Inspired by you
Your Medicare Advantage plan handbook
Welcome

We’re glad you’re a member of our Aetna Medicare plan. We created this handbook with you in mind. That means the whole you — body, mind and spirit. Inside, you’ll find useful information and tips to help you make the most of your Medicare plan and continue living the life you love.

Thanks for being a valued member of the Aetna family. We’re excited to help you fulfill your health goals.

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At Aetna, our goal is to provide you with the services you need and help you find the right coverage and resources to care for the whole you — body, mind and spirit. Getting the right coverage when you need it can lead to better health. Our total approach to health incorporates three features that are at the core of everything we do.

**Guidance and support**

Guidance and support can help you achieve your best health. That’s why Aetna representatives help simplify Medicare and connect you to the right coverage, resources and care.

**For the whole you**

Being healthy isn’t just eating right and exercising. It’s taking care of your mind as well. That’s why Aetna Medicare plans may include benefits like fitness memberships and mental wellness programs.

**Close to home**

Your community impacts your health, and we know the importance of coordinated care, close to home. We support neighborhood health programs and provide you with personalized care, locally.
Getting started

Get off to a great start by following these three easy steps:

1. **Log in to the member website**
   We offer online tools to help guide your health goals. Whether you want to see your member ID card, find providers, view your claims or look up your medications, we’ve got you covered.

2. **Get to know your benefits**
   You can find complete benefits information for your plan in your Evidence of Coverage (EOC), Schedule of Cost Sharing and formulary drug list. These have detailed information on your coverage, costs and rules you need to follow.

3. **Find providers and select a primary care physician (PCP)**
   It’s important to have a solid support system. Your PCP can coordinate your care to help you better manage your health. Check your EOC to see if your plan requires you to have a PCP on file with us, or if you can see providers both in and outside of our network and still be covered. Providers must be eligible to receive Medicare payment and accept your plan.
   *Please take the primary care checklist at the back of this booklet to your next appointment.*
If you’re suddenly sick or injured, your first thought may be to head to the emergency room (ER). However, depending on your medical issue, the ER may not be the best choice. Urgent care facilities can offer a more convenient way to get quick care.

**Please note** that this is not a complete list of reasons to visit an urgent care center or emergency room. In the event of a medical emergency, call 911 or go to the closest ER.

### Urgent vs. Emergency Care

<table>
<thead>
<tr>
<th>URGENT CARE CENTER</th>
<th>EMERGENCY ROOM (ER)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PURPOSE</strong></td>
<td>These centers offer treatment for non-life-threatening injuries or illnesses</td>
</tr>
<tr>
<td><strong>ADVANTAGES</strong></td>
<td>Conveniently accepts both walk-ins and appointments, may provide faster treatment, flexible hours</td>
</tr>
<tr>
<td><strong>EXAMPLES OF WHEN TO GO</strong></td>
<td>Allergies, Coughing, Upset stomach, Sinus infection, Broken bones, Sore throat, Flu symptoms, Pink eye, Ear infections, Cuts, bumps or sprains</td>
</tr>
</tbody>
</table>
Throughout the year, the amount you pay for medications will vary based on what drug payment stage you are in.

**Amount varies per plan**
If your plan has a deductible, you usually pay the full discounted price of your drugs, up to the deductible amount. To count toward the deductible, drugs must be on the formulary (drug list). **Once you reach the deductible amount, you pay a copayment or coinsurance in the initial coverage stage.**

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**Up to $4,020**
Once you reach the deductible amount (if your plan has one), you pay a copayment or coinsurance for the discounted price of each prescription you fill until your total drug costs reach a certain amount. **Once your total drug cost is $4,020, you enter the coverage gap stage.**

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**Up to $6,350**
The coverage gap stage (sometimes referred to as the “donut hole”) is a gap in coverage during which you may have to pay more for your prescription drugs. Please review your plan documents and call the number on your member ID card to discuss the coverage gap. **Once your yearly out-of-pocket costs reach $6,350, you move to the catastrophic coverage stage.**

*Many plans still offer coverage for certain drugs while you’re in the coverage gap stage. Check your Schedule of Cost Sharing for what you will pay in the coverage gap on your Group plan.

