# Summary of Benefits 2022

## Aetna Medicare Freedom Plan (PPO)
## H5521 - 100
## January 1, 2022 - December 31, 2022

H5521-100

Aetna Medicare Freedom 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.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service or every limitation and exclusion. The plan's Evidence of Coverage (EOC) provides a complete list of services we cover. The EOC is available at **AetnaMedicare.com** or you may call us to request a copy. To join Aetna Medicare Freedom Plan (PPO), you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area.

**Service area: Arizona:** Maricopa, Pima, Pinal

2022-H5521.100.1

Call us or go online for more information.

**Not a member yet? Call 1-833-859-6031 (TTY: 711)**
October 1 to March 31: 7 days a week from 8 AM to 8 PM local time
April 1 to September 30: Monday - Friday from 8 AM to 8 PM local time
**Already a member? Call 1-833-570-6670 (TTY: 711)**
8 AM to 8 PM, 7 days a week

**AetnaMedicare.com**
Aetna Medicare Freedom Plan (PPO) | H5521-100 | $0
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**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 provider is, we can better support your care.
- **Referrals:** Aetna Medicare Freedom 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 | $500 |
| | This is the amount you pay for certain services before Aetna Medicare Freedom Plan (PPO) begins to pay. The plan deductible applies only to certain out-of-network services. | |
| Maximum out-of-pocket amount (does not include prescription drugs) | $5,500 for in-network services. | $11,300 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 |
|---|---|---|
| **Hospital coverage*** | | |
| Inpatient hospital coverage | $350 per day, days 1-5; $0 per day, days 6-90<br><br>You pay $0 for days 91 and beyond. | 40% per stay after your plan deductible |
| | Our plan covers an unlimited number of days. | |
| Outpatient hospital observation services | $350 per stay | 40% per stay after your plan deductible |
| Outpatient hospital services | $275 | 40% after your plan deductible |
| Ambulatory surgical center | $275 | 40% after your plan deductible |
| **Doctor visits** | | |
| Primary care physician (PCP) | $0 | 40% after your plan deductible |
| Specialists | $40 | 40% after your plan deductible |

| Primary benefits | Your costs for in-network care | Your costs for out-of-network care |
|---|---|---|
| Preventive care | $0 | 0% - 40% |
| | Preventive care includes:<br>• Abdominal aortic aneurysm screenings<br>• Alcohol misuse screenings and counseling<br>• Bone mass measurements<br>• Breast cancer screening: mammogram<br>• Cardiovascular disease screenings<br>• Cardiovascular behavior therapy<br>• Cervical and vaginal cancer screenings<br>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)<br>• Depression screenings<br>• Diabetes screenings<br>• HBV infection screening<br>• Hepatitis C screening tests<br>• HIV screenings<br>• Lung cancer screenings<br>• Nutrition therapy services<br>• Obesity behavior therapy<br>• Prostate cancer screenings (PSA)<br>• Sexually transmitted infections screenings and counseling<br>• Tobacco use cessation counseling<br>• Vaccines: Covid-19, flu, hepatitis B, pneumococcal<br>• Welcome to Medicare preventive visit<br>• Yearly wellness visit | |
| | Lower cost sharing out-of-network: for Covid-19, pneumonia, influenza, and Hepatitis B vaccines<br>Higher cost sharing out-of-network: for all other Medicare-covered preventive services | |
| **Emergency & urgent care** | | |
| Emergency care in the United States | $90 | |
| Urgently needed care in the United States | $50 | |
| Emergency & urgently needed care worldwide | Emergency care: $90<br>Urgently needed care: $90<br>Ambulance: $295 | |
| **Diagnostic testing*** | | |
| Diagnostic radiology (e.g. MRI & CT scans) | $250 | 40% after your plan deductible |

