# 2021 Aetna Medicare Advantage Plan Information

Thank you for your interest in applying for the Aetna Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Call" from Amerigroup within 7 days of the application receipt.

## Enrollment Packet – click links below to download and save documents

Star Rating: HMO / PPO
Application Instructions
Summary of Benefits: Choice 127 / Choice 237 / Eagle 330 / Elite 006 / Elite 007 / Elite 009 / Platinum Plus 004 / Prime 008 / Select 128 / Select 244 / Value 001 / Value 005 / Value 126 / Value Plus 003
Provider Search
Pharmacy Search
Formulary

## Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15th to December 7th. This will give you a January 1st effective date for your new plan.

## Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15th and December 7th. *If they are signed prior to October 15th they will be returned to you with a new application.* If they are received after December 7th, you will not be able to change plans until the next AEP for January of the following year.

## Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc…

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:


CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470
Secure File Upload: Click here
Email: cs@cda-insurance.com


If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: https://medicare-washington.com

# Summary of Benefits 2021

## Aetna Medicare Value Plan (HMO)
## H3931 - 126
## January 1, 2021 - December 31, 2021

H3931-126

Aetna Medicare Value Plan (HMO) is an HMO plan. This is a Medicare Advantage plan that covers prescription drugs.

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.

To join Aetna Medicare Value Plan (HMO), you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area.

**Service area: Washington:** King, Kitsap, Mason, Pierce, Snohomish, Thurston

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 - Friday from 8 a.m. - 8 p.m. local time

**www.aetnamedicare.com**



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**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:** Aetna Medicare Value Plan (HMO) 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 or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

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

| Plan costs & information | In-network |
|---|---|
| Monthly plan premium | $0 |
| | You must continue to pay your Medicare Part B premium. |
| Plan deductible | $0 |
| Maximum out-of-pocket amount (does not include prescription drugs) | $7,550 |
| | 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 for in-network care |
|---|---|
| **Hospital coverage*** | |
| Inpatient hospital coverage | $465 per day, days 1-4; $0 per day, days 5-90<br><br>You pay $0 for days 91 and beyond. |
| | Our plan covers an unlimited number of days. |
| Outpatient hospital observation services | $90 |
| Outpatient hospital services | $315 |

| Primary benefits | Your costs for in-network care | | |
|---|---|---|---|
| Ambulatory surgical center | $215 | | |
| **Doctor visits** | | | |
| Primary care physician (PCP) | $10 | | |
| Specialists | $50 | | |
| Preventive care | $0 | | |
| | Preventive care includes:<br>• Abdominal aortic aneurysm screenings<br>• Alcohol misuse screenings & counseling<br>• Bone mass measurements<br>• Breast cancer screening: mammogram<br>• Cardiovascular disease screenings<br>• Cardiovascular behavior therapy<br>• Cervical & vaginal cancer screenings | • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)<br>• Depression screenings<br>• Diabetes screenings<br>• HBV infection screening<br>• Hepatitis C screening tests<br>• HIV screenings<br>• Lung cancer screenings<br>• Nutrition therapy services | • Obesity behavior therapy<br>• Prostate cancer screenings (PSA)<br>• Sexually transmitted infections screenings & counseling<br>• Tobacco use cessation counseling<br>• Vaccines: flu, hepatitis B, pneumococcal<br>• Welcome to Medicare preventive visit<br>• Yearly wellness visit |
| **Emergency & urgent care** | | | |
| Emergency care in the United States | $90 | | |
| Urgently needed care in the United States | $50 | | |
| Emergency & urgently needed care worldwide | Emergency care: $90<br>Urgently needed care: $90<br>Ambulance: $255 | | |

| Primary benefits | Your costs for in-network care |
|---|---|
| **Diagnostic testing*** | |
| Diagnostic radiology (e.g. MRI & CT scans) | $250 |
| Lab services | $10 |
| Diagnostic tests & procedures | $15 |
| Outpatient x-rays | $20 |
| **Hearing, dental, & vision** | |
| For benefits that offer a reimbursement, you can see any licensed provider who is eligible under Medicare. | |
| Diagnostic hearing exam | $0 |
| Routine hearing exam | $0 |
| | We cover one exam every year. |
| Hearing aids | Not covered |
| Dental services | $150 reimbursement every year for covered services. Teeth whitening is not covered. |
| Glaucoma screening | $0 |
| Diagnostic eye exams (including diabetic eye exams) | $0 |
| Routine eye exam | $0 |
| | We cover one exam every year. |
| Contacts and eyeglasses | $150 reimbursement every year. |
| **Mental health services*** | |
| Inpatient psychiatric stay | $1,871 per stay |
| Outpatient mental health therapy (individual) | $40 |

