



2018 Plan Guide

Upstate: Rochester

Below are some of the in-network costs and benefit information for our Medicare plans. But it's not a complete list. For more information about these plans, refer to the Summary of Benefits.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Elite Plan (PPO) H5521-118	Aetna Medicare Premier Plan (PPO) H5521-076
Service Area	New York: Livingston, Monroe, Ontario, Orleans, Seneca, Wayne and Yates	New York: Livingston, Monroe, Ontario, Orleans, Seneca, Wayne and Yates
Monthly Plan Premium in addition to Part B Premium	\$0	\$41
PCP Referrals Required	N/A	N/A
Additional Resources and Support	Resources For Living SM helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.	Resources For Living SM helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.
Annual Maximum Out-of-Pocket (MOOP) Maximum amount you will pay for in-network services.	\$6,700	\$6,700
Annual Maximum Out-of-Pocket (MOOP) for in and out of network combined	\$10,000	\$10,000
Annual Deductible for Medical Services	\$1,000 deductible for some hospital and medical services. (See Summary of Benefits or Evidence of Coverage for more information).	\$0
Primary Care Physician (PCP)	\$15	\$15
Specialist	\$40	\$40
Inpatient Hospital	\$650 per stay after plan deductible is met Plan covers unlimited hospital days.	\$360 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days
Outpatient Surgery - Outpatient Hospital: Surgical services you get from a hospital.	\$350 after plan deductible is met	\$300
Outpatient Surgery - Ambulatory Surgery Center (ASC): Care from standalone surgery facilities.	\$350 after plan deductible is met	\$300
Diagnostic Radiology and X-Rays	X-rays \$50 Diagnostic Radiology \$250 after plan deductible is met	X-rays \$45 Diagnostic Radiology \$250
Lab Services	\$5	\$5
Urgent Care Facility	\$40	\$40
Emergency Room	\$80	\$80
Worldwide Coverage (i.e. outside of the United States)	\$80 for emergency and urgent care worldwide	\$80 for emergency and urgent care worldwide
Vision Services - Routine Eye Exams	\$0 (one exam every year)	\$0 (one exam every year)
Vision Services - Contacts and Eyeglasses	\$200 allowance* every year No network; member reimbursement	\$125 allowance* every year No network; member reimbursement
Preventive Dental Services	\$150 allowance* every year	\$350 allowance* every year
Dental Network	No network; member reimbursement	No network; member reimbursement
Hearing Services - Hearing Aids	\$500 (both ears combined) allowance* every year No network; member reimbursement	Not Covered
Hearing Services - Routine Hearing Exams	\$0 (one exam every year)	\$0 (one exam every year)

* allowance - member pays the provider and we pay them back. Plan coverage rules apply.

Additional Plan Information:

Benefits	Aetna Medicare Elite Plan (PPO) H5521-118	Aetna Medicare Premier Plan (PPO) H5521-076
Fitness Benefit	SilverSneakers	SilverSneakers

Prescription Drugs

Benefits	Aetna Medicare Elite Plan (PPO) H5521-118 Preferred/Standard	Aetna Medicare Premier Plan (PPO) H5521-076 Preferred/Standard
Gap Coverage	Yes Tier 1 & 2	Yes Tier 1 & 2
Rx Deductible	\$200 Deductible does not apply to Tier 1 or Tier 2 drugs.	\$200 Deductible does not apply to Tier 1 or Tier 2 drugs.
Tier 1: Drugs • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	\$0/\$10 \$0/\$30 \$0/\$30	\$0/\$10 \$0/\$30 \$0/\$30
Tier 2: Drugs • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	\$5/\$15 \$15/\$45 \$10/\$45	\$5/\$15 \$15/\$45 \$10/\$45
Tier 3: Drugs • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	\$42/\$47 \$126/\$141 \$121/\$141	\$42/\$47 \$126/\$141 \$121/\$141
Tier 4: Drugs • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	\$100/\$100 \$300/\$300 \$300/\$300	\$100/\$100 \$300/\$300 \$300/\$300
Tier 5: Drugs • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	29%/29% N/A N/A	29%/29% N/A N/A

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

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This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. 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. You must continue to pay your Medicare Part B premium. The Part B premium is covered for full-dual members. Our dual-eligible Special Needs Plans are available to anyone who has both Medical Assistance from the state and Medicare. Premiums, copays, coinsurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. Members who get "extra help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

Members in our HMO POS/PPO plans can go to doctors, specialists or hospitals in- or out-of-network. With the exception of emergency or urgent care, it may cost more to get care from out-of-network providers.

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

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