

AETNA Medicare Advantage Plan Design & Benefits



ANNE ARUNDEL COUNTY, MARYLAND
Aetna MedicareSM Plan (PPO)
Medicare (S01) ESA PPO Plan

Benefits and Premiums are effective January 1, 2023 through December 31, 2023

SUMMARY OF BENEFITS PROVIDED BY AETNA LIFE INSURANCE COMPANY

Primary Care Physician (PCP): You have the option to choose a PCP. When we know who your provider is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.

Prior Authorizations: Your doctor will work with us to get approval before you receive certain services. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

PLAN FEATURES	Network & out-of-network providers.
Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.
Annual Deductible	\$0
This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.	
Annual Maximum Out-of-Pocket Amount	
Annual maximum out-of-pocket limit amount	\$2,000
includes any deductible, copayment or coinsurance that you pay.	
It will apply to all medical expenses except Hearing Aid Reimbursement that may be available on your plan.	

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It will apply to all medical expenses except Hearing Aid Reimbursement that may be available on your plan.	



HOSPITAL CARE* **This is what you pay for network & out-of-network providers.**

Inpatient Hospital Care \$0 per stay
 The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Observation Stay Your cost share for Observation Care is based upon the services you receive
 Frequency: per stay

Outpatient Services & Surgery \$65

Ambulatory Surgery Center \$65

PHYSICIAN SERVICES **This is what you pay for network & out-of-network providers.**

Primary Care Physician Visits \$10
 Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.

Physician Specialist Visits \$20

PREVENTIVE CARE **This is what you pay for network & out-of-network providers.**

- Medicare-covered Preventive Services** \$0
- Abdominal aortic aneurysm screenings
 - Alcohol misuse screenings and counseling
 - Annual Well Visit - One exam every 12 months.
 - Bone mass measurements
 - Breast exams
 - Breast cancer screening: mammogram - one baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.
 - Cardiovascular behavior therapy
 - Cardiovascular disease screenings
 - Cervical and vaginal cancer screenings (Pap) - one routine GYN visit and pap smear every 24 months.
 - Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
 - Depression screenings
 - Diabetes screenings



- HBV infection screening
- Hepatitis C screening tests
- HIV screenings
- Lung cancer screenings and counseling
- Medicare Diabetes Prevention Program - 12 months of core session for program eligible members with an indication of pre-diabetes.
- Nutrition therapy services
- Obesity behavior therapy
- Pelvic Exams - one routine GYN visit and pap smear every 24 months.
- Prolonged Preventive Services - prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service
- Prostate cancer screenings (PSA) - for all male patients aged 50 and older (coverage begins the day after 50th birthday)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling
- Welcome to Medicare preventive visit

Immunizations \$0

- Flu
- Hepatitis B
- Pneumococcal

Additional Medicare Preventive Services \$0

- Barium enema - one exam every 12 months.
- Diabetes self-management training (DSMT)
- Digital rectal exam (DRE)
- EKG following welcome exam
- Glaucoma screening

EMERGENCY AND URGENT MEDICAL CARE This is what you pay for network & out-of-network providers.

Emergency Care; Worldwide \$50
 (waived if admitted)

Urgently Needed Care; Worldwide \$35



DIAGNOSTIC PROCEDURES*	This is what you pay for network & out-of-network providers.
Diagnostic Radiology CT scans	\$20
Diagnostic Radiology Other than CT scans	\$20
Lab Services	\$10
Diagnostic testing & procedures	\$10
Outpatient X-rays	\$10
HEARING SERVICES	This is what you pay for network & out-of-network providers.
Routine Hearing Screening We cover one exam every twelve months	\$0
Medicare Covered Hearing Examination	\$20
Hearing Aid Reimbursement	\$3,000 once every 12 months
DENTAL SERVICES	This is what you pay for network & out-of-network providers.
Medicare Covered Dental* Non-routine care covered by Medicare.	\$10
VISION SERVICES	This is what you pay for network & out-of-network providers.
Routine Eye Exams One annual exam every 12 months.	\$0
Diabetic Eye Exams	\$0
Medicare Covered Eye Exam	\$20



MENTAL HEALTH SERVICES* **This is what you pay for network & out-of-network providers.**

Inpatient Mental Health Care \$0 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Mental Health Care \$10
Individual visit

Partial Hospitalization \$10

Inpatient Substance Abuse \$0 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Substance Abuse \$10
Individual visit

SKILLED NURSING SERVICES* **This is what you pay for network & out-of-network providers.**

Skilled Nursing Facility (SNF) Care \$0 per day, days 1-100
Limited to 100 days per Medicare Benefit Period.

