



NEW CASTLE COUNTY

Aetna MedicareSM Plan (PPO)

Medicare (V02) ESA PPO Plan

Preferred Plan - Rx P1 \