Plan Guide 2027

MA-ONLY-PPO-PLAN
Aetna Medicare Eagle Giveback (PPO) H5521-306

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.

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 Eagle Giveback (PPO)	H5521-306	**Florida**: Broward, Charlotte, Citrus, Clay, Collier, DeSoto, Duval, Escambia, Flagler, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Nassau, Okaloosa, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Volusia, Walton

Medical and hospital benefits

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

Benefits	H5521-306 Aetna Medicare Eagle Giveback (PPO)
Monthly plan premium	$0
Part B premium reduction	$120
Plan deductible	$0
Annual maximum out-of-pocket amount	$7,150 for in-network services. $10,750 for in- and out-of-network services combined.

Benefits	H5521-306 Aetna Medicare Eagle Giveback (PPO)
Hospital coverage	
Inpatient hospital care	$425 per day, days 1-7; $0 per day, days 8-90; $0 for additional days. Our plan covers unlimited hospital days.
Outpatient hospital	$350 copay
Ambulatory surgery center (ASC)	$300 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	This plan doesn't require a referral to see a specialist.
Specialist	$55 copay
Emergency and urgent care	
Emergency care	$130 copay
Urgently needed services	$50 copay
Worldwide coverage (i.e., outside of the United States)	$130 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 - $40 copay Lower cost sharing is for services performed at a non-hospital facility. Diagnostic radiology: $0 - $200 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 $1,000 every year for in and out-of network preventive and comprehensive dental services combined. Aetna Dental PPO Network
Routine eye exam	$0 copay with an iCare provider (one exam every year)

Benefits	H5521-306 Aetna Medicare Eagle Giveback (PPO)
Contacts and eyeglasses	Our plan pays $200 every year for prescription eyewear. iCare Network
Routine hearing exam	$0 copay (one exam every year) Appointments should be scheduled through NationsHearing®.
Hearing aids	Every year, you have a $0 - $1,700 copay. (Copay may vary based on technology; see *Summary of Benefits* for more details.) Hearing aids should be purchased through NationsHearing®.
Therapy	
Physical and speech therapy	$40 copay
Occupational therapy	$40 copay
Outpatient mental health therapy (individual)	$0 copay
Ambulance	
Ground ambulance (one-way trip)	$250 copay
Air ambulance (one-way trip)	20% coinsurance
Equipment	
Durable medical equipment	20% coinsurance

Additional benefits

Benefits	H5521-306 Aetna Medicare Eagle Giveback (PPO)
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	**CVS Over-the-counter (OTC) Wallet** $60 benefit amount (allowance) quarterly on the Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.
Fitness	Physical fitness program: Basic SilverSneakers® membership. Our plan will reimburse you $90 each quarter for qualified fitness expenses.
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.
Over-the-counter (OTC) items	See **Aetna Medicare Extra Benefits Card** for the CVS OTC Wallet.

Benefits	H5521-306 Aetna Medicare Eagle Giveback (PPO)
Visitor/travel benefit	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.

Prescription drugs

Benefits	H5521-306 Aetna Medicare Eagle Giveback (PPO)
Rx formulary	◊
Rx deductible	◊
Out-of-pocket threshold	◊
Catastrophic coverage for generic and brand name drugs	◊

§ 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.

◊ No prescription drug benefit coverage is available for this plan.

Disclaimers
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.

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

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.

Out-of-network/non-contracted providers are under no obligation to treat plan 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 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 **1-833-570-6670** (**TTY: 711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-570-6670** (**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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