The member cost sharing applies to covered benefits incurred during a member's inpatient stay. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

PHYSICAL THERAPY SERVICES* **This is what you pay for network & out-of-network providers.**

Outpatient Rehabilitation Services \$0
(Speech, physical, and occupational therapy)

AMBULANCE SERVICES **This is what you pay for network & out-of-network providers.**

Ambulance Services \$0
Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.



TRANSPORTATION SERVICES	This is what you pay for network & out-of-network providers.
Transportation (non-emergency)	24 one-way trips with 60 miles allowed per trip
MEDICARE PART B PRESCRIPTION DRUGS*	This is what you pay for network & out-of-network providers.
Medicare Part B Prescription Drugs	\$0
ADDITIONAL PROGRAMS AND SERVICES	This is what you pay for network & out-of-network providers.
Allergy Shots	\$0
Allergy Testing	\$20
Blood	\$0
All components of blood are covered beginning with the first pint.	
Cardiac Rehabilitation Services	\$20
Intensive Cardiac Rehabilitation Services	\$20
Chiropractic Services*	\$20
Medicare covered benefits only.	
Diabetic Supplies*	\$0
Includes supplies to monitor your blood glucose.	
Durable Medical Equipment/ Prosthetic Devices*	4%
Home Health Agency Care*	\$0
Hospice Care	Covered by Original Medicare at a Medicare certified hospice.
Medical Supplies*	Your cost share is based upon the provider of services
Medicare Covered Acupuncture	\$0
Outpatient Dialysis Treatments*	\$20
Podiatry Services	\$20
Medicare covered benefits only.	
Pulmonary Rehabilitation Services	\$20
Supervised Exercise Therapy (SET) for PAD Services	\$20
Radiation Therapy*	\$20



ADDITIONAL PROGRAMS (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network & out-of-network providers.
Fitness Benefit	SilverSneakers [®]
Meals	\$0
Covered up to 14 meals following an inpatient stay.	
Resources For Living[®]	Covered
For help locating resources for every day needs.	
Teladoc[™]	\$0
Telemedicine services with a Teladoc [™] provider. State mandates may apply.	
Telehealth	Covered
Telemedicine Services. Member cost share will apply based on services rendered.	
Telehealth PCP	\$10
Telehealth Specialist	\$20
Telehealth Occupational Therapy Services	\$0
Telehealth PT and SP Services	\$0
Telehealth Other Health care Providers	\$20
Telehealth Individual Mental Health	\$10
Telehealth Group Mental Health	\$10
Telehealth Individual Psychiatric Services	\$10
Telehealth Group Psychiatric Services	\$10
Telehealth Individual Substance Abuse Services	\$10
Telehealth Group Substance Abuse Services	\$10
Telehealth Behavioral Health	\$0
Vendor: MD Live	
Telehealth Kidney Disease Education Services	\$0
Telehealth Diabetes Self-Management Training	\$0
Telehealth Opioid Treatment Program Services	\$10
Telehealth Urgent care	\$35
Wigs*	\$0
Maximum	unlimited



Frequency	unlimited
ADDITIONAL SERVICES (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network & out-of-network providers.
Acupuncture	\$0
unlimited visits every year. in lieu of anesthesia and for treatment of chronic pain.	
Routine Physical Exams	\$0
One exam per calendar year	

Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

Medical Disclaimers

For more information about Aetna plans, go to www.AetnaRetireePlans.com or call Member Services at toll-free at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

The provider network may change at any time. You will receive notice when necessary.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The complete list of services can be found in the Evidence of Coverage (EOC). You can request a copy of the EOC by contacting Member Services at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your Evidence of Coverage
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some



network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

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.

Aetna will pay any non contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare covered services under the plan.

