



# Great things are in store.

Your Medicare Advantage plan handbook

[AetnaMedicare.com](https://www.AetnaMedicare.com)





# Welcome

We're happy you chose Aetna® Medicare. We created this handbook with you in mind. Inside you'll find useful information and tips to help you make the most of your Medicare plan. Thank you for trusting us to help you reach your health and wellness goals.

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**Our total, connected approach to health can help you feel your best. That's your Aetna Medicare Advantage.**

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## Our commitment

Our goal at Aetna® is to provide you with the services you need and help you find the right resources and care to enhance your life every day. Having the right coverage when and where you need it can help lead to better health. Our total, connected approach to health incorporates **three features that are at the core of everything we do.**



### Guidance and support

Guidance and support can help you achieve your best health. That's why Aetna helps simplify Medicare and connects you to the right resources and care.



### Focus on the whole you

Being healthy isn't just eating right and exercising. It's taking care of your mind as well. That's why Aetna Medicare plans include benefits like fitness memberships and care for your mental and emotional well-being.



### Care close to home

We know the importance of coordinated care, close to home. We support local health programs, virtual options and provide you with personalized care.

# Getting started

Follow these three steps to get the most out of your plan:

1

## Log in to your secure member website

Our secure online tools easily guide you through your health journey. Whether you want to view your member ID card, find providers, view claims or look up your medications — the information you need is always at your fingertips. **We've even included a personalized video specific to you and your plan.**

Register and log in to your secure member website using your Aetna member ID.

[Member login](#)

2

## Understand and use your benefits

You can find complete benefits information for your plan in your Evidence of Coverage (EOC) and formulary drug list. These have detailed information on your coverage, costs and important guidelines. Your plan could even cover extras that might surprise you.

[AetnaMedicare.com/UseYourPlan](https://www.aetna.com/UseYourPlan)

3

## Select a primary care physician (PCP)

It's important to have a solid support system. Your PCP can coordinate your care to help you better manage your health. Check your [EOC](#) to see if your plan requires you to have a PCP on file with us. You can [find local providers here](#).



### Did you know?

Americans with primary care report a better patient experience and better overall access to health care.<sup>1</sup>

*Please print and take the primary care checklist and covered preventive care option list mentioned at the back of this handbook to your next appointment.*

[Download checklist](#)

<sup>1</sup>Levine DM, Landon BE, Linder JA. Quality and experience of outpatient care in the United States for adults with or without primary care. JAMA Intern Med. 2019;179(3):363–372. doi:10.1001/maininternmed.2018.6716.

# Telehealth — Urgent care — Emergency care

If you're suddenly sick or injured, your first thought may be to head to the emergency room (ER). However, depending on your medical issue, the ER may not be the best choice. Telehealth and urgent care facilities can offer a more convenient way to get quick care.

**Please note** that this is not a complete list of reasons to utilize telehealth or visit an urgent care center or emergency room. In the event of a medical emergency, call 911 or go to the closest ER.



## Telehealth



## Urgent Care Center



## Emergency Room (ER)

PURPOSE	Many providers now offer videoconferencing appointments — you can contact your primary care physician (PCP) to find out what telehealth services they offer	These centers offer treatment for non-life-threatening injuries or illnesses	The ER offers treatment for serious injuries or illnesses
ADVANTAGES	Allows you to receive care from your PCP when an in-person visit isn't possible or required	Conveniently accepts both walk-ins and appointments, may provide faster treatment, flexible hours	Offers emergency care, treats more serious health issues, open 24/7
EXAMPLES FOR EACH CARE CHOICE	Brief virtual check-ins with your primary care physician by phone or live video chat	Allergies Coughing Upset stomach Sinus infection Broken bones Sore throat Flu symptoms Pink eye Ear infections Cuts, bumps or sprains	Difficulty breathing Loss of consciousness Severe burns Chest pain or suspected heart attack Severe bleeding Acute stomach pain Poisoning

# Your prescriptions

Throughout the year, the amount you pay for medications will vary based on what drug payment phase you are in.

