

2023 Aetna Medicare Advantage Plan Information

Thank you for your interest in applying for the Aetna Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Call" from Aetna within 7 days of the application receipt.

Enrollment Packet – click links below to view the information

Star Rating: [HMO](#) / [PPO](#) / [HMO \(Value\)](#)

[Application Download](#)

Summary of Benefits: [Choice Plan PPO](#) / [Eagle II Plan PPO](#) / [Eagle Plan PPO](#) / [Premier Plan HMO](#) / [Prime Plan HMO](#) / [Freedom PPO](#) / [Value Plan PPO](#)

[Provider Search](#)

[Pharmacy Search](#)

[Formulary](#)

Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15th to December 7th. This will give you a January 1st effective date for your new plan.

Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15th and December 7th. ***If they are signed prior to October 15th they will be returned to you with a new application.*** If they are received after December 7th, you will not be able to change plans until the next AEP for January of the following year.

Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470
Secure File Upload: [Click here](#)
Email: cs@cda-insurance.com

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: <http://www.medicare-texas.net>

Y0062_MULTIPLAN_CDA INSURANCE Texas 2023 (Pending)



2023 Summary of Benefits

Aetna Medicare Eagle II (PPO)
H2293 - 015



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.aetna.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 local time, 7 days a week
April 1–September 30: 8 AM–8 PM local time, Monday–Friday
An Aetna® team member will answer your call.

Already a member?

Call 1-833-570-6670 (TTY: 711)
8 AM–8 PM, 7 days a week.
An Aetna team member will answer your call.

2023-H2293.015.1

Are you eligible to enroll?

To join Aetna Medicare Eagle II (PPO), you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan's service area

Service area: Texas: Fort Bend, Harris, Montgomery

Plan type: Aetna Medicare Eagle II (PPO) is a PPO plan. This is a Medicare Advantage plan that does not cover prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.

Compare our plan to Medicare

To learn more about the coverage and costs of Original Medicare, look in your “*Medicare & You*” handbook. View it online at www.medicare.gov or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

What you should know

- **Primary Care Physician (PCP):** You have the option to choose a PCP. When we know who your doctor is, we can better support your care.
- **Referrals:** Aetna Medicare Eagle II (PPO) doesn’t require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

You can find more details on each benefit listed below in the Evidence of Coverage (EOC).

Plan costs & information	In-network	Out-of-network
Monthly plan premium	\$0 You must continue to pay your Medicare Part B premium.	
Part B premium reduction	\$50 Reduction of the monthly premium you pay to the Social Security Administration.	
Plan deductible	\$0	\$0
Maximum out-of-pocket amount	\$5,000 for in-network services.	\$8,950 for in- and out-of-network services combined.
	The most you pay for copays, coinsurance and other costs for medical services for the year. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium doesn’t count toward the maximum out-of-pocket.	

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
Hospital coverage*		
Inpatient hospital coverage	\$365 per day, days 1-5; \$0 per day, days 6-90.	30% per stay
	You pay \$0 for days 91 and beyond.	
	Our plan covers an unlimited number of days, subject to medical necessity.	
Outpatient hospital observation services	\$350 per stay	30% per stay
Outpatient hospital services	\$40–\$350	30%
	\$40 for outpatient hospital services other than surgery \$350 for each outpatient hospital surgery	
Ambulatory surgical center	\$350	30%
Doctor visits		
Primary care physician (PCP)	\$0	30%
Specialists	\$40	30%
Preventive care (e.g., certain vaccines, breast cancer screenings, diabetes screenings, etc.)	\$0 For a full list of other preventive services available, see the EOC. Some covered services may have a cost associated.	0%–30%
	0% out-of-network for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines. 30% out-of-network for all other Medicare-covered preventive services.	
Emergency & urgent care		
Emergency care in the United States	\$110	
Urgently needed services in the United States	\$0–\$60	
	\$0 for services provided by your primary care physician in their office \$60 for services performed by a provider other than your primary care physician	
Emergency & urgently needed services worldwide	Emergency services: \$110 Urgently needed services: \$110 Ambulance (ground and air): \$270	

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
Diagnostic testing*		
Diagnostic tests & procedures	\$50	30%
Lab services	\$0	30%
Diagnostic radiology (e.g., MRI & CT scans)	\$375	30%
Outpatient x-rays	\$40	30%
Hearing, dental, & vision		
Diagnostic hearing exam	\$40	30%
Routine hearing exam	\$0	30%
	We cover one exam every year. All appointments should be scheduled through NationsHearing.	
Hearing aids	\$0 copay up to a maximum amount of \$1,250 per ear, every year. You are responsible for any costs over this amount.	
	NationsHearing will manage your hearing aid benefits. All hearing aids must be purchased through NationsHearing.	
Dental services (in addition to Original Medicare coverage)	<p>\$0 for preventive services (e.g., oral exam, x-rays and cleaning)</p> <p>20%–50% for comprehensive services. Comprehensive services include fillings, extractions, crowns, root canals, dentures and oral surgery.</p>	<p>30% for preventive services (e.g., oral exam, x-rays and cleaning)</p> <p>50%–70% for comprehensive services. Comprehensive services include fillings, extractions, crowns, root canals, dentures and oral surgery.</p>
	Our plan pays up to a maximum amount of \$3,000 every year for preventive and comprehensive services. You are responsible for any costs over this amount.	
	If you choose a provider outside of the Aetna Dental PPO Network, you may be responsible for additional costs.	
Glaucoma screening	\$0	30%
Diagnostic eye exams (including diabetic eye exams)	\$0	30%
Routine eye exam (eye refraction)	\$0	30%
	We cover one exam every year.	
Contacts, eyeglasses and upgrades	Our plan pays up to a maximum amount of \$400 every year for	

