



Healthier happens together™

2024 Medicare benefits and information guide

Welcome!



Aetna Medicare® Plan (PPO) with ESA



Plans centered around you

As part of the CVS Health® family, we deliver a total, connected approach to your health and well-being. So you can age actively with energy and optimism.

We're here to walk you through your coverage. Just give us a call — we're here to help. Call **1-877-603-2058 (TTY: 711)**, Monday through Friday, 8 AM to 9 PM ET.

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A Medicare plan for you



Let's start with what matters most.



A history of care

We've provided access to Medicare coverage for more than 50 years.



Providers you trust

Our nationwide provider coverage helps connect you with the doctors and hospitals you count on for care.

Original Medicare plus so much more

As an Aetna Medicare Advantage PPO ESA plan member, you get programs and benefits available to you at no additional cost so you can take care of the whole you — body, mind and spirit.



Transportation

We never want you to miss a medical appointment because you don't have a way to get there. Access nonemergency transportation to your medical appointments including **24 one-way trips per year with 60 miles allowed per trip.**



Meal delivery

Take advantage of this service when you return home after an inpatient hospital stay or skilled nursing facility stay. Your Aetna® nurse will coordinate a delivery of up to **14 nutritious meals (2 meals a day for 7 days)** directly to your home.



Healthy Home Visit

Have a licensed doctor or nurse come to your home to review your health needs, do a home safety assessment, review your medications and ask about your medical and family history.



24-Hour Nurse Line

Talk to our registered nurses, day or night. Based on your symptoms, they can help you decide if you need a doctor or urgent care visit.



SilverSneakers®

Join any of several thousand participating locations nationwide or take online classes at home.



Resources For Living® program

Get referrals to services in your area that offer help such as house cleaning, lawn care, transportation, social and recreational activities, and caregiver support. You just pay for the cost of the services you use.



Nurse care management

These programs can help you manage chronic conditions and understand complex medical issues. If you qualify, we'll assign you a nurse care manager to work with you and your doctors to support your care plan.



Over the counter (OTC)

Spend up to **\$30** per quarter, up to **\$120** per year on approved health and wellness products without spending money out of pocket. To request a catalog or place an order call **1-833-331-1573 (TTY:711)**, Monday through Friday, 9 AM to 8 PM local time.

Virtual care

Can't make it to the doctor's office? Get nonurgent virtual care, anywhere you are.



Telehealth

You can get care from any network provider that offers telehealth services. You'll pay the same amount as an in-person visit. Contact your doctor or walk-in clinic to learn more.



Teladoc® Health

Connect with a Teladoc physician by web, phone or mobile app from home for nonemergency medical needs, available 24/7. Whether you choose telehealth or Teladoc, you're covered for many nonemergency medical needs, such as cold and flu symptoms, allergies, skin problems and prescription refills.



MDLIVE®

Get fast, affordable and convenient access to virtual behavioral health services. You can confidentially meet with a MDLIVE licensed therapist or board-certified psychiatrist by phone or video appointment. MDLIVE providers are specially trained in common issues such as anxiety, depression, grief and loss, stress management and more.

You'll also have no limits on the number of visits and \$0 copay. Appointments are available 24/7.

If you need emergency care, call 911 or go to the nearest emergency room immediately.

If you or a loved one need immediate help, the 988 Suicide & Crisis Lifeline provides 24/7 free and confidential support, prevention, and crisis resources for people in distress. Call 988.



Understand how your plan works



Medicare basics

About your plan



Aetna MedicareSM Plan (PPO) with ESA

A PPO is a preferred provider organization plan. The Aetna Medicare Advantage PPO ESA plan is different than many other PPO plans. It allows you to see any provider (whether in the network or not), and you pay the same out-of-pocket cost for both covered in-network and out-of-network medical benefits, as long as the provider is:

