

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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OUT FRONT WITH AETNASM Producer Support Program



Connecticut Market | Fairfield, Hartford, Litchfield, New Haven

CMS ID	AETNA MEDICARE VALUE PLAN (HMO)	AETNA MEDICARE STANDARD PLAN (HMO)	AETNA MEDICARE STANDARD PLAN (PPO)
H5793-001	Open Access HMO	H5793-008	H5521-013
Plan Type	Open Access HMO	Open Access HMO	PPO
Premium	\$0	\$94	\$87
Deductible	\$0	\$0	\$0 INN/\$1,000 OON
OOP Max	\$6,700	\$3,400	\$6,700 INN/\$10,000 Combined
Primary Care	\$15	\$10	\$10
Specialist	\$40	\$25	\$30
Inpatient	\$250/day 1-7	\$195/day 1-7	\$195/day 1-7
Skilled Nursing	\$0/d 1-10, \$50/d 11-20, \$125/d 21-100	\$0/d 1-10, \$50/d 11-20, \$125/d 21-100	\$0/d 1-8, \$50/d 9-20, \$100/d 21-100
Outpatient	\$0-\$200	\$0-\$175	\$0-\$175
Urgent Care	\$40	\$35	\$40
Lab	\$0-\$40	\$0-\$25	\$0-\$30
X-Ray Routine/Complex	\$0-\$40/20%	\$0-\$25/20%	\$0-\$30/20%
Hearing Aid Allowance	Not Covered	\$500 Every 3 Years	\$500 Every 3 Years
Eyewear Allowance	Not Covered	\$50 Every 2 Years	\$50 Every 2 Years
Out of Network	N/A	N/A	30%
Dental Rider	\$16	\$16	N/A
Rx Benefit*	\$6/\$33/\$45/\$95/33%	\$5/\$33/\$45/\$95/33%	\$7/\$31/\$45/\$95/33%
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 Covered in the Gap	No Additional Gap Coverage

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Preventive Care	\$0
Ambulance	\$150	Health & Wellness	Nursing Hotline
Emergency	\$65	Rx Deductible	\$0
DME	20%	Rx ICL	\$2,930
Dialysis	20%	Preferred Retail Pharmacy	N/A