

January 1, 2015 – December 31, 2015

Summary of Benefits

Aetna Medicare Select Plan (HMO)
H3312-002

Aetna Medicare Value Plan (HMO)
H3312-061

Summary of Benefits

January 1, 2015 – December 31, 2015

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Aetna Medicare Select Plan (HMO) or Aetna Medicare Value Plan (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Aetna Medicare Select Plan (HMO) and Aetna Medicare Value Plan (HMO)** cover and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://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.

Sections in this booklet

- Things to Know About **Aetna Medicare Select Plan (HMO) and Aetna Medicare Value Plan (HMO)**

- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Optional Benefits (you must pay an extra premium for these benefits)

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-855-338-7027, TTY: 711.

Este documento está disponible en otros formatos como Braille y en letra grande.

Este documento puede estar disponible en otros idiomas, aparte del inglés. Para obtener información adicional, llámenos al 1-855-338-7027, TTY: 711.

Things to Know About Aetna Medicare Select Plan (HMO) and Aetna Medicare Value Plan (HMO)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time.

Aetna Medicare Select Plan (HMO) and Aetna Medicare Value Plan (HMO) Phone Numbers and Website

- If you are a member of one of these plans, call toll-free 1-800-282-5366, TTY: 711.

- If you are not a member of one of these plans, call toll-free 1-855-338-7027, TTY: 711.
- Our website: <http://www.aetnamedicare.com>

Who can join?

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

Our service area includes the following counties in New York: Bronx, Kings, and Richmond.

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

Our service area includes the following counties in New York: Bronx, Kings, and Richmond.

Which doctors, hospitals, and pharmacies can I use?

Aetna Medicare Select Plan (HMO) and Aetna Medicare Value Plan (HMO) have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plans may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plans' provider directory at our website (<http://www.AetnaMedicareDocFind.com>).

You can see our plans' pharmacy directory at our website (<http://www.aetnapharmacy.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.aetnamedicare.com/2015formulary>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plans group each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits

January 1, 2015 – December 31, 2015

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
How much is the monthly premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.	\$49 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$4,500 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Aetna Medicare is an HMO plan with a Medicare contract. Enrollment in Aetna Medicare depends on contract renewal.

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
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COVERED MEDICAL AND HOSPITAL BENEFITS

NOTE:

- SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.
- SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

OUTPATIENT CARE AND SERVICES

Acupuncture and Other Alternative Therapies	Not covered	Not covered
Ambulance	\$300 copay	\$200 copay
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$35 copay	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$25 copay
Diabetes Supplies and Services	Diabetes monitoring supplies: 0-20% of the cost, depending on the supply Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: You pay nothing Glucose monitors and Diabetic test strips from our preferred vendor One Touch/Lifescan will pay at a \$0 cost share. Glucose monitors and Diabetic test	Diabetes monitoring supplies: 0-20% of the cost, depending on the supply Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: You pay nothing Glucose monitors and Diabetic test strips from our preferred vendor One Touch/Lifescan will pay at a \$0 cost share. Glucose monitors and Diabetic test

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
Diabetes Supplies and Services	strips from non-preferred vendors will pay at a 20% cost share.	strips from non-preferred vendors will pay at a 20% cost share.
Diagnostic Tests, Lab and Radiology Services, and X-Rays	<p>Diagnostic radiology services (such as MRIs, CT scans): 20% of the cost</p> <p>Diagnostic tests and procedures: \$10-35 copay, depending on the service</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: \$10-35 copay, depending on the service</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$10-60 copay, depending on the service</p> <p>The minimum copayment will apply to Medicare-covered diagnostic procedures/tests performed at your primary care doctor's office. The maximum copayment will apply to those tests at a specialist's office, freestanding facility or hospital facility in an outpatient setting.</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$0-100 copay, depending on the service</p> <p>Diagnostic tests and procedures: \$0-25 copay, depending on the service</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: \$0-25 copay, depending on the service</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$0-60 copay, depending on the service</p> <p>The minimum copayment will apply to Medicare-covered diagnostic procedures/tests performed at your primary care doctor's office. The maximum copayment will apply to those tests at a specialist's office, freestanding facility or hospital facility in an outpatient setting.</p>
Doctor's Office Visits	<p>Primary care physician visit: \$10 copay</p> <p>Specialist visit: \$35 copay</p>	<p>Primary care physician visit: You pay nothing</p> <p>Specialist visit: \$25 copay</p>
Durable Medical Equipment (<i>wheelchairs, oxygen, etc.</i>) ¹	20% of the cost	20% of the cost

