

Howard County Aetna Medicare Advantage Plan Options 1/1/22 - 12/31/22

	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
Type of Plan	Medicare Advantage Plan		Medicare Advantage Plan	
Deductible	\$0		\$300	
Annual Maximum OOP Limit (includes deductible) Must not be more than \$6,700 on MA plan	\$6,700		\$1,000	
Member Coinsurance	N/A	N/A	5% coinsurance	5% coinsurance
PCP	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
PCP After Hours	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Office Visits	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Teledoc	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
TeleHealth	Applicable co-pay	Applicable co-pay	Applicable co-pay	Applicable co-pay
X-rays/Lab Tests (Diagnostic Testing)	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Complex Radiology (includes CAT/ PET/ MRI)	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Outpatient Kidney Dialysis	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Therapy (Physical, Occupational & Speech)	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Cardiac Rehabilitation Therapy	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Home Health Services	No copay	No copay	0% coinsurance	0% coinsurance
Diabetic Self-Monitoring/ Supplies	No copay	No copay	0% coinsurance	0% coinsurance
DME	10% coinsurance	10% coinsurance	5% coinsurance	5% coinsurance
Prosthetic Devices	10% coinsurance	10% coinsurance	5% coinsurance	5% coinsurance
Outpatient Surgery	No copay	No copay	5% coinsurance	5% coinsurance
Hospital Admission	No copay	No copay	\$250 per stay	\$250 per stay
Emergency Room (Copay waived if admitted)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Urgent Care	\$10 copay	\$10 copay	\$35 copay	\$35 copay
Ambulance	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Annual Wellness Exam	No copay	No copay	0% coinsurance	0% coinsurance
Routine Physical	No copay	No copay	0% coinsurance	0% coinsurance
Routine GYN Exam	No copay	No copay	0% coinsurance	0% coinsurance
Routine Mammogram	No copay	No copay	0% coinsurance	0% coinsurance
Bone Mass Measurement	No copay	No copay	0% coinsurance	0% coinsurance
Colorectal Screening Exams	No copay	No copay	0% coinsurance	0% coinsurance
Prostate Cancer Screening Exams	No copay	No copay	0% coinsurance	0% coinsurance
Immunizations (Pneumonia, Flu and Hepatitis B)	No copay	No copay	0% coinsurance	0% coinsurance
Additional Medicare Covered Benefits *	No copay	No copay	0% coinsurance	0% coinsurance
Routine Hearing exam (from contracted vendor)	No copay	No copay	0% coinsurance	0% coinsurance
Routine Eye Exams	No copay	No copay	0% coinsurance	0% coinsurance
Diabetic Eye Exam	No copay	No copay	0% coinsurance	0% coinsurance
Chiropractic Care (Limited to Medicare covered Benefits only)	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Routine Podiatry Services	Not Covered	Not Covered	Not covered	Not covered
Non-Routine Podiatry Services (Medicare Covered)	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Skilled Nursing Care (100 days per Medicare benefit period; prior hospital stay not required)	\$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
Mental Health inpatient (Unlimited days)	No copay	No copay	\$250 Per stay	\$250 Per stay
Mental Health outpatient	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Inpatient Substance Abuse	No copay	No copay	\$250 Per stay	\$250 Per stay
Outpatient Substance Abuse	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Part B drugs	No copay	No copay	0% coinsurance	0% coinsurance
Resources for Living	No cost		No cost	
Transportation Benefit	24 trips within 60 mile radius		24 trips within 60 mile radius	
Meals Benefit (after inpatient stay)	14 Meals		14 Meals	
Wellness Benefits	Gym Membership- Silver Sneakers		Gym Membership- Silver Sneakers	

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
* 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.