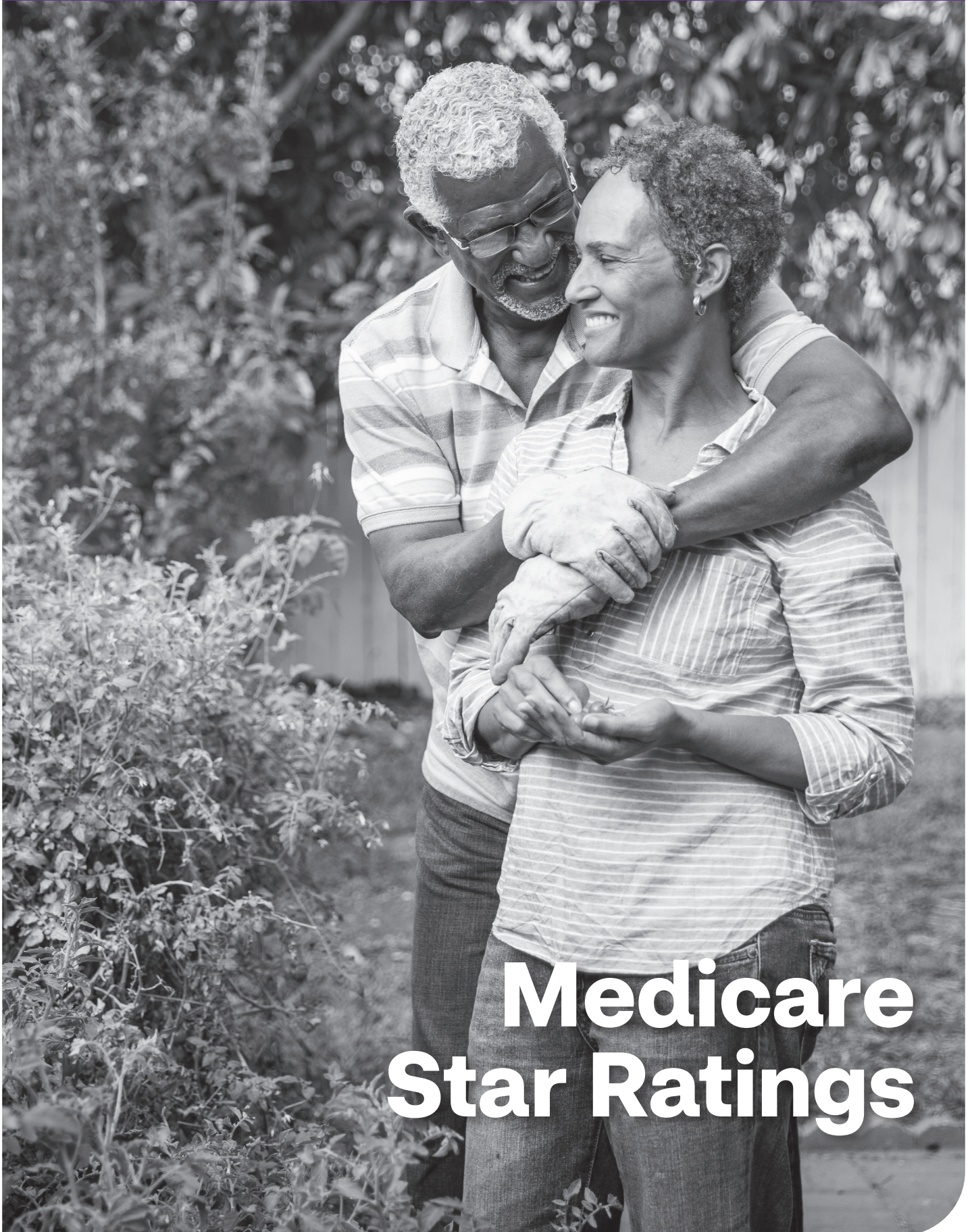
- Eligible to receive payment under Medicare
- Willing to bill and accept payment from Aetna[®]

That's because more than **1.1 million network providers** and over **4,200 network hospitals** accept the Aetna Medicare Advantage PPO ESA plan.*

With a PPO ESA plan, you'll have the option to choose a primary care physician (PCP). It's not required, but when we know who your provider is, we can better support your care.

*Aetna Medicare Advantage PPO network as of January 2023.

See how your plan rates



Medicare Star Ratings

Here's how Star Ratings work



The Centers for Medicare & Medicaid Services (CMS) uses information from member satisfaction surveys, plans and health care providers to rate Medicare Advantage plans and prescription drug plans (Part D).