## Deductible phase

### Amount varies per plan

During this phase, if your plan has a deductible, you usually pay the full discounted cost up to the deductible amount for drugs listed in tiers 3, 4 and 5 of your formulary.\*

*Drugs in tiers 1 and 2 don't require a deductible, to help make these everyday medications more affordable. Some plans also do not require a deductible on tier 3.*

Once you reach the deductible amount, you pay a copayment or coinsurance in the initial coverage phase.

\* This also applies to drugs for which an exception has been granted.

## Initial coverage phase

### Up to \$4,130

During this phase, you pay a copayment or the coinsurance (your share of the cost) for the discounted price of each prescription you fill until your total drug costs (what you and your plan pay) reach \$4,130.

Once you satisfy \$4,130, you enter the coverage gap or "donut hole phase".

*Initial coverage phase amount may vary by plan. See your [Evidence of Coverage](#) for details.*

## Coverage gap phase

### Up to \$6,550

During this phase, you may have to pay more for your prescription drugs because you'll be receiving a minimum level of coverage on brand-name and generic drugs until your yearly out-of-pocket costs reach \$6,550. This is sometimes referred to as the "donut hole" phase. Please review your plan documents and call the number on your member ID card to discuss the coverage gap.

Once your yearly out-of-pocket costs reach \$6,550, you move to the catastrophic coverage phase.

*Many of our plans still offer coverage for certain drugs while you're in the coverage gap phase. See your [Evidence of Coverage](#) for details.*

## Catastrophic coverage phase

### Through the end of the year

In this final phase, most members will pay only a small copayment or coinsurance for each prescription they fill.

# Your prescriptions

## Prescription coverage

Get the most out of your coverage by using these helpful tips:



### Find a pharmacy

You have access to thousands of pharmacies in our nationwide network — get the medications you need for your physical and mental well-being.

Find a local pharmacy in your network, visit [AetnaMedicare.com/FindPharmacy](https://www.aetna.com/FindPharmacy)



### Medicines conveniently mailed to your home

CVS Caremark® Mail Service Pharmacy can mail medications you take regularly. You can avoid trips to the pharmacy by ordering your medication online, over the phone or by mail using a credit card.

For more information, visit [AetnaMedicare.com/RxDelivery](https://www.aetna.com/RxDelivery)



## Medication therapy

Our Medication Therapy Management program helps you and your doctor manage your medicines. If you qualify, a pharmacist will review your medications and talk to you about drug therapy, side effects or any questions you may have.



## Get extra support

Specialty medicines help people with complex conditions and may require special shipping or storage. You'll get reliable and secure delivery at no extra cost with our Specialty Pharmacy medicine and support services.

Call **1-800-237-2767 (TTY: 711)**  
Or visit [CVSSpecialty.com](https://www.CVSSpecialty.com)



## Get a 90-day supply

Are there medicines you take regularly to maintain your health? Save time and potentially money by refilling your prescriptions with a 90-day supply just once every three months.

For more information about a 90-day supply of medicine, **talk to your doctor.**

# Your prescriptions

## Your formulary drug list

At Aetna®, we have a broad list of covered drugs. It's always good to check what your prescription drugs will cost. To do this, you will need to know what tier your drugs are in.

