



2023 Summary of Benefits

Aetna Medicare Advantra Cares (HMO D-SNP)
H3959 - 036

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medicare solutions

Here's a summary of the services we cover from January 1, 2023 through December 31, 2023. Keep in mind: This is just a summary. Need a complete list of what we cover and any limitations? Just visit [AetnaMedicare.com](https://www.aetna.com) where you'll find the plan's Evidence of Coverage (EOC) or you may call us to request a copy.

We're here to help

You may have questions as you read through this information. And that's OK — we're here to help.

Not a member yet?

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

October 1–March 31: 8 AM–8 PM, 7 days a week

April 1–September 30: 8 AM–8 PM, Monday–Friday

An Aetna® team member will answer your call.

Already a member?

Call 1-866-409-1221 (TTY: 711)

8 AM–8 PM, 7 days a week.

An Aetna team member will answer your call.

2023-H3959.036.1

Are you eligible to enroll?

To join our plan, you must:

- Live in the plan's service area, which includes these counties:
Pennsylvania: Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York
- Have Medicare Part A
- Have Medicare Part B
- Be in a Medicare Savings Program (MSP) or qualify for State Medicaid benefits. See table below for additional MSP details.

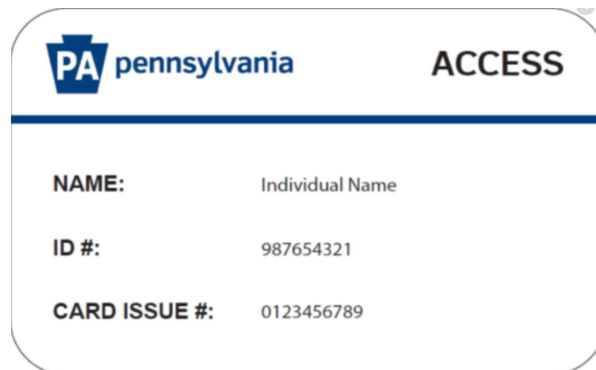
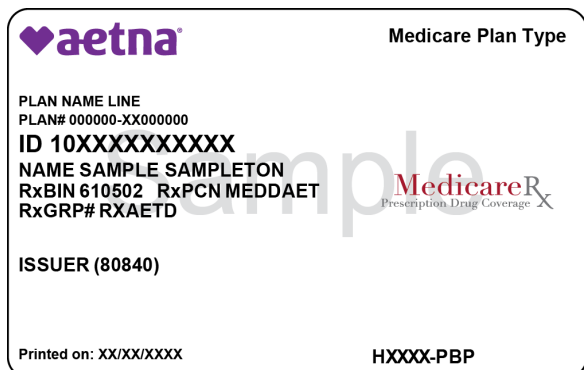
Better health is a team effort

With our Medicare Advantage Dual Eligible Special Needs Plan, or D-SNP, you'll have a care team in your corner, ready to help you reach your best health and make life easier.

- Your **nurse care manager** is a single point of contact to help coordinate your care.
- Your **social worker** will link you to programs in your community and help with questions you have about social services.
- Your **care coordinator** will help schedule doctor appointments, arrange rides and work with you to meet your personal needs.
- Your **member advocate** will assist you in accessing State Medicaid benefits.

Medicare Savings Program	What it covers
Qualified Medicare Beneficiary (QMB)	Medicaid covers your Medicare deductibles, premiums, copayments and coinsurance for medical services.
Qualified Medicare Beneficiary Plus (QMB Plus)	Medicaid covers your Medicare deductibles, premiums, copayments and coinsurance for medical services. You're eligible for full Medicaid.
Specified Low-income Medicare Beneficiary Plus (SLMB Plus)	Medicaid may cover some of your Medicare cost sharing for medical services, depending on your state's Medicaid program. You're eligible for full Medicaid.
Full Benefit Dual Eligible (FBDE)	Medicaid may cover some of your Medicare cost sharing for medical services, depending on your state's Medicaid program. You're eligible for full Medicaid.

Be sure to show your Aetna® member ID card **AND** your state Medicaid ID card when you visit the doctor or pharmacy.



