

Individual - Medicare Advantage/Medicare Part D

Plan Comparison

Effective Date: 07/01/2023

Carrier	Aetna Medicare	Aetna Medicare	Aetna Medicare
Plan Name	Aetna Medicare Select (HMO)(H1609-021-0)	Aetna Medicare Choice (HMO-POS)(H1609-028-0)	Aetna Medicare Premier (PPO)(H5521-033-0)
Plan ID	5099512	5099527	5100415
Plan Type	Local HMO	Local HMO	Local PPO
Metal Level	N/A	N/A	N/A
Key Benefits			
Deductible	\$0	\$500 Out-of-network	\$770 annual deductible
Max OOP	\$3,400 In-network	\$10,000 In and Out-of-network; \$6,700 In-network	\$10,000 In and Out-of-network; \$6,700 In-network
Drug Deductible	\$0	\$195	\$300
Part B			
Standard Part B Premium	\$164.90	\$164.90	\$164.90
Part B Premium	\$164.90	\$164.90	\$164.90
Part B Premium Reduction	\$0.00	\$0.00	\$0.00
Inpatient Services			
Inpatient Facility Fees	\$150 per day for days 1 through 5; \$0 per day for days 6 through 90	In-network: \$365 per day for days 1 through 4; \$0 per day for days 5 through 90 Out-of-network: 50% per stay	In-network: \$395 per day for days 1 through 4; \$0 per day for days 5 through 90 Out-of-network: 50% per stay
Office Visits			
Primary Care Visit	\$0 copay	In-network: \$0 copay	In-network: \$15 copay per visit Out-of-network: \$50 copay per visit
Specialist Visit	\$10 copay per visit	In-network: \$35 copay per visit Out-of-network: \$50 copay per visit	In-network: \$50 copay per visit Out-of-network: \$50 copay per visit
Preventive Care/Screening Immunization	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Emergency Services			
Emergency Room	\$125 copay per visit (always covered)	\$95 copay per visit (always covered)	\$95 copay per visit (always covered)
Urgent Care	\$20 copay per visit (always covered)	\$30 copay per visit (always covered)	\$15-50 copay per visit (always covered)
Ambulance	\$250 copay	In-network: \$255 copay Out-of-network: \$255 copay	In-network: \$260 copay Out-of-network: \$260 copay
Outpatient Services			

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Facility Fees	\$0-150 copay per visit	In-network: \$0-250 copay per visit Out-of-network: 50% coinsurance per visit	In-network: \$0-375 copay per visit Out-of-network: 50% coinsurance per visit
Diagnostic Tests (x-ray, blood work)	\$0-100 copay	In-network: \$0-200 copay Out-of-network: 50% coinsurance	In-network: \$0-50 copay Out-of-network: 50% coinsurance
Skilled Nursing Care Cost Share	\$0 per day for days 1 through 20; \$178 per day for days 21 through 100	In-network: \$0 per day for days 1 through 20; \$178 per day for days 21 through 100 Out-of-network: 50% per stay	In-network: \$0 per day for days 1 through 20; \$178 per day for days 21 through 100 Out-of-network: 50% per stay
Dental Services			
Periodic Oral Evaluation	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Prophylaxis	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Fluoride Treatments	Not covered	Not covered	In-network: \$0 copay Out-of-network: \$0 copay
Dental X-ray(s)	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Non Surgical / General Services / Anesthesia	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Lab and Other Diagnostic Tests	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Restorations	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Endodontics	\$0 copay	Not covered	In-network: \$0 copay Out-of-network: \$0 copay
Periodontics	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Extractions	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Medical Equipment/Supplies			
Durable Medical Equipment	0-20% coinsurance per item	In-network: 0-20% coinsurance per item	In-network: 0-20% coinsurance per item Out-of-network: 50% coinsurance per item
Diabetes Supplies	0-20% coinsurance per item	In-network: 0-20% coinsurance per item	In-network: 0-20% coinsurance per item Out-of-network: 0-20% coinsurance per item
Mental health / Behavioral health or Substance abuse services			
Mental / Behavioral Health Outpatient services	\$20 copay	In-network: \$40 copay	In-network: \$40 copay Out-of-network: 50% coinsurance
Mental / Behavioral Health Inpatient Services	\$150 per day for days 1 through 5; \$0 per day for days 6 through 90	In-network: \$350 per day for days 1 through 4; \$0 per day for days 5 through 90 Out-of-network: 50% per stay	In-network: \$395 per day for days 1 through 4; \$0 per day for days 5 through 90 Out-of-network: 50% per

