



Inspired by you

Your Medicare Advantage plan handbook

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


medicare solutions

Welcome

We're glad you chose Aetna for your Medicare plan. We created this handbook with you in mind. That means the whole you — body, mind and spirit. Inside, you'll find useful information and tips to help you make the most of your Medicare plan and continue living the life you love.

Thanks for being a valued member of the Aetna family. We're excited to help you fulfill your health goals.

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Our commitment

At Aetna, our goal is to provide you with the services you need and help you find the right coverage and resources to care for the whole you — body, mind and spirit. Getting the right coverage when you need it can lead to better health. Our total 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 representatives help simplify Medicare and connect you to the right coverage, resources and care.



For 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 may include benefits like fitness memberships and mental wellness programs.



Close to home

Your community impacts your health, and we know the importance of coordinated care, close to home. We support neighborhood health programs and provide you with personalized care, locally.

Getting started

Get off to a great start by following these three easy steps:

1 Log in to our member website

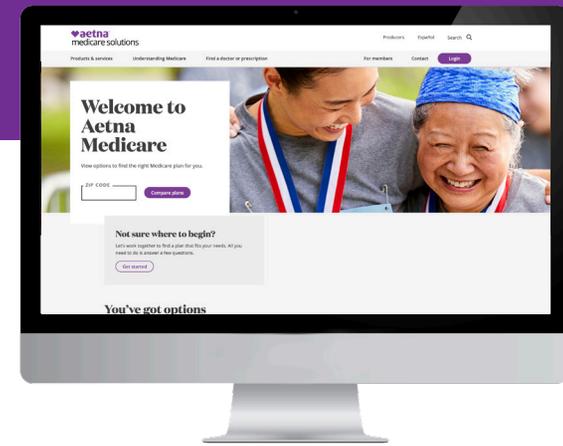
We offer online tools to help guide your health goals. Whether you want to see your member ID card, find providers, view your claims or look up your medications, we've got you covered.

2 Know 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 rules you need to follow.

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. *Please take the primary care checklist at the back of this booklet to your next appointment.*



Register for or log in to the member website using your Aetna member ID number at **[AetnaMedicare.com](https://www.aetna.com/members)**

You can view your EOC at **[AetnaMedicare.com/benefits](https://www.aetna.com/benefits)**

Find doctors and hospitals in the Aetna network here:

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

Urgent vs. 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 or most cost-efficient choice. 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 visit an urgent care center or emergency room. In the event of a medical emergency, call 911 or go to the closest ER.

Urgent Care Center

Emergency Room (ER)

	Urgent Care Center	Emergency Room (ER)
PURPOSE	These centers offer treatment for non-life-threatening injuries or illnesses	The ER offers treatment for serious injuries or illnesses
ADVANTAGES	Conveniently accepts both walk-ins and appointments, may provide faster treatment, flexible hours	Offers emergency care, treats more serious health issues, open 24/7
SOME CONDITIONS EACH FACILITY TREATS	<ul style="list-style-type: none"> Allergies Coughing Upset stomach Sinus infection Broken bones Sore throat Flu symptoms Pink eye Ear infections Cuts, bumps or sprains 	<ul style="list-style-type: none"> 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 stage you are in.

Deductible stage

Amount varies per plan

If your plan has a deductible, you usually pay the full discounted price of your drugs, up to the deductible amount. To count toward the deductible, drugs must be on the formulary.

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

Initial coverage stage

Up to \$4,020

Once you reach the deductible amount, you pay a copayment or coinsurance for the discounted price of each prescription you fill until your total drug costs reach a certain amount.

Once you satisfy \$4,020, you enter the coverage gap stage.

Coverage gap

Up to \$6,350

The coverage gap stage (sometimes referred to as the “donut hole”) is a gap in coverage during which you may have to pay more for your prescription drugs. 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 \$6,350, you move to the catastrophic coverage stage.

**Many of our plans still offer coverage for certain drugs while you're in the coverage gap stage. Check your Evidence of Coverage for details.*

Catastrophic coverage stage

Through the end of the year

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

Your prescriptions

Prescription coverage

To get the most out of your coverage, use these helpful tips:



Find a pharmacy

With access to thousands of pharmacies in our nationwide network, you can get the medications you need for your physical and mental well-being.

To find a pharmacy in your network, visit [AetnaMedicare.com/findpharmacy](https://www.aetna.com/medicare/findpharmacy)



Medicines conveniently delivered to your home

CVS Caremark Mail Service Pharmacy™ provides home-delivery services for the medications you take regularly. You can avoid trips to the pharmacy by ordering your medication on the phone or by mail.

