

# 2022 Medicare Advantage Plans



# Basic Medicare Terms

## Terms for understanding your coverage



### Premium

The monthly amount you pay for your Medicare coverage.



### Copayment

The amount you pay for medical service or prescription drugs. This is typically a fixed amount.



### Deductible

The amount you pay before your insurance plan starts to pay.



### Coinsurance

The amount you pay for medical services or prescription drugs. This is typically a percentage.

# Four Parts of Medicare

Government programs (Original Medicare)

## A

### Hospital care

- Hospital Inpatient care
- Skilled nursing facility care
- Hospice care
- Home health care

## B

### Medical care

- Services from doctors and other health care providers
- Outpatient and home health care
- Durable medical equipment
- Some preventive services
- You pay a premium

Private medical plans

## C

### Medicare Advantage

- Includes Part A and Part B
- Can include Medicare Part D
- May add extra benefits and services
- Run by Medicare-approved, private insurance companies like Aetna

Private drug plans

## D

### Your prescription drugs

- Helps cover the cost of prescription drugs
- Run by Medicare-approved, private insurance companies
- Can be a stand-alone plan





# Understanding Medicare Advantage

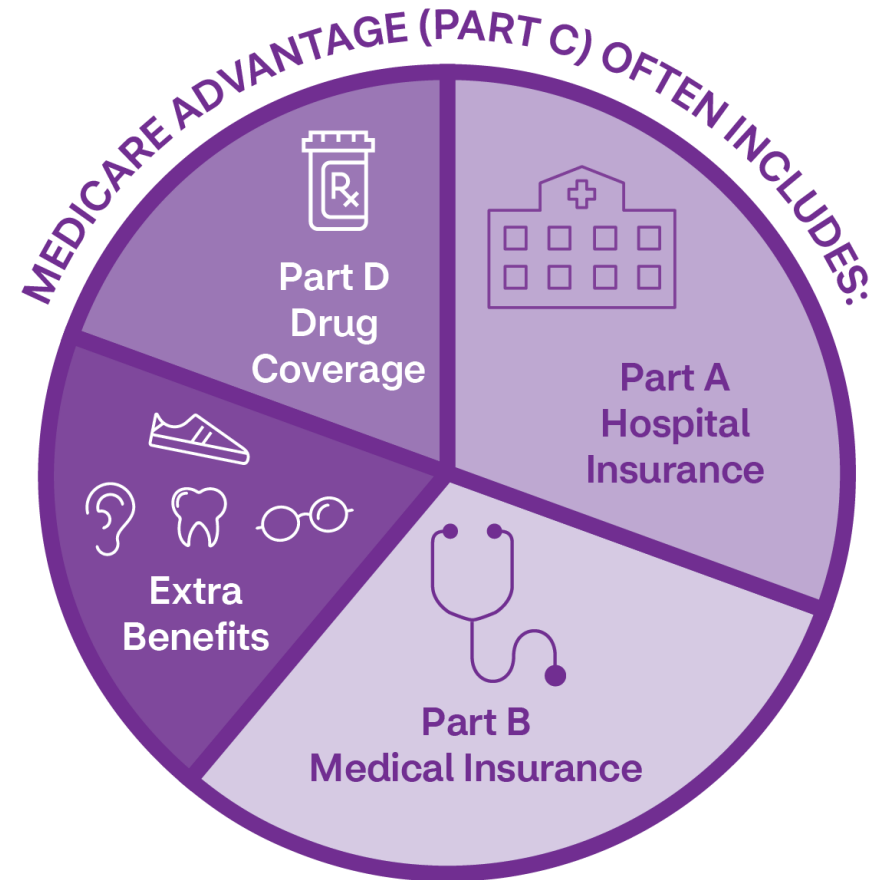
# What's Medicare Advantage?

An all-in-one coverage from a private Medicare-approved company.

Medicare Advantage plans work with the government to offer benefits. The government reimburses the companies that offer Medicare Advantage Prescription Drug plans. So they compete to give members more benefits than just Parts A and B.