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
Emergency Care	<p>\$65 copay</p> <p>If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>	<p>\$65 copay</p> <p>If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>
Foot Care (<i>podiatry services</i>)	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$35 copay</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$25 copay</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: \$35 copay</p> <p>Routine hearing exam (for up to 1 every year): You pay nothing</p>	<p>Exam to diagnose and treat hearing and balance issues: \$25 copay</p> <p>Routine hearing exam (for up to 1 every year): You pay nothing</p> <p>Hearing aid: You pay nothing</p> <p>Our plan pays up to \$500 every three years for hearing aids.</p>
Home Health Care	<p>You pay nothing</p>	<p>You pay nothing</p>
Mental Health Care	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p>

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
Mental Health Care	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$1,528 copay per stay <p>Outpatient group therapy visit: \$35 copay</p> <p>Outpatient individual therapy visit: \$35 copay</p>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$1,528 copay per stay <p>Outpatient group therapy visit: \$25 copay</p> <p>Outpatient individual therapy visit: \$25 copay</p>
Outpatient Rehabilitation	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$35 copay</p> <p>Occupational therapy visit: \$35 copay</p> <p>Physical therapy and speech and language therapy visit: \$35 copay</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$25 copay</p> <p>Occupational therapy visit: \$25 copay</p> <p>Physical therapy and speech and language therapy visit: \$25 copay</p>
Outpatient Substance Abuse	<p>Group therapy visit: \$35 copay</p> <p>Individual therapy visit: \$35 copay</p>	<p>Group therapy visit: \$25 copay</p> <p>Individual therapy visit: \$25 copay</p>
Outpatient Surgery	<p>Ambulatory surgical center: \$325 copay</p> <p>Outpatient hospital: \$0-325 copay, depending on the service</p> <p>The minimum copayment will apply to Medicare-covered outpatient hospital diabetes</p>	<p>Ambulatory surgical center: \$125 copay</p> <p>Outpatient hospital: \$0-125 copay, depending on the service</p> <p>The minimum copayment will apply to Medicare-covered outpatient hospital diabetes</p>

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
Outpatient Surgery	self-management training. The maximum copayment will apply to Medicare-covered outpatient hospital surgery.	self-management training. The maximum copayment will apply to Medicare-covered outpatient hospital surgery.
Over-the-Counter Items	Not Covered	Not Covered
Prosthetic Devices <i>(braces, artificial limbs, etc.)</i>	<p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: \$10-35 copay, depending on the supply</p> <p>The minimum copayment will apply to Medicare-covered medical supplies obtained at a primary care doctor's office. The maximum copayment will apply to Medicare-covered medical supplies obtained at a specialist's office, medical supply provider and at a hospital facility in an outpatient setting.</p>	<p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: \$0-25 copay, depending on the supply</p> <p>The minimum copayment will apply to Medicare-covered medical supplies obtained at a primary care doctor's office. The maximum copayment will apply to Medicare-covered medical supplies obtained at a specialist's office, medical supply provider and at a hospital facility in an outpatient setting.</p>
Renal Dialysis	20% of the cost	20% of the cost
Transportation	Not covered	Not covered
Urgent Care	\$55 copay	\$30 copay
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$35 copay	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$25 copay

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
Vision Services	<p>Routine eye exam (for up to 1 every year): You pay nothing</p> <p>Contact lenses: You pay nothing</p> <p>Eyeglasses (frames and lenses): You pay nothing</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p> <p>Our plan pays up to \$100 every two years for contact lenses and eyeglasses (frames and lenses).</p>	<p>Routine eye exam (for up to 1 every year): You pay nothing</p> <p>Contact lenses: You pay nothing</p> <p>Eyeglasses (frames and lenses): You pay nothing</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p> <p>Our plan pays up to \$50 every two years for contact lenses and eyeglasses (frames and lenses).</p>
Preventive Care	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services 	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
Preventive Care	<ul style="list-style-type: none"> • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
INPATIENT CARE		
Inpatient Hospital Care	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$275 copay per day for days 1 through 5 • You pay nothing per day for days 6 through 90 • You pay nothing per day for days 91 and beyond 	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$600 copay per day for days 1 • You pay nothing per day for days 2 through 90 • You pay nothing per day for days 91 and beyond
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	For inpatient mental health care, see the "Mental Health Care" section of this booklet.