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			stay
Other Services			
Foot Exams and Treatment	\$10 copay	In-network: \$35 copay Out-of-network: 50% coinsurance	In-network: \$50 copay Out-of-network: \$50 copay
Routine Foot Care	\$10 copay	Not covered	Not covered
Wellness Programs	Covered	Covered	Covered
Medicare Part B drugs			
Chemotherapy	20% coinsurance	In-network: 20% coinsurance	In-network: 20% coinsurance Out-of-network: 50% coinsurance
Other Part B drugs	20% coinsurance	In-network: 20% coinsurance	In-network: 20% coinsurance Out-of-network: 50% coinsurance
Hearing Services			
Hearing exam	\$10 copay	In-network: \$35 copay	In-network: \$50 copay Out-of-network: \$50 copay
Fittings	\$0 copay	In-network: \$0 copay	Not covered
Hearing Aid	\$0 copay	In-network: \$0 copay	Inner ear: Not covered
Rehabilitation services			
Occupational Therapy Visit	\$20 copay	In-network: \$35 copay	In-network: \$40 copay Out-of-network: 50% coinsurance
Other Therapies	\$20 copay	In-network: \$35 copay	In-network: \$40 copay Out-of-network: 50% coinsurance
Vision Services			
Vision Services	Routine eye exam: \$0 copay; Other: \$0 copay; Contact lenses: \$0 copay; Upgrades: \$0 copay; Eyeglass frames: Not covered; Eyeglass lenses: Not covered; Eyeglasses (frames and lenses): \$0 copay	Routine eye exam: In-network: \$0 copay; Other: In-network: \$0 copay; Contact lenses: In-network: \$0 copay; Upgrades: In-network: \$0 copay; Eyeglass frames: Not covered; Eyeglass lenses: Not covered; Eyeglasses (frames and lenses): In-network: \$0 copay	Routine eye exam: In-network: \$0 copay Out-of-network: \$50 copay; Other: In-network: \$0 copay Out-of-network: \$50 copay; Contact lenses: In-network: \$0 copay Out-of-network: \$0 copay; Upgrades: In-network: \$0 copay Out-of-network: \$0 copay; Eyeglass frames: In-network: \$0 copay Out-of-network: \$0 copay; Eyeglass lenses: In-network: \$0 copay Out-of-network: \$0 copay; Eyeglasses (frames and lenses): In-network: \$0 copay Out-of-network: \$0 copay

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Optional packages			
Package #1			
Package #2			
Package #3			
Package #4			
Preferred Retail Pharmacies - Initial Coverage			
Tier 1 (Preferred Generic Drugs)	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay
Tier 2 (Generic Drugs)	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay
Tier 3 (Preferred Brand Drugs)	(30 Days Supply) \$35.00 copay (90 Days Supply) \$105.00 copay	(30 Days Supply) \$47.00 copay (90 Days Supply) \$141.00 copay	(30 Days Supply) \$47.00 copay (90 Days Supply) \$141.00 copay
Tier 4 (Non-Preferred Drugs)	(30 Days Supply) \$90.00 copay (90 Days Supply) \$270.00 copay	(30 Days Supply) \$100.00 copay (90 Days Supply) \$300.00 copay	(30 Days Supply) \$100.00 copay (90 Days Supply) \$300.00 copay
Tier 5 (Specialty Tier Drugs)	(30 Days Supply) 33%	(30 Days Supply) 30%	(30 Days Supply) 28%
Tier 6 (Select Care Drugs)			
Preferred Retail Pharmacies - Gap Coverage			
Generic Drugs			
Brand-Name Drugs			
Tier 1 (Preferred Generic Drugs)	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay
Tier 2 (Generic Drugs)	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay
Tier 3 (Preferred Brand Drugs)			
Tier 4 (Non-Preferred Drugs)			
Tier 5 (Specialty Tier Drugs)			
Tier 6 (Select Care Drugs)			
Catastrophic Coverage Phase			
Generic Drugs	\$4.15 copay or 5% (whichever costs more)	\$4.15 copay or 5% (whichever costs more)	\$4.15 copay or 5% (whichever costs more)

