Plan Guide 2027

MI-SOUTHWEST
Aetna Medicare Signature (PPO) H5521-219
Aetna Medicare Enhanced (PPO) H5521-194
Aetna Medicare Signature Extra (PPO) H5521-407

This is an at-a-glance view of plan costs and coverage to help you explore your options. It is not a complete list. For full details, refer to the *Summary of Benefits* or view the plan's *Evidence of Coverage* (EOC) at AetnaMedicare.com or call us to request a copy.

What you'll find inside

- Service areas
- In-network benefits for selected services
- In-network costs for selected services
- Additional benefits
- Prescription drugs

When joining a plan

Review the following pages for in-network costs for some of our Medicare benefits.

Your questions are important to us

1-844-509-6254 (**TTY**: 711)
October 1–March 31: 8 AM to 8 PM, 7 days a week
April 1–September 30: 8 AM to 8 PM, Monday–Friday
Your call may be answered by a licensed agent.

Service area

Plan name	Contract PBP	Plan service area
Aetna Medicare Signature (PPO)	H5521-219	**Michigan**: Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren
Aetna Medicare Enhanced (PPO)	H5521-194	**Michigan**: Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren
Aetna Medicare Signature Extra (PPO)	H5521-407	**Michigan**: Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren

Medical and hospital benefits

Benefits listed are for services received in-network and per visit unless otherwise stated.

Benefits	H5521-219 Aetna Medicare Signature (PPO)	H5521-194 Aetna Medicare Enhanced (PPO)	H5521-407 Aetna Medicare Signature Extra (PPO)
Monthly plan premium	$0	$30	$0
Plan deductible	$0	$0	$0

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Benefits	H5521-219 Aetna Medicare Signature (PPO)	H5521-194 Aetna Medicare Enhanced (PPO)	H5521-407 Aetna Medicare Signature Extra (PPO)
Annual maximum out-of-pocket amount (does not include premium or prescription drug costs)	$5,200 for in-network services. $10,750 for in- and out-of-network services combined.	$4,900 for in-network services. $10,750 for in- and out-of-network services combined.	$5,200 for in-network services. $10,750 for in- and out-of-network services combined.
Hospital coverage			
Inpatient hospital care	$330 per day, days 1-7; $0 per day, days 8-90; $0 for additional days. Our plan covers unlimited hospital days.	$400 per day, days 1-6; $0 per day, days 7-90; $0 for additional days. Our plan covers unlimited hospital days.	$325 per day, days 1-8; $0 per day, days 9-90; $0 for additional days. Our plan covers unlimited hospital days.
Outpatient hospital	$35 - $300 copay $35 copay for outpatient hospital services other than surgery $300 copay for each outpatient hospital surgery	$35 - $275 copay $35 copay for outpatient hospital services other than surgery $275 copay for each outpatient hospital surgery	$35 - $300 copay $35 copay for outpatient hospital services other than surgery $300 copay for each outpatient hospital surgery
Ambulatory surgery center (ASC)	$250 copay	$225 copay	$250 copay
Skilled nursing facility	$10 per day, days 1-20; $221 per day, days 21-100 Our plan covers up to 100 days per benefit period.	$10 per day, days 1-20; $221 per day, days 21-100 Our plan covers up to 100 days per benefit period.	$10 per day, days 1-20; $221 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Provider services			
Annual routine physical	$0 copay for an annual routine physical exam.	$0 copay for an annual routine physical exam.	$0 copay for an annual routine physical exam.
Primary care provider (PCP)	$0 copay	$0 copay	$0 copay
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	$45 copay	$40 copay	$45 copay
Emergency and urgent care			
Emergency care	$130 copay	$130 copay	$130 copay
Urgently needed services	$45 copay	$35 copay	$35 copay
Worldwide coverage (i.e., outside of the United States)	$130 copay for emergency and urgent services worldwide. $250,000 maximum coverage.	$130 copay for emergency and urgent services worldwide. $250,000 maximum coverage.	$130 copay for emergency and urgent services worldwide. $250,000 maximum coverage.
Diagnostic testing			
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: $20 copay Diagnostic radiology: $295 copay	X-rays: $15 copay Diagnostic radiology: $240 copay	X-rays: $0 copay Diagnostic radiology: $300 copay
Lab services	$0 copay	$0 copay	$5 copay $0 copay for certain lab services