Plan Disclaimers

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna).

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.

To join the Aetna Medicare Advantage Plan Open Access PPO , you must meet the requirements of the plan sponsor/your former employer, be entitled to Medicare Part A, enrolled in Medicare Part B, and live in our service area.

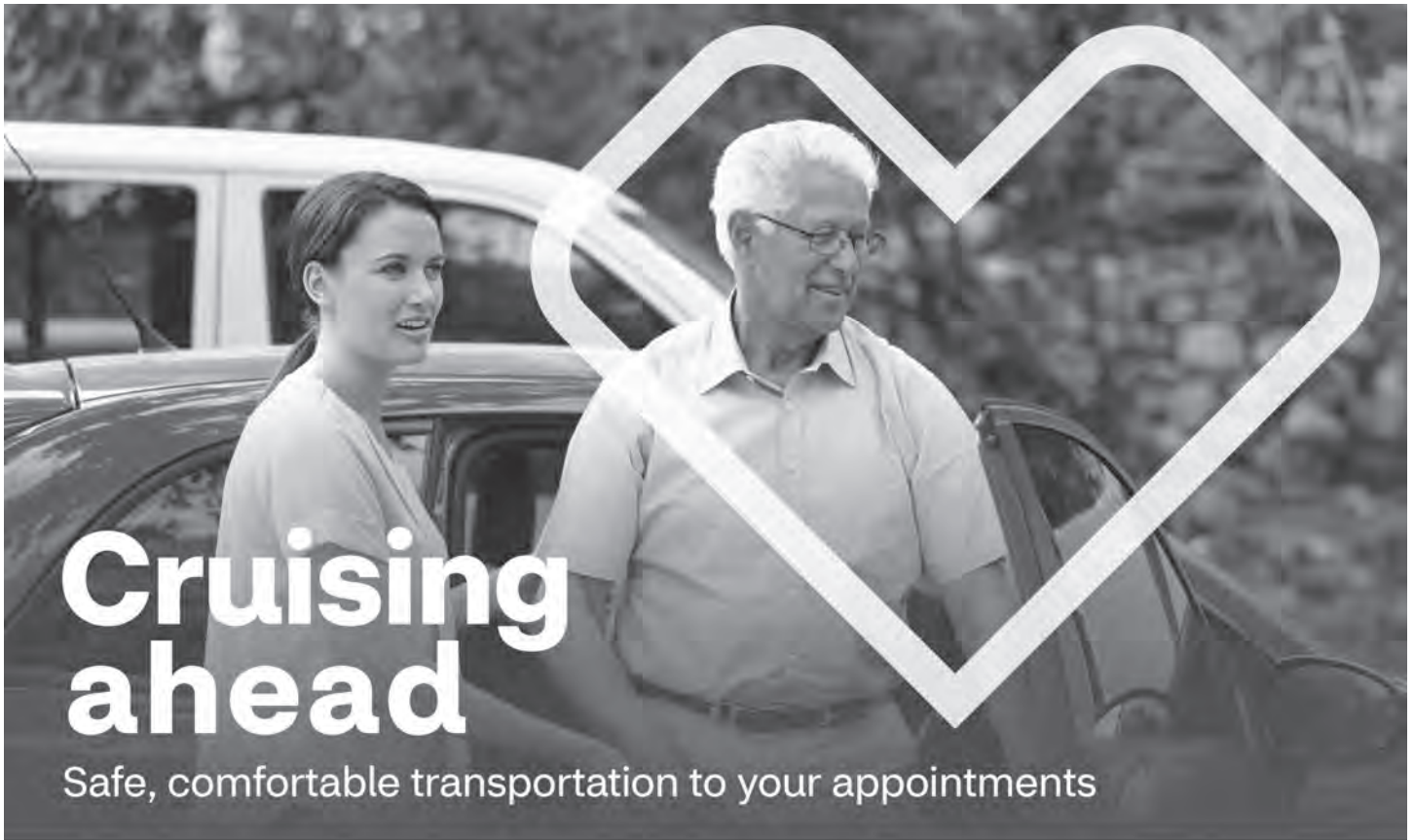
If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

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.