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			more)
Brand-Name Drugs	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)
Tier 1 (Preferred Generic Drugs)			
Tier 2 (Generic Drugs)			
Tier 3 (Preferred Brand Drugs)			
Tier 4 (Non-Preferred Drugs)			
Tier 5 (Specialty Tier Drugs)			
Tier 6 (Select Care Drugs)			
Preferred Mail Order Pharmacies - Initial Coverage			
Tier 1 (Preferred Generic Drugs)	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay
Tier 2 (Generic Drugs)	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay
Tier 3 (Preferred Brand Drugs)	(30 Days Supply) \$35.00 copay (90 Days Supply) \$105.00 copay	(30 Days Supply) \$47.00 copay (90 Days Supply) \$141.00 copay	(30 Days Supply) \$47.00 copay (90 Days Supply) \$141.00 copay
Tier 4 (Non-Preferred Drugs)	(30 Days Supply) \$90.00 copay (90 Days Supply) \$270.00 copay	(30 Days Supply) \$100.00 copay (90 Days Supply) \$300.00 copay	(30 Days Supply) \$100.00 copay (90 Days Supply) \$300.00 copay
Tier 5 (Specialty Tier Drugs)	(30 Days Supply) 33%	(30 Days Supply) 30%	(30 Days Supply) 28%
Tier 6 (Select Care Drugs)			
Preferred Mail Order Pharmacies - Gap Coverage			
Generic Drugs			
Brand-Name Drugs			
Tier 1 (Preferred Generic Drugs)	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay
Tier 2 (Generic Drugs)	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay	(30 Days Supply) \$0.00 copay (90 Days Supply) \$0.00 copay
Tier 3 (Preferred Brand Drugs)			
Tier 4 (Non-Preferred Drugs)			

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Tier 5 (Specialty Tier Drugs)			
Tier 6 (Select Care Drugs)			
Standard Retail Pharmacies - Initial Coverage			
Tier 1 (Preferred Generic Drugs)	(30 Days Supply) \$15.00 copay (90 Days Supply) \$45.00 copay	(30 Days Supply) \$15.00 copay (90 Days Supply) \$45.00 copay	(30 Days Supply) \$15.00 copay (90 Days Supply) \$45.00 copay
Tier 2 (Generic Drugs)	(30 Days Supply) \$20.00 copay (90 Days Supply) \$60.00 copay	(30 Days Supply) \$20.00 copay (90 Days Supply) \$60.00 copay	(30 Days Supply) \$20.00 copay (90 Days Supply) \$60.00 copay
Tier 3 (Preferred Brand Drugs)	(30 Days Supply) \$47.00 copay (90 Days Supply) \$141.00 copay	(30 Days Supply) \$47.00 copay (90 Days Supply) \$141.00 copay	(30 Days Supply) \$47.00 copay (90 Days Supply) \$141.00 copay
Tier 4 (Non-Preferred Drugs)	(30 Days Supply) \$100.00 copay (90 Days Supply) \$300.00 copay	(30 Days Supply) \$100.00 copay (90 Days Supply) \$300.00 copay	(30 Days Supply) \$100.00 copay (90 Days Supply) \$300.00 copay
Tier 5 (Specialty Tier Drugs)	(30 Days Supply) 33%	(30 Days Supply) 30%	(30 Days Supply) 28%
Tier 6 (Select Care Drugs)			
Standard Retail Pharmacies - Gap Coverage			
Generic Drugs			
Brand-Name Drugs			
Tier 1 (Standard Generic Drugs)	(30 Days Supply) \$15.00 copay (90 Days Supply) \$45.00 copay	(30 Days Supply) \$15.00 copay (90 Days Supply) \$45.00 copay	(30 Days Supply) \$15.00 copay (90 Days Supply) \$45.00 copay
Tier 2 (Generic Drugs)	(30 Days Supply) \$20.00 copay (90 Days Supply) \$60.00 copay	(30 Days Supply) \$20.00 copay (90 Days Supply) \$60.00 copay	(30 Days Supply) \$20.00 copay (90 Days Supply) \$60.00 copay
Tier 3 (Standard Brand Drugs)			
Tier 4 (Non-Standard Drugs)			
Tier 5 (Specialty Tier Drugs)			
Tier 6 (Select Care Drugs)			
Standard Mail Order Pharmacies - Initial Coverage			
Tier 1 (Preferred Generic Drugs)	(30 Days Supply) \$15.00 copay (90 Days Supply) \$45.00 copay	(30 Days Supply) \$15.00 copay (90 Days Supply) \$45.00 copay	(30 Days Supply) \$15.00 copay (90 Days Supply) \$45.00 copay
Tier 2 (Generic Drugs)	(30 Days Supply) \$20.00 copay (90 Days Supply) \$60.00 copay	(30 Days Supply) \$20.00 copay (90 Days Supply) \$60.00 copay	(30 Days Supply) \$20.00 copay (90 Days Supply) \$60.00 copay
Tier 3 (Preferred Brand Drugs)	(30 Days Supply) \$47.00 copay (90 Days Supply) \$141.00 copay	(30 Days Supply) \$47.00 copay (90 Days Supply) \$141.00 copay	(30 Days Supply) \$47.00 copay (90 Days Supply) \$141.00 copay