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
(in addition to Original Medicare coverage)	prescription eyewear. You are responsible for any costs over this amount. EyeMed will manage your eyewear benefits.	
Mental health services*		
Inpatient psychiatric stay	\$1,871 per stay	30% per stay
Outpatient mental health therapy (individual)	\$40	30%
Outpatient psychiatric therapy (individual)	\$40	30%
Skilled nursing*		
Skilled nursing facility (SNF)	\$10 per day, days 1-20; \$196 per day, days 21-100	30% per stay
	Our plan covers up to 100 days per benefit period. Prior authorization is required and patient must meet CMS criteria for medically necessary skilled care to be covered.	
Therapy*		
Physical and speech therapy	\$40	30%
Occupational therapy	\$40	30%
Ambulance & routine transportation		
Ground ambulance (one-way trip)	\$270	\$270
Air ambulance* (one-way trip)	\$270	\$270
Routine transportation (non-emergency)	Not Covered	Not Covered
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.		
Chemotherapy drugs	20%	30%
Other Part B drugs	20%	30%

* Prior authorization may be required for these benefits. See the EOC for details.

Other benefits	Your costs for in-network care	Your costs for out-of-network care
Equipment, prosthetics, & supplies*		

Other benefits	Your costs for in-network care	Your costs for out-of-network care
Diabetic supplies	0%–20%	0%–20%
	We only cover OneTouch/Lifescan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices for \$0. Note: In case of an approved prior authorization, other brands or types of devices may be covered at 20%.	
Durable medical equipment (e.g., wheelchair, oxygen, continuous positive airway pressure (CPAP))	20%	30%
Prosthetics (e.g., braces, artificial limbs)	20%	30%
Substance abuse*		
Outpatient substance abuse (individual therapy)	\$40	30%

* Prior authorization may be required for these benefits. See the EOC for details.

Additional benefits and services provided by Aetna Medicare Eagle II (PPO)	Benefit information	
	Your costs for in-network care	Your costs for out-of-network care
24-Hour Nurse Line	Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	
Acupuncture care	Medicare-covered services: \$20 Routine acupuncture services: \$20	Medicare-covered services: 50% Routine acupuncture services: 50%
	American Specialty Health will manage your acupuncture benefit. For routine services, we cover up to twenty visits every year as necessary to meet your individual needs. On your initial visit, your provider will discuss and establish your treatment plan.	
Chiropractic care*	Medicare-covered services: \$20 Routine chiropractic services: \$20	Medicare-covered services: 30% Routine chiropractic services: 30%
	For routine services, we cover up to twelve visits every year as necessary to meet your individual needs.	
Physical fitness program	Physical fitness program: Basic membership at participating SilverSneakers® facilities. Or, if you prefer to exercise at home, you can also get an at-home fitness kit. Additionally, through the SilverSneakers program, you have access to classes and workshops taught by instructors trained in senior fitness, workout videos, a	

Additional benefits and services provided by Aetna Medicare Eagle II (PPO)	Benefit information	
	Your costs for in-network care	Your costs for out-of-network care
	mobile app, and online fitness nutrition tips. You will have access to online enrichment classes to support your health and wellness, as well as your mental fitness.	
Meals	When you get home after an inpatient hospital or skilled nursing stay, we cover up to 14 home-delivered meals over 7 days. You will be contacted to schedule delivery (if eligible) and meals will be provided through GA Foods®.	
Over-the-counter items (OTC) & OTC Kit	Get over-the-counter health and wellness products by phone, online, or at select participating stores.	
	<p>Our plan pays up to a maximum amount of \$105 quarterly.</p> <p>OTC Health Solutions will manage your OTC benefit. See the OTC catalog for a list of eligible items. You can find the catalog at CVS.com/otchs/MyOrder.</p> <p>You'll also be mailed two kits of preselected OTC items. You don't need to order the kits, they will be mailed directly to you and will not be deducted from your quarterly OTC allowance.</p>	
Resources For Living®	Resources For Living helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.	
Telehealth*	This plan covers certain Telehealth services (a cost share may apply). 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.	

* Prior authorization may be required for these benefits. See the EOC for details.

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.

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. Out-of-network/non-contracted providers are under no obligation to treat Aetna 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. The 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.

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