The provider network may change at any time. You will receive notice when necessary.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

You can read the *Medicare & You 2024* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to



Cruising ahead

Safe, comfortable transportation to your appointments

We don't want you to worry about how you'll get to your medical appointments. Instead, we want you to focus on what matters, like your health and treatment plans. That's why Aetna® offers optional, nonemergency transportation that gets you there and back.

Rides are provided through Access2CareSM, a leading medical provider. The number of trips and miles per trip depends on your plan. If you need a ride to and from the doctor, you'll use 2 trips.



If you need to reserve a ride, call **1-855-814-1699 (TTY: 711)**, Monday through Friday, 7 AM–8 PM all time zones.

What's great about the transportation benefit?

- **Convenience** — You can schedule rides for medical appointments.
- **Save money** — These rides are included with your plan at **no extra cost**.
- **Safety** — Professional drivers will bring you comfortably and safely to your destination. And in a vehicle that suits your needs.
- **Improved health** — When you have an easy, reliable way to get to appointments, you're more likely to get the health services you need. This can help you stay active and healthy longer.

[AetnaRetireePlans.com](https://www.aetna.com/retireeplans)

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How can you use your trips?

Appointments

You can get transportation to and from any covered medical appointment:

- Primary care provider (PCP)
- Chemotherapy
- Dialysis facility
- Physical therapy
- Behavioral health
- Dental provider
- Preventive services
- Other plan-approved locations
- Vaccine appointments

Pharmacies

You can also use trips to go to and from the pharmacy for a covered medical service. Using a pharmacy trip to pick up medications will not count against your trip allowance if the pharmacy trip:

- Is within 10 miles of your pick-up or drop-off location
- Occurs while on a trip to or from a medical provider

It's easy to schedule a ride

To schedule a ride, just call Access2Care's toll-free number, **1-855-814-1699 (TTY: 711)**, Monday through Friday, 7 AM–8 PM for all time zones.

- You must schedule trips at least 48 hours in advance. You can schedule trips up to 30 days in advance.
- You can have an escort (family member or caregiver) ride with you.
- You are responsible for being ready when the driver arrives. Drivers are not responsible for assisting you from home door to vehicle or vehicle to office door.

What are the vehicle options?

Two options are available to service different health needs. Options include:

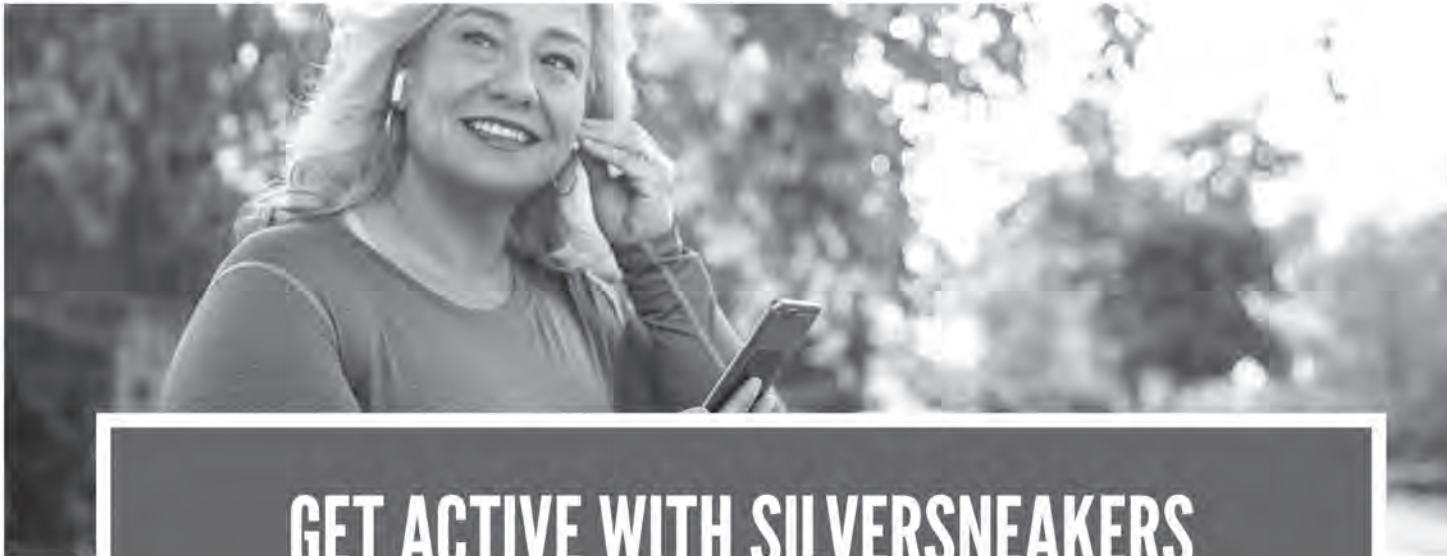
- **Ambulatory vehicle (such as sedan or van)** — Select this option if you can move on your own or with an assistive device such as a walker or cane.
- **Wheelchair vehicle** — Select this option if you will need to stay in a wheelchair during the trip.