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Tier 4 (Non-Preferred Drugs)	(30 Days Supply) \$100.00 copay (90 Days Supply) \$300.00 copay	(30 Days Supply) \$100.00 copay (90 Days Supply) \$300.00 copay	(30 Days Supply) \$100.00 copay (90 Days Supply) \$300.00 copay
Tier 5 (Specialty Tier Drugs)	(30 Days Supply) 33%	(30 Days Supply) 30%	(30 Days Supply) 28%
Tier 6 (Select Care Drugs)			
Standard Mail Order Pharmacies - Gap Coverage			
Generic Drugs			
Brand-Name Drugs			
Tier 1 (Standard Generic Drugs)	(30 Days Supply) \$15.00 copay (90 Days Supply) \$45.00 copay	(30 Days Supply) \$15.00 copay (90 Days Supply) \$45.00 copay	(30 Days Supply) \$15.00 copay (90 Days Supply) \$45.00 copay
Tier 2 (Generic Drugs)	(30 Days Supply) \$20.00 copay (90 Days Supply) \$60.00 copay	(30 Days Supply) \$20.00 copay (90 Days Supply) \$60.00 copay	(30 Days Supply) \$20.00 copay (90 Days Supply) \$60.00 copay
Tier 3 (Standard Brand Drugs)			
Tier 4 (Non-Standard Drugs)			
Tier 5 (Specialty Tier Drugs)			
Tier 6 (Select Care Drugs)			
OVERALL STAR RATING			
Overall Star Rating	4 Stars	4 Stars	3.5 Stars
HEALTH PLAN STAR RATINGS:			
STAYING HEALTHY: SCREENINGS, TESTS, & VACCINES			
Breast cancer screening	5 Stars	5 Stars	4 Stars
Colorectal cancer screening	5 Stars	5 Stars	4 Stars
Yearly flu vaccine	2 Stars	2 Stars	4 Stars
Monitoring physical activity	4 Stars	4 Stars	3 Stars
MANAGING CHRONIC (LONG TERM) CONDITIONS			
Members whose plan did an assessment of	2 Stars	2 Stars	Plan not required to report measure