Medicare Advantage plans are rated on how well they perform in these categories:

- ✓ Staying healthy (screenings, tests and vaccines)
- ✓ Member complaints, problems getting services and choosing to leave the plan
- ✓ Managing chronic (long-term) conditions
- ✓ Health plan customer service
- ✓ Plan responsiveness and care

Each plan receives a rating from one star (lowest) to five stars (highest). Star Ratings are calculated each year and may change from one year to the next.



IMPORTANT INFORMATION:

2023 Medicare Star Ratings



Aetna Medicare - H5522

For 2023, Aetna Medicare - H5522 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★
Health Services Rating: ★★★★★
Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

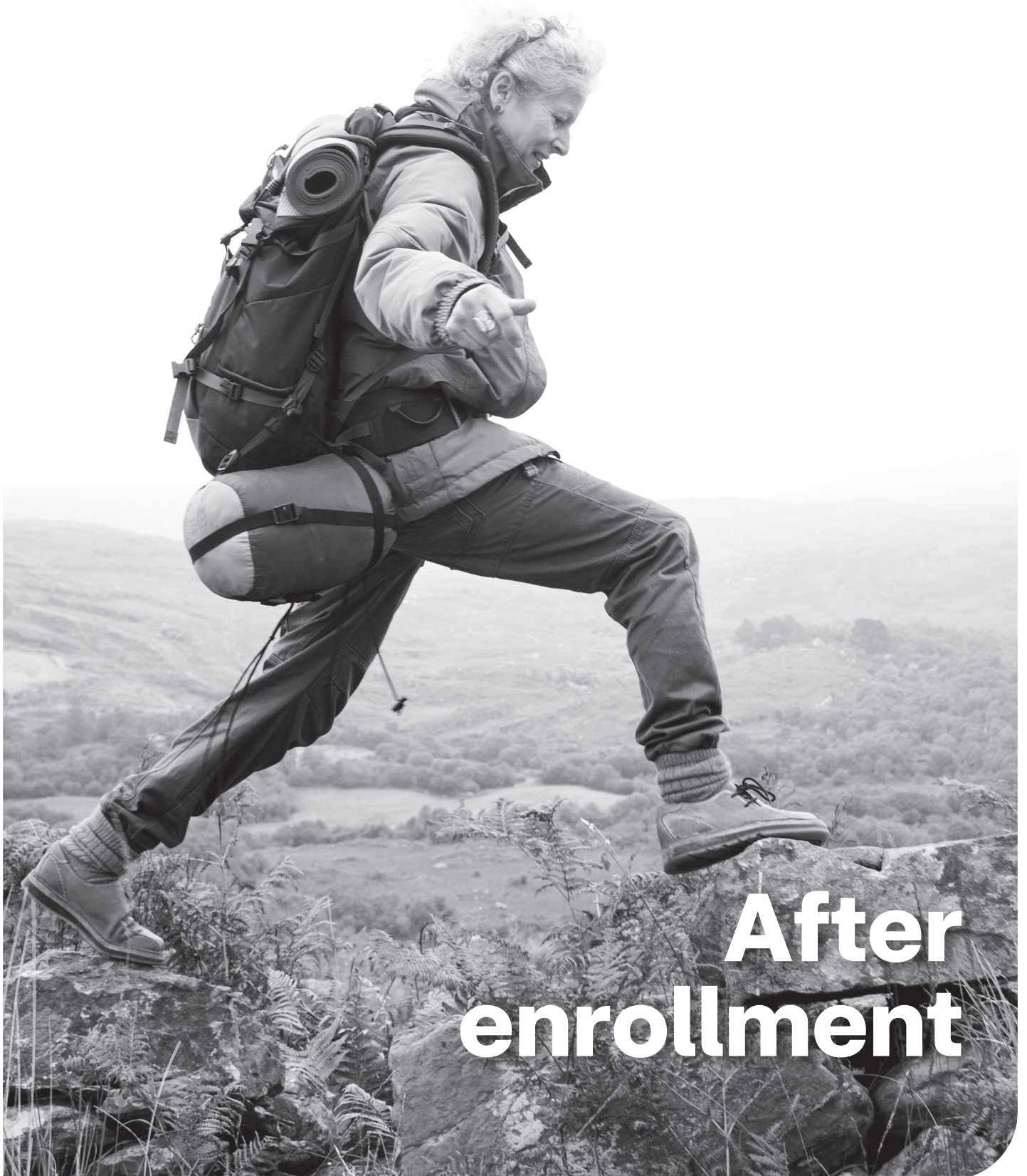
Questions about this plan?

