



# 2023 Summary of Benefits

Aetna Medicare Choice Plan (PPO)  
H3288 - 007



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.

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# Are you eligible to enroll?

## To join Aetna Medicare Choice Plan (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:** El Paso

**Plan type:** Aetna Medicare Choice Plan (PPO) is a PPO plan. This is a Medicare Advantage plan that covers 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](http://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 Choice Plan (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 or drugs. 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.	
Plan deductible	\$0	\$0
Maximum out-of-pocket amount (does not include prescription drugs)	\$5,900 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 and prescription drugs don’t count toward the maximum out-of-pocket.	

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
<b>Hospital coverage*</b>		
Inpatient hospital coverage	\$300 per day, days 1-5; \$0 per day, days 6-90.	40% 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	\$175 per stay	40% per stay
Outpatient hospital services	\$35-\$175	40%
	\$35 for outpatient hospital services other than surgery \$175 for each outpatient hospital surgery	
Ambulatory surgical center	\$175	40%
<b>Doctor visits</b>		
Primary care physician (PCP)	\$0	40%
Specialists	\$35	40%
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%-40%
	0% out-of-network for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines. 40% out-of-network for all other Medicare-covered preventive services.	
<b>Emergency &amp; urgent care</b>		
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): \$250	

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
<b>Diagnostic testing*</b>		
Diagnostic tests & procedures	\$50	40%
Lab services	\$0	40%
Diagnostic radiology (e.g., MRI & CT scans)	\$300	40%
Outpatient x-rays	\$35	40%
<b>Hearing, dental, &amp; vision</b>		
Diagnostic hearing exam	\$35	40%
Routine hearing exam	\$0	40%
	We cover one exam every year.	
Hearing aids	Not covered	
Dental services (in addition to Original Medicare coverage)	<p>\$0 for preventive services (e.g., oral exam, x-rays and cleaning)</p> <p>50% for comprehensive services. Comprehensive services include fillings and extractions.</p>	<p>30% for preventive services (e.g., oral exam, x-rays and cleaning)</p> <p>70% for comprehensive services. Comprehensive services include fillings and extractions.</p>
	Our plan pays up to a maximum amount of \$2,000 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	\$0
Diagnostic eye exams (including diabetic eye exams)	\$0	40%
Routine eye exam (eye refraction)	\$0	40%
	We cover one exam every year.	
Contacts, eyeglasses and upgrades (in addition to Original Medicare coverage)	Our plan pays up to a maximum amount of \$150 every year for prescription eyewear. You are responsible for any costs over this amount.	
	EyeMed will manage your eyewear benefits.	
<b>Mental health services*</b>		

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
Inpatient psychiatric stay	\$1,871 per stay	40% per stay
Outpatient mental health therapy (individual)	\$40	40%
Outpatient psychiatric therapy (individual)	\$40	40%
<b>Skilled nursing*</b>		
Skilled nursing facility (SNF)	\$10 per day, days 1-20; \$196 per day, days 21-100	40% 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.	
<b>Therapy*</b>		
Physical and speech therapy	\$35	40%
Occupational therapy	\$35	40%
<b>Ambulance &amp; routine transportation</b>		
Ground ambulance (one-way trip)	\$250	\$250
Air ambulance* (one-way trip)	\$250	\$250
Routine transportation (non-emergency)	Not Covered	Not Covered
<b>Medicare Part B drugs*</b>		
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%	40%
Other Part B drugs	20%	40%

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

Aetna Medicare Choice Plan (PPO) includes extra benefits. Learn more about these benefits after the prescription drug information.

## Prescription drugs

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<b>Prescription drugs</b> (Your costs may be lower if you qualify for Extra Help)					
Formulary name	B2 (You can use this when referencing our list of covered drugs.)				
<b>Stage 1: Deductible</b> You pay the full cost of drugs until you reach your deductible.					
The deductible applies to drugs on Tiers 3, 4, and 5	\$250				
<b>Stage 2: Initial coverage</b> You pay the costs below until your total drug costs reach \$4,660. You pay the copay listed below or the cost of the drug, whichever is lower. These cost shares may also apply to Home Infusion drugs when obtained through your Part D benefit.					
	30-day supply through Retail or Mail		100-day supply through Retail or Mail		31-day supply through Long-Term Care
	Preferred	Standard	Preferred	Standard	Standard
Tier 1: Preferred Generic	\$0	\$15	\$0	\$45	\$15
Tier 2: Generic	\$10	\$20	\$20	\$60	\$20
Tier 3: Preferred Brand	\$47	\$47	\$141	\$141	\$47
Tier 4: Non-Preferred Drug	\$100	\$100	\$300	\$300	\$100
Tier 5: Specialty	29%	29%	N/A	N/A	29%
<b>Stage 3: Coverage gap</b> Our plan offers some coverage in this stage. The coverage gap lasts until your out-of-pocket drug costs reach \$7,400.					
	30-day supply through Retail or Mail				
	Preferred			Standard	
Tier 1: Preferred Generic	\$0			\$15	
Tier 2: Generic	\$10			\$20	
All other Brand Name and Generic Drugs	25% of the plan's cost				
<b>Stage 4: Catastrophic coverage</b> You pay a small cost share for each drug.					
Generic Drugs	You pay the greater of 5% of the cost of the drug or \$4.15.				
Brand Name Drugs	You pay the greater of 5% of the cost of the drug or \$10.35.				

Other benefits	Your costs for in-network care	Your costs for out-of-network care
<b>Equipment, prosthetics, &amp; supplies*</b>		
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%	40%
Prosthetics (e.g., braces, artificial limbs)	20%	40%
<b>Substance abuse*</b>		
Outpatient substance abuse (individual therapy)	\$40	40%

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

Additional benefits and services provided by Aetna Medicare Choice Plan (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.	
Chiropractic care*	Medicare-covered services: \$20  Routine chiropractic care isn't covered. Medicare coverage is limited to fixing a subluxation. This is when one or more of the bones in your spine move out of place.	Medicare-covered services: 40%
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 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.	



Additional benefits and services provided by Aetna Medicare Choice Plan (PPO)	Benefit information	
	Your costs for in-network care	Your costs for out-of-network care
Over-the-counter items (OTC)	<p>Get over-the-counter health and wellness products by phone, online, or at select participating stores.</p> <p>Our plan pays up to a maximum amount of \$90 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 <a href="https://www.cvs.com/otchs/MyOrder">CVS.com/otchs/MyOrder</a>.</p>	
Resources For Living®	<p>Resources For Living helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.</p>	
Telehealth*	<p>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.</p>	

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

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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 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, members please call the number on your ID card, non-members please call 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at [AetnaMedicare.com/findpharmacy](https://www.aetna.com/medicare/findpharmacy). For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call the number on your ID card if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery. 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.

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