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Carrier	Aetna Medicare	Aetna Medicare	Aetna Medicare
their health needs and risks			
Yearly review of all medications and supplements being taken	5 Stars	5 Stars	Plan not required to report measure
Yearly pain screening or pain management plan	5 Stars	5 Stars	Plan not required to report measure
Osteoporosis management	4 Stars	4 Stars	4 Stars
Eye exam to check for damage from diabetes	4 Stars	4 Stars	4 Stars
Kidney function testing for members with diabetes	5 Stars	5 Stars	4 Stars
Plan members with diabetes whose blood sugar is under control	5 Stars	5 Stars	5 Stars
Controlling Blood Pressure	5 Stars	5 Stars	4 Stars
Reducing the risk of falling	4 Stars	4 Stars	3 Stars
Improving bladder control	3 Stars	3 Stars	3 Stars
The plan makes sure member medication records are up-to-date after hospital discharge	5 Stars	5 Stars	5 Stars
The plan makes sure members with heart disease get the most effective drugs to treat high cholesterol	4 Stars	4 Stars	3 Stars
MEMBER EXPERIENCE WITH HEALTH PLAN			
Ease of getting needed care and seeing specialists	3 Stars	3 Stars	3 Stars
Getting appointments and care quickly	3 Stars	3 Stars	4 Stars
Health plan provides information or help when members need it	3 Stars	3 Stars	3 Stars
Member's rating of health care quality	3 Stars	3 Stars	4 Stars
Member's rating of health plan	3 Stars	3 Stars	2 Stars
Coordination of members' health care services	4 Stars	4 Stars	3 Stars
MEMBER COMPLAINTS & CHANGES IN THE HEALTH PLAN'S PERFORMANCE			
Complaints about the health plan (more stars are better because it means fewer complaints)	4 Stars	4 Stars	5 Stars

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Members choosing to leave the plan (more stars are better because it means fewer members choose to leave the plan)	3 Stars	3 Stars	5 Stars
Improvement (if any) in the health plan's performance	2 Stars	2 Stars	4 Stars
HEALTH PLAN CUSTOMER SERVICE			
Health plan makes timely decisions about appeals	5 Stars	5 Stars	5 Stars
Fairness of the health plan's appeal decisions, based on an independent reviewer	5 Stars	5 Stars	5 Stars
Availability of TTY services and foreign language interpretation when prospective members call the health plan	5 Stars	5 Stars	5 Stars
DRUG PLAN (PART D) STAR RATING:			
DRUG PLAN CUSTOMER SERVICE			
Availability of TTY services and foreign language interpretation when prospective members call the drug plan	5 Stars	5 Stars	5 Stars
MEMBER COMPLAINTS & CHANGES IN THE DRUG PLAN'S PERFORMANCE			
Complaints about the drug plan (more stars are better because it means fewer complaints)	4 Stars	4 Stars	5 Stars
Members choosing to leave the plan (more stars are better because it means fewer members choose to leave the plan)	3 Stars	3 Stars	5 Stars
Improvement (if any) in the drug plan's performance	1 Stars	1 Stars	3 Stars
MEMBER EXPERIENCE WITH THE DRUG PLAN			
Members' rating of drug plan	4 Stars	4 Stars	2 Stars
Ease of getting prescriptions filled when using the plan	3 Stars	3 Stars	1 Stars
DRUG SAFETY & ACCURACY OF DRUG PRICING			
Plan provides accurate drug pricing information for this website	5 Stars	5 Stars	5 Stars
Taking diabetes medication as directed	3 Stars	3 Stars	3 Stars
Taking blood pressure medication as	3 Stars	3 Stars	3 Stars

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Carrier	Aetna Medicare	Aetna Medicare	Aetna Medicare
directed			
Taking cholesterol medication as directed	3 Stars	3 Stars	3 Stars
Members who had a pharmacist (or other health professional) help them understand and manage their medications	4 Stars	4 Stars	3 Stars
The plan makes sure members with diabetes take the most effective drugs to treat high cholesterol	5 Stars	5 Stars	3 Stars
CONTACT INFORMATION			
View plan website	View plan website	View plan website	View plan website
Address	PO Box 7405, London, KY 40742	PO Box 7405, London, KY 40742	PO Box 7405, London, KY 40742
Members	1-833-570-6670	1-833-570-6670	1-800-282-5366
Non-members	1-833-859-6031	1-833-859-6031	1-833-859-6031
Monthly Premium			
Original Monthly Premium	\$0.00	\$0.00	\$0.00
URLs			
Summary of Benefits & Coverage	N/A	N/A	N/A
Plan Brochure	N/A	N/A	N/A