



# 2022 Plan Guide

## NYC-QUEENS

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

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Elite Plan (PPO) H5521-120 Monthly Plan Premium: \$0	Aetna Medicare Elite Plan 3 (PPO) H5521-310 Monthly Plan Premium: \$25	Aetna Medicare Discover Value Plan (PPO) H5521-312 Monthly Plan Premium: \$26	Aetna Medicare Elite Plan (HMO) H3312-068 Monthly Plan Premium: \$39	Aetna Medicare Premier Plan (PPO) H5521-040 Monthly Plan Premium: \$99	Aetna Medicare Eagle Plan (PPO) H5521-320 Monthly Plan Premium: \$0
Service area	NY-Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester	NY-Kings, New York, Queens, Richmond	NY-Kings, New York, Queens	NY-New York, Queens	NY-Kings, Nassau, New York, Queens, Richmond	NY-Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester
Plan deductible	\$1,000* for certain in-network and out-of-network services combined.	\$1,000* for certain in-network and out-of-network services combined.	\$0	\$500* for certain in-network services.	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$7,550 for in-network services. \$11,300 for in- and out-of-network services combined.	\$7,550 for in-network services. \$11,300 for in- and out-of-network services combined.	\$7,550 for in-network services. \$11,300 for in- and out-of-network services combined.	\$7,550	\$5,000 for in-network services. \$6,000 for in- and out-of-network services combined.	\$7,550 for in-network services. \$11,300 for in- and out-of-network services combined.
<b>* Deductible will apply to the following in-network services: Inpatient hospital, inpatient psychiatric, skilled nursing facility, therapeutic radiology, outpatient hospital services (including observation), ambulatory surgery center (ASC) and dialysis. See the Evidence of Coverage for details.</b>						
<b>Hospital coverage</b>						
Inpatient hospital coverage	\$850 per stay after plan deductible Plan covers unlimited hospital days.	\$795 per stay after plan deductible Plan covers unlimited hospital days.	\$395 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$850 per stay after plan deductible Plan covers unlimited hospital days.	\$335 per day, days 1-6; \$0 per day, days 7-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$395 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.
Outpatient hospital	\$45 - \$395 after plan deductible Lower cost sharing is for outpatient hospital services other than surgery.	\$35 - \$350 after plan deductible Lower cost sharing is for outpatient hospital services other than surgery.	\$40 - \$395 Lower cost sharing is for outpatient hospital services other than surgery.	\$45 - \$395 after plan deductible Lower cost sharing is for outpatient hospital services other than surgery.	\$45 - \$395 Lower cost sharing is for outpatient hospital services other than surgery.	\$40 - \$500 Lower cost sharing is for outpatient hospital services other than surgery.
Ambulatory surgery center (ASC)	\$250 after plan deductible	\$200 after plan deductible	\$200	\$250 after plan deductible	\$200	\$250
Skilled nursing facility	\$0 per day, days 1-20; \$188 per day, days 21-100 after plan deductible Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 after plan deductible Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 after plan deductible Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Elite Plan (PPO) H5521-120 Monthly Plan Premium: \$0	Aetna Medicare Elite Plan 3 (PPO) H5521-310 Monthly Plan Premium: \$25	Aetna Medicare Discover Value Plan (PPO) H5521-312 Monthly Plan Premium: \$26	Aetna Medicare Elite Plan (HMO) H3312-068 Monthly Plan Premium: \$39	Aetna Medicare Premier Plan (PPO) H5521-040 Monthly Plan Premium: \$99	Aetna Medicare Eagle Plan (PPO) H5521-320 Monthly Plan Premium: \$0
<b>Doctor visits</b>						
Primary care physician (PCP)	\$5	\$0	\$0	\$10	\$5	\$0
PCP referrals required	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.
Specialist	\$45	\$35	\$40	\$45	\$45	\$40
Outpatient mental health therapy (individual)	\$40	\$40	\$40	\$40	\$40	\$40
<b>Emergency and urgent care</b>						
Emergency room	\$90	\$90	\$90	\$90	\$90	\$90
