Plan Guide 2027

NORTH-DSNP-PLANS
Aetna Medicare Full Dual Select (HMO D-SNP) H1609-074
Aetna Medicare Partial Dual Select (HMO D-SNP) H1609-045

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. The amount that a member pays for premiums, deductibles, copayments and/or coinsurance may vary based on the level of Medicaid eligibility and "Extra Help" a member receives.

Your questions are important to us

1-844-509-6254 (**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 Full Dual Select (HMO D-SNP)	H1609-074	**Florida**: Clay, Duval, Marion, Nassau, St. Johns
Aetna Medicare Partial Dual Select (HMO D-SNP)	H1609-045	**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	H1609-074 Aetna Medicare Full Dual Select (HMO D-SNP)	H1609-045 Aetna Medicare Partial Dual Select (HMO D-SNP)
Monthly plan premium	$0	$0
Dual Eligibles	FBDE QMB+ SLMB+	QDWI QI QMB SLMB
Plan deductible	$0	$0

Benefits	H1609-074 Aetna Medicare Full Dual Select (HMO D-SNP)	H1609-045 Aetna Medicare Partial Dual Select (HMO D-SNP)
Annual maximum out-of-pocket amount (does not include premium or prescription drug costs)	$9,850 So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.	$9,850 Depending on your Medicaid “Medicare Savings Program” eligibility category, Medicaid may pay your cost shares until you reach the Maximum Out of Pocket. Once you reach the limit, we will pay the full cost for “plan-covered” services for the rest of the year.
Hospital coverage		
Inpatient hospital care	$0 copay Our plan covers unlimited hospital days.	$0 copay - $200 per day, days 1-6; $0 per day, days 7-90; $0 for additional days. $0 for QMB members $200 per day, days 1-6; $0 per day, days 7-90 for SLMB, QI, and QDWI members Our plan covers unlimited hospital days.
Outpatient hospital	$0 copay	$0 - $200 copay $0 copay for QMB members $200 copay for SLMB, QI, and QDWI members
Ambulatory surgery center (ASC)	$0 copay	$0 - $150 copay $0 copay for QMB members $150 copay for SLMB, QI, and QDWI members
Skilled nursing facility	$0 per stay Our plan covers up to 100 days per benefit period.	$0 per stay - $0 per day, days 1-20; $221 per day, days 21-100 Our plan covers up to 100 days per benefit period. $0 copay for QMB members $0 per day, days 1-20; $221 per day, days 21-100 for SLMB, QI, and QDWI members
Provider services		
Annual routine physical	$0 copay for an annual routine physical exam.	$0 copay for an annual routine physical exam.
Primary care provider (PCP)	$0 copay In-network PCP selection is required.	$0 copay In-network PCP selection is required.
PCP referrals	Yes	Yes
Specialist	$0 copay	$0 - $15 copay $0 copay for QMB members $15 copay for SLMB, QI, and QDWI members

Benefits	H1609-074 Aetna Medicare Full Dual Select (HMO D-SNP)	H1609-045 Aetna Medicare Partial Dual Select (HMO D-SNP)
Emergency and urgent care		
Emergency care	$0 copay	$0 - $115 copay $0 copay for QMB members $115 copay for SLMB, QI, and QDWI members
Urgently needed services	$0 copay	$0 - $20 copay $0 copay for QMB members $20 copay for SLMB, QI, and QDWI members
Worldwide coverage (i.e., outside of the United States)	$0 copay for emergency and urgent services worldwide. $250,000 maximum coverage.	$0 copay for emergency and urgent services worldwide. $250,000 maximum coverage.
Diagnostic testing		
X-rays and diagnostic radiology (e.g., CT scan, MRI)	$0 copay	X-rays: $0 copay or $0 - $50 copay $0 copay for QMB members. $0 copay for services performed at a non-hospital facility for SLMB, QI, and QDWI members. $50 copay for services performed at a hospital facility for SLMB, QI, and QDWI members. Diagnostic radiology: $0 copay or $0 - $200 copay $0 copay for QMB members. $0 copay for services performed at a non-hospital facility for SLMB, QI, and QDWI members. $200 copay for services performed at a hospital facility for SLMB, QI, and QDWI members.
Lab services	$0 copay	$0 copay
Dental, vision and hearing (non-Medicare covered)		
Dental services	Our plan pays $3,000 every year for preventive and comprehensive services combined. You must use the Liberty Dental network.	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)	$0 copay with an iCare provider (one exam every year)
Contacts and eyeglasses	Our plan pays $400 every year for prescription eyewear. You must use the iCare network.	Our plan pays $150 every year for prescription eyewear. You must use the iCare network.
Routine hearing exam	$0 copay (one exam every year) Appointments must be scheduled through NationsHearing®.	$0 copay (one exam every year) Appointments must be scheduled through NationsHearing®.