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Things to know

- **What you pay depends on what level of MSP you have (Medicaid eligibility). Those with QMB or full Medicaid pay \$0.**
- Our D-SNP is for people on Medicare who are also eligible for Medicaid. It replaces your Original Medicare coverage. You'll still have Medicare, but you'll get it through us, instead of the federal government. We cover everything Original Medicare does and offer other benefits and services too.
- Your plan doesn't require you to get a referral from your PCP to see a specialist. But the specialist may still ask you for one. Just work with your PCP, or other referring provider, to get it.

	Original Medicare	This Plan
Covers your Medicare Part A and Part B services	✓	✓
Offers coverage beyond Medicare Part A and Part B	—	✓
Covers your prescription drugs	—	✓
Includes a SilverSneakers® fitness membership	—	✓
Offers an allowance for food, over-the-counter (OTC) items, transportation, and utilities	—	✓
Offers dental benefits for things like dentures	—	✓
Offers vision benefits for contacts and glasses	—	✓
Offers hearing aids	—	✓
Offers an allowance for over-the-counter items	—	✓
Requires you to have a primary care physician (PCP)	—	✓



Plan premium, deductible and maximum out-of-pocket (MOOP)

Out-of-Pocket Costs

Monthly premium	\$0
Plan deductible	\$0
Maximum out-of-pocket (MOOP)	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.

Medical and hospital benefits



Hospital coverage

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Inpatient	\$0
Outpatient (hospital observation services)	\$0
Outpatient hospital	\$0
Ambulatory surgical center	\$0



Doctor visits

You must choose a doctor in our plan network as your **primary care physician (PCP)**. When you enroll, we'll ask who your PCP is. If you don't choose, we'll assign one to you. You can always change the PCP by calling us.

Benefit	Your costs in our plan
PCP visit	\$0
Specialist visit	\$0



Preventive, emergency and urgent care

Benefit	Your costs in our plan
Preventive care	\$0
Emergency or urgent care, including ambulance (inside or outside the U.S.)	\$0 Maximum coverage: \$50,000 (the most we'll pay for your worldwide emergency and urgent care combined.)



Diagnostic services, labs, imaging

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Diagnostic tests and procedures	\$0
Lab services	\$0
Diagnostic radiology services, such as MRI	\$0
Outpatient X-rays	\$0



Hearing services

Our **hearing benefit** is provided by **NationsHearing**. For us to cover your hearing aids, you must get them through NationsHearing.

Benefit	Your costs in our plan
Diagnostic hearing exam	\$0
Routine hearing exam (one exam every year)	\$0 You must make your appointment through NationsHearing.
Hearing aids – maximum coverage	Up to \$2,500 per ear every year Your hearing aid benefit has an allowance. Keep in mind: If you choose a hearing aid that costs more than your allowance, you'll have to pay the difference. And your plan won't reimburse you for the extra amount.



Dental services

For us to cover your **dental services**, you must see a dentist in the **Aetna Dental PPO Network**. To find a dentist, use the phone number or website listed in the contact quick reference chart. Please be aware your dental network is different than your medical network. We cover preventive and comprehensive dental services. This includes things like cleanings, x-rays, fillings, extractions and dentures. Cosmetic services, such as teeth whitening, are not covered.

Benefit	Your costs in our plan
Oral exam, cleanings and x-rays	\$0
Fillings, extractions, crowns, root canals, and dentures	\$0
	\$7,000 maximum benefit every year
Maximum coverage	Your dental coverage has a maximum benefit. Keep in mind: If you have dental care that costs more than the maximum, you'll have to pay the difference. And your plan won't reimburse you for the extra amount.



Vision services

Our **vision benefit** is provided by **EyeMed**. For us to cover your contacts or eyeglasses, you must see a doctor in the EyeMed network. To find a doctor, use the phone number or website listed in the contact quick reference chart.

Benefit	Your costs in our plan
Diagnostic eye exam (includes diabetic eye exams)	\$0
Glaucoma screenings	\$0
Routine eye exam	\$0
Contacts and eyeglasses (includes coverage after cataract surgery and frames and lenses not usually covered by Medicare)	Up to \$600 every year Keep in mind: If you get eyewear that costs more than your allowance, you'll have to pay the difference. And your plan won't reimburse you for the extra amount.



