dental                                                                    | <b>1-866-610-0282</b>                             | <a href="https://libertydentalplan.com/AetnaMedicare">libertydentalplan.com/AetnaMedicare</a>       |
| LifeScan/OneTouch                                                                 | <b>1-877-764-5390</b><br>Brochure code: 123AET200 | <a href="https://onetouch.orderpoints.com">OneTouch.OrderPoints.com</a><br>Brochure code: 123AET200 |
| Nations (extra benefits card)                                                     | <b>1-877-204-1817</b>                             | <a href="https://aetna.nationsbenefits.com">Aetna.NationsBenefits.com</a>                           |
| NationsHearing                                                                    | <b>1-877-225-0137</b>                             | <a href="https://nationshearing.com/Aetna">NationsHearing.com/Aetna</a>                             |
| Over-the-counter (OTC) benefit                                                    | <b>1-877-204-1817</b>                             | <a href="https://aetna.nationsbenefits.com">Aetna.NationsBenefits.com</a>                           |
| SilverSneakers®                                                                   | <b>1-888-423-4632</b>                             | <a href="https://sversneakers.com">SilverSneakers.com</a>                                           |

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

## Understanding the benefits

- ☐ The Evidence of Coverage (EOC), provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [AetnaMedicare.com](https://www.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.
- ☐ Review the formulary to make sure your drugs are covered.

## Understanding important rules

- ☐ In addition to your monthly plan premium, 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 may change on January 1, 2024.
- ☐ 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.

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-409-1221. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-409-1221. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-409-1221。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-409-1221。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-409-1221. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-409-1221. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-409-1221. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-409-1221. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-409-1221. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-409-1221. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-409-1221. سيقوم شخص ما بتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-409-1221 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-409-1221. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-409-1221. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-409-1221. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-409-1221. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-409-1221. にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

**Hawaiian:** He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-866-409-1221. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at [https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf).

**ESPAÑOL (SPANISH):** Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

**傳統漢語(中文) (CHINESE):** 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。