Plan Guide 2027

NORTH-CSNP-PLAN
Aetna Medicare Chronic Care (HMO C-SNP) H1609-084

This is an at-a-glance view of plan costs and coverage to help you explore your options. It is not a complete list. For full details, refer to the *Summary of Benefits* or view the plan's *Evidence of Coverage* (EOC) at AetnaMedicare.com or call us to request a copy.

What you'll find inside

- Service areas
- In-network benefits for selected services
- In-network costs for selected services
- Additional benefits
- Prescription drugs

When joining a plan

Review the following pages for in-network costs for some of our Medicare benefits. To join a Chronic Care Special Needs Plan, you must have one of the following qualifying conditions verified by a physician: diabetes mellitus, chronic heart failure, and/or cardiovascular disorders.

Your questions are important to us

1-833-771-2456 (**TTY**: 711)
October 1–March 31: 8 AM to 8 PM, 7 days a week
April 1–September 30: 8 AM to 8 PM, Monday–Friday
Your call may be answered by a licensed agent.

Service area

Plan name	Contract PBP	Plan service area
Aetna Medicare Chronic Care (HMO C-SNP)	H1609-084	**Florida**: Clay, Duval, Marion, Nassau, St. Johns

Medical and hospital benefits

Benefits listed are for services received in-network and per visit unless otherwise stated.

Benefits	H1609-084 Aetna Medicare Chronic Care (HMO C-SNP)
Monthly plan premium	$0
Plan deductible	$0
Annual maximum out-of-pocket amount (does not include premium or prescription drug costs)	$3,900
Hospital coverage	
Inpatient hospital care	$205 per day, days 1-5; $0 per day, days 6-90; $0 for additional days. Our plan covers unlimited hospital days.

Benefits	H1609-084 Aetna Medicare Chronic Care (HMO C-SNP)
Outpatient hospital	$205 copay
Ambulatory surgery center (ASC)	$155 copay
Skilled nursing facility	$0 per day, days 1-20; $221 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Provider services	
Annual routine physical	$0 copay for an annual routine physical exam.
Primary care provider (PCP)	$0 copay In-network PCP selection is required.
PCP referrals	Yes
Specialist	$0 - $15 copay $0 copay for certain physician specialist visits including: Cardiologists, Endocrinologists, Nephrologists, and Pulmonologists $15 copay for all other physician specialist visits
Emergency and urgent care	
Emergency care	$150 copay
Urgently needed services	$40 copay
Worldwide coverage (i.e., outside of the United States)	$150 copay for emergency and urgent services worldwide. $250,000 maximum coverage.
Diagnostic testing	
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: $0 - $50 copay Lower cost sharing is for services performed at a non-hospital facility. Diagnostic radiology: $0 - $250 copay Lower cost sharing is for services performed at a non-hospital facility.
Lab services	$0 copay
Dental, vision and hearing (non-Medicare covered)	
Dental services	Our plan pays $2,000 every year for preventive and comprehensive services combined. You must use the Liberty Dental network.
Routine eye exam	$0 copay with an iCare provider (one exam every year)
Contacts and eyeglasses	Our plan pays $200 every year for prescription eyewear. You must use the iCare network.

Benefits	H1609-084 Aetna Medicare Chronic Care (HMO C-SNP)
Routine hearing exam	$0 copay (one exam every year) Appointments must be scheduled through NationsHearing®.
Hearing aids	Our plan pays $1,000 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing®.
Therapy	
Physical and speech therapy	$10 copay
Occupational therapy	$10 copay
Outpatient mental health therapy (individual)	$10 copay
Ambulance	
Ground ambulance (one-way trip)	$300 copay
Air ambulance (one-way trip)	20% coinsurance
Equipment	
Durable medical equipment	20% coinsurance

Additional benefits

Benefits	H1609-084 Aetna Medicare Chronic Care (HMO C-SNP)
24-Hour Nurse Line	$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.§
Aetna® Medicare Extra Benefits Card	**Over-the-Counter (OTC) Wallet** $103 benefit amount (allowance) monthly on the Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.
Fitness	Physical fitness program: Basic SilverSneakers® membership.
Foot care (additional)	$0 copay (up to twelve visits every year)
Meals	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility.