For more information, visit [AetnaMedicare.com/rxdelivery](https://www.aetna.com/medicare/rxdelivery) or call the number on your member ID card.



Medication therapy

Our Medication Therapy Management program helps you and your doctor manage your medicines. 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. With our Specialty Pharmacy medicine and support services, you'll get reliable and secure delivery at no extra cost.

Call **1-866-782-2779 (TTY: 711)**
Or visit [AetnaSpecialtyRx.com](https://www.aetna.com/specialtyrx)



Get a 90-day supply

Are there medicines you take regularly to maintain your health? With a 90-day supply you can save time and potentially money by refilling your prescriptions 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 on.

How to read your formulary

Every Medicare prescription drug plan has a list of drugs that it agrees to cover. Drug lists will include both brand and generic drugs. They'll give you the information you need to know about your drug to help determine your cost-share.

The **drug(s)** covered by your plan

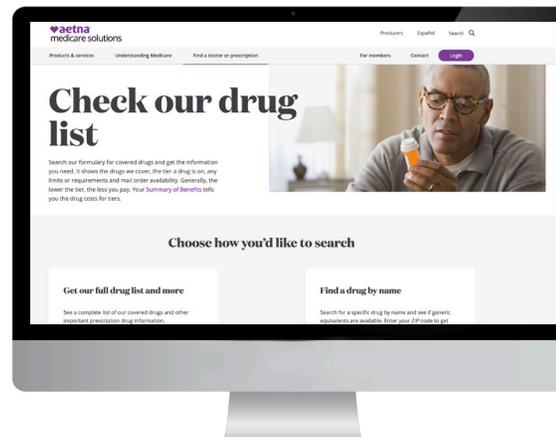
The **"tier"** level or pricing category

The **special rules** for a drug

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
CAPITALS
brand-name drugs

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



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

Cost management tips



To check the cost of your drug, you need to know what tier it's on. Your formulary tells you the tier. Generally, the lower the tier, the less you pay. Your Evidence of Coverage shows you the drug cost for each tier.



Make an appointment with your doctor and reference your formulary.



Ask if there are covered alternatives on a lower tier.

Extra benefits



SilverSneakers® fitness program

With this benefit, you can enjoy access to over 16,000 participating SilverSneakers locations nationwide. There's no extra cost to you for this fitness program.

For more information, visit [SilverSneakers.com](https://www.silversneakers.com)



24/7 nurse hotline

You can 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.

To 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 member services or check your Evidence of Coverage for more information.



Case management

Case management programs are for people who need extra assistance and support. Your case manager will work with you and your doctor to support your care plan.



Resources For Living

Our Resources For Living® program helps get you the right support when and where you need it. It's designed to help you find a wide range of services in your area — from personal care, housekeeping and maintenance to caregiver relief, pet care services and adult day care programs.

To contact our Resources For Living team, call:

1-866-370-4842 (TTY: 711)



Healthy home visits

A licensed health care professional can come to your home to review your health needs and do a home safety assessment. During the visit, they may also review your medicines, complete some health screening tests and recommend services that can support your health needs.



Discounts

You may have access to discounts on items like weight management programs, medical alert systems and oral health care. For information on available discounts, log in to your member website or call member services.

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 for 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.

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

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.

Here's a checklist of important topics you may want to discuss with your PCP. Take this worksheet with you to your next appointment and check the boxes and take notes as you talk about each item.

Medical history

Recent health changes

Your major life events

Medicines

Prescriptions: _____

Over the counter: _____

Medicine side effects

Vaccines

Flu shot (date): _____

Shingles (date): _____

Screenings

(Blood pressure, cholesterol, colorectal)

Women's health

(mammogram, pap smear, bone density)

Long-term health conditions

(diabetes monitoring, kidney function)

Mental health

Fall prevention

Write down any questions you'd like to discuss with your doctor.

Remember to call us at the number on your member ID card if you have any questions, need to notify us if you've made an address change or let us know if you would like someone else, like a caregiver, to act on your behalf.

Thank you

Thanks again for being a valued member of the Aetna family.

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. 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 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: Urban Mississippi, Urban Virginia, Rural Missouri, Rural Arkansas, Rural Oklahoma, Rural Kansas, Rural Iowa, Rural Minnesota, Rural Montana, Rural Nebraska, Rural North Dakota, Rural South Dakota, and Rural Wyoming. 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. Out-of-network/noncontracted 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. 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.

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