Mental health services

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Inpatient psychiatric hospital stay	\$0
Group and Individual therapy (outpatient)	\$0
Individual psychiatric therapy (outpatient)	\$0



Skilled nursing facility (SNF) and therapy

Your doctor often needs approval from us before we cover these services. This is called a **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Skilled nursing facility (SNF) care (up to 100 days)	\$0
Physical and speech therapy	\$0
Occupational therapy	\$0



Ambulance and routine transportation

Our routine **transportation benefit** is provided by **Access2Care**. **Keep in mind:** All trips are subject to a mileage limit, unless we approve it first. And you must schedule your trip with Access2Care at least **48 hours in advance**.

Benefit	Your costs in our plan
Ambulance (ground or air, one-way trip)	\$0 Your doctor often needs approval from us before we cover non-emergent air ambulance. This is called prior authorization or pre-certification.
Routine, non-emergency transportation	\$0 Our plan covers 30 one-way trips every year, up to 80 miles each trip.

**Medicare Part B Drugs**

Medicare Part B only covers certain medicines for certain conditions. These medicines are often given to you in your doctor's office. They can include things like vaccines, injections and nebulizers, among others. They can also include medicines you take at home through special medical equipment. Your doctor often needs approval from us before we cover these services. This is called a **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Chemotherapy drugs	\$0
Other Part B drugs	\$0

**Medicare Part D Drugs**

Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes. Some drugs require prior authorization. This means you must get approval from us first before we'll cover it.

Benefit	Your costs in our plan
Deductible	\$0
	\$0 for all covered drugs
Initial Coverage	You can get a 30, 60 or 100-day supply of drugs. This includes home infusion drugs obtained through your Part D benefit. Note: Specialty drugs have a 30-day limit.
Coverage Gap	\$0
Catastrophic Coverage	\$0

Other covered benefits

Your doctor may need approval from us before we cover these services. This is called **prior authorization** or pre-certification.



Over-the-counter (OTC) benefit

Benefit	Your costs in our plan
OTC	<p>\$0</p> <p>You will receive a \$360 quarterly allowance to be used towards items from the Nations OTC catalog (aetna.nationsbenefits.com) such as pain relievers, cold remedies and vitamins. You can shop for eligible products online, by phone and at participating retail locations using a preloaded debit card that will be provided to you by mail.</p> <p>Your allowance is quarterly. It will not carry over from one quarter to the next. You will lose any amount leftover at the end of the quarter. Note: Your allowance will be on the same debit card as your Extra Benefits Card.</p>
OTC Kit	<p>\$0</p> <p>You'll also be mailed two kits of pre-selected OTC items. You don't need to order the kits, they will be mailed directly to you and will not be deducted from your quarterly allowance.</p>



24-Hour Nurse Line and Telehealth

Benefit	Your costs in our plan
24-Hour Nurse Line	\$0 Talk to a registered nurse anytime, day or night.
Telehealth	\$0 Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other providers that offer telehealth services covered under your plan.



Substance Abuse

Benefit	Your costs in our plan
Individual substance abuse therapy (outpatient)	\$0
Group substance abuse therapy (outpatient)	\$0



Medical equipment/supplies

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Durable medical equipment (DME), like CPAP* machines, wheelchairs and oxygen	\$0
Prosthetics, such as braces and artificial limbs	\$0
Fall prevention	\$0 Up to \$150 every year for certain clinically appropriate safety items for your home. These can improve your ability to move around your home.

*CPAP stands for "continuous positive airway pressure"



Home care & support

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Benefit	Your costs in our plan
Home health care	\$0
LifeStation® personal emergency response system	\$0 We cover a personal emergency response system, to provide you with 24/7 access to help in the event of an emergency.
Meals	\$0 14 meals over a 7-day period after you're discharged from an inpatient hospital or skilled nursing facility stay. Upon discharge, you'll be contacted by GA Foods to schedule delivery.
Extra benefits card	You will receive a \$360 quarterly allowance on a preloaded debit card to be used towards the following: <ul style="list-style-type: none"> • Healthy foods: <ul style="list-style-type: none"> ◦ Benefit can be used towards the purchase of healthy and nutritious foods and produce at approved retail locations, as well as online and over the phone. • Over-the-counter (OTC) items: <ul style="list-style-type: none"> ◦ Benefit can be used towards the purchase of covered plan approved OTC items purchased either through mail order, in a participating retail store, online or through the mobile app. • Utilities: <ul style="list-style-type: none"> ◦ Benefit can be used towards your utility expenses such as water, heating oil, electricity, sanitary/trash, gas, land line or cell phone, and internet. • Transportation: <ul style="list-style-type: none"> ◦ Benefit can be used for transportation services including ambulance services (if applicable), taxi, rideshare services (including Uber and Lyft), public transportation (including bus and metro), and gas (petroleum). <p>Our plan has partnered with Nations to provide this benefit.</p>

**Diabetic supplies & dialysis**

We cover blood glucose monitors and diabetic test strips from **LifeScan/OneTouch®**.