Your formulary will include a table similar to the one below, which will help you understand aspects that affect your cost share:

<div>The <b>drug(s)</b> covered by your plan</div> <div>The <b>“tier”</b> level or pricing category — drugs in different tiers may have different costs</div> <div>Any <b>special rules</b> for a drug that you'll need to follow, like prior authorization, quantity limit or step therapy</div>		
Drug name	Drug tier	Requirements/limits
<i>sample_drug</i>	1	MO
SAMPLE_DRUG	4	QL (30 EA per 30 days) MO

↑  
*Italics*  
means generic drugs that generally have lower copays and costs

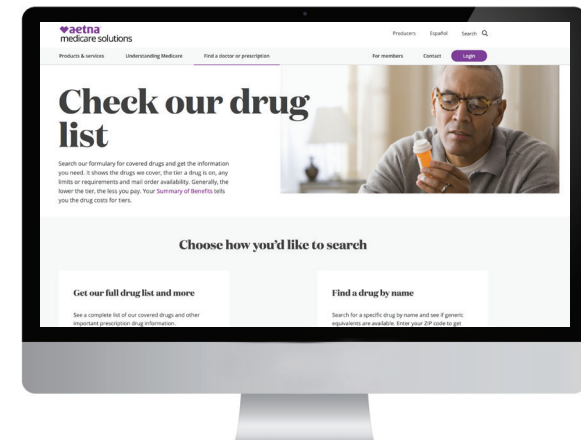
CAPITALS  
brand-name drugs that generally have higher copays and costs

↑  
**Phrases to know:**  
MO = mail order  
QL = quantity limit  
EA = each  
PA = prior authorization  
ST = step therapy

## Find your prescription drugs

There are two ways to find drugs in the formulary:

- 1. Search by category.** For example, omeprazole is listed under “Gastrointestinal agents” and the sub category “Proton Pump Inhibitors.”
- 2. Search by name in the index.** The drugs in this section are listed alphabetically.



Locate your formulary at  
[AetnaMedicare.com/Formulary](https://www.aetna.com/medicare/formulary)

# Extra support



## SilverSneakers® fitness program

Enjoy access to 17,000+ participating SilverSneakers locations nationwide, plus at-home options and virtual classes.

Get started today. Visit [SilverSneakers.com](https://www.silversneakers.com)



## Talk to a doctor from home

See your primary care physician (PCP) virtually by phone or video chat.



## Additional important benefits

Your plan may have benefits that help take care of the whole you, such as dental, vision and hearing.

Learn more about these benefits at [AetnaMedicare.com/LearnMyBenefits](https://www.aetna.com/learnmybenefits). There you'll be able to access your Evidence of Coverage (EOC) to see how to use these benefits.



## 24/7 nurse hotline

Talk to our registered nurses, day or night. They can help you decide if a doctor or urgent care visit is needed, understand your symptoms or learn about treatments.

Speak with a registered nurse anytime, call **1-800-556-1555 (TTY: 711)**



## Meals at home

Some plans offer the convenience of home-delivered meals after a qualifying stay in the hospital. Call the number on your Aetna ID card or check your [Evidence of Coverage](#) for more information.



## Case management

When you need extra support, our care managers are here to help. They will work with you and your doctor to support your personalized care plan and help you navigate the health care system.

Call Member Services at the number on your Aetna ID card for more information.



# Extra support



## Healthy home visit

A licensed health care professional can visit you at home or virtually. This does not replace your relationship with your primary care physician (PCP). It helps us work with your PCP to manage your care and direct you to the health programs and services you may need.

### During this visit, you can:

- Learn how to stay safe from COVID-19
- Ask any health care questions
- Review your medicines and dosages
- Talk about health resources and recommended screenings you may need
- Discuss how to set up a safe, healthy home

To schedule a home visit, call the number on your Aetna member ID card.



## Discounts

You may have access to discounts on items and services like fitness products, brain games and access to virtual clubs centered around your interests and passions.

Activate available discounts — log in to your [secure member website](#).



## Resources For Living®

Our Resources For Living program helps connect members and their loved ones to resources in their community — from personal care, housekeeping and maintenance to caregiver relief, pet care services and adult day care programs.

Contact our Resources For Living team, call: **1-866-370-4842 (TTY: 711)**  
8 AM to 6 PM for continental US time zones,  
Monday – Friday

# Medicare key terms

**Coinsurance** — This is the amount you may have to pay for your share of services. Coinsurance is usually a percentage (for example, 20 percent).