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**Through the end of the year**
In this final stage, most members will pay only a small copayment or coinsurance for each prescription they fill. Your employer may offer supplemental coverage for generic and brand-name drugs during the catastrophic stage. Check your Schedule of Cost Sharing for what you will pay during the catastrophic stage on your Group plan.
Prescription coverage

To get the most out of your coverage, use these helpful tips:

Find a pharmacy
With access to thousands of pharmacies in our nationwide network, you can get the medications you need for your physical and mental well-being.

To find a pharmacy in your network, visit AetnaMedicare.com/findpharmacy

Medicines conveniently delivered to your home
CVS Caremark Mail Service Pharmacy™ provides home-delivery services for the medications you take regularly. You can avoid trips to the pharmacy by ordering your medication on the phone or by mail.

For more information, visit AetnaMedicare.com/rxdelivery or call the number on your member ID card.

Get extra support
Specialty medicines help people with complex conditions and may require special shipping or storage. With our Specialty Pharmacy medicine and support services, you'll get reliable and secure delivery at no extra cost.

Call 1-866-782-2779 (TTY: 711)
Or visit AetnaSpecialtyRx.com

Get a 90-day supply
Are there medicines you take regularly to maintain your health? With a 90-day supply you can save time and potentially money by refilling your prescriptions just once every three months.

For more information about a 90-day supply of medicine, talk to your doctor.

Medication therapy
Our Medication Therapy Management program helps you and your doctor manage your medicines. A pharmacist will review your medications and talk to you about drug therapy, side effects or any questions you may have.
Your prescriptions

Your formulary drug list

At Aetna, we have a broad list of covered drugs. It’s always good to check what your prescription drugs will cost. To do this, you will need to know what tier your drugs are on.

How to read a formulary

Every Medicare prescription drug plan has a list of drugs that it agrees to cover. Drug lists will include both brand and generic drugs. They’ll give you the information you need to know about your drug to help determine your cost-share.

<table>
<thead>
<tr>
<th>The drug(s) covered by your plan</th>
<th>The “tier” level or pricing category</th>
<th>The special rules for a drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>sample_drug</td>
<td>1</td>
<td>MO</td>
</tr>
<tr>
<td>SAMPLE_DRUG</td>
<td>4</td>
<td>QL (30 EA per 30 days)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MO</td>
</tr>
</tbody>
</table>

*Italics* means generic drugs
CAPITALS brand-name drugs

Phrases to know:

- MO = mail order
- QL = quantity limit
- EA = each
- PA = prior authorization
- ST = step therapy

Cost management tips

To check the cost of your drug, you need to know what tier it’s on. Your formulary tells you the tier. Generally, the lower the tier, the less you pay. Your Evidence of Coverage and Schedule of Cost Sharing show you the drug cost for each tier.

Make an appointment with your doctor and reference your formulary.

Ask if there are covered alternatives on a lower tier.
AbleTo program
This behavioral health program helps treat depression and anxiety. Your Aetna nurse will coordinate access to licensed therapists and behavior coaches. It includes eight weeks of personalized, structured cognitive behavioral therapy and coaching via secure phone or video.

Resources For Living
Our Resources For Living® program helps get you the right support when and where you need it. It’s designed to help you find a wide range of services in your area — from personal care, housekeeping and maintenance to caregiver relief, pet care services and adult day care programs.

Healthy home visits
A licensed health care professional can come to your home to review your health needs and do a home safety assessment. During the visit, they may also review your medicines, complete some health screening tests and recommend services that can support your health needs.

Case management
Case management programs are for people who need extra assistance and support. Your case manager will work with you and your doctor to support your care plan.

Discounts
You may have access to discounts on items like weight management programs, medical alert systems and oral health care. For information on available discounts, log in to your member website or call member services.

If you need more information about any of our Extra Benefits, call the number on your member ID Card.
**Coinsurance** — This is the amount you may have to pay for your share of services. Coinsurance is usually a percentage (for example, 20 percent).

**Copayment (copay)** — This is the amount you may have to pay for your share of services. Copays are usually a set amount (for example, $10 for a prescription drug or $20 for a doctor visit).

**Cost sharing** — These are amounts that your plan may require you to pay for your care. Examples of cost sharing can include deductibles, copays or coinsurance.