Urgent care facility	\$65	\$65	\$65	\$65	\$65	\$65
Worldwide coverage (i.e., outside of the United States)	\$90 for emergency and urgent care worldwide.	\$90 for emergency and urgent care worldwide.	\$90 for emergency and urgent care worldwide.	\$90 for emergency and urgent care worldwide.	\$90 for emergency and urgent care worldwide.	\$90 for emergency and urgent care worldwide.
<b>Diagnostic testing</b>						
X-rays and diagnostic radiology	X-rays: \$50 Diagnostic radiology: \$375	X-rays: \$50 Diagnostic radiology: \$295	X-rays: \$50 Diagnostic radiology: \$350	X-rays: \$50 Diagnostic radiology: \$325	X-rays: \$50 Diagnostic radiology: \$325	X-rays: \$50 Diagnostic radiology: \$375
Lab services	\$0	\$5 You'll pay \$0 for certain lab services.	\$0	\$0	\$0	\$0
<b>Dental, vision and hearing (Non-Medicare covered)</b>						
Dental services	See optional supplemental benefits below.	\$1,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined.  Aetna Dental® PPO Network	\$1,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined.  Aetna Dental® PPO Network	\$0 for preventive services. Comprehensive services are covered under optional supplemental benefits.  Aetna Dental® PPO Network	\$0 for preventive services. Comprehensive services are covered under optional supplemental benefits.  Aetna Dental® PPO Network	\$1,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined.  Aetna Dental® PPO Network
Routine eye exam	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Elite Plan (PPO) H5521-120 Monthly Plan Premium: \$0	Aetna Medicare Elite Plan 3 (PPO) H5521-310 Monthly Plan Premium: \$25	Aetna Medicare Discover Value Plan (PPO) H5521-312 Monthly Plan Premium: \$26	Aetna Medicare Elite Plan (HMO) H3312-068 Monthly Plan Premium: \$39	Aetna Medicare Premier Plan (PPO) H5521-040 Monthly Plan Premium: \$99	Aetna Medicare Eagle Plan (PPO) H5521-320 Monthly Plan Premium: \$0
Eyewear	See optional supplemental benefits below.	\$100 reimbursement** every year.  You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$150 reimbursement** every year.  You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$100 reimbursement** every year.  You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$175 reimbursement** every year.  You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$200 reimbursement** every year.  You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.
Routine hearing exam	\$0 (one exam every year)  All appointments should be scheduled through NationsHearing.	\$0 (one exam every year)  All appointments should be scheduled through NationsHearing.	\$0 (one exam every year)  All appointments should be scheduled through NationsHearing.	\$0 (one exam every year)  All appointments must be scheduled through NationsHearing.	\$0 (one exam every year)  All appointments should be scheduled through NationsHearing.	\$0 (one exam every year)  All appointments should be scheduled through NationsHearing.
Hearing aids	\$750 (per ear) maximum benefit every year.  All hearing aids should be purchased through NationsHearing.	\$1,250 (per ear) maximum benefit every year.  All hearing aids should be purchased through NationsHearing.	\$1,250 (per ear) maximum benefit every year.  All hearing aids should be purchased through NationsHearing.	\$1,250 (per ear) maximum benefit every year.  All hearing aids must be purchased through NationsHearing.	\$1,250 (per ear) maximum benefit every year.  All hearing aids should be purchased through NationsHearing.	\$1,250 (per ear) maximum benefit every year.  All hearing aids should be purchased through NationsHearing.
<b>**Member pays the provider upfront and we pay the member back. Plan coverage rules apply.</b>						
<b>Therapy</b>						
Physical and speech therapy	\$40	\$40	\$40	\$40	\$40	\$40
Occupational therapy	\$40	\$40	\$40	\$40	\$40	\$40
<b>Ambulance</b>						
Ground ambulance (one-way trip)	\$270	\$255	\$235	\$250	\$265	\$250
Air ambulance (one-way trip)	\$270	\$255	\$235	\$250	\$265	\$250
<b>Equipment and prosthetics</b>						
Durable medical equipment	20%	20%	20%	20%	20%	20%
Prosthetics	20%	20%	20%	20%	20%	20%

