

Summary of Benefits 2021

Aetna Medicare Assure (HMO D-SNP)

H1609 - 017

January 1, 2021 - December 31, 2021

H1609-017

Aetna Medicare Assure (HMO D-SNP) is a Dual Eligible Special Needs Plan (D-SNP) for Medicare beneficiaries who are also eligible for Medicaid. This is a Medicare Advantage plan that covers prescription drugs.

The amount that a member pays for premiums, deductibles, copayments, and/or coinsurance may vary based on the level of Medicaid eligibility and "Extra Help" a member receives. To enroll in this plan, you must be enrolled in one of the following Medicare Savings Programs.

- **Qualified Medicare Beneficiary (QMB):** Medicaid covers your Medicare cost-shares, including deductibles, premiums, copayments, and coinsurance for medical services. You will only pay copayments for Part D prescription drugs.
- **Qualified Medicare Beneficiary Plus (QMB Plus):** Medicaid covers your Medicare cost-shares, including deductibles, premiums, copayments, and coinsurance for medical services. You are also eligible for full Medicaid benefits from your state Medicaid program. You will only pay copayments for Part D prescription drugs.
- **Specified Low-Income Beneficiary (SLMB):** Medicaid covers your Medicare Part B premium only.
- **Specified Low-Income Beneficiary Plus (SLMB Plus):** Medicaid covers your Medicare Part B premium. You are also eligible for full Medicaid benefits from your state Medicaid program.
- **Full Benefit Dual Eligible (FBDE):** You are eligible for full Medicaid benefits from your state Medicaid program. In addition, Medicaid may cover some of your Medicare cost-sharing for medical services, depending on your state's Medicaid program.
- **Qualified Disabled and Working Individual (QDWI):** Medicaid covers your Medicare Part A premium only.
- **Qualifying Individual (QI):** Medicaid covers your Medicare Part B premium only.

To join Aetna Medicare Assure (HMO D-SNP), you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area. You must also be enrolled in one of the Medicare Savings Programs listed above.

Service area: Florida: Broward, Miami-Dade.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service or every limitation and exclusion. The plan's Evidence of Coverage (EOC) provides a complete list of services we cover. The EOC is available at www.aetnamedicare.com or you may call us to request a copy.

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Aetna Medicare Assure (HMO D-SNP) | H1609-017 | \$0 up to \$30.80

Call us or go online for more information.



1-833-859-6031 (TTY: 711)

October 1 to March 31: 7 days a week from 8 a.m. - 8 p.m. local time

April 1 to September 30: Monday through Friday from 8 a.m. - 8 p.m. local time



www.aetnamedicare.com

Compare our plan to Medicare

To learn more about the coverage and costs of Original Medicare, look in your "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

What you should know

- **Primary Care Physician (PCP):** A PCP is important for receiving care and this plan requires you to select a PCP. When you enroll, we'll ask who your PCP is. If you don't tell us, we'll assign one to you. You can always change the PCP by calling us.
- **Referrals:** In most cases, your PCP must give you approval before you can use other providers in the network. You don't need a referral for emergency or urgently needed care.
- **Prior authorizations:** Your doctor will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

Remember to show both your Aetna Medicare Assure (HMO D-SNP) ID card and your Medicaid card when getting care.

You can find more details on each benefit listed below in the Evidence of Coverage (EOC).

Plan costs and information	
Monthly plan premium	\$0 up to \$30.80 depending on your level of Extra Help. You must keep paying your Medicare Part B premium. The Part B premium may be covered through your State Medicaid Program.
Plan deductible	\$0
Maximum out-of-pocket amount (does not include prescription drugs)	\$3,450 This is the most you pay for copays, coinsurance, and other costs for medical services for the year. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drugs don't count toward the maximum out-of-pocket.