Medicare Advantage plans often include these benefits at low or no additional premiums:

- Dental, vision and hearing
- Fitness memberships
- Part D drug coverage



# Types of Medicare Advantage plans

## HMO

A health maintenance organization

- You'll use **doctors in the plan's network**.
- You may be required to have a **primary care physician (PCP)**.
- You may **need a referral** to see a specialist.

## HMO-POS

A health maintenance organization with a point of service

- You'll use **doctors in the plan's network**.
- You may also **go out of the network** for certain covered services, but often for a higher copay or coinsurance. You may **need a referral**, too.

## PPO

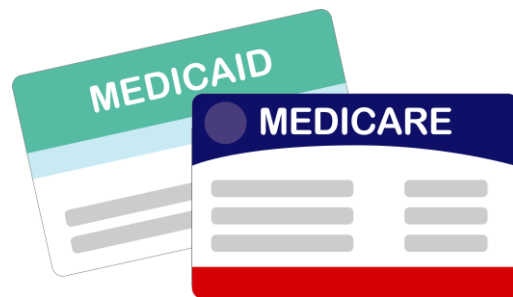
A preferred provider organization

- You'll use **doctors in the plan's network**.
- You can use **doctors and hospitals out of the network**, but often for a higher cost.
- In most cases, you **don't need a referral** to see a specialist.



# Have both Medicare and Medicaid?

You could qualify for a Dual-Eligible Special Needs Plan (D-SNP).



Talk to a representative to see if you qualify. They can also tell you if a D-SNP plan is available in your area so you can get extra benefits.







# Understanding Medicare Part D



# Terms for understanding prescription drug benefits

## Formulary

A list of drugs covered in your plan.

## Tier

A group of drugs in a formulary.

## Network

The pharmacy options you have for getting your prescription drugs.

## Transition process

You may get a one-time fill of a drug that isn't covered in the formulary.

# What you need to know about prescription drug coverage

## Phase 1

### Deductible

Until you've reached your deductible, you'll pay the full discounted cost for your covered drugs. Some plans have a \$0 deductible.

## Phase 2

### Initial coverage

After you've reached your deductible, you'll pay only part of the cost for your covered drugs.

## Phase 3

### Coverage gap "donut hole"

After you and your plan have paid a total of \$4,430, you'll pay only part of the cost for your covered drugs until you reach \$7,050. Generally, you'll pay for the drugs in full once you hit this limit unless they're a generic Rx.

## Phase 4

### Catastrophic coverage

Once you've paid \$7,050, you'll only pay a small amount for your covered drugs for the rest of the year.



# Welcome to an incredible pharmacy network



We have more than 65,000 pharmacies in our network.



More than 23,500 offer preferred cost sharing.



Find a list of pharmacies near you with our online directory at [AetnaMedicare.com](https://www.aetna.com/medicare).



# Part D Pharmacy Network

Here are just some of the preferred pharmacies available through an Aetna prescription drug plan.



Albertsons<sup>®</sup>

CVS Pharmacy

Kroger<sup>®</sup>

ShopRite

Bartell Drugs

Dierbergs

Meijer<sup>®</sup>

Thrifty White

Bi-Lo<sup>®</sup>

Discount Drug Mart

Price Chopper

Walmart

Brookshire Grocery

Giant Eagle<sup>®</sup>

Publix<sup>®</sup>

Wegmans

Coborns

H-E-B<sup>®</sup>

Safeway

Costco<sup>®</sup>

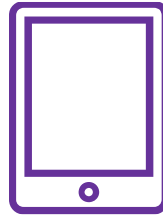
Hy-Vee<sup>®</sup>

Save Mart



# Important formulary tips

You can view our formularies at  
[AetnaMedicare.com](https://www.aetna.com/medicare)



Sometimes our formularies, pharmacies  
and providers change.

- Be sure to verify your medicines and their tiers when filling or refilling prescriptions
- Call **1-855-338-7027** (TTY:711) 24/7 to get more information



# Your plan may also have these drug coverage rules

## Prior authorization (PA)\*

Some drugs require prior authorization. Your doctor must first show a medical need for you to use the drug before the plan will cover it.

## Quantity limits (QLs)\*

These place a limit on how much of a drug you can get at one time.

## Step therapy (ST)\*

You must first try another drug on the plan's formulary before you can move to another drug.