**Deductible** — This is the amount some plans require you to pay for covered services before the plan starts to pay.

**Drug tiers** — This is a group of drugs on a formulary. Each group or tier requires a different level of payment. Higher tiers usually have higher cost sharing. For example, a drug on Tier 2 generally will cost more than a drug on Tier 1.

**Explanation of Benefits (EOB)** — An EOB is a notice explaining charges, payments or any balances owed after a provider you have visited [or pharmacy] submits a claim. It may be sent by mail or electronically.

**Evidence of Coverage (EOC)** — This document gives you detailed information on your plan’s coverage, costs and your rights and responsibilities as a plan member.

**Formulary** — This is a list of prescription drugs the health plan covers. It can include drugs that are brand name and generic. Drugs on this list may cost less than drugs that are not on the list. How much a plan covers may vary from drug to drug. An open formulary provides a greater choice of covered drugs. It is also called a preferred drug list.

**In network** — This means we have a contract with that doctor or other health care provider. We negotiate reduced rates with them to help you save money. Some plans give you access to both in and out-of-network providers, as long as they are eligible to receive Medicare payment and accept your plan. Check your plan documents.

**Maintenance medications** — These are prescription drugs that you take on a regular basis. These drugs help treat chronic conditions, such as for asthma, diabetes, high blood pressure and other health conditions. You may be able to save money on your maintenance prescriptions by filling them for a 90-day supply at retail and/or mail order.

**Mail-order pharmacy** — A convenient service where you can have your medications delivered directly to your door. The preferred mail order service available with your plan is CVS Caremark Mail Service Pharmacy.

**Premium** — This is the amount you may pay your plan for coverage.

**Urgent care centers** — These centers can treat urgent, but non-life-threatening, medical issues. A few examples are sprains, fractures and minor burns. If you have a medical issue that threatens your life, always visit your local emergency room or call 911 first.
Your path to better health begins with talking to your doctor. Your primary care physician (PCP) can help you build a plan to reach your health goals.

Here's a checklist of important topics you may want to discuss with your PCP. Take this worksheet with you to your next appointment and check the boxes and take notes as you talk about each item.

- **Medical history**
- **Recent health changes**
- **Your major life events**
- **Medicines**
  - Prescriptions:
  - Over the counter:
- **Medicine side effects**
- **Screenings**
  - (Blood pressure, cholesterol, colorectal)
- **Women’s health**
  - (Mammogram, pap smear, bone density)
- **Long-term health conditions**
  - (Diabetes monitoring, kidney function)
- **Mental health**
- **Vaccines**
  - Flu shot (date):
  - Pneumonia (date):

Remember to call us at the number on your member ID card if you have any questions, need to notify us if you’ve made an address change or let us know if you would like someone else, like a caregiver, to act on your behalf. Also make sure your former employer/union/trust is aware.

Write down any questions you’d like to discuss with your doctor.
Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. [For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7 to 14 days. You can call the phone number on your member ID card if you do not receive your mail-order drugs within this time frame. Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get low-income subsidy (LIS) copays. The formulary, provider network and/or pharmacy network may change at any time. You will receive notice when necessary. Aetna Medicare's pharmacy network includes limited lower-cost preferred pharmacies in: Urban Mississippi, Urban Virginia, Rural Missouri, Rural, Arkansas, Rural Oklahoma, Rural Kansas, Rural Iowa, Rural Minnesota, Rural Montana, Rural Nebraska, Rural North Dakota, Rural, South Dakota, and Rural Wyoming. 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, please call the number on your member ID card or consult the online pharmacy directory at aetnamedicare.com/pharmacyhelp. Out-of-network/noncontracted 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. Participating physicians, hospitals and other 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. 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. Discount offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. The member is responsible for the full cost of discounted services. Aetna may receive a percentage of the fee paid to a discount vendor. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2019 Tivity Health, Inc. All rights reserved. Aetna Resources For LivingSM is the brand name used for products and services offered through the Aetna group of subsidiary companies (Aetna). The EAP is administered by Aetna Behavioral Health, LLC. and in California for Knox-Keene plans, Aetna Health of California, Inc. and Health and Human Resources Center, Inc. ©2019 Aetna Inc.

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