Contact Aetna Medicare 7 days a week from 8:00 a.m. to 8:00 p.m. local time at 833-859-6031 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. local time. Current members please call 833-570-6670 (toll-free) or 711 (TTY).

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.

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See what happens next



**After
enrollment**

Start your journey off right

You'll hear from us within about 30 days after your enrollment in the plan.



Plan confirmation and acceptance letter

This includes info about your plan's features. We'll send it to you once the Centers for Medicare & Medicaid Services (CMS) approves your enrollment. **You'll get your letter by mail.**



Plan member ID card

This card — not your red, white and blue Medicare card — should be used each time you visit the doctor or hospital. **You'll get your member ID card by mail. You can also find it online.**

Evidence of Coverage (EOC)

This is a complete description of your Medicare plan coverage and your member rights. **You'll find your EOC online.**



Schedule of Cost Sharing (SOC)

This is the share of costs that you pay out of your own pocket. This can include copayments or similar charges if applicable. **You'll get your SOC by mail. Depending on your plan, you'll also get instructions to find it online.**



Healthy Home Visit

We'll call you to schedule a Healthy Home Visit. You'll get in-home advice from a licensed health care professional on how to reach your health goals.



Helpful resources

We're here to help answer your questions, so you can feel confident about your Medicare coverage. Keep these helpful resources handy, so you can refer back to them at any time.



Give us a ring

Call us at **1-877-603-2058 (TTY: 711)**.
We're available Monday through Friday, 8 AM to 9 PM ET.



Websites to remember

Want more information about the plan and additional wellness programs?
Looking for a doctor or hospital?

Visit **MTANYCT.AetnaMedicare.com** to learn more.

Visit **Medicare.gov** for more information about how Medicare works.

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

Every year, Medicare evaluates plans based on a 5-star rating system.

Out-of-network/non-contracted 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.

Plan features and availability may vary by service area.

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.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies. To send a complaint to Medicare, call **1-800-MEDICARE** (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.

Important information about your enrollment in a Medicare Advantage plan

As an Aetna Medicare member, you agree to the following: Aetna Medicare is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan.

Enrollment in this plan is generally for the (entire) year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available or under certain special circumstances.

Once I am a member of the Aetna Medicare Advantage plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from the Aetna Medicare Advantage plan when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

Services authorized by the Aetna Medicare Advantage plan and other services contained in my Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES.**

PPO plans: I understand that beginning on the date Aetna Medicare Advantage plan coverage begins, using services in network can cost less than using services out of network, except for emergency or urgently needed services or out-of-area dialysis services. I understand I can go to doctors, specialists or hospitals in or out of network. I understand that providers must be licensed and eligible to receive payment under the federal Medicare program and agree to accept the PPO plan. I also understand I may have to pay more for services I receive out of network. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization when required by the plan, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES.**

I understand that beginning on the date the Aetna Medicare Advantage plan coverage begins, I must get all of my health care from Aetna Medicare, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with the Aetna Medicare Advantage plan, he/she may be paid based on my enrollment in the Aetna Medicare Advantage plan.

Release of information

By joining this Medicare health plan, I acknowledge that the Aetna Medicare Advantage plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that the Aetna Medicare Advantage plan will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information, I will be disenrolled from the plan.

MDLIVE is a registered trademark of MDLIVE, an Evernorth company.

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

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-307-4830 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-307-4830 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-307-4830 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-307-4830 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-307-4830 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-307-4830 (TTY: 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-307-4830 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-307-4830 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-307-4830 (TTY: 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными

услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-307-4830 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-307-4830 (TTY: 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-307-4830 (TTY: 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-307-4830 (TTY: 711)**. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-307-4830 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-307-4830 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-307-4830 (TTY: 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-307-4830 (TTY: 711)**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma **1-800-307-4830 (TTY: 711)**. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.



Thank you!