Primary benefits		Your costs	
Hospital coverage*			
Inpatient hospital coverage	\$0 per stay		
	Our plan covers an unlimited number of days.		
Outpatient hospital observation services	\$0		
Outpatient hospital services	\$0		
Ambulatory surgical center	\$0		
Doctor visits			
Primary care physician (PCP)	\$0		
Specialists	\$0		
Preventive care	\$0		
	Preventive care includes: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screenings • Alcohol misuse screenings & counseling • Bone mass measurements • Breast cancer screening: mammogram • Cardiovascular disease screenings • Cardiovascular behavior therapy • Cervical & vaginal cancer screenings 	<ul style="list-style-type: none"> • 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 • Nutrition therapy services 	<ul style="list-style-type: none"> • Obesity behavior therapy • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings & counseling • Tobacco use cessation counseling • Vaccines: flu, hepatitis B, pneumococcal • Welcome to Medicare preventive visit • Yearly wellness visit

Primary benefits	Your costs
Emergency & urgent care	
Emergency care in the United States	\$0
Urgently needed care in the United States	\$0
Emergency & urgently needed care worldwide	Emergency care: \$0 Urgently needed care: \$0 Ambulance: \$0
Diagnostic Testing*	
Diagnostic radiology (e.g. MRI & CT scans)	\$0
Lab services	\$0
Diagnostic tests & procedures	\$0
Outpatient x-rays	\$0
Hearing, dental, and vision	
Diagnostic hearing exam	\$0
Routine hearing exam	\$0 We cover one exam every year. All appointments must be scheduled through NationsHearing.
Hearing aids	Our plan pays up to a maximum amount of \$2,500 per ear, every year. You are responsible for any costs over this amount. NationsHearing will manage your hearing aid benefits. All hearing aids must be purchased through NationsHearing.
Dental services	\$0 for preventive services (e.g. oral exam, x-rays, & cleaning) \$0 for comprehensive services (e.g. fillings & extractions) Aetna Dental will manage your dental benefits. If you choose a provider outside of the network, services will not be covered.
Glaucoma screening	\$0

Primary benefits	Your costs
Diagnostic eye exams (including diabetic eye exams)	\$0
Routine eye exam	\$0
	We cover one exam every year.
Contacts and eyeglasses	Our plan pays up to a maximum amount of \$400 every year. You are responsible for any costs over this amount. iCare will manage your eyewear benefits. If you choose a provider outside of the network, services will not be covered.
Mental health services*	
Inpatient psychiatric stay	\$0 per stay
Outpatient mental health therapy (individual)	\$0
Outpatient psychiatric therapy (individual)	\$0
Skilled nursing*	
Skilled nursing facility (SNF)	\$0 per stay
	Our plan covers up to 100 days.
Therapy*	
Physical and speech therapy	\$0
Ambulance & routine transportation	
Ground ambulance (one-way trip)	\$0
Air ambulance* (one-way trip)	\$0 or 20%

Primary benefits	Your costs
Routine transportation (non-emergency)	\$0
	Our plan covers 48 one-way trips every year to approved locations. Access2Care will manage your transportation benefit.
Medicare Part B drugs*	
Chemotherapy drugs	\$0 or 20%
Other Part B drugs	\$0 or 20%

* Prior authorization may be required for these benefits. See the EOC for details.

Prescription drug coverage if you qualify for Extra Help (The amount you pay depends on the amount of Extra Help you get and the pharmacy you choose)

Formulary name	B5 Plus (You can use this when referencing our list of covered drugs)
Deductible You pay the full cost of drugs until you reach your deductible.	
The deductible applies to Tiers 3, 4 and 5.	\$0 or \$92.00
Prescription drug costs You pay the costs below for a 30, 60, or 90 day supply of drugs. (For specialty drugs, you are limited to a 30 day supply.)	
Drugs on Tiers 1 and 2	\$0
Other drugs:	(costs below are based on your LIS level)
Generic drugs	\$0, \$1.30, \$3.70, or 15%
All other drugs	\$0, \$4.00, \$9.20, or 15%

Prescription drug coverage if you do not qualify for Extra Help (Your costs may be lower if you qualify for Extra Help)

Formulary name	B5 Plus (You can use this when referencing our list of covered drugs)
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Prescription drug coverage if you do not qualify for Extra Help (Your costs may be lower if you qualify for Extra Help)

Stage 1: Deductible

You pay the full cost of drugs until you reach your deductible.

The deductible applies to Tiers 3, 4 and 5	\$250
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Stage 2: Initial coverage

You pay the costs below until your total drug costs reach \$4,130. You pay the copay listed below or the cost of the drug, whichever is lower. These cost shares may also apply to Home Infusion drugs when obtained through your Part D benefit. For Long Term Care, you'll get a 31 day supply.