Special supplemental benefits

Benefits	H1609-084 Aetna Medicare Chronic Care (HMO C-SNP)
Aetna Extra Supports Wallet (ESW)‡	Members with a qualifying chronic condition who meet all other criteria may be eligible. $103 This will replace your OTC allowance on your Extra Benefits Card. You will not get any additional funds applied to your card.
Recovery at Home Program	Members may be eligible

Prescription drugs

Benefits	H1609-084 Aetna Medicare Chronic Care (HMO C-SNP)
Rx formulary	B2_CSNP
Rx deductible	$300 Does not apply to Tier 1, Tier 2 drugs.
Out-of-pocket threshold	$2,400
Catastrophic coverage for generic and brand name drugs	$0

Tier drug coverage

Benefits	H1609-084 Aetna Medicare Chronic Care (HMO C-SNP)	
Supply in days	30	100
Tier 1		
Retail Preferred	$0	$0
Retail Standard	$5	$15
Mail-order Preferred	$0	$0
Mail-order Standard	$5	$15
Tier 2		
Retail Preferred	$0	$0
Retail Standard	$12	$36
Mail-order Preferred	$0	$0
Mail-order Standard	$12	$36
Tier 3		
Retail Preferred	22%	22%
Retail Standard	22%	22%
Mail-order Preferred	22%	22%
Mail-order Standard	22%	22%
Tier 4		
Retail Preferred	25%	25%
Retail Standard	25%	25%
Mail-order Preferred	25%	25%
Mail-order Standard	25%	25%
Tier 5		
Retail Preferred	30%	N/A
Retail Standard	30%	N/A

§ While only your doctor can diagnose, prescribe or give medical advice, the [care management nurses/24-Hour Nurse Line] can provide information on a variety of health topics.

‡ The benefit(s) mentioned are part of special supplemental benefits for the chronically ill (SSBCI). SSBCI conditions include certain cardiovascular disorders, chronic heart failure, and diabetes. Eligibility is determined by whether you have a chronic condition associated with the benefit(s) and you meet all other criteria. Even if you have a listed chronic condition, you may not necessarily receive the benefit because other eligibility and coverage criteria may apply.. Standards and conditions vary for each benefit. Contact us to confirm the specific SSBCI condition requirements for the benefit(s) for this plan and determine your eligibility.

Disclaimers
Your Extra Benefits Card, administered by CVS Flex Benefits Solutions®.

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.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

The Aetna C-SNP is available to Medicare members who have at least one of the qualifying chronic conditions. To ensure a successful enrollment process, we'll confirm with your healthcare provider that you have one of these eligible conditions. If verification of eligible condition is not received, involuntary disenrollment will occur.

Aetna is part of the CVS Health® family of companies.

All logos, trademarks, and brand names associated with Liberty Dental Plan are exclusive property of Liberty Dental Plan Corporation and may not be used by any third party without prior written consent.

The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in Rural Nebraska, Rural North Dakota, Suburban West Virginia, Urban Kansas, and Urban Missouri. 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, members please call the number on your ID card, non-members please call **1-833-771-2456** (**TTY: 711**) or consult the online *Pharmacy Directory* at **AetnaMedicare.com/findpharmacy**.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (**1-800-633-4227**) (TTY users should call **1-877-486-2048**), 24 hours a day, 7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

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.

Other [pharmacies/physicians/providers] are available in our network.

Participating 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.

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ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-833-595-1008** (**TTY: 711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-595-1008** (**TTY: 711**).**Required disclaimer**
If a TPMO does not sell for all MA organizations in the service area the disclaimer consists of the statement:

We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact **Medicare.gov**, 1-800-MEDICARE (**1-800-633-4227**), to get information on all of your options.

If the TPMO sells for all MA organizations in the service area the disclaimer consists of the statement:
Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact **Medicare.gov**, 1-800-MEDICARE (**1-800-633-4227**), for help with plan choices.

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