January 1, 2015 – December 31, 2015

Summary of Benefits

Aetna Medicare Premier Plan (PPO)
H5521-081

58.06.362.1-NC1

Y0001_2015_H5521_081_NC Accepted 9/2014

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 Premier Plan (PPO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Aetna Medicare Premier Plan (PPO)** covers and what you pay.

- If you want to compare our plan 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 Premier Plan (PPO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug 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 Premier Plan (PPO)

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 Premier Plan (PPO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-800-282-5366, TTY: 711.
- If you are not a member of this plan, call toll-free 1-855-338-7027, TTY: 711.
- Our website: http://www.aetnamedicare.com

Who can join?

To join **Aetna Medicare Premier Plan (PPO)**, 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 North Carolina: Alexander, Cabarrus, Caldwell, Caswell, Catawba, Durham, Gaston, Guilford, Iredell, Mecklenburg, Orange, Person, Randolph, Rockingham, Rowan, Union, and Wake.

Which doctors, hospitals, and pharmacies can I use?

Aetna Medicare Premier Plan (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

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 plan's provider directory at our website (http://www.AetnaMedicareDocFind.com).

You can see our plan's 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 plan groups 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 Premier Plan (PPO)
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.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	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. Your yearly limit(s) in this plan: • $3,950 for services you receive from in-network providers. • $6,800 for services you receive from out-of-network providers. • $6,800 for services you receive from any provider. Your limit for services received from in-network providers and your limit for services received from out-of-network providers will count toward this limit. 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
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.

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

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
Ambulance	• In-network: $200 copay • Out-of-network: $200 copay

	Aetna Medicare Premier Plan (PPO)
Chiropractic Care[1]	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): • In-network: $20 copay • Out-of-network: 20% of the cost
Dental Services[1]	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): • In-network: $40 copay • Out-of-network: $45 copay Preventive dental services: • Cleaning: ◦ In-network: You pay nothing ◦ Out-of-network: You pay nothing • Dental x-ray(s): ◦ In-network: You pay nothing ◦ Out-of-network: You pay nothing • Fluoride treatment: ◦ In-network: You pay nothing ◦ Out-of-network: You pay nothing • Oral exam: ◦ In-network: You pay nothing ◦ Out-of-network: You pay nothing Our plan pays up to $120 every year for preventive dental services from any provider. Limited dental allowance: Any licensed dental provider may provide services. Member pays the dentist for services at the time they are rendered, obtains and submits an itemized billing statement from the dentist's office showing payment along with medical/dental benefits request form.
Diabetes Supplies and Services	Diabetes monitoring supplies: • In-network: 0-20% of the cost, depending on the supply • Out-of-network: 20% of the cost Diabetes self-management training: • In-network: You pay nothing • Out-of-network: You pay nothing Therapeutic shoes or inserts: • In-network: You pay nothing

	Aetna Medicare Premier Plan (PPO)
Diabetes Supplies and Services	• Out-of-network: 20% of the cost 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 strips from non-preferred vendors will pay at a 20% cost share.
Diagnostic Tests, Lab and Radiology Services, and X-Rays[1]	Diagnostic radiology services (such as MRIs, CT scans): • In-network: 20% of the cost • Out-of-network: 25% of the cost Diagnostic tests and procedures: • In-network: 20% of the cost • Out-of-network: 25% of the cost Lab services: • In-network: $20 copay • Out-of-network: 25% of the cost Outpatient x-rays: • In-network: 20% of the cost • Out-of-network: 25% of the cost Therapeutic radiology services (such as radiation treatment for cancer): • In-network: 20% of the cost • Out-of-network: 30% of the cost 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.
Doctor's Office Visits	Primary care physician visit: • In-network: $10 copay • Out-of-network: $35 copay Specialist visit: • In-network: $40 copay • Out-of-network: $55 copay
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*[1]	• In-network: 20% of the cost • Out-of-network: 30% of the cost

	Aetna Medicare Premier Plan (PPO)
Emergency Care	$65 copay 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.
Foot Care *(podiatry services)*	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: • In-network: $40 copay • Out-of-network: $55 copay
Hearing Services	Exam to diagnose and treat hearing and balance issues: • In-network: $40 copay • Out-of-network: $45 copay Routine hearing exam (for up to 1 every year): • In-network: You pay nothing • Out-of-network: $55 copay
Home Health Care	• In-network: You pay nothing • Out-of-network: 20% of the cost
Mental Health Care[1]	Inpatient visit: 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. Our plan covers 90 days for an inpatient hospital stay. 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. • In-network: ◦ $240 copay per day for days 1 through 6 ◦ You pay nothing per day for days 7 through 90 • Out-of-network: ◦ 20% of the cost per stay Outpatient group therapy visit: • In-network: $40 copay • Out-of-network: $55 copay

