Plan Guide 2027

CENTRAL-UPSTATE-NY-ONE
Aetna Medicare Signature (HMO) H3312-048
Aetna Medicare Signature (PPO) H5521-077
Aetna Medicare Premier (PPO) H5521-340
Aetna Medicare Elite (PPO) H5521-740
Aetna Medicare Eagle Giveback (PPO) H5521-323

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 (HMO)	H3312-048	**New York**: Allegany, Broome, Cayuga, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Schuyler, St. Lawrence, Steuben, Tompkins
Aetna Medicare Signature (PPO)	H5521-077	**New York**: Allegany, Broome, Cayuga, Franklin, Fulton, Hamilton, Jefferson, Lewis, Madison, Oneida, Onondaga, St. Lawrence, Steuben, Tompkins
Aetna Medicare Premier (PPO)	H5521-340	**New York**: Allegany, Broome, Cayuga, Franklin, Fulton, Hamilton, Jefferson, Lewis, Madison, Oneida, Onondaga, St. Lawrence, Steuben, Tompkins
Aetna Medicare Elite (PPO)	H5521-740	**New York**: Allegany, Broome, Cayuga, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Schuyler, St. Lawrence, Steuben, Tompkins
Aetna Medicare Eagle Giveback (PPO)	H5521-323	**New York**: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Wyoming, Yates

Medical and hospital benefits

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

Benefits	H3312-048 Aetna Medicare Signature (HMO)	H5521-077 Aetna Medicare Signature (PPO)	H5521-340 Aetna Medicare Premier (PPO)	H5521-740 Aetna Medicare Elite (PPO)	H5521-323 Aetna Medicare Eagle Giveback (PPO)
Monthly plan premium	$0	$0	$60	$54	$0
Part B premium reduction	$0	$0	$0	$0	$100
Plan deductible	$0	No in-network deductible. $500 for certain out-of-network services.	$0	$1,500* for certain in-network and out-of-network services combined.	$0
Annual maximum out-of-pocket amount (does not include premium or prescription drug costs)	$9,850	$9,850 for in-network services. $14,800 for in- and out-of-network services combined.	$9,250 for in-network services. $14,800 for in- and out-of-network services combined.	$9,850 for in-network services. $14,800 for in- and out-of-network services combined.	$9,850 for in-network services. $14,800 for in- and out-of-network services combined.
Hospital coverage					
Inpatient hospital care	$490 per day, days 1-5; $0 per day, days 6-90; $0 for additional days. Our plan covers unlimited hospital days.	$490 per day, days 1-5; $0 per day, days 6-90; $0 for additional days. Our plan covers unlimited hospital days.	$399 per day, days 1-5; $0 per day, days 6-90; $0 for additional days. Our plan covers unlimited hospital days.	$950 per stay after plan deductible Our plan covers unlimited hospital days.	$375 per day, days 1-6; $0 per day, days 7-90; $0 for additional days. Our plan covers unlimited hospital days.
Outpatient hospital	$50 - $490 copay $50 copay for outpatient hospital services other than surgery $490 copay for each outpatient hospital surgery	$50 - $490 copay $50 copay for outpatient hospital services other than surgery $490 copay for each outpatient hospital surgery	$40 - $399 copay $40 copay for outpatient hospital services other than surgery $399 copay for each outpatient hospital surgery	$40 - $490 copay after plan deductible $40 copay for outpatient hospital services other than surgery $490 copay for each outpatient hospital surgery	$35 - $350 copay $35 copay for outpatient hospital services other than surgery $350 copay for each outpatient hospital surgery
Ambulatory surgery center (ASC)	$400 copay	$400 copay	$350 copay	$350 copay after plan deductible	$300 copay
Skilled nursing facility	$0 per day, days 1-20; $221 per day, days 21-100 Our plan covers up to 100 days per benefit period.	$0 per day, days 1-20; $221 per day, days 21-100 Our plan covers up to 100 days per benefit period.	$0 per day, days 1-20; $221 per day, days 21-100 Our plan covers up to 100 days per benefit period.	$0 per day, days 1-20; $221 per day, days 21-100 after plan deductible Our plan covers up to 100 days per benefit period.	$0 per day, days 1-20; $218 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.	$0 copay for an annual routine physical exam.	$0 copay for an annual routine physical exam.
Primary care provider (PCP)	$5 copay In-network PCP selection is required.	$5 copay	$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.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.
Specialist	$50 copay	$50 copay	$40 copay	$40 copay	$35 copay