**Copayment (copay)** — This is the amount you may have to pay for your share of services. Copays are usually a set amount (for example, \$10 for a prescription drug or \$20 for a doctor visit).

**Cost sharing** — These are amounts that your plan may require you to pay for your care. Examples of cost sharing can include deductibles, copays or coinsurance.

**Deductible** — This is the amount some plans require you to pay for covered services before the plan starts to pay.

**Drug tiers** — This is a group of drugs on a formulary. Each group or tier requires a different level of payment. Higher tiers usually have higher cost sharing. For example, a drug on Tier 2 generally will cost more than a drug on Tier 1.

**Explanation of Benefits (EOB)** — An EOB is a notice explaining charges, payments or any balances owed after a provider you have visited submits a claim. It may be sent by mail or electronically.

**Evidence of Coverage (EOC)** — This document gives you detailed information on your plan's coverage, costs and your rights and responsibilities as a plan member.

**Formulary** — This is a list of prescription drugs the health plan covers. It can include drugs that are brand name and generic. Drugs on this list may cost less than drugs that are not on the list. How much a plan covers may vary from drug to drug. It is also called a drug list.

**In network** — This means we have a contract with that doctor, pharmacy or other health care provider. We negotiate reduced rates with them to help you save money.

**Maintenance medications** — These are prescription drugs that you take on a regular basis. These drugs help treat chronic conditions such as asthma, diabetes, high blood pressure and other health conditions. You may be able to save money on your maintenance prescriptions by filling them for a 90-day supply at retail and/or mail order.

**Mail-order pharmacy** — A convenient service where you can have your medications delivered directly to your door. The preferred mail order service available with your plan is CVS Caremark Mail Service Pharmacy.

**Maximum out of pocket (MOOP)** — This refers to the annual, maximum dollar amount you will have to pay as your share for covered medical services before the plan starts to pay for 100%.

**Premium** — This is the amount you pay your plan for coverage.

**Telemedicine (or telehealth)** — Health care services that can be provided by phone or in an online setting, without an in-person visit.

**Urgent care centers** — These centers can treat urgent, but non-life-threatening medical issues. A few examples are sprains, fractures and minor burns. If you have a medical issue that threatens your life, always visit the nearest emergency room or call **911** first.



# Primary care checklist

**Your path to better health begins with talking to your doctor. Your primary care physician (PCP) can help you build a plan to reach your health goals.**

Download our checklist of important topics you may want to discuss with your PCP. Print out and take the worksheet with you to your next appointment.

[Download checklist](#)

**Need to let us know of a caregiver who can act on your behalf?** Download a printable authorization form to get started.

[Download form](#)

## Have more questions?

Call the number on your member ID card.  
We're here for you.

[Contact us](#)

Preventive care is a key part of managing your health and wellbeing. Your Aetna® Medicare plan has many covered preventive services, which often include: cardiovascular disease screenings, glaucoma tests, a yearly wellness visit, flu shots and more.

We'll help you to take advantage of these care services and screenings so you'll stay on the right path.

[Learn more](#)

# Thank you

## Thanks again for being a valued Aetna member.

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 7 to 14 days. You can call the phone number on your member ID card if you do not receive your mail-order drugs within this time frame. 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. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Aetna Medicare’s pharmacy network includes limited lower-cost, preferred pharmacies in: Rural Nebraska, Rural Kansas, Suburban West Virginia, Rural Maine, Suburban Arizona, Rural Michigan 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, please call the number on your member ID card or consult the online pharmacy directory at [aetnamedicare.com/pharmacyhelp](https://aetnamedicare.com/pharmacyhelp). 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. 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. Discount offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. The member is responsible for the full cost of discounted services. Aetna may receive a percentage of the fee paid to a discount vendor. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2021 Tivity Health, Inc. All rights reserved. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

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