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
Skilled Nursing Facility (SNF)	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$156 copay per day for days 21 through 100 	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$156 copay per day for days 21 through 100

PRESCRIPTION DRUG BENEFITS

How much do I pay?	For Part B drugs such as chemotherapy drugs ¹ : 20% of the cost Other Part B drugs ¹ : 20% of the cost	For Part B drugs such as chemotherapy drugs ¹ : 20% of the cost Other Part B drugs ¹ : 20% of the cost
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Initial Coverage	You pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies. Preferred Retail Cost-Sharing <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Two-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$3 copay</td> <td>\$6 copay</td> <td>\$6 copay</td> </tr> <tr> <td>Tier 2 (Non-Preferred Generic)</td> <td>\$8 copay</td> <td>\$16 copay</td> <td>\$16 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$45 copay</td> <td>\$90 copay</td> <td>\$135 copay</td> </tr> </tbody> </table>	Tier	One-month supply	Two-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$3 copay	\$6 copay	\$6 copay	Tier 2 (Non-Preferred Generic)	\$8 copay	\$16 copay	\$16 copay	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay	You pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies. Preferred Retail Cost-Sharing <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Two-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Tier 2 (Non-Preferred Generic)</td> <td>\$8 copay</td> <td>\$16 copay</td> <td>\$16 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$45 copay</td> <td>\$90 copay</td> <td>\$135 copay</td> </tr> </tbody> </table>	Tier	One-month supply	Two-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$0	\$0	\$0	Tier 2 (Non-Preferred Generic)	\$8 copay	\$16 copay	\$16 copay	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay
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	Aetna Medicare Select Plan (HMO)				Aetna Medicare Value Plan (HMO)			
Initial Coverage	Tier	One-month supply	Two-month supply	Three-month supply	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Retail Cost-Sharing				Standard Retail Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$9 copay	\$18 copay	\$18 copay	Tier 1 (Preferred Generic)	\$6 copay	\$12 copay	\$12 copay
	Tier 2 (Non-Preferred Generic)	\$14 copay	\$28 copay	\$28 copay	Tier 2 (Non-Preferred Generic)	\$14 copay	\$28 copay	\$28 copay
	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay
	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

	Aetna Medicare Select Plan (HMO)				Aetna Medicare Value Plan (HMO)			
Initial Coverage	Preferred Mail Order Cost-Sharing				Preferred Mail Order Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$3 copay	\$6 copay	\$6 copay	Tier 1 (Preferred Generic)	\$0	\$0	\$0
	Tier 2 (Non-Preferred Generic)	\$8 copay	\$16 copay	\$16 copay	Tier 2 (Non-Preferred Generic)	\$8 copay	\$16 copay	\$16 copay
	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay
	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Order Cost-Sharing				Standard Mail Order Cost-Sharing			
	Tier	One-month supply	Two-month supply	Three-month supply	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$9 copay	\$18 copay	\$18 copay	Tier 1 (Preferred Generic)	\$6 copay	\$12 copay	\$12 copay
Tier 2 (Non-Preferred Generic)	\$14 copay	\$28 copay	\$28 copay	Tier 2 (Non-Preferred Generic)	\$14 copay	\$28 copay	\$28 copay	

	Aetna Medicare Select Plan (HMO)				Aetna Medicare Value Plan (HMO)			
Initial Coverage	Tier	One-month supply	Two-month supply	Three-month supply	Tier	One-month supply	Two-month supply	Three-month supply
	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay
	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy and pay the same as an in-network pharmacy, but you will get less of the drug.</p>				<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy and pay the same as an in-network pharmacy, but you will get less of the drug.</p>			
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 65% of the plan's cost for covered generic drugs until your costs total \$4,700, which is the end of the</p>				<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 65% of the plan's cost for covered generic drugs until your costs total \$4,700, which is the end of the</p>			

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
Coverage Gap	coverage gap. Not everyone will enter the coverage gap.	coverage gap. Not everyone will enter the coverage gap.
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs. 	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs.
Optional Benefits (you must pay an extra premium each month for these benefits)		
Package 1: Advantage Dental	<p>Benefits include:</p> <ul style="list-style-type: none"> • Preventive Dental • Comprehensive Dental 	<p>Benefits include:</p> <ul style="list-style-type: none"> • Preventive Dental • Comprehensive Dental
How much is the monthly premium?	Additional \$17.20 per month. You must keep paying your Medicare Part B premium and your \$0 monthly plan premium.	Additional \$17.20 per month. You must keep paying your Medicare Part B premium and your \$49 monthly plan premium.
How much is the deductible?	This package does not have a deductible.	This package does not have a deductible.
Is there a limit on how much the plan will pay?	No. There is no limit to how much our plan will pay for benefits in this package.	No. There is no limit to how much our plan will pay for benefits in this package.

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
Package 2: Advantage Dental Plus Eyewear and Hearing Aids	Benefits include: <ul style="list-style-type: none"> • Preventive Dental • Comprehensive Dental • Hearing Aids 	
How much is the monthly premium?	Additional \$20.20 per month. You must keep paying your Medicare Part B premium and your \$0 monthly plan premium.	
How much is the deductible?	This package does not have a deductible.	
Is there a limit on how much the plan will pay?	Our plan has a coverage limit for certain benefits.	