| Primary benefits | Your costs for in-network care | Your costs for out-of-network care |
|---|---|---|
| Lab services | $0 | 40% after your plan deductible |
| Diagnostic tests & procedures | $30 | 40% after your plan deductible |
| Outpatient x-rays | $30 | 40% after your plan deductible |
| **Hearing, dental, & vision** | | |
| Diagnostic hearing exam | $0 | 40% after your plan deductible |
| Routine hearing exam | $0 | 40% after your plan deductible |
| | We cover one exam every year. All appointments should be scheduled through NationsHearing. | |
| Hearing aids | Our plan pays 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) | $0 for preventive services (e.g. oral exam, x-rays and cleaning)<br><br>$0 for comprehensive services (e.g. fillings and extractions) | 20% for preventive services (e.g. oral exam, x-rays and cleaning)<br><br>20% for comprehensive services (e.g. fillings and extractions) |
| | Our plan pays up to $500 every year for covered services. Cosmetic services, such as teeth whitening, are not covered. You are responsible for any costs over this amount.<br><br>This plan uses the Aetna Dental® PPO Network. You can see in- or out-of-network providers for dental services. Note: Most out-of-network providers will bill us directly. If you use one who won't bill us, you can pay for covered services and ask us to reimburse you. | |
| Glaucoma screening | $0 | 40% after your plan deductible |
| Diagnostic eye exams (including diabetic eye exams) | $0 | 40% after your plan deductible |
| Routine eye exam | $0 | 40% after your plan deductible |
| | We cover one exam every year. | |

| Primary benefits | Your costs for in-network care | Your costs for out-of-network care |
|---|---|---|
| Contacts and eyeglasses (in addition to Original Medicare coverage) | $150 reimbursement every year.<br><br>You can see any licensed provider. | |
| **Mental health services*** | | |
| Inpatient psychiatric stay | $370 per day, days 1-5; $0 per day, days 6-90 | 40% per stay after your plan deductible |
| Outpatient mental health therapy (individual) | $40 | 40% after your plan deductible |
| Outpatient psychiatric therapy (individual) | $40 | 40% after your plan deductible |
| **Skilled nursing*** | | |
| Skilled nursing facility (SNF) | $0 per day, days 1-20; $188 per day, days 21-100 | 40% per stay after your plan deductible |
| | Our plan covers up to 100 days per benefit period. | |
| **Therapy*** | | |
| Physical and speech therapy | $40 | 40% after your plan deductible |
| Occupational therapy | $40 | 40% after your plan deductible |
| **Ambulance & routine transportation** | | |
| Ground ambulance (one-way trip) | $295 | $295 after your plan deductible |
| Air ambulance* (one-way trip) | $295 | $295 after your plan deductible |
| Routine transportation (non-emergency) | Not Covered | Not Covered |
| **Medicare Part B drugs*** | | |
| Chemotherapy drugs | 20% | 40% after your plan deductible |

| Primary benefits | Your costs for in-network care | Your costs for out-of-network care |
|---|---|---|
| Other Part B drugs | 20% | 40% after your plan deductible |

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

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

| **Prescription drugs** (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.) | | | | |
| **Stage 1: Deductible**<br>You pay the full cost of drugs until you reach your deductible. | | | | | |
| This plan doesn't have a deductible, so your coverage begins at Stage 2. | $0 | | | | |
| **Stage 2: Initial coverage**<br>You pay the costs below until your total drug costs reach $4,430. 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 | $25 | $60 | $20 |
| Tier 3: Preferred Brand | $47 | $47 | $141 | $141 | $47 |
| Tier 4: Non-Preferred Drug | $100 | $100 | $300 | $300 | $100 |
| Tier 5: Specialty | 33% | 33% | N/A | N/A | 33% |