	30-day supply through Retail or Mail	90-day supply through Retail or Mail
	Standard	Standard
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$0	\$0
Tier 3: Preferred Brand	\$47	\$141
Tier 4: Non-Preferred Drug	\$100	\$300
Tier 5: Specialty	28%	N/A

Stage 3: Coverage gap

The coverage gap lasts until your out-of-pocket drug costs reach \$6,550.

Brand Name Drugs	25% of the plan's cost
Generic Drugs	25% of the plan's cost

Stage 4: Catastrophic coverage

You pay a small cost share for each drug.

Generic Drugs	You pay the greater of 5% of the cost of the drug or \$3.70
Brand Name Drugs	You pay the greater of 5% of the cost of the drug or \$9.20

Other benefits	Your costs
Equipment, prosthetics, and supplies*	
Diabetic supplies	0% We exclusively cover blood glucose monitors and diabetic test strips manufactured by OneTouch / LifeScan.
Durable medical equipment (e.g. wheelchair, oxygen)	\$0
Prosthetics (e.g. braces, artificial limbs)	\$0
Substance abuse	
Outpatient substance abuse (Individual therapy)*	\$0

* Prior authorization may be required for these benefits. See the EOC for details.

Additional benefits provided by Aetna Medicare Assure (HMO D-SNP)	Benefit information and your costs
Acupuncture	\$0 Acupuncture uses thin needles to get the body to release chemicals that help with medical problems. The goal is to improve problems like headaches, insomnia, anxiety, addiction, or side-effects from chemotherapy. American Specialty Health will manage your acupuncture benefit. We cover twenty four visits every year. On your initial visit, your provider will discuss and establish your treatment plan.
Chiropractic care	\$0 We cover twenty four visits every year. On your initial visit, your provider will discuss and establish your treatment plan.
Fitness	Standard membership at participating SilverSneakers® facilities and access to online wellness related tools, planners, newsletters, and classes, at no extra cost. You can get an at-home fitness kit if you don't live near a participating club or prefer to exercise at home.

Additional benefits provided by Aetna Medicare Assure (HMO D-SNP)

Benefit information and your costs

<p>Routine foot care</p>	<p>\$0</p> <p>We cover twelve visits every year.</p>
<p>Healthy Foods Card (Special benefit for certain chronic conditions)</p>	<p>A Healthy Foods benefit card can be used at approved locations to purchase items that promote nutritional health.</p> <p>Our plan pays up to a maximum amount of \$25 every month.</p> <p>An Aetna Care Manager will determine your eligibility for this benefit.</p>
<p>Help during a COVID-19 Public Health Emergency</p>	<p>You'll always pay \$0 for COVID-19 testing, even if the COVID-19 Public Health Emergency ends. Additionally, during a COVID-19 Public Health Emergency we offer these extra services:</p> <ul style="list-style-type: none"> • Mental health & psychiatric telehealth services with network providers • You may be eligible for a package of supplies, if you've tested positive, to help prevent the spread of COVID-19 and assist with recovery
<p>Meals</p>	<p>When you get home after an inpatient hospital or skilled nursing stay, we cover up to 42 home delivered meals over a 14 day period. You will be contacted to schedule delivery if eligible and meals will be provided through Independent Living Systems.</p>
<p>Meals (supplemental program)</p>	<p>\$0</p> <p>Our plan provides a supplemental meal program if you have a chronic condition. It covers up to 14 home delivered meals over a 30 day period. You will be contacted to schedule delivery if eligible.</p>
<p>Nursing hotline</p>	<p>Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.</p>
<p>Over-the-counter items (OTC)</p>	<p>Get over-the-counter health & wellness products by mail or at participating CVS® stores.</p> <p>Our plan pays up to a maximum amount of \$90 every month.</p> <p>CVS will manage your OTC benefit. See the OTC catalog for a list of eligible items. You can find the catalog at www.cvs.com/otchs/myorder.</p>

Additional benefits provided by Aetna Medicare Assure (HMO D-SNP)

Benefit information and your costs

Resources For Living®	Resources For Living® helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities, and more.
Telehealth	<p>You can receive primary care and urgent care services via a virtual visit for the same cost as an in-person visit.</p> <p>Depending on your location, you also have 24/7 access to MinuteClinic® Video Visits. Find out if these visits are available in your area at www.cvs.com/minuteclinic/virtual-care/video-visit.</p>

Summary of Medicaid-Covered Benefits

Below is a summary of Medicaid and Aetna Medicare Assure (HMO D-SNP) benefits. People who qualify for Medicare and Medicaid (also called "Medical Assistance") are known as dual eligibles. As a dual eligible, you are eligible for benefits under both the Federal Medicare program and the FL Medicaid program.