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Emergency and urgent care					
Emergency care	$115 copay	$115 copay	$115 copay	$115 copay	$115 copay
Urgently needed services	$40 copay	$40 copay	$40 copay	$40 copay	$40 copay
Worldwide coverage (i.e., outside of the United States)	$115 copay for emergency and urgent services worldwide. $250,000 maximum coverage.	$115 copay for emergency and urgent services worldwide. $250,000 maximum coverage.	$115 copay for emergency and urgent services worldwide. $250,000 maximum coverage.	$115 copay for emergency and urgent services worldwide. $250,000 maximum coverage.	$115 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: $50 copay Diagnostic radiology: $275 - $375 copay Lower cost sharing is for CT/CAT scans.	X-rays: $50 copay Diagnostic radiology: $275 - $350 copay Lower cost sharing is for CT/CAT scans.	X-rays: $40 copay Diagnostic radiology: $250 - $300 copay Lower cost sharing is for CT/CAT scans.	X-rays: $40 copay Diagnostic radiology: $250 - $350 copay Lower cost sharing is for CT/CAT scans.	X-rays: $35 copay Diagnostic radiology: $200 - $300 copay Lower cost sharing is for CT/CAT scans.
Lab services	$15 copay $0 copay for certain lab services	$10 copay $0 copay for certain lab services	$0 copay	$10 copay $0 copay for certain lab services	$0 copay
Dental, vision and hearing (non-Medicare covered)					
Dental services	$0 for preventive services. Comprehensive services are covered under optional supplemental benefits. You must use the Aetna Dental PPO Network.	$0 for preventive services. Comprehensive services are covered under optional supplemental benefits. Aetna Dental PPO Network	Our plan pays $1,500 every year for in and out-of network preventive and comprehensive dental services combined. Aetna Dental PPO Network	Our plan pays $1,500 every year for in and out-of network preventive and comprehensive dental services combined. Aetna Dental PPO Network	Our plan pays $2,000 every year for in and out-of network preventive and comprehensive dental services combined. 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)	$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 $100 every year for prescription eyewear. You must use the EyeMed network.	Our plan pays $100 every year for prescription eyewear. EyeMed Network	Our plan pays $150 every year for prescription eyewear. EyeMed Network	Our plan pays $100 every year for prescription eyewear. EyeMed Network	Our plan pays $375 every year for prescription eyewear. EyeMed Network
Routine hearing exam	$0 copay (one exam every year) Appointments must 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®.	$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	Every year, you have a $0 - $1,700 copay. (Copay may vary based on technology; see *Summary of Benefits* for more details.) Hearing aids must be purchased through NationsHearing®.	Every year, you have a $0 - $1,700 copay. (Copay may vary based on technology; see *Summary of Benefits* for more details.) Hearing aids should be purchased through NationsHearing®.	Every year, you have a $0 - $1,700 copay. (Copay may vary based on technology; see *Summary of Benefits* for more details.) Hearing aids should be purchased through NationsHearing®.	Every year, you have a $0 - $1,700 copay. (Copay may vary based on technology; see *Summary of Benefits* for more details.) Hearing aids should be purchased through NationsHearing®.	Every year, you have a $0 - $1,700 copay. (Copay may vary based on technology; see *Summary of Benefits* for more details.) Hearing aids should be purchased through NationsHearing®.

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Therapy					
Physical and speech therapy	$30 copay	$30 copay	$25 copay	$30 copay	$25 copay
Occupational therapy	$30 copay	$35 copay	$35 copay	$30 copay	$25 copay
Outpatient mental health therapy (individual)	$50 copay	$50 copay	$40 copay	$40 copay	$35 copay
Ambulance					
Ground ambulance (one-way trip)	$300 copay	$300 copay	$300 copay	$300 copay	$300 copay
Air ambulance (one-way trip)	$300 copay	$300 copay	$300 copay	$300 copay	$300 copay
Equipment					
Durable medical equipment	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

Additional benefits

Benefits	H3312-048 Aetna Medicare Signature (HMO)	H5521-077 Aetna Medicare Signature (PPO)	H5521-340 Aetna Medicare Premier (PPO)	H5521-740 Aetna Medicare Elite (PPO)	H5521-323 Aetna Medicare Eagle Giveback (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.§	$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.§
Aetna® Medicare Extra Benefits Card	Not offered with this plan	Not offered with this plan	**CVS Over-the-counter (OTC) Wallet** $30 benefit amount (allowance) quarterly on the Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.	Not offered with this plan	**CVS Over-the-counter (OTC) Wallet** $60 benefit amount (allowance) quarterly on the Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.
Fitness	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.
Meals	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.	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.	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.	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.
Over-the-counter (OTC) items	Not offered with this plan	Not offered with this plan	See **Aetna Medicare Extra Benefits Card** for the CVS OTC Wallet.	Not offered with this plan	See **Aetna Medicare Extra Benefits Card** for the CVS OTC Wallet.

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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.	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.