| Primary benefits | Your costs for in-network care |
|---|---|
| Outpatient psychiatric therapy (individual) | $40 |
| **Skilled nursing*** | |
| Skilled nursing facility (SNF) | $0 per day, days 1-20; $184 per day, days 21-100 |
| | Our plan covers up to 100 days per benefit period. |
| **Therapy*** | |
| Physical and speech therapy | $40 |
| **Ambulance & routine transportation** | |
| Ground ambulance (one-way trip) | $255 |
| Air ambulance* (one-way trip) | $255 |
| Routine transportation (non-emergency) | Not Covered |
| **Medicare Part B drugs*** | |
| Chemotherapy drugs | 20% |
| Other Part B drugs | 20% |

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

| **Prescription drugs** (Your costs may be lower if you qualify for Extra Help) | |
|---|---|
| **Formulary name** | B2 (You can use this when referencing our list of covered drugs) |
| **Stage 1: Deductible**<br>You pay the full cost of drugs until you reach your deductible. | |
| This plan doesn't have a deductible, so your coverage begins at Stage 2. | $0 |

**Prescription drugs** (Your costs may be lower if you qualify for Extra Help)

**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 and pay the Standard cost-share.

| | 30-day supply through Retail or Mail | | 90-day supply through Retail or Mail | |
|---|---|---|---|---|
| | **Preferred** | **Standard** | **Preferred** | **Standard** |
| Tier 1: Preferred Generic | $0 | $15 | $0 | $45 |
| Tier 2: Generic | $10 | $20 | $25 | $60 |
| Tier 3: Preferred Brand | $47 | $47 | $141 | $141 |
| Tier 4: Non-Preferred Drug | $100 | $100 | $300 | $300 |
| Tier 5: Specialty | 33% | 33% | N/A | N/A |

**Stage 3: Coverage gap**
Our plan offers some coverage in this stage. The coverage gap lasts until your out-of-pocket drug costs reach $6,550.

| | 30-day supply | |
|---|---|---|
| | **Preferred** | **Standard** |
| Tier 1: Preferred Generic | $0 | $15 |
| Tier 2: Generic | $10 | $20 |
| All other Brand Name Drugs | 25% of the plan's cost | |
| All other 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 for in-network care |
|---|---|
| **Equipment, prosthetics, & supplies*** | |
| Diabetic supplies | 0% - 20% |
| | We only cover OneTouch/Lifescan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices for 0%.<br><br>We will only cover other brands with a medical exception. If we approve an exception, non-OneTouch/Lifescan supplies are covered at 20%. |
| Durable medical equipment (e.g. wheelchair, oxygen) | 20% |
| Prosthetics (e.g. braces, artificial limbs) | 20% |
| **Substance abuse*** | |
| Outpatient substance abuse (Individual therapy) | $40 |

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

| Additional benefits and services provided by Aetna Medicare Value Plan (HMO) | Benefit information |
|---|---|
| Fitness | Standard membership at participating SilverSneakers® facilities and access to online wellness related tools, planners, newsletters, and classes, at no extra cost.<br><br>You can get an at-home fitness kit if you don't live near a participating club or prefer to exercise at home. |
| Help during a COVID-19 Public Health Emergency | 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:<br>• $0 cost share for in-office or telehealth visits with network PCPs<br>• Mental health & psychiatric telehealth services with network providers<br>• 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 |

| Additional benefits and services provided by Aetna Medicare Value Plan (HMO) | Benefit information |
|---|---|
| Meals | When you get home after an inpatient hospital stay, we cover up to 14 home delivered meals. You will be contacted to schedule delivery if eligible and meals will be provided through GA Foods®. |
| Nursing hotline | Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics. |
| 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 | You can receive primary care and urgent care services via a virtual visit for the same cost as an in-person visit.<br><br>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. |
| Visitor/travel benefit | Allows you to remain in your plan for up to 12 months when you are outside of our plan's service area.<br><br>You can see an Aetna Medicare participating provider anywhere in the United States who accepts HMO members and pay in-network cost shares. Not all providers participate in the multi-state network. Contact us for help finding a participating provider in the area you're traveling to.<br><br>Plan rules continue to apply. You will need to choose a PCP where you are receiving care. Prior authorizations are required for certain services. |

# 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

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ 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).

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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. Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Rural Kansas, Rural Nebraska, Rural Maine, Rural Michigan, Suburban Arizona, Suburban West Virginia, and Urban Michigan. 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, members please call the number on your ID card, non-members please call 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at www.aetnamedicare.com/findpharmacy. 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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