What you pay for covered services may depend on your level of Medicaid eligibility. Members who meet the state's requirements for full Medicaid coverage may also receive Medicaid services not covered by Medicare.

The table below provides benefits that may be available under the Medicaid portion of our plan. The availability of these benefits may be subject to prior authorization and are covered by our plan depending on your level of Medicaid eligibility. The benefits described in the Covered Medical and Hospital Benefits section (earlier in this document) are covered by Aetna Medicare Assure (HMO D-SNP). For each benefit listed below, you can see what Medicaid covers and what our plan covers.

Service	State Medicaid	Aetna Medicare Assure (HMO D-SNP)
Allergy Services	Covered	Covered
Ambulance Transportation	Covered	Covered
Ambulatory Surgical Center Services	Covered	Covered
Anesthesia Services	Covered	Covered
Assistive Care Services	Covered	Covered

Service	State Medicaid	Aetna Medicare Assure (HMO D-SNP)
Behavioral Health Assessment Services	Covered	Covered
Behavioral Health Community Support Services	Covered	Covered
Behavioral Health Intervention Services	Covered	Covered
Behavioral Health Medication Management	Covered	Covered
Behavioral Health Overlay	Covered	Covered
Cardiovascular Services	Covered	Covered
Child Health Services Targeted Case Management	Covered	Covered
Chiropractic Services	Covered	Covered
Dental Services	Covered	Covered
Dialysis Services	Covered	Covered
Durable Medical Equipment and Medical Supplies	Covered	Covered
Early Intervention Services	Covered	Covered
Emergency Transportation Services	Covered	Covered
Gastrointestinal Services	Covered	Covered
Genitourinary Services	Covered	Covered
Hearing Services	Covered	Covered
Home Health Services	Covered	Covered
Hospice Services	Covered	Covered
Inpatient Hospital Services	Covered	Covered
Integumentary Services	Covered	Covered
Laboratory Services	Covered	Covered
Medical Foster Care Services	Covered	Covered

Service	State Medicaid	Aetna Medicare Assure (HMO D-SNP)
Mental Health Targeted Case Management	Covered	Covered
Neurology Services	Covered	Covered
Non-Emergency Transportation Services	Covered	Covered
Nursing Facility Services	Covered	Covered
Occupational Therapy	Covered	Covered
Oral and Maxillofacial Surgery Services	Covered	Covered
Orthopedic Services	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Pain Management Services	Covered	Covered
Personal Care Services	Covered	Covered
Physical Therapy Services	Covered	Covered
Podiatry Services	Covered	Covered
Private Duty Nursing	Covered	Covered
Radiology and Nuclear Medicine Services	Covered	Covered
Regional Perinatal Intensive Care Center Services	Covered	Covered
Reproductive Services	Covered	Covered
Respiratory System Services	Covered	Covered
Services Provided at County Health Department and/or Federally Qualified Health Centers	Covered	Covered
Specialized Therapeutic Services	Covered	Covered
Speech Language Pathology	Covered	Covered
Statewide Inpatient Psychiatric Program	Covered	Covered
Transplant Services	Covered	Covered

Service	State Medicaid	Aetna Medicare Assure (HMO D-SNP)
Visual Aid	Covered	Covered
Visual Care	Covered	Covered

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-833-859-6031 (TTY: 711)**. From October 1 to March 31, you can call us 7 days a week from 8 a.m. - 8 p.m. local time. From April 1 to September 30, we're here Monday through Friday from 8 a.m. - 8 p.m. local time.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially those services for which you routinely see a doctor. Visit **www.aetnamedicare.com** or call **1-833-859-6031 (TTY: 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part B premium is covered for full-dual members.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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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. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call the number on your ID card if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery. 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.

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