| **Prescription drugs** (Your costs may be lower if you qualify for Extra Help) | | |
|---|---|---|
| **Stage 3: Coverage gap**<br>Our plan offers some coverage in this stage. The coverage gap lasts until your out-of-pocket drug costs reach $7,050. | | |
| | **30-day supply through Retail or Mail** | |
| | **Preferred** | **Standard** |
| Tier 1: Preferred Generic | $0 | $15 |
| Tier 2: Generic | $10 | $20 |
| All other Brand Name Drugs | 25% of the plan's cost | |
| All other Generic Drugs | 25% of the plan's cost | |
| **Stage 4: Catastrophic coverage**<br>You pay a small cost share for each drug. | | |
| Generic Drugs | You pay the greater of 5% of the cost of the drug or $3.95. | |
| Brand Name Drugs | You pay the greater of 5% of the cost of the drug or $9.85. | |

| **Other benefits** | **Your costs for in-network care** | **Your costs for out-of-network care** |
|---|---|---|
| **Equipment, prosthetics, & supplies*** | | |
| Diabetic supplies | 0% - 20% | 0% - 20% after your plan deductible |
| | We only cover OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices for $0.<br><br>Note: In case of an approved medical exception, other brands may be covered at 20%. | |
| Durable medical equipment (e.g. wheelchair, oxygen) | 20% | 40% after your plan deductible |
| Prosthetics (e.g. braces, artificial limbs) | 20% | 40% after your plan deductible |

| Other benefits | Your costs for in-network care | Your costs for out-of-network care |
|---|---|---|
| **Substance abuse*** | | |
| Outpatient substance abuse (Individual therapy) | $40 | 40% after your plan deductible |

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

| Additional benefits and services provided by Aetna Medicare Freedom Plan (PPO) | Benefit information<br><br>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 | Medicare covered services: 40% after your plan deductible |
| Fitness | Basic membership at participating SilverSneakers® facilities and access to online wellness related tools, planners, newsletters and classes, at no extra cost.<br><br>You can request an at-home fitness kit through SilverSneakers® if you don't live near a participating club or prefer to exercise at home. | |
| 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) | Get over-the-counter health and wellness products by mail or at participating CVS® stores.<br><br>Our plan pays up to a maximum amount of $45 every quarter. | |
| | OTC Health Solutions will manage your OTC benefit. See the OTC catalog for a list of eligible items. You can find the catalog at https://www.cvs.com/otchs/myorder. | |
| 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. | |

| Additional benefits and services provided by Aetna Medicare Freedom Plan (PPO) | Benefit information<br><br>Your costs for in-network care | Your costs for out-of-network care |
|---|---|---|
| Telehealth* | You can receive primary care, physician specialist, mental health and urgent care services via a virtual visit.<br><br>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 provider that offers telehealth services covered under your plan. Members can access Teladoc at https://www.teladoc.com/aetna/ or by calling 1-855-TELADOC (1-855-835-2362) (TTY: 711). Members can find out if MinuteClinic Video Visit are available in their area at: https://www.cvs.com/minuteclinic/virtual-care/videovisit. | |
| Visitor/travel benefit: Explorer | Allows you to remain in your plan for up to 12 months when you are outside of our plan's service area.<br><br>You can see an Aetna Medicare participating provider anywhere in the United States who accepts PPO members and pay in-network cost shares. Not all providers participate in the multi-state network. You also have the option of seeing a non-participating provider and paying the out-of-network cost for the visit. Contact us for help finding a participating provider in the area you're traveling to.<br><br>Plan rules continue to apply. Prior authorizations are required for certain services. | |

# 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 member services representative at **1-833-859-6031 (TTY: 711)**. From October 1 to March 31, you can call us 7 days a week from 8 a.m. - 8 p.m. local time. From April 1 to September 30, we're here Monday through Friday from 8 a.m. - 8 p.m. local time.

### Understanding the benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially those services for which you routinely see a doctor. Visit **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.

### Understanding important rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.


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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 and CVS Pharmacy, Inc., which owns CVS® HealthHUB™ locations, are part of the CVS Health family of companies.
Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs 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. 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. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2021 Tivity Health, Inc. All rights reserved



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