Keep in mind: We **don't** cover other brands unless you get approval from us first.

Benefit	Your costs in our plan
Diabetic supplies	\$0
Dialysis	\$0

**Foot care (podiatry services)**

Benefit	Your costs in our plan
Medicare-covered foot exams and treatment	\$0
Routine foot care (one visit every three months)	\$0

**Back care**

Benefit	Your costs in our plan
Chiropractic care	\$0 for Medicare-covered and routine chiropractic care
	We cover twelve visits every year for routine care as necessary to meet your individual needs.



Fitness benefit

Benefit	Your costs in our plan
SilverSneakers & Brain HQ	<p>\$0</p> <p>You're eligible for a basic membership at SilverSneakers participating facilities. If you prefer to exercise at home, you can also access online classes or get an at-home fitness kit. You'll also have access to classes and workshops taught by instructors trained in senior fitness, workout videos, a mobile app, and online fitness nutrition tips. You'll have access to online mental enrichment classes to support your health and wellness, as well as your mental fitness.</p> <p>You'll also have access to BrainHQ, an online memory fitness program. It contains brain exercises and assessments, as well as a library of information on activities that contribute to brain health. You can log in and use BrainHQ from your internet-connected computer, tablet, or smartphone (or all three) on a schedule that works best for you.</p>

Special Supplemental Benefits for the Chronically Ill (SSBCI)

Our plan offers additional benefits to members with qualifying conditions. See the EOC for a full list of eligibility criteria.

Eligibility Criteria

If you are diagnosed with one or more of the conditions listed in the EOC and meet certain criteria, you may be eligible for additional benefits under our plan. Member eligibility will be determined through medical claims submission. Provider submitted medical claims with a diagnosis supporting the conditions listed in the EOC will qualify you for eligibility.

Fresh Food Boxes:

Our plan has contracted with FarmboxRx to assist you in maintaining a healthy diet and meeting your nutritional needs.

If you are eligible, you may receive fresh food and produce delivered directly to you. If you are eligible, you will receive a letter to let you know how to set up this benefit. You may schedule up to one fresh food box every quarter.

Summary of Medicaid-Covered 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 Pennsylvania Medicaid program.

The benefits described in the Covered Medical and Hospital Benefits section (earlier in this document) are covered by Aetna Medicare Advantra Cares (HMO D-SNP). The services listed below are offered under the Pennsylvania State Medicaid Plan for recipients 21 years of age and older who are eligible for Medical Assistance benefits and Medicare as Qualified Medicare Beneficiaries (QMBs) and Special Low Income Medicare Beneficiaries (SLMBs). What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility or benefits call 1-800-692-7462.

Pennsylvania’s Current Medicaid State Plan Benefits and Home and Community Based Services

Adult Benefit Package**

Services	Adult Benefit Package
Category 1: Ambulatory Services	
Primary Care Provider	No limits
Physician Services and Medical and Surgical Services provided by a Dentist	No limits
Certified Registered Nurse Practitioner	No limits
Federally Qualified Health Center/Rural Health Clinic	No limits except for Dental Care Services as described below
Independent Clinic	No limits
Outpatient Hospital Clinic	No limits
Podiatrist Services	No limits
Chiropractor Services	No limits
Optometrist Services	2 visits (exams) per calendar year
Hospice Care	The only key limitation is related to respite care, which may not exceed a total of 5 days in a 60-day certification period.
Radiology (For example: X-Rays, MRIs, and CTs)	No limits

Dental Care Services

Diagnostic, preventive, restorative, surgical dental procedures, prosthodontics and sedation.

Key Limitations:

Dentures - 1 upper arch (complete or partial) and 1 lower arch (complete or partial) per lifetime.

Denture relines - either FULL or partial, limited to 1 arch every 2 calendar years.

Oral exams - 1 per 180 days

Dental prophylaxis – 1 per 180 days

Panoramic maxilla or mandible single film is limited to 1 per 5 calendar years.