Questions?

If you have any questions about the transportation benefit, just contact Aetna® Member Services at the number on your member ID card.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.



GET ACTIVE WITH SILVERSNEAKERS

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community. Plus, it's included **at no additional cost** in your health plan.

With SilverSneakers, you're free to move in the ways that work for you.

In participating fitness locations

- Thousands of participating locations¹ with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes² designed for all levels

In your community

- Group activities and classes² offered outside the gym
- Events including shared meals, holiday celebrations and class socials

At home or on the go

- SilverSneakers LIVE™ virtual classes and workshops throughout the week
- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers GO™ mobile app with adjustable workout plans and more

Did you know?

88%

of participants say SilverSneakers has improved their quality of life.³

You already have SilverSneakers through your health plan.

You just need your member ID to get started. See other side for more details.

[SilverSneakers.com/StartHere](https://www.silversneakers.com/StartHere)

Questions? Call us.

1-888-423-4632 (TTY: 711) Monday – Friday 8 a.m. – 8 p.m. ET



LET'S GET STARTED!



Get your SilverSneakers Member ID



If you're new to SilverSneakers, go to **SilverSneakers.com/StartHere** and follow the simple steps.



If you're already a member, log in to the **Member Portal** at **SilverSneakers.com** and click **Profile/Member ID**.

My SilverSneakers ID number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Write your ID number in the spaces provided. You can either cut this out or take a photo with your phone so you always have your ID with you.

Notes:



Get inspired!

Scan to learn more about SilverSneakers or visit [SilverSneakers.com/AboutUs](https://www.silversneakers.com/about-us)



Always talk with your doctor before starting an exercise program.

1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.
2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.
3. 2021 SilverSneakers Annual Participant Survey

SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc.

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Welcome

Invite us over for a Healthy Home Visit

Do you want a great way to help maintain your health at home?

Once we schedule your appointment, a licensed and board-certified nurse practitioner or doctor will go to your home to provide an assessment. This Healthy Home Visit takes place at no extra cost to you. During the visit, they will also check your home for potential issues that may increase your chances of falling.

We work with nurse practitioners and doctors around the country to offer you this service. Every year, about 500,000 Aetna Medicare Advantage members take part in the Healthy Home Visit program.

But you already have a doctor, so why take the time?

Sure, this doesn't take the place of a physical exam from your own doctor.

But it can be a critical part of managing your health at home. After your visit, we share the information with your doctor. Partnering in this way helps us better manage your overall health care needs. It does not affect your coverage in any way.

We are committed to supporting your best health. Meeting you in your home is for your convenience and comfort.

AetnaRetireePlans.com
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A holistic look at your health in the comfort of your home

What does the Healthy Home Visit involve?

You can use this yearly visit to:

- Ask health care questions
- Review your medicines
- Update your medical history
- Discuss issues you may have getting the health resources you need
- Discuss concerns you may have about moving around safely in your home

The visit lasts about an hour. It includes a limited, noninvasive physical exam. If need be, the nurse practitioner or doctor may recommend that you be further evaluated. Your doctor will get a report.

Again — this visit is at no extra cost to you. It is all part of your Aetna® benefits.

Telehealth appointments may also be available in your area.

You can schedule a Healthy Home Visit today. Just call the number on your Aetna Medicare ID card.

