



2022 Plan Guide

PUGET-SOUND-WA-HMO

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) 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 Value Plus Plan (HMO-POS) H3748-003 Monthly Plan Premium: \$0	Aetna Medicare Platinum Plus Plan (HMO-POS) H3748-004 Monthly Plan Premium: \$43	Aetna Medicare Elite Plan (HMO-POS) H3748-009 Monthly Plan Premium: \$0	Aetna Medicare Prime Plan (HMO-POS) H3748-008 Monthly Plan Premium: \$0
Service area	WA-King, Kitsap, Mason, Pierce, Snohomish, Thurston	WA-King, Kitsap, Mason, Pierce, Snohomish, Thurston	WA-King, Kitsap, Mason, Pierce, Snohomish, Thurston	WA-Pierce
Plan deductible	\$0	\$0	\$1,000* for certain in-network services.	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$6,500 for in-network services.	\$6,500 for in-network services.	\$5,700 for in-network services.	\$5,500 for in-network services.
Network	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com .	Your plan works with a dedicated network. Check the provider directory at AetnaMedicare.com .
* 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.				
Hospital coverage				
Inpatient hospital coverage	\$440 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$375 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$450 per day, days 1-4; \$0 per day, days 5-90 after plan deductible \$0 copay for additional days. Plan covers unlimited hospital days.	\$370 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days. Plan covers unlimited hospital days.
Outpatient hospital	\$295	\$300	\$345 after plan deductible	\$225
Ambulatory surgery center (ASC)	\$200	\$200	\$245 after plan deductible	\$195
Skilled nursing facility	\$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.	\$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; \$184 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Doctor visits				
Primary care physician (PCP)	\$0	\$0	\$0	\$0

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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.
Specialist	\$45	\$35	\$35	\$30
Outpatient mental health therapy (individual)	\$40	\$40	\$40	\$25
Emergency and urgent care				
Emergency room	\$90	\$90	\$90	\$90
Urgent care facility	\$45	\$40	\$35	\$30
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.
Diagnostic testing				
X-rays and diagnostic radiology	X-rays: \$0 Diagnostic radiology: \$200	X-rays: \$0 Diagnostic radiology: \$175	X-rays: \$0 Diagnostic radiology: \$200	X-rays: \$0 Diagnostic radiology: \$160
Lab services	\$0	\$0	\$0	\$0
Dental, vision and hearing (Non-Medicare covered)				
Dental services	\$500 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$700 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$2,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$1,250 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)
Eyewear	\$225 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$300 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$300 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$300 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 must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.

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Hearing aids	\$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 must be purchased through NationsHearing.	\$2,000 (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 must be purchased through NationsHearing.
**Member pays the provider upfront and we pay the member back. Plan coverage rules apply.				
Therapy				
Physical and speech therapy	\$20	\$15	\$20	\$15
Occupational therapy	\$20	\$15	\$20	\$15
Ambulance				
Ground ambulance (one-way trip)	\$250	\$260	\$260	\$250
Air ambulance (one-way trip)	\$250	\$260	\$260	\$250
Equipment and prosthetics				
Durable medical equipment	20%	20%	20%	20%
Prosthetics	20%	20%	20%	20%

Additional benefits	Aetna Medicare Value Plus Plan (HMO-POS) H3748-003 Monthly Plan Premium: \$0	Aetna Medicare Platinum Plus Plan (HMO-POS) H3748-004 Monthly Plan Premium: \$43	Aetna Medicare Elite Plan (HMO-POS) H3748-009 Monthly Plan Premium: \$0	Aetna Medicare Prime Plan (HMO-POS) H3748-008 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.	\$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)	\$20 (up to twenty four visits every year through American Specialty Health)	\$10 (up to twenty four visits every year through American Specialty Health)	\$10 (up to twenty four visits every year through American Specialty Health)	\$10 (up to twenty four visits every year through American Specialty Health)
Chiropractic services (additional)	\$20 (up to twelve visits every year through American Specialty Health)	\$10 (up to twelve visits every year through American Specialty Health)	\$10 (up to twelve visits every year through American Specialty Health)	\$10 (up to twelve visits every year through American Specialty Health)
Fitness	SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®

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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.
Naturopathic physician services	\$20 (up to 12 visits every year through American Specialty Health)	\$10 (up to 12 visits every year through American Specialty Health)	\$10 (up to 12 visits every year through American Specialty Health)	\$10 (up to 12 visits every year through American Specialty Health)
Over-the-counter items (OTC)	Not covered	Not covered	Not covered	\$45 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.
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.
Therapeutic massage	\$20 (up to twenty four visits every year through American Specialty Health)	\$10 (up to twenty four visits every year through American Specialty Health)	\$10 (up to twenty four visits every year through American Specialty Health)	\$10 (up to twenty four visits every year through American Specialty Health)
Visitor/travel benefit	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.	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.	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.	Not covered

Prescription drugs (Retail Pharmacy)	Aetna Medicare Value Plus Plan (HMO-POS) H3748-003	Aetna Medicare Platinum Plus Plan (HMO-POS) H3748-004	Aetna Medicare Elite Plan (HMO-POS) H3748-009	Aetna Medicare Prime Plan (HMO-POS) H3748-008
Rx deductible	\$0	\$0	\$0	\$0
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

Prescription drugs (Retail Pharmacy)	Aetna Medicare Value Plus Plan (HMO-POS) H3748-003	Aetna Medicare Platinum Plus Plan (HMO-POS) H3748-004	Aetna Medicare Elite Plan (HMO-POS) H3748-009	Aetna Medicare Prime Plan (HMO-POS) H3748-008
Tier 2 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$10 / \$20 \$25 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$5 / \$20 \$10 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60
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
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
Tier 5 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard 33% / 33% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 33% / 33% N/A
Gap coverage	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2

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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