Crowns, Periodontics and Endodontics only via approved benefit limit exception.

Outpatient Hospital Short Procedure Unit (SPU)

No limits

Outpatient Ambulatory Surgical Center (ASC)

No limits

Non-Emergency Medical Transport

Only to and from Medicaid covered services.

Family Planning Clinic, Services and Supplies

No limits

Renal Dialysis

Initial training for home dialysis is limited to 24 sessions per patient per calendar year.

Backup visits to the facility limited to no more than 75 per calendar year.

Category 2: Emergency Services

Emergency Room

No limits

Ambulance

No limits

Category 3: Hospitalization

Inpatient Acute Hospital

No limits

Inpatient Rehab Hospital

No limits

Inpatient Psychiatric Hospital

No limits

Inpatient Drug & Alcohol

No limits

Category 4: Maternity and Newborn

Maternity – Physician, Certified Nurse Midwives, Birth Centers	No limits
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Category 5: Mental Health and Substance Abuse (Behavioral Health)

Outpatient Psychiatric Clinic	No limits
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Mobile Mental Health Treatment	No limits
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Outpatient Drug and Alcohol Treatment	No limits
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Methadone Maintenance	No limits
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Clozapine	No limits
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Psychiatric Partial Hospital	No limits
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Peer Support	No limits
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Crisis	No limits
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Targeted Case Management – other than Behavioral Health	Limited to individuals identified in the target group (No limits).
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Targeted Case Management – Behavioral Health Only	Limited to individuals with Serious Mental Illness (SMI) only (No limits).
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Category 6: Prescription Drugs

Prescription Drugs	No limits
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Nutritional Supplements	No limits
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Category 7: Rehabilitation and Habilitation Services and Devices

Skilled Nursing Facility	365 days per calendar year
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Home Health Care includes nursing, aide and therapy services.	Unlimited for first 28 days; limited to 15 days every month thereafter.
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ICF/IID and ICF/ORC	Requires an institutional level of care (No limits).
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Durable Medical Equipment	No limits
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Prosthetics and Orthotics

Orthopedic Shoes and Hearing Aids are not covered.

Coverage of molded shoes is limited to molded shoes for severe foot and ankle conditions and deformities of such a degree that the beneficiary is unable to wear ordinary shoes without corrections and modifications.

Coverage of modifications to orthopedic shoes and molded shoes is limited to only modifications necessary for the application of a brace or splint.

Coverage for low vision aids and eye prostheses is limited to 1 per 2 calendar years.

Coverage for an eye ocular is limited to 1 per calendar year.

Eyeglass Lenses

Limited to individuals diagnosed with aphakia - 4 lenses per calendar year.

Eyeglass Frames

Limited to individuals diagnosed with aphakia - 2 frames per calendar year. Deluxe frames not included.

Contact Lenses

Limited to individuals diagnosed with aphakia - 4 lenses per calendar year.

Medical Supplies

No limits

Therapy (physical, occupational, speech) – Rehabilitative

Only when provided by a hospital, outpatient clinic, or home health provider.

Therapy (physical, occupational, speech) – Habilitative

Only when provided by a hospital, outpatient clinic, or home health provider.

Category 8: Laboratory Services

Laboratory

No limits

Category 9: Preventative/Wellness Services and Chronic Care

Tobacco Cessation***

70, 15-minute units per calendar year

All units of service, age, gender, diagnosis, and other procedure code related limits still apply as indicated on the Medical Assistance Fee Schedule.

**Children's benefit plan will include all medically necessary services without limitation.

***Tobacco cessation is one of the preventive services as recommended by the US Preventative Services Task Force. For a FULL listing of preventative services beyond tobacco cessation, please contact your MCO.