Frequently asked Healthy Home Visit questions

1. How often can I have a Healthy Home Visit?

A nurse practitioner or doctor can visit your home once a year.

2. What does Aetna do with the information you collect?

We share it with your primary care doctor. This helps to better coordinate your care and to help ensure your care needs are met. We follow all privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). We may also refer you to a health advocacy program, such our Diabetes Management Program or another program that can help you.

3. My spouse has the same insurance that I do. Can my spouse take part in the program, too? Yes.

When scheduling your appointment, the representative can schedule the visit for both of you.

4. Does Aetna know the nurse practitioner or physician is getting in touch with me? Yes.

We are partnering with the nurse practitioners and doctors to provide this service. We also work closely with them. We want to make sure that our members are assessed in the most professional manner.

5. What does this cost? The Healthy Home Visit costs you nothing extra. We do offer additional screenings, such as bone density, diabetic retinal screening and HBA1c testing. You may have to pay a copay for these screenings, depending on your benefits. However, they're voluntary, so you're not required to participate.

6. Is it going to raise my premium after the visit? No.

We don't use the information you give us to raise costs, including your premium or other cost share amounts.

7. How do I know the clinician that comes to my home is with the Healthy Home Visit program? All clinicians will have an employee ID card from either Signify or Matrix with them to properly identify themselves.



Every year, about **500,000** Aetna Medicare Advantage members get a Healthy Home Visit.



Importantly, over **95%** of the members we surveyed said they were satisfied with their visit.*

*2020 Aetna Healthy Home Visit survey results from both Matrix and Signify.

How home visits help members

Bethany's* story ...

"Aetna called me and had a nurse come out to the house to do a physical and have some conversations about my health. I really appreciated the 45 minutes of talking during my Healthy Home Visit. The nurse reviewed all of my prescriptions, as well as over-the-counter medication I was taking. She also suggested that maybe I should not take two of them at the same time; and instead take one in the evening, which eliminated the leg cramps I was having while trying to fall asleep. I was really happy to hear that my primary care doctor was getting a copy of the notes from our visit."

*Actual member story from 2021. Name has been changed to protect privacy.

Patricia's** story ...

Pat Respert says she's lucky to be here today. After arranging a Healthy Home Visit for her and her husband, Herman, an Aetna-approved, registered nurse came to their house. This was at no extra cost to them.