Optional supplemental benefits

Extra benefits you can purchase

Benefits	H3312-048 Aetna Medicare Signature (HMO)	H5521-077 Aetna Medicare Signature (PPO)	H5521-340 Aetna Medicare Premier (PPO)	H5521-740 Aetna Medicare Elite (PPO)	H5521-323 Aetna Medicare Eagle Giveback (PPO)
Option 1 (Beyond Original Medicare coverage)	$22 monthly premium Deluxe Comprehensive Dental Package	$29 monthly premium Deluxe Comprehensive Dental Package	Not offered with this plan	Not offered with this plan	Not offered with this plan
Optional Supplemental Benefits Description(s)	50% cost share Our plan pays $1,000 every year for comprehensive dental services. Dental services must be performed by Aetna Dental PPO Network.	50% cost share Our plan pays $1,000 every year for comprehensive dental services. Aetna Dental PPO Network	Not offered with this plan	Not offered with this plan	Not offered with this plan

Special supplemental benefits

Benefits	H3312-048 Aetna Medicare Signature (HMO)	H5521-077 Aetna Medicare Signature (PPO)	H5521-340 Aetna Medicare Premier (PPO)	H5521-740 Aetna Medicare Elite (PPO)	H5521-323 Aetna Medicare Eagle Giveback (PPO)
Aetna Cancer Care Support Program	Members with a cancer diagnosis may be eligible.	Members with a cancer diagnosis may be eligible.	Members with a cancer diagnosis may be eligible.	Members with a cancer diagnosis may be eligible.	Members with a cancer diagnosis may be eligible.
Aetna Kidney Care Support Program	Members with certain kidney conditions may be eligible.	Members with certain kidney conditions may be eligible.	Not offered with this plan	Not offered with this plan	Not offered with this plan

Prescription drugs

Benefits	H3312-048 Aetna Medicare Signature (HMO)	H5521-077 Aetna Medicare Signature (PPO)	H5521-340 Aetna Medicare Premier (PPO)	H5521-740 Aetna Medicare Elite (PPO)	H5521-323 Aetna Medicare Eagle Giveback (PPO)
Rx formulary	B2	B2	B2	B2	◊

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Rx deductible	$700 Does not apply to Tier 1, Tier 2 drugs.	$700 Does not apply to Tier 1, Tier 2 drugs.	$700 Does not apply to Tier 1, Tier 2 drugs.	$700 Does not apply to Tier 1, Tier 2 drugs.	◊
Out-of-pocket threshold	$2,400	$2,400	$2,400	$2,400	◊
Catastrophic coverage for generic and brand name drugs	$0	$0	$0	$0	◊

Tier drug coverage

Benefits	H3312-048 Aetna Medicare Signature (HMO)		H5521-077 Aetna Medicare Signature (PPO)		H5521-340 Aetna Medicare Premier (PPO)		H5521-740 Aetna Medicare Elite (PPO)		H5521-323 Aetna Medicare Eagle Giveback (PPO)	
Supply in days	**30**	100	**30**	100	**30**	100	**30**	100	30	100
Tier 1										
Retail Preferred	$0	$0	$0	$0	$0	$0	$0	$0	◊	◊
Retail Standard	$5	$15	$5	$15	$5	$15	$5	$15	◊	◊
Mail-order Preferred	$0	$0	$0	$0	$0	$0	$0	$0	◊	◊
Mail-order Standard	$5	$15	$5	$15	$5	$15	$5	$15	◊	◊
Tier 2										
Retail Preferred	$5	$15	$5	$15	$5	$15	$5	$15	◊	◊
Retail Standard	$12	$36	$12	$36	$12	$36	$12	$36	◊	◊
Mail-order Preferred	$5	$5	$5	$5	$5	$5	$5	$5	◊	◊
Mail-order Standard	$12	$36	$12	$36	$12	$36	$12	$36	◊	◊
Tier 3										
Retail Preferred	17%	17%	17%	17%	17%	17%	17%	17%	◊	◊
Retail Standard	17%	17%	17%	17%	17%	17%	17%	17%	◊	◊
Mail-order Preferred	17%	17%	17%	17%	17%	17%	17%	17%	◊	◊
Mail-order Standard	17%	17%	17%	17%	17%	17%	17%	17%	◊	◊
Tier 4										
Retail Preferred	28%	28%	28%	28%	28%	28%	28%	28%	◊	◊
Retail Standard	28%	28%	28%	28%	28%	28%	28%	28%	◊	◊
Mail-order Preferred	28%	28%	28%	28%	28%	28%	28%	28%	◊	◊
Mail-order Standard	28%	28%	28%	28%	28%	28%	28%	28%	◊	◊
Tier 5										
Retail Preferred	25%	N/A	25%	N/A	25%	N/A	25%	N/A	◊	◊
Retail Standard	25%	N/A	25%	N/A	25%	N/A	25%	N/A	◊	◊

* Deductible will apply to the following in-network services: inpatient hospital, inpatient psychiatric, skilled nursing facility, therapeutic radiology, outpatient hospital services (including observation), ambulatory surgical center (ASC), and dialysis. See the *Evidence of Coverage* for details.

§ 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.

‡ The benefit(s) mentioned are part of special supplemental benefits for the chronically ill (SSBCI). Eligibility for this benefit cannot be guaranteed based solely on your condition of end-stage renal disease. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

◊ No prescription drug benefit coverage is available for this plan.

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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