\*The above rules are for safety purposes and to help keep your costs down.  
They were created with your health in mind.



# Medicare Part D late enrollment penalty



It may apply; if you don't have creditable drug coverage when:

- Your initial enrollment period is over
- There's a period of 63 days or more in a row when you don't have Part D or other creditable prescription drug coverage

**Note:** If you get **Extra Help**, you don't pay a Part D late enrollment penalty.

# Need help with your Medicare drug costs? You may qualify for Extra Help.

Extra Help is a Medicare program for those with limited income that helps pay some Medicare prescription drug costs, such as:

- Monthly plan premiums
- Yearly deductible
- Coinsurance
- Copays
- Coverage gap

There are three ways to see if you qualify – over the phone, online or in person.



Call 1-800-MEDICARE  
(1-800-633-4227)  
TTY 1-877-486-2048, 24/7



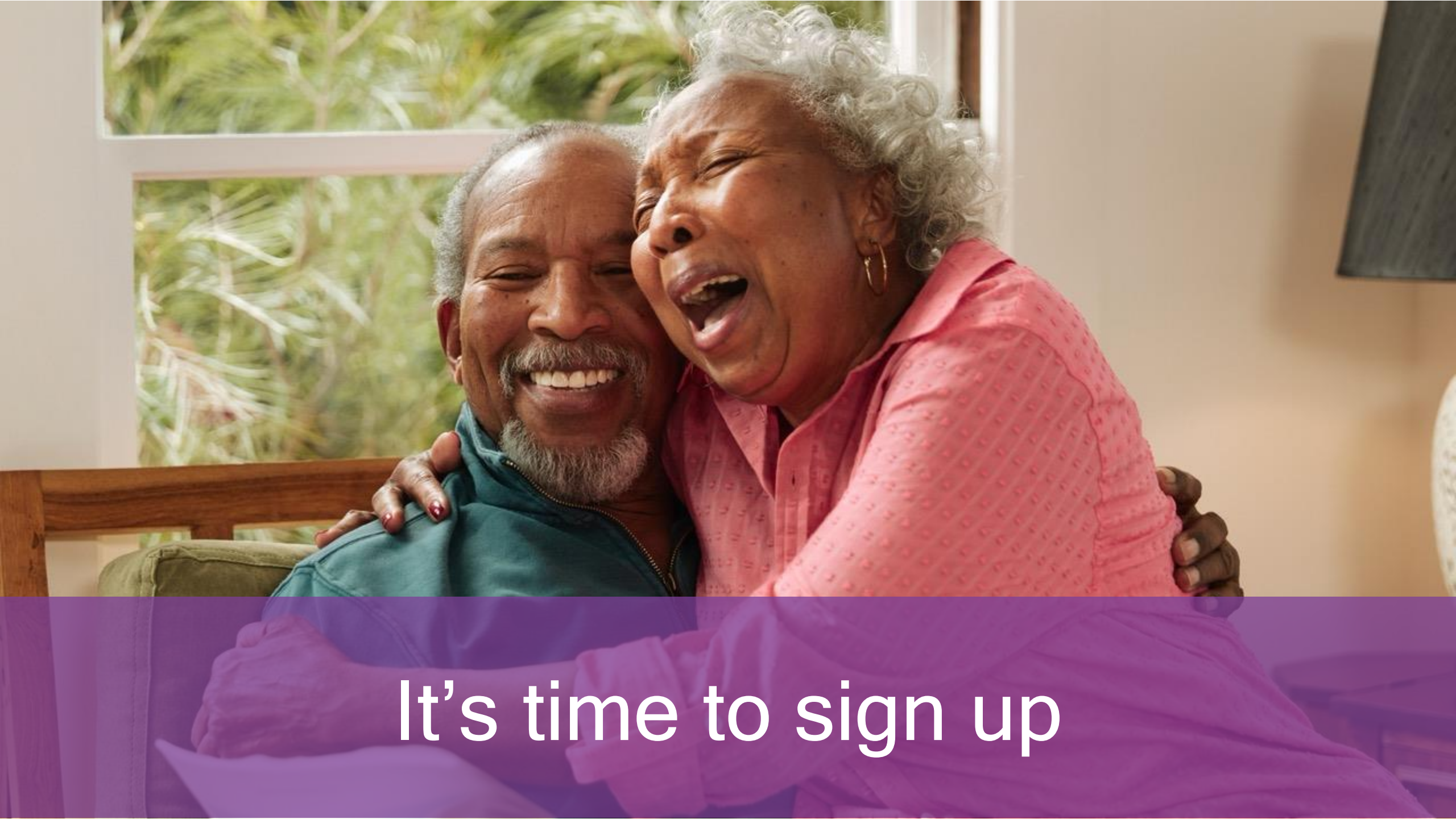
Call Social Security  
1-800-772-1213



Call your state  
Medicaid office



Visit Medicare.gov

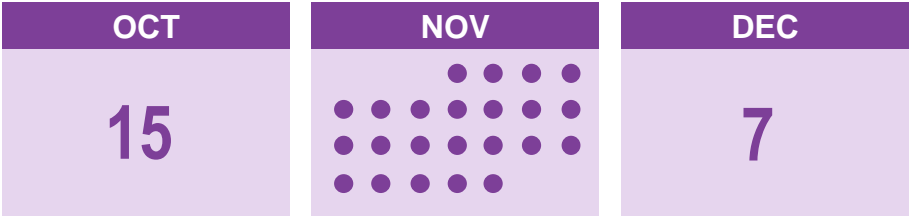


It's time to sign up

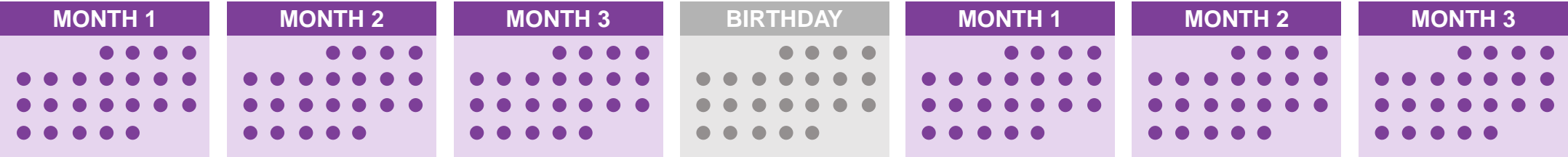


# Medicare Advantage plan enrollment periods

**Annual Enrollment Period (AEP)**  
October 15 – December 7



**Initial Enrollment Period (IEP)**  
3 months before, the month of your birthday and 3 months after the month you turn 65




This timing could be different if your birthday is the first of the month. Please visit [Medicare.gov](https://www.Medicare.gov) for more details.

# What's in the enrollment kit?




**Informed choices**  
Things to know before choosing a plan

