

**Howard County Aetna Medicare Advantage  
Plan Options 1/1/19 - 12/31/19**

|  | <b>Aetna Medicare Advantage<br/>10 ESA PPO Custom Plan (P01)</b> |                 | <b>Aetna Medicare Advantage<br/>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<br/>(includes deductible) Must not be<br/>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<br/>Testing)</b>   | \$10 copay   | \$10 copay      | 5% coinsurance   | 5% coinsurance |
| <b>Complex Radiology (includes CAT/<br/>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;<br/>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<br/>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<br/>Hepatitis B)</b>  | No copay   | No copay        | 0% coinsurance   | 0% coinsurance |
| <b>Additional Medicare Covered<br/>Benefits *</b>  | No copay   | No copay        | 0% coinsurance   | 0% coinsurance |
| <b>Routine Hearing exam (from<br/>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<br/>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<br>\$50 days 21-100  | \$0 days 1-20<br>\$50 days 21-100 | 0% days 1-20;<br>5% days 21-100  | 0% days 1-20;<br>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,  |                                 |
| <b>Hearing Aid Reimbursement</b>   | Informed Health and PHR included \$500 (every 36 mos.)   |                                   | Informed Health and PHR included \$500 (every 36 mos.)   |                                 |
| <b>Prescription Lens Reimbursement</b>   | \$135 (every 24 mos.)  |                                   | \$135 (every 24 mos.)  |                                 |
| <b>Pharmacy Benefit**</b>  | 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   |                                 |
| <b>* Additional Medicare Covered benefits</b>  | 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.\*\***