Benefits	H1609-074 Aetna Medicare Full Dual Select (HMO D-SNP)	H1609-045 Aetna Medicare Partial Dual Select (HMO D-SNP)
Hearing aids	Our plan pays $1,500 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing®.	Our plan pays $1,000 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing®.
Therapy		
Physical and speech therapy	$0 copay	$0 - $20 copay $0 copay for QMB members $20 copay for SLMB, QI, and QDWI members
Occupational therapy	$0 copay	$0 - $20 copay $0 copay for QMB members $20 copay for SLMB, QI, and QDWI members
Outpatient mental health therapy (individual)	$0 copay	$0 - $20 copay $0 copay for QMB members $20 copay for SLMB, QI, and QDWI members
Ambulance		
Ground ambulance (one-way trip)	$0 copay	$0 - $250 copay $0 copay for QMB members $250 copay for SLMB, QI, and QDWI members
Air ambulance (one-way trip)	$0 copay	$0 copay - 20% coinsurance $0 copay for QMB members 20% coinsurance for SLMB, QI, and QDWI members
Equipment		
Durable medical equipment	$0 copay	0% coinsurance

Additional benefits

Benefits	H1609-074 Aetna Medicare Full Dual Select (HMO D-SNP)	H1609-045 Aetna Medicare Partial Dual Select (HMO D-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.§	$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** $301 benefit amount (allowance) monthly on the Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.	**Over-the-Counter (OTC) Wallet** $175 benefit amount (allowance) monthly on the Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.
Chiropractic services (additional)	$0 copay (up to twenty four visits every year)	$0 copay (up to twelve visits every year)

Benefits	H1609-074 Aetna Medicare Full Dual Select (HMO D-SNP)	H1609-045 Aetna Medicare Partial Dual Select (HMO D-SNP)
Fitness	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.
Foot care (additional)	$0 copay (up to twenty four visits every year)	$0 copay (up to twelve visits every year)
Meals	Up to 28 home-delivered meals over a 14-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility.	Up to 28 home-delivered meals over a 14-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility.
Over-the-counter (OTC) items	See **Aetna Medicare Extra Benefits Card** for the OTC Wallet.	See **Aetna Medicare Extra Benefits Card** for the OTC Wallet.
Personal emergency response system	Members are eligible for an alert system through LifeStation.	Members are eligible for an alert system through LifeStation.
Transportation	$0 copay (unlimited one-way trips every year through MTM Health)	Not covered

Special supplemental benefits

Benefits	H1609-074 Aetna Medicare Full Dual Select (HMO D-SNP)	H1609-045 Aetna Medicare Partial Dual Select (HMO D-SNP)
Aetna Extra Supports Wallet (ESW)‡	Members with a qualifying chronic condition who meet all other criteria may be eligible. $301 This will replace your OTC allowance on your Extra Benefits Card. You will not get any additional funds applied to your card.	Members with a qualifying chronic condition who meet all other criteria may be eligible. $175 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	Members may be eligible

Prescription drugs

Pharmacy	H1609-074 Aetna Medicare Full Dual Select (HMO D-SNP)	H1609-045 Aetna Medicare Partial Dual Select (HMO D-SNP)
Rx formulary	B2	B2
If you qualify for "Extra Help" from Medicare to help pay for your prescription drugs, you pay:		
Rx deductible	$0	$0
LIS cost shares	Low Income Subsidy (LIS) copayments or coinsurance may vary depending on your level of "Extra Help" Generic drugs (including brand drugs treated as generic): either $0, $1.65, or $5.80 per prescription All other drugs: either $0, $5.00, or $14.40 per prescription	Low Income Subsidy (LIS) copayments or coinsurance may vary depending on your level of "Extra Help" Generic drugs (including brand drugs treated as generic): either $0, $1.65, or $5.80 per prescription All other drugs: either $0, $5.00, or $14.40 per prescription
If you do not qualify for "Extra Help" from Medicare to help pay for your prescription drugs, you pay:		
Rx plan type	Enhanced Alternative	Enhanced Alternative
Rx formulary	B2	B2
Rx deductible	$700 Does not apply to Tier 1, Tier 2 drugs.	$700 Does not apply to Tier 1, Tier 2 drugs.
Out-of-pocket threshold	$2,400	$2,400
Catastrophic coverage for generic and brand name drugs	$0	$0

Tier drug coverage

Benefits	H1609-074 Aetna Medicare Full Dual Select (HMO D-SNP)		H1609-045 Aetna Medicare Partial Dual Select (HMO D-SNP)	
Supply in days	30	100	30	100
Tier 1				
Retail Preferred	N/A	N/A	N/A	N/A
Retail Standard	$0	$0	$0	$0
Mail-order Preferred	N/A	N/A	N/A	N/A
Mail-order Standard	$0	$0	$0	$0
Tier 2				
Retail Preferred	N/A	N/A	N/A	N/A
Retail Standard	$0	$0	$0	$0
Mail-order Preferred	N/A	N/A	N/A	N/A
Mail-order Standard	$0	$0	$0	$0
Tier 3				
Retail Preferred	N/A	N/A	N/A	N/A
Retail Standard	9%	9%	9%	9%
Mail-order Preferred	N/A	N/A	N/A	N/A
Mail-order Standard	9%	9%	9%	9%
Tier 4				
Retail Preferred	N/A	N/A	N/A	N/A
Retail Standard	25%	25%	25%	25%
Mail-order Preferred	N/A	N/A	N/A	N/A
Mail-order Standard	25%	25%	25%	25%
Tier 5				
Retail Preferred	N/A	N/A	N/A	N/A
Retail Standard	25%	N/A	25%	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 but are not limited to: hypertension, hyperlipidemia, diabetes, cardiovascular disorders, and chronic lung disorders. 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.

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.

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.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-844-498-1860** (**TTY: 711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-498-1860** (**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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