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Benefits	H5521-219 Aetna Medicare Signature (PPO)	H5521-194 Aetna Medicare Enhanced (PPO)	H5521-407 Aetna Medicare Signature Extra (PPO)
Dental, vision and hearing (non-Medicare covered)			
Dental services	$0 - 50% cost share. Our plan pays for preventive dental services and $1,250 every year for comprehensive dental services. Aetna Dental PPO Network	$0 - 50% cost share. Our plan pays for preventive dental services and $1,500 every year for comprehensive dental services. Aetna Dental PPO Network	$0 - 50% cost share. Our plan pays for preventive dental services and $1,000 every year for comprehensive dental services. Aetna Dental PPO Network
Routine eye exam	$0 copay with an EyeMed provider (one exam every year)	$0 copay with an EyeMed provider (one exam every year)	$0 copay with an EyeMed provider (one exam every year)
Contacts and eyeglasses	Our plan pays $175 every year for prescription eyewear. EyeMed Network	Our plan pays $275 every year for prescription eyewear. EyeMed Network	Our plan pays $125 every year for prescription eyewear. EyeMed Network
Routine hearing exam	$0 copay (one exam every year) Appointments should be scheduled through NationsHearing®.	$0 copay (one exam every year) Appointments should be scheduled through NationsHearing®.	$0 copay (one exam every year) Appointments should be scheduled through NationsHearing®.
Hearing aids	Our plan pays $1,000 per ear every year for hearing aids. Hearing aids should be purchased through NationsHearing®.	Our plan pays $1,500 per ear every year for hearing aids. Hearing aids should be purchased through NationsHearing®.	Our plan pays $500 per ear every year for hearing aids. Hearing aids should be purchased through NationsHearing®.
Therapy			
Physical and speech therapy	$30 copay	$30 copay	$30 copay
Occupational therapy	$30 copay	$30 copay	$30 copay
Outpatient mental health therapy (individual)	$40 copay	$40 copay	$40 copay
Ambulance			
Ground ambulance (one-way trip)	$285 copay	$250 copay	$285 copay
Air ambulance (one-way trip)	20% coinsurance	20% coinsurance	20% coinsurance
Equipment			
Durable medical equipment	20% coinsurance	20% coinsurance	20% coinsurance

Additional benefits

Benefits	H5521-219 Aetna Medicare Signature (PPO)	H5521-194 Aetna Medicare Enhanced (PPO)	H5521-407 Aetna Medicare Signature Extra (PPO)
24-Hour Nurse Line	$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.§	$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.§	$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.§

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Benefits	H5521-219 Aetna Medicare Signature (PPO)	H5521-194 Aetna Medicare Enhanced (PPO)	H5521-407 Aetna Medicare Signature Extra (PPO)
Fitness	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership. Our plan will reimburse you $90 each quarter for qualified fitness expenses.
Over-the-counter (OTC) items	**Over-the-counter (OTC) items** $25 benefit amount (allowance) each quarter to purchase approved over-the-counter (OTC) health and wellness items. The benefit amount is not connected to a payment card or debit card.	Not offered with this plan	Not offered with this plan
Visitor/travel benefit	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.

Prescription drugs

Benefits	H5521-219 Aetna Medicare Signature (PPO)	H5521-194 Aetna Medicare Enhanced (PPO)	H5521-407 Aetna Medicare Signature Extra (PPO)
Rx formulary	B2	B2	B2
Rx deductible	$500 Does not apply to Tier 1, Tier 2 drugs.	$500 Does not apply to Tier 1, Tier 2 drugs.	$400 Does not apply to Tier 1, Tier 2 drugs.
Out-of-pocket threshold	$2,400	$2,400	$2,400
Catastrophic coverage for generic and brand name drugs	$0	$0	$0

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Tier drug coverage

Benefits	H5521-219 Aetna Medicare Signature (PPO)		H5521-194 Aetna Medicare Enhanced (PPO)		H5521-407 Aetna Medicare Signature Extra (PPO)	
Supply in days	**30**	100	**30**	100	30	100
Tier 1						
Retail Preferred	$0	$0	$0	$0	$0	$0
Retail Standard	$5	$15	$5	$15	$5	$15
Mail-order Preferred	$0	$0	$0	$0	$0	$0
Mail-order Standard	$5	$15	$5	$15	$5	$15
Tier 2						
Retail Preferred	$5	$15	$5	$15	$0	$0
Retail Standard	$12	$36	$12	$36	$12	$36
Mail-order Preferred	$5	$5	$5	$5	$0	$0
Mail-order Standard	$12	$36	$12	$36	$12	$36
Tier 3						
Retail Preferred	17%	17%	17%	17%	13%	13%
Retail Standard	17%	17%	17%	17%	13%	13%
Mail-order Preferred	17%	17%	17%	17%	13%	13%
Mail-order Standard	17%	17%	17%	17%	13%	13%
Tier 4						
Retail Preferred	28%	28%	28%	28%	30%	30%
Retail Standard	28%	28%	28%	28%	30%	30%
Mail-order Preferred	28%	28%	28%	28%	30%	30%
Mail-order Standard	28%	28%	28%	28%	30%	30%
Tier 5						
Retail Preferred	28%	N/A	28%	N/A	29%	N/A
Retail Standard	28%	N/A	28%	N/A	29%	N/A

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§ While only your doctor can diagnose, prescribe or give medical advice, the [care management nurses/24-Hour Nurse Line] can provide information on a variety of health topics.

Disclaimers
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.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Aetna is part of the CVS Health® family of companies.

The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in Rural Nebraska, Rural North Dakota, Suburban West Virginia, Urban Kansas, and Urban Missouri. 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, members please call the number on your ID card, non-members please call **1-844-509-6254** (**TTY: 711**) or consult the online *Pharmacy Directory* at **AetnaMedicare.com/findpharmacy**.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (**1-800-633-4227**) (TTY users should call **1-877-486-2048**), 24 hours a day, 7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

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See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Other [pharmacies/physicians/providers] are available in our network.

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.

Participating 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.

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ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-833-570-6670** (**TTY: 711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-570-6670** (**TTY: 711**).**Required disclaimer**
If a TPMO does not sell for all MA organizations in the service area the disclaimer consists of the statement:

We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact **Medicare.gov**, 1-800-MEDICARE (**1-800-633-4227**), to get information on all of your options.

If the TPMO sells for all MA organizations in the service area the disclaimer consists of the statement:
Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact **Medicare.gov**, 1-800-MEDICARE (**1-800-633-4227**), for help with plan choices.

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