



Compare Plans

Aetna Medicare 2012 Plans. Take a look at this side-by-side comparison of Aetna Medicare 2012 plans available to you.

Benefits	Aetna Medicare Standard Plan (PPO)	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (HMO)
Monthly Plan Premium	\$87	\$0	\$94
Medical Deductible: In-Network	\$0	\$0	\$0
Medical Deductible: Out-of-Network	\$1,000		
Out-of-Pocket Maximum: Annual In Network	\$6,700	\$6,700	\$3,400
Out-of-Pocket Maximum: Annual Combined In and Out-of-Network	\$10,000		
Office Visit Copay/Coinsurance - Primary Care Physician	\$10	\$15	\$10
Office Visit Copay/Coinsurance - Specialist	\$30	\$40	\$25
Routine Physical Copay/Coinsurance	\$0	\$0	\$0
Routine Screenings (mammogram, colorectal, etc.) Copay	\$0	\$0	\$0
Immunizations Copay	\$0	\$0	\$0
Outpatient Diagnostic Tests/Labs Copay	\$0 to \$30 copay for Medicare-covered diagnostic procedures and tests	\$0 to \$40 copay for Medicare-covered diagnostic procedures and tests	\$0 to \$25 copay for Medicare-covered diagnostic procedures and tests
Outpatient X-ray Services Copay/Coinsurance	\$0 to \$30 copay for Medicare-covered X-rays	\$0 to \$40 copay for Medicare-covered X-rays	\$0 to \$25 copay for Medicare-covered X-rays
Outpatient Diagnostic Radiological Services Copay/Coinsurance	20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)	20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)	20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)
Inpatient Hospital Copay/Coinsurance	\$195 copay per day for 1-7 days	\$250 copay per day for 1-7 days	\$195 copay per day for 1-7 days
Emergency Room Copay (waived if admitted)	\$65	\$65	\$65
Ambulance Copay	\$150 copay for Medicare-covered ambulance benefits.	\$150 copay for Medicare-covered ambulance benefits.	\$150 copay for Medicare-covered ambulance benefits.
Outpatient Surgery Copay	\$175	\$200	\$175
Outpatient Mental Health copay	\$30 copay for each Medicare-covered individual or group therapy visit.	\$40 copay for each Medicare-covered individual or group therapy visit.	\$25 copay for each Medicare-covered individual or group therapy visit.

Benefits

	Aetna Medicare Standard Plan (PPO)	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (HMO)
Home Health Care Copay/Coinsurance	\$0 copay for each Medicare-covered home health visit	\$0 copay for each Medicare-covered home health visit	\$0 copay for each Medicare-covered home health visit
Skilled Nursing Facility Copay	\$0 per day copay, day(s) 1-8, \$50 per day copay, day(s) 9-20, \$100 per day copay, day(s) 21-100	\$0 per day copay, day(s) 1-10, \$50 per day copay, day(s) 11-20, \$125 per day copay, day(s) 21-100	\$0 per day copay, day(s) 1-10, \$50 per day copay, day(s) 11-20, \$125 per day copay, day(s) 21-100
Durable Medical Equipment Copay/Coinsurance	Authorization rules may apply. / 20% of the cost for Medicare-covered items	Authorization rules may apply. / 20% of the cost for Medicare-covered items	Authorization rules may apply. / 20% of the cost for Medicare-covered items
Medicare Covered Diabetes Programs and Supplies	\$0 copay for Diabetes self-management training / \$0 copay for Diabetes monitoring supplies / \$0 copay for Therapeutic shoes or inserts	\$0 copay for Diabetes self-management training / \$0 copay for Diabetes monitoring supplies / \$0 copay for Therapeutic shoes or inserts	\$0 copay for Diabetes self-management training / \$0 copay for Diabetes monitoring supplies / \$0 copay for Therapeutic shoes or inserts
Wellness Benefits	Nursing Hotline	Nursing Hotline	Nursing Hotline
Hearing Aid Reimbursement	\$500.00 Every 3 Years	Not Covered	\$500.00 Every 3 Years
Eyewear Reimbursement (glasses, contact lenses)	\$50.00 Every 2 Years	Not Covered	\$50.00 Every 2 Years

Prescription Drug Coverage

Annual Deductible	\$0	\$0	\$0
Coverage in the Gap?	No Additional Gap Coverage	No Additional Gap Coverage	Tier 1 Covered in the Gap
Initial Coverage Limit – Total amount you and the plan pay on prescription drugs before you enter the coverage gap	\$2,930	\$2,930	\$2,930
True Out-of-Pocket Threshold Amount (TrOOP) – Amount you pay before reaching the catastrophic coverage level	\$4,700	\$4,700	\$4,700

Aetna Network Pharmacy* - Retail Supply (up to 31 days)

Tier 1 - Preferred Generic Drugs	\$7	\$6	\$5
Tier 2 - Non-Preferred Generic Drugs	\$31	\$33	\$33
Tier 3 - Preferred Brand Drugs	\$45	\$45	\$45
Tier 4 - Non-Preferred Brand Drugs	\$95	\$95	\$95
Tier 5 - Specialty Tier Drugs	33%	33%	33%

Aetna Network Pharmacy* - Mail Order Supply (up to 90 days)

Tier 1 - Preferred Generic Drugs	\$14	\$12	\$10
Tier 2 - Non-Preferred Generic Drugs	\$62	\$66	\$66
Tier 3 - Preferred Brand Drugs	\$90	\$90	\$90
Tier 4 - Non-Preferred Brand Drugs	\$190	\$190	\$190
Tier 5 - Specialty Tier Drugs	33%	33%	33%

Optional Supplemental Benefits Plans

Advantage Dental

Monthly Dental Premium (In addition to your monthly plan premium and Medicare Part B premium)		\$16	\$16
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Benefits

* Higher costs may apply at pharmacies outside the Aetna network.

LET'S TALK Call our representatives at **1-800-529-5586** (TTY/TDD: 1-888-760-4748), Monday to Sunday, 8 a.m. to 8 p.m. **Want us to contact you?** [Enter your phone number here](#)

You must have both Medicare Part A and Part B to enroll. You must continue to pay your Medicare Part B premium.

Members may enroll in the plan only during specific times of the year. Contact Aetna Medicare for more information.

This material is for informational purposes only. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage.

It may cost more to get care from out-of-network providers, except in an emergency. Prior authorization, or prior approval of coverage, is requested for certain services. Providers must be licensed and eligible to receive payment under the federal Medicare program.

You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers neither Medicare nor Aetna will be responsible for the costs.

In general, beneficiaries must use network pharmacies to access their prescription drug benefit, except in non-routine circumstances. Pharmacy clinical programs such as prior authorization, step therapy, and quantity limits may apply to your prescription drug coverage.

Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2013.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1- 877-486-2048, 24 hours a day/7 days a week; The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or your State Medicaid Office.

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