<b>Additional benefits</b>	<b>Aetna Medicare Elite Plan (PPO) H5521-120 Monthly Plan Premium: \$0</b>	<b>Aetna Medicare Elite Plan 3 (PPO) H5521-310 Monthly Plan Premium: \$25</b>	<b>Aetna Medicare Discover Value Plan (PPO) H5521-312 Monthly Plan Premium: \$26</b>	<b>Aetna Medicare Elite Plan (HMO) H3312-068 Monthly Plan Premium: \$39</b>	<b>Aetna Medicare Premier Plan (PPO) H5521-040 Monthly Plan Premium: \$99</b>	<b>Aetna Medicare Eagle Plan (PPO) H5521-320 Monthly Plan Premium: \$0</b>
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.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Acupuncture services (additional)	Not covered	\$35 (up to twelve visits every year through Aetna)	\$40 (up to twelve visits every year through Aetna)	\$45 (up to twelve visits every year through Aetna)	Not covered	Not covered
Fitness	SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®
Meals	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter items (OTC)	Not covered	Not covered	\$45 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	You'll be mailed a one-time box of preselected OTC items.	Not covered	\$60 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.  You'll also be mailed a one-time box of preselected OTC items.
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.	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.	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.	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.	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.	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.



Additional benefits	Aetna Medicare Elite Plan (PPO) H5521-120 Monthly Plan Premium: \$0	Aetna Medicare Elite Plan 3 (PPO) H5521-310 Monthly Plan Premium: \$25	Aetna Medicare Discover Value Plan (PPO) H5521-312 Monthly Plan Premium: \$26	Aetna Medicare Elite Plan (HMO) H3312-068 Monthly Plan Premium: \$39	Aetna Medicare Premier Plan (PPO) H5521-040 Monthly Plan Premium: \$99	Aetna Medicare Eagle Plan (PPO) H5521-320 Monthly Plan Premium: \$0
Visitor/travel benefit	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Travel Advantage: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.

Optional Supplemental Benefits (extra benefits you can purchase)	Aetna Medicare Elite Plan (PPO) H5521-120	Aetna Medicare Elite Plan 3 (PPO) H5521-310	Aetna Medicare Discover Value Plan (PPO) H5521-312	Aetna Medicare Elite Plan (HMO) H3312-068	Aetna Medicare Premier Plan (PPO) H5521-040	Aetna Medicare Eagle Plan (PPO) H5521-320
Option 1 (Beyond Original Medicare coverage)	\$24 monthly premium Deluxe Dental Package	Not applicable	Not applicable	\$7 monthly premium Deluxe Comprehensive Dental Package	\$11 monthly premium Deluxe Comprehensive Dental Package	Not applicable
Option 2 (Beyond Original Medicare coverage)	\$29.90 monthly premium Deluxe Dental and Vision Package	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Optional Supplemental Benefits Description(s)	Dental Network: Aetna Dental® PPO Network  \$2,000 dental benefit maximum every year for preventive and comprehensive services combined.  \$200 vision reimbursement** every year.	Not applicable	Not applicable	Dental Network: Aetna Dental® PPO Network  \$2,000 dental benefit maximum every year for comprehensive services.	Dental Network: Aetna Dental® PPO Network  \$2,000 dental benefit maximum every year for comprehensive services.	Not applicable

**\*\*Member pays the provider upfront and we pay the member back. Plan coverage rules apply.**

Prescription drugs (Retail Pharmacy)	Aetna Medicare Elite Plan (PPO) H5521-120	Aetna Medicare Elite Plan 3 (PPO) H5521-310	Aetna Medicare Discover Value Plan (PPO) H5521-312	Aetna Medicare Elite Plan (HMO) H3312-068	Aetna Medicare Premier Plan (PPO) H5521-040	Aetna Medicare Eagle Plan (PPO) H5521-320
Rx deductible	\$300  Does not apply to Tier 1, Tier 2 drugs.	\$300  Does not apply to Tier 1, Tier 2 drugs.	\$300  Does not apply to Tier 1, Tier 2 drugs.	\$300  Does not apply to Tier 1, Tier 2 drugs.	\$250  Does not apply to Tier 1, Tier 2 drugs.	No Part D benefit Cannot add a Part D plan

Prescription drugs (Retail Pharmacy)	Aetna Medicare Elite Plan (PPO) H5521-120	Aetna Medicare Elite Plan 3 (PPO) H5521-310	Aetna Medicare Discover Value Plan (PPO) H5521-312	Aetna Medicare Elite Plan (HMO) H3312-068	Aetna Medicare Premier Plan (PPO) H5521-040	Aetna Medicare Eagle Plan (PPO) H5521-320
Tier 1 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	No Part D benefit Cannot add a Part D plan
Tier 2 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	No Part D benefit Cannot add a Part D plan
Tier 3 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	No Part D benefit Cannot add a Part D plan
Tier 4 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	No Part D benefit Cannot add a Part D plan
Tier 5 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard 28% / 28% N/A	Preferred/Standard 28% / 28% N/A	Preferred/Standard 28% / 28% N/A	Preferred/Standard 28% / 28% N/A	Preferred/Standard 28% / 28% N/A	No Part D benefit Cannot add a Part D plan
Gap coverage	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2	No Part D benefit Cannot add a Part D plan

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](https://www.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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