Home and Community-Based Services (HCBS)

Services	Limits
Adult Daily Living Services	Under Community Integration
Assistive Technology	
Behavior Therapy	Each distinct goal may not be more than twenty-six (26) weeks.
Benefits Counseling	
Career Assessment	
Cognitive Rehabilitation Therapy	No more than 32 units per week for one goal will be approved. If the participant has multiple goals, no more than 48 units per week will be approved.
Community Integration	
Community Transition Services	
Counseling	
Employment Skills Development	
Home Adaptations	However, the Office of Long Term Living retains the discretion to authorize more than 48 units (12 hours) of Community Integration in one week for up to 21 hours per week and for periods longer than 26 weeks.
Home Delivered Meals	
Home Health Aide	
Home Health – Nursing	
Home Health – Occupational Therapy	
Home Health – Physical Therapy	
Home Health – Speech and Language Therapy	
Job Coaching	
Job Finding	Community Transition Services are limited to an aggregate of \$4,000 per participant, per lifetime, as pre-authorized by the State Medicaid Agency program office.
Non-Medical Transportation	
Nutritional Counseling	
Participant-Directed Community Supports	
Participant-Directed Goods and Services	
Personal Assistance Services	
Personal Emergency Response System (PERS)	Total combined hours for Employment Skills Development, or Job Coaching services are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must obtain prior approval.
Pest Eradication	
Residential Habilitation	
Respite	
Service Coordination	
Specialized Medical Equipment and Supplies	Under Specialized Medical Equipment and Supplies non-covered items include:
Structured Day Habilitation	
TeleCare	
Vehicle Modification	All prescription and over-the-counter medications, compounds and solutions (except wipes and barrier cream)

Items covered under third party payer liability

Items that do not provide direct medical or remedial benefit to the participant and/or are not directly related to a participant's disability

Food, food supplements, food substitutes (including formulas), and thickening agents

Eyeglasses, frames, and lenses

Dentures

Any item labeled as experimental that has been denied by Medicare and/or Medicaid

Recreational or exercise equipment and adaptive devices for such

For all HCBS services that are also offered under the State Plan, the State Plan benefit must be exhausted before HCBS services can be accessed. Additionally, Medicare and other third party resources such as private insurance limitations must also have been exhausted. Lastly, some HCBS services may not be accessed at the same time.

If you want to know more about Original Medicare, look in the "Medicare & You" handbook. Stop by Medicare.gov to view it online. Or get a copy by calling 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, 7 days a week.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our DSNPs 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. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. 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. Out-of-network/non-contracted providers are under no obligation to treat Aetna Medicare members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Aetna, CVS Pharmacy® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2021 Tivity Health, Inc. All rights reserved.

Contact quick reference

Contact name	Phone number (TTY: 711)	Website
Aetna: before you enroll	1-833-859-6031	AetnaMedicare.com
Aetna: after you enroll	Member Services: 1-866-409-1221	AetnaMedicare.com
Your agent/broker (use this space to write down your agent/broker's phone number)		
Find a network doctor, hospital, or pharmacy	1-866-409-1221	AetnaMedicare.com/findprovider
24-Hour Nurse Line	1-855-493-7019	Please call
Access2Care (transportation)	1-855-814-1699	Please call
Aetna (dental)	1-866-409-1221	AetnaMedicare.com/dental
BrainHQ (memory fitness)	1-888-845-0565	Aetna.BrainHQ.com
EyeMed (vision)	1-844-486-3485	AetnaMedicareVision.com
LifeScan/OneTouch	1-877-764-5390 Brochure code: 123AET200	OneTouch.OrderPoints.com Brochure code: 123AET200
LifeStation®	1-855-798-9948	Please call
Nations (extra benefits card)	1-877-204-1817	Aetna.NationsBenefits.com
NationsHearing	1-877-225-0137	NationsHearing.com/Aetna
Over-the-counter (OTC) benefit	1-877-204-1817	Aetna.NationsBenefits.com
SilverSneakers®	1-888-423-4632	SilverSneakers.com

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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 AM to 8 PM local time. From April 1 to September 30, we're here Monday through Friday from 8 AM to 8 PM local time.

Understanding the benefits

- ☐ The Evidence of Coverage (EOC), provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [AetnaMedicare.com](https://www.aetna.com/medicare) 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.
- ☐ Review the formulary to make sure your drugs are covered.

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. The Part B premium is covered for full-dual members.
- ☐ Benefits may change on January 1, 2024.
- ☐ 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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-409-1221. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-409-1221. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-409-1221。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-409-1221。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-409-1221. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-409-1221. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-409-1221. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-409-1221. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-409-1221. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-409-1221. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-409-1221. سيقوم شخص ما بتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-409-1221 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-409-1221. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-409-1221. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-409-1221. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-409-1221. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-409-1221. にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-866-409-1221. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

傳統漢語(中文) (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。