



2022 Plan Guide

METRO-DSNP

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information about this plan, refer to the Summary of Benefits, visit our website [AetnaMedicare.com](https://www.aetna.com) or call us at **1-833-859-6031** (TTY: 711).

The amount that a member pays for premiums, deductibles, copayments, and/or coinsurance may vary based on the level of Medicaid eligibility and "Extra Help" a member receives.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Assure Plan (HMO D-SNP) H3312-069 Monthly Plan Premium: \$0
Service area	NY-Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester
Plan deductible	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.
Hospital coverage	
Inpatient hospital coverage	\$0 per stay Plan covers unlimited hospital days.
Outpatient hospital	\$0
Ambulatory surgery center (ASC)	\$0
Skilled nursing facility	\$0 per stay Our plan covers up to 100 days per benefit period.
Doctor visits	
Primary care physician (PCP)	\$0
PCP referrals required	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.
Specialist	\$0
Outpatient mental health therapy (individual)	\$0
Emergency and urgent care	
Emergency room	\$0
Urgent care facility	\$0
Worldwide coverage (i.e., outside of the United States)	\$0 for emergency and urgent care worldwide.
Diagnostic testing	
X-rays and diagnostic radiology	\$0
Lab services	\$0
Dental, vision and hearing (Non-Medicare covered)	
Dental services	\$2,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network
Routine eye exam	\$0 (one exam every year)
Eyewear	\$200 maximum benefit every year for prescription eyewear. EyeMed Network
Routine hearing exam	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.
Hearing aids	\$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.
Therapy	
Physical and speech therapy	\$0

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Assure Plan (HMO D-SNP) H3312-069 Monthly Plan Premium: \$0
Occupational therapy	\$0
Ambulance	
Ground ambulance (one-way trip)	\$0
Air ambulance (one-way trip)	\$0
Equipment and prosthetics	
Durable medical equipment	\$0
Prosthetics	\$0

Additional benefits	Aetna Medicare Assure Plan (HMO D-SNP) H3312-069 Monthly Plan Premium: \$0
24-Hour Nurse Line	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Acupuncture services (additional)	\$0 (up to eighteen visits every year through Aetna)
Fall prevention	Our plan pays up to a maximum amount of \$150 every year.
Fitness	SilverSneakers®
Healthy Foods Card	Healthy Foods benefit card has a \$25 monthly allowance that can be used at approved locations to purchase items that promote nutritional health.
Meals	Up to 42 home delivered meals over a 14-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter items (OTC)	\$300 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.
Personal emergency response system	Members are eligible for an alert system through LifeStation.
Telehealth	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. 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.

Prescription drugs (Retail Pharmacy)	Aetna Medicare Assure Plan (HMO D-SNP) H3312-069
Rx deductible	\$0
Generic (including brand drugs treated as generic)	\$0
All other drugs	\$0

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 customer service 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, please call 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at AetnaMedicare.com/findpharmacy.

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.

Aetna 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.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-810-6150 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-810-6150 (TTY: 711).

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