



Aetna Medicare

2015 Benefits at a Glance

Connecticut

Aetna MedicareSM Plan (HMO) (PPO)

Fairfield, New Haven

Compare our medical and prescription drug coverage in your area

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year.

For a complete description of benefits, exclusions, limitations and conditions of coverage, refer to the Evidence of Coverage.

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Contact us for answers to your questions or to enroll: **1-855-338-7027 (TTY: 711)**, 8 a.m. to 8 p.m., seven days a week, from October 1 – February 14; 8 a.m. to 8 p.m., Monday – Friday, from February 15 – September 30
Or visit: <http://www.aetnamedicare.com>

Aetna Medicare Plan (HMO)

Aetna Medicare Elite Plan (HMO)

Monthly Plan Premium	\$0.00
Medical Coverage¹	
Preventive care <i>(Annual wellness visits, vaccines and flu shots covered by Medicare. Routine physical exam covered by Aetna.)</i>	\$0 copay
Primary care doctor visits	\$10 copay (PCP selection required)
Specialist doctor visits	\$35 copay (referral required)
Inpatient hospital care <i>(unlimited inpatient days)</i>	\$550 copay per stay
Outpatient surgery	\$150 copay
Emergency care <i>(worldwide coverage)</i>	\$65 copay (waived if admitted)
Urgently-needed care	\$55 copay
Lab services	\$10 copay at primary care doctor office; \$35 copay at all other locations
Diagnostic tests	\$10 copay at primary care doctor office; \$35 copay at all other locations
Diagnostic X-ray services	\$10 copay at primary care doctor office; \$35 copay at all other locations
Diagnostic radiology services	\$10 copay at primary care doctor office; \$150 copay at all other locations
Therapeutic radiology services	\$10 copay at primary care doctor office; \$60 copay at all other locations
Annual in-network deductible	\$1,000*
Annual in-network maximum out-of-pocket amount ²	\$6,700
Dental coverage	No coverage
Eyewear coverage	Up to \$125 every two years
Hearing aids coverage	Up to \$800 every three years
Fitness benefit <i>(for membership at participating fitness facilities)</i>	\$0 copay
Prescription Drug Coverage³	
Annual drug deductible	\$0
One-month supply from retail or mail-order network pharmacy	
Tier 1 Preferred generic	\$4 or \$8 copay ^{4,5}
Tier 2 Non-preferred generic	\$12 or \$16 copay ^{4,5}
Tier 3 Preferred brand	\$45 copay
Tier 4 Non-preferred brand	50% coinsurance
Tier 5 Specialty	33% coinsurance
Gap coverage	You will pay 45% on brand drugs and only 65% of the costs of generic drugs.
One-month supply from retail or mail-order ⁵ network pharmacy	
Catastrophic coverage	The greater of \$2.65 copay for generic drugs (including brand drugs treated as generic), \$6.60 copay for all other covered drugs OR 5% coinsurance.
Retail and prescription mail order	
Pharmacy network⁶	Premier Preferred
Formulary name	Saver Formulary 3

Aetna Medicare Standard Plan (HMO) Open Access

\$118

\$0 copay

\$15 copay (PCP selection not required)

\$30 copay (referral not required)

\$295 copay per day, **day(s) 1-5**

\$275 copay

\$65 copay (waived if admitted)

\$55 copay

\$15 copay at primary care doctor office;

\$30 copay at all other locations

\$15 copay at primary care doctor office;

\$30 copay at all other locations

\$15 copay at primary care doctor office;

\$35 copay at all other locations

20% coinsurance

\$15 copay at primary care doctor office;

\$60 copay at all other locations

\$0

\$4,500

\$150 every year

Up to **\$100** every two years

Up to **\$500** every three years

\$0 copay

\$0

\$4 or **\$8** copay^{4,5}

\$12 or **\$16** copay^{4,5}

\$45 copay

50% coinsurance

33% coinsurance

You will pay **45%** on brand drugs and only **65%** of the costs of generic drugs.

The greater of **\$2.65** copay for generic drugs (including brand drugs treated as generic), **\$6.60** copay for all other covered drugs OR **5%** coinsurance.

Premier Preferred

Premier Formulary 1

Open Access HMO – freedom from referrals

The Aetna Medicare Plan (HMO) Open Access allows you the freedom to visit Aetna Medicare network providers without a referral. You can use any Aetna Medicare HMO network primary care physician (PCP). Although you are not required to select a PCP, you are encouraged to do so. You'll benefit by having a doctor who can coordinate your care and help you with important medical decisions.

All-in-one Medicare plan

Our Aetna Medicare Advantage plans offer combined medical and prescription drug coverage. Once you've enrolled, there's just one phone number to call if you need help. Plus, we offer online options to reduce paperwork.

If you receive more than one service during a single visit, you generally pay only one copay (the highest copay from all services during your single visit). In addition, if any of the services during the same visit have a coinsurance, you will pay the coinsurance amount for each service.

*The in-network deductible does not apply to primary care doctor services, specialist services, lab services, emergency care and more. See your Evidence of Coverage for a complete list of services that do not apply.

Access to many hospitals, doctors and specialists

Our plans offer you access to a large number of doctors and hospitals – locally or around the country where these plans are available. With most Aetna Medicare Plans (HMO), you can enroll in our **U.S. Travel Advantage program**** at no cost to you. You'll get the same benefits you receive at home when you travel to any service area approved by the plan and use a doctor or hospital in the Aetna Medicare network. This means if you're traveling or away from home, you'll pay your network cost if an Aetna Medicare HMO or PPO network provider is available. Our plans also cover you for urgent and emergency medical care 24 hours a day, 7 days a week, anywhere in the world.

Finding a doctor or hospital is easy

- Visit <http://www.aetnamedicarefind.com>
- Call us at **1-855-338-7027 (TTY: 711)**

Access to preferred pharmacies in your network

Our plans offer you access to preferred pharmacies that are contracted to provide you with reduced cost sharing. This means your copay/coinsurance for a drug at a preferred pharmacy will be lower than what you would pay at a standard pharmacy within the same network.

Find the drugs you need in our formulary

Our formulary is a list of drugs we cover. It includes many of the most commonly prescribed generic and brand-name drugs. You'll find generic drugs at the lowest cost in Tier 1. And you'll pay less than \$10 for most of them. Costlier generic drugs appear in higher tiers. But we may have a lower-cost option for some of them in a lower tier. Choosing one of these less-expensive drugs helps you save more at the pharmacy.

Start each year with a physical exam

An extensive physical assessment starts by collecting your medical history. Then you will get a full body exam. You have coverage for an annual physical exam every 12 months.

You can control your high blood pressure

If you have high blood pressure, we can help you. Once you're diagnosed with high blood pressure, we'll contact you. And if you choose to enroll in our hypertension program, we'll:

- Send you a blood pressure cuff at no cost to you
- Offer calls that remind you to enter your blood pressure into an automated system
- Support you by assigning you a case manager, if needed

** HMO members may be required to enroll in the U.S. Travel Advantage program prior to seeking care out of their service area. See your EOC for details.