



2023 Plan Guide

TULSA-AND-SURROUNDING-AREA

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information about these plans, refer to the Summary of Benefits, visit our website [AetnaMedicare.com](https://www.aetna.com) or call us at **1-833-859-6031 (TTY: 711)**. Your call may be answered by a licensed agent.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Freedom Core Plan (PPO) H3288-021 Monthly Plan Premium: \$0	Aetna Medicare Freedom Preferred Plan (PPO) H3288-019 Monthly Plan Premium: \$15	Aetna Medicare Eagle Plan (PPO) H3288-051 Monthly Plan Premium: \$0
Service area	OK-Creek, Okmulgee, Rogers, Tulsa, Wagoner	OK-Creek, Okmulgee, Rogers, Tulsa, Wagoner	OK-Tulsa
Part B premium reduction	\$0	\$0	\$40
Plan deductible	\$0	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$7,550 for in-network services. \$11,300 for in- and out-of-network services combined.	\$5,500 for in-network services. \$8,950 for in- and out-of-network services combined.	\$5,000 for in-network services. \$8,950 for in- and out-of-network services combined.
Hospital coverage			
Inpatient hospital care	\$240 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$270 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$350 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.
Outpatient hospital	\$50 - \$325 Lower cost sharing is for outpatient hospital services other than surgery.	\$30 - \$275 Lower cost sharing is for outpatient hospital services other than surgery.	\$40 - \$350 Lower cost sharing is for outpatient hospital services other than surgery.
Ambulatory surgery center (ASC)	\$325	\$250	\$350
Skilled nursing facility	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$10 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$10 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Doctor visits			
Primary care physician (PCP)	\$0	\$0	\$0
PCP referrals	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.
Specialist	\$50	\$30	\$40
Emergency and urgent care			
Emergency care	\$95	\$110	\$110
Urgently needed services	\$0 - \$60 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$60 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$60 Lower cost sharing is for services provided by your primary care physician in their office.
Worldwide coverage (i.e., outside of the United States)	\$95 for emergency and urgent services worldwide.	\$110 for emergency and urgent services worldwide.	\$110 for emergency and urgent services worldwide.
Diagnostic testing			
X-rays and diagnostic radiology (e.g., CT Scan, MRI)	X-rays: \$50 Diagnostic radiology: \$375	X-rays: \$35 Diagnostic radiology: \$325	X-rays: \$40 Diagnostic radiology: \$375
Lab services	\$0	\$0	\$0
Dental, vision and hearing (non-Medicare covered)			
Dental services	\$0 - 50% up to \$1,000 for preventive and comprehensive dental services combined. Aetna Dental PPO Network	\$0 - 50% up to \$3,000 for preventive and comprehensive dental services combined. Aetna Dental PPO Network	\$0 - 50% up to \$3,000 for preventive and comprehensive dental services combined. Aetna Dental PPO Network
Routine eye exam	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)

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Eyewear	\$150 maximum benefit every year for prescription eyewear. EyeMed Network	\$300 maximum benefit every year for prescription eyewear. EyeMed Network	\$500 maximum benefit every year for prescription eyewear. EyeMed Network
Routine hearing exam	\$0 (one exam every year)	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.
Hearing aids	Not covered	\$0 copay with a \$2,000 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$0 copay with a \$2,000 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.
Therapy			
Physical and speech therapy	\$40	\$30	\$40
Occupational therapy	\$40	\$30	\$40
Outpatient mental health therapy (individual)	\$40	\$40	\$40
Ambulance			
Ground ambulance (one-way trip)	\$290	\$290	\$270
Air ambulance (one-way trip)	\$290	\$290	\$270
Equipment and prosthetics			
Durable medical equipment	20%	20%	20%
Prosthetics	20%	20%	20%

Additional benefits	Aetna Medicare Freedom Core Plan (PPO) H3288-021 Monthly Plan Premium: \$0	Aetna Medicare Freedom Preferred Plan (PPO) H3288-019 Monthly Plan Premium: \$15	Aetna Medicare Eagle Plan (PPO) H3288-051 Monthly Plan Premium: \$0
24-Hour Nurse Line	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Acupuncture services (additional)	Not covered	Not covered	\$20 (up to twenty visits every year through American Specialty Health)
Chiropractic services (additional)	Not covered	Not covered	\$20 (up to twelve visits every year through Aetna)
Fitness	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.
Meals	Not covered	Not covered	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter items (OTC)	\$90 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.	\$165 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins. You'll also be mailed two kits of preselected OTC items.	\$150 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Freedom Core Plan (PPO) H3288-021 Monthly Plan Premium: \$0	Aetna Medicare Freedom Preferred Plan (PPO) H3288-019 Monthly Plan Premium: \$15	Aetna Medicare Eagle Plan (PPO) H3288-051 Monthly Plan Premium: \$0
Rx deductible	\$300 Does not apply to Tier 1, Tier 2 drugs.	\$0	No Part D benefit Cannot add a Part D plan
Tier 1 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$5 \$0 / \$15	No Part D benefit Cannot add a Part D plan
Tier 2 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$10 / \$20 \$20 / \$60	Preferred/Standard \$0 / \$10 \$0 / \$30	No Part D benefit Cannot add a Part D plan
Tier 3 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	No Part D benefit Cannot add a Part D plan
Tier 4 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	No Part D benefit Cannot add a Part D plan
Tier 5 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 28% / 28% N/A	Preferred/Standard 33% / 33% N/A	No Part D benefit Cannot add a Part D plan
Gap coverage	Yes, Tier 1 & 2	Yes, Tier 1 & 2	No Part D benefit Cannot add a Part D plan

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our DSNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Out-of-network/non-contracted providers are under no obligation to treat plan 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.

The formulary, provider 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: Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri and Suburban West Virginia. 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 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at [AetnaMedicare.com/findpharmacy](https://www.aetnamedicare.com/findpharmacy).

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. 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.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-810-6150 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-810-6150 (TTY: 711).

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