

**Howard County Aetna Medicare Advantage Plan Options 1/1/18 -  
12/31/18**

	<b>Aetna Medicare Advantage 10 ESA PPO Custom Plan (P01)</b>		<b>Aetna Medicare Advantage 95 ESA PPO Custom Plan (C03)</b>	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Type of Plan</b>	Medicare Advantage Plan		Medicare Advantage Plan	
<b>Deductible</b>	\$0		\$300	
<b>Annual Maximum OOP Limit (includes deductible) Must not be more than \$6,700 on MA plan</b>	\$6,700		\$1,000	
<b>Member Coinsurance</b>	N/A	N/A	5% coinsurance	5% coinsurance
<b>PCP</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>PCP After Hours</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>Office Visits</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>X-rays/Lab Tests (Diagnostic Testing)</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>Complex Radiology (includes CAT/ PET/ MRI)</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>Outpatient Kidney Dialysis</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>Therapy (Physical, Occupational &amp; Speech)</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>Cardiac Rehabilitation Therapy</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>Home Health Services</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Diabetic Self-Monitoring/ Supplies</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>DME</b>	10% coinsurance	10% coinsurance	5% coinsurance	5% coinsurance
<b>Prosthetic Devices</b>	10% coinsurance	10% coinsurance	5% coinsurance	5% coinsurance
<b>Outpatient Surgery</b>	No copay	No copay	5% coinsurance	5% coinsurance
<b>Hospital Admission</b>	No copay	No copay	\$250 per stay	\$250 per stay
<b>Emergency Room (Copay waived if admitted)</b>	\$50 copay	\$50 copay	\$50 copay	\$50 copay
<b>Urgent Care</b>	\$10 copay	\$10 copay	\$35 copay	\$35 copay
<b>Ambulance</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>Annual Wellness Exam</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Routine Physical</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Routine GYN Exam</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Routine Mammogram</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Bone Mass Measurement</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Colorectal Screening Exams</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Prostate Cancer Screening Exams</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Immunizations (Pneumonia, Flu and Hepatitis B)</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Additional Medicare Covered Benefits *</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Routine Hearing exam (from contracted vendor)</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Routine Eye Exams</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Diabetic Eye Exam</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Chiropractic Care (Limited to Medicare covered Benefits only)</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>Routine Podiatry Services</b>	Not Covered	Not Covered	Not covered	Not covered
<b>Non-Routine Podiatry Services (Medicare Covered)</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>Skilled Nursing Care (100 days per Medicare benefit period; prior hospital stay not required)</b>	\$0 days 1-20 \$50 days 21-100	\$0 days 1-20 \$50 days 21-100	0% days 1-20; 5% days 21-100	0% days 1-20; 5% days 21-100
<b>Mental Health inpatient (Unlimited days)</b>	No copay	No copay	\$250 Per stay	\$250 Per stay
<b>Mental Health outpatient</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>Inpatient Substance Abuse</b>	No copay	No copay	\$250 Per stay	\$250 Per stay
<b>Outpatient Substance Abuse</b>	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
<b>Part B drugs</b>	No copay	No copay	0% coinsurance	0% coinsurance
<b>Wellness Benefits</b>	Gym Membership, Coaching,		Gym Membership, Coaching,	

Hearing Aid Reimbursement	Informed Health and PHR included \$500 (every 36 mos.)	Informed Health and PHR included \$500 (every 36 mos.)
Prescription Lens Reimbursement	\$135 (every 24 mos.)	\$135 (every 24 mos.)
Pharmacy Benefit**	Custom Part D PDP that mirrors \$10/\$30/\$50 current Rx plan copays	Custom Part D PDP that mirrors \$10/\$30/\$50 current Rx plan copays

**Howard County Aetna Medicare Advantage Plan Options 1/1/17 - 12/31/17**

	Aetna Medicare Advantage 10 ESA PPO Custom Plan (P01)		Aetna Medicare Advantage 95 ESA PPO Custom Plan (C03)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
* Additional Medicare Covered benefits	Additional Medicare Preventive Services include ultrasound screening for abdominal aortic aneurysm (AAA), cardiovascular disease screening, diabetes screening tests, diabetes self-management training (DSMT), medical nutrition therapy, glaucoma screening, smoking & tobacco use cessation counseling, HIV screening, screening and behavioral counseling interventions to reduce alcohol misuse, screening for depression, screening for sexually transmitted infections (STIs) and high intensity behavioral counseling to prevent STIs, Hepatitis C screening, Lung Cancer screening, obesity and cardiovascular disease.		Additional Medicare Preventive Services include ultrasound screening for abdominal aortic aneurysm (AAA), cardiovascular disease screening, diabetes screening tests, diabetes self-management training (DSMT), medical nutrition therapy, glaucoma screening, smoking & tobacco use cessation counseling, HIV screening, screening and behavioral counseling interventions to reduce alcohol misuse, screening for depression, screening for sexually transmitted infections (STIs) and high intensity behavioral counseling to prevent STIs, Hepatitis C screening, Lung Cancer screening, obesity and cardiovascular disease.	

**\*\*the select generic drugs are no longer split out on a separate tier, they will be listed in the formulary under the 1st Tier (\$10). They will not cost > than \$10. They will be managed via low point-of-sale pricing which should be less than \$10.\*\***