INFORMED CHOICES



**Back to basics**  
Learn all about Medicare

BACK TO BASICS




**A closer look**  
Summary of Benefits

A CLOSER LOOK



**Star Ratings**  
Know how well your plan rates

STAR RATINGS



**Rock enrollment**  
How to enroll

ROCK ENROLLMENT

# What are Medicare Star Ratings?



The Centers for Medicare and Medicaid Services (CMS), rates plans on a scale of 1 to 5 stars. CMS Star Ratings can help you compare plans based on quality and performance. You can find Aetna® plan Star Ratings in your area by visiting the link:

[bit.ly/3wfawaq](https://bit.ly/3wfawaq)





Once you're a member,  
you'll get an ID card with:



PLAN# 000000-XX000000

**ID SAMPLE ID**

NAME JOHN Q SAMPLE

BIN 610502 PCN PARTBAET

**ISSUER (80840)**

Cap Office Name

555-555-5555

Printed on: XX/XX/XXXX

HXXXX-XXX



# Thank you

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. Plan features and availability may vary by service area. Other pharmacies are available in our network. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Every year, Medicare evaluates plans based on a 5-star rating system. Aetna Medicare's pharmacy network includes limited lower cost preferred pharmacies in: rural Missouri, rural Maine and rural South Dakota. 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 1-833-258-3132 (TTY: 711) or consult the online pharmacy directory at <http://www.aetnamedicare.com/pharmacyhelp>. The formulary, provider and/or pharmacy 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. Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.