	Aetna Medicare Premier Plan (PPO)
Mental Health Care[1]	Outpatient individual therapy visit: • In-network: $40 copay • Out-of-network: $55 copay
Outpatient Rehabilitation[1]	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): • In-network: $40 copay • Out-of-network: $55 copay Occupational therapy visit: • In-network: $40 copay • Out-of-network: $55 copay Physical therapy and speech and language therapy visit: • In-network: $40 copay • Out-of-network: $55 copay
Outpatient Substance Abuse[1]	Group therapy visit: • In-network: $35 copay • Out-of-network: 25% of the cost Individual therapy visit: • In-network: $35 copay • Out-of-network: 25% of the cost
Outpatient Surgery[1]	Ambulatory surgical center: • In-network: $325 copay • Out-of-network: 25% of the cost Outpatient hospital: • In-network: $0-325 copay, depending on the service • Out-of-network: 25% of the cost The minimum copayment will apply to Medicare-covered outpatient hospital diabetes self-management training. The maximum copayment will apply to Medicare-covered outpatient hospital surgery.
Over-the-Counter Items	Not Covered

	Aetna Medicare Premier Plan (PPO)
Prosthetic Devices *(braces, artificial limbs, etc.)*[1]	Prosthetic devices: • In-network: 20% of the cost • Out-of-network: $55 copay or 30% of the cost, depending on the device Related medical supplies: • In-network: $10-40 copay, depending on the supply • Out-of-network: $55 copay or 30% of the cost, depending on the supply 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.
Renal Dialysis[1]	• In-network: 20% of the cost • Out-of-network: 20% of the cost
Transportation	Not covered
Urgent Care	$35 copay
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): • In-network: $35 copay • Out-of-network: $55 copay Routine eye exam (for up to 1 every year): • In-network: You pay nothing • Out-of-network: You pay nothing Contact lenses: • In-network: You pay nothing • Out-of-network: You pay nothing Eyeglasses (frames and lenses): • In-network: You pay nothing • Out-of-network: You pay nothing Eyeglasses or contact lenses after cataract surgery: • In-network: You pay nothing • Out-of-network: 20% of the cost

	Aetna Medicare Premier Plan (PPO)
Vision Services	Our plan pays up to $75 every year for contact lenses and eyeglasses (frames and lenses) from any provider.
Preventive Care	• In-network: You pay nothing • Out-of-network: You pay nothing Our plan covers many preventive services, including: • 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 • 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 Any additional preventive services approved by Medicare during the contract year will be covered.
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.
INPATIENT CARE	
Inpatient Hospital Care[1]	Our plan covers an unlimited number of days for an inpatient hospital stay. • In-network: ◦ $265 copay per day for days 1 through 6

	Aetna Medicare Premier Plan (PPO)
Inpatient Hospital Care[1]	◦ You pay nothing per day for days 7 through 90 ◦ You pay nothing per day for days 91 and beyond • Out-of-network: ◦ 20% of the cost per stay
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)[1]	Our plan covers up to 100 days in a SNF. • In-network: ◦ $0 copay per day for days 1 through 20 ◦ $140 copay per day for days 21 through 100 • Out-of-network: ◦ 20% of the cost per stay
PRESCRIPTION DRUG BENEFITS	
How much do I pay?	For Part B drugs such as chemotherapy drugs[1]: • In-network: 20% of the cost • Out-of-network: 20% of the cost Other Part B drugs[1]: • In-network: 20% of the cost • Out-of-network: 20% of the cost
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**

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	$2 copay	$4 copay	$6 copay
Tier 2 (Non-Preferred Generic)	$18 copay	$36 copay	$54 copay
Tier 3 (Preferred Brand)	$45 copay	$90 copay	$135 copay

	Aetna Medicare Premier Plan (PPO)
Initial Coverage	see tables below

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 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	$8 copay	$16 copay	$24 copay
Tier 2 (Non-Preferred Generic)	$24 copay	$48 copay	$72 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 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Preferred Mail Order Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	$2 copay	$4 copay	$6 copay
Tier 2 (Non-Preferred Generic)	$18 copay	$36 copay	$54 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 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Standard Mail Order Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	$8 copay	$16 copay	$24 copay

	Aetna Medicare Premier Plan (PPO)
Initial Coverage	(see table below)

Tier	One-month supply	Two-month supply	Three-month supply
Tier 2 (Non-Preferred Generic)	$24 copay	$48 copay	$72 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 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

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.

Coverage Gap

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.

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 coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

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:

- 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.