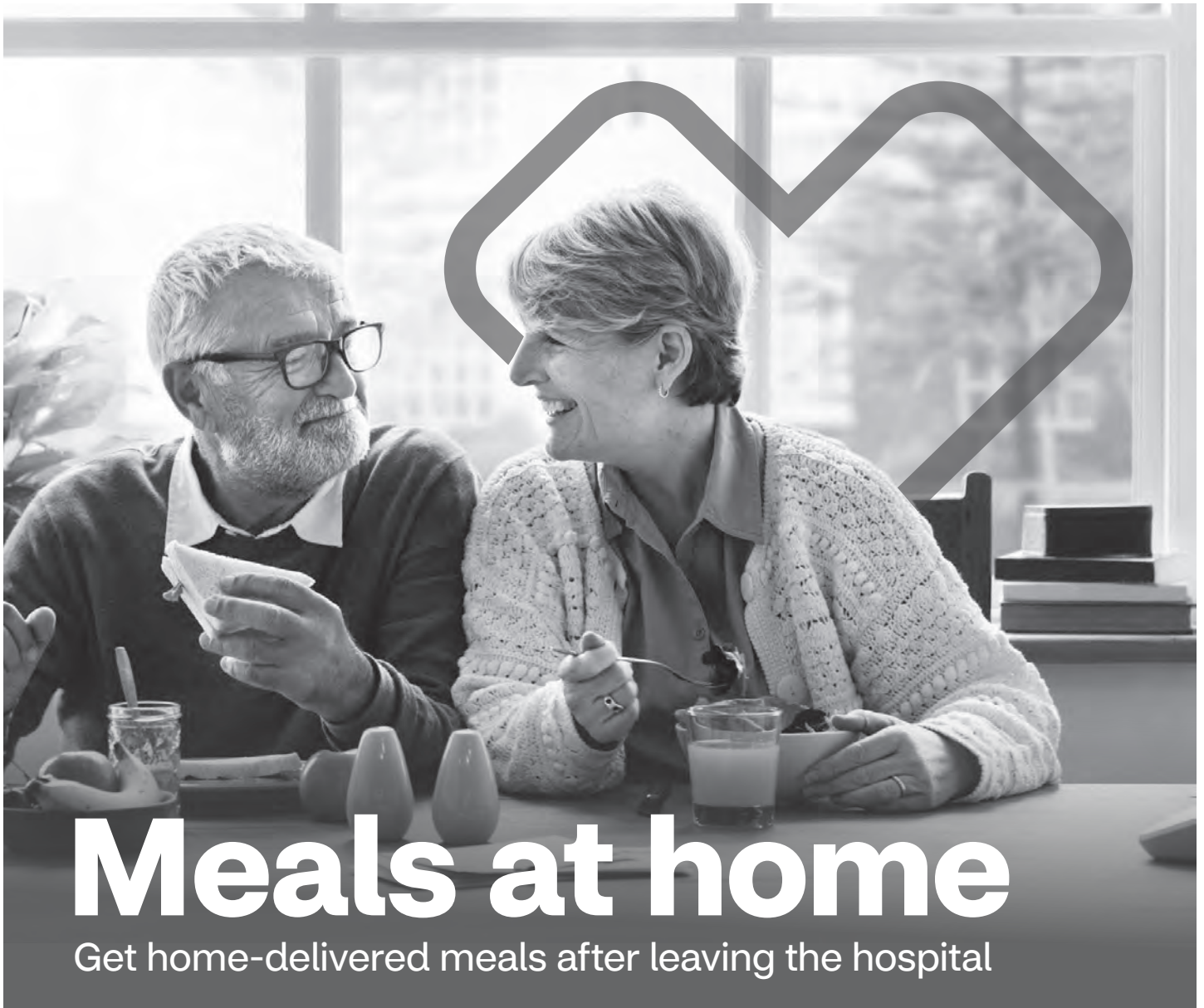
During this visit, the nurse discovered Pat's blood pressure was dangerously high. Although Pat felt fine, the nurse insisted she go to the hospital. Pat was in danger of having a stroke. Pat says, "If it wasn't for Aetna, I wouldn't be here today."

**Actual member story from 2018.



Things to do before your visit

- You may have family or friends present during the visit, so invite a loved one over if you wish.
- Write a list of health questions you might want to discuss with the nurse practitioner or doctor. Think about any health concerns or difficulties you have trying to get care. You can use the note page here to write down your questions.
- Gather all medicines you take, including prescriptions, over-the-counter medicines, vitamins and herbal supplements.
- List out any recent care you have received from a provider, including testing such as lab work, X-rays or screenings.
- Wear comfortable clothes that can easily be rolled up when the provider checks your blood pressure and vital signs.



Meals at home

Get home-delivered meals after leaving the hospital

With your Aetna Medicare Advantage plan, you can get healthy, precooked meals delivered to your home after an inpatient hospital stay—**at no extra cost.** This new meal benefit lets you stay focused on recuperating, while getting good nutrition.

Aetna® partners with a vendor called GA Foods® to coordinate this benefit. They deliver high-quality, nutritious meals to members during this important recovery period.



[AetnaRetireePlans.com](https://www.aetna.com/retireeplans)

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How many meals can you receive?

The number of meals that you receive depends on your plan. Please refer to your Benefits section for more details.



What are the meal options?

Each meal will include the Entrée, sides, bread and margarine, and any additional condiments to compliment the entrée.

Most meals will include fruit and/or juice and/or dessert. For instance, we would not provide juice with the diabetic series.



It's easy to get your meals

After you're discharged to your home from an inpatient hospital stay:

- You'll get a phone call from GA Foods®. On the call, you'll learn about the meal benefit and discuss delivery time frames.
- GA Foods uses other third party vendors like FedEx as well as their drivers called FSRs (Field Service Reps). If you decide to get the food, it will be delivered in 24 - 72 hours.



Questions?

For more information, call the number on your Aetna® member ID card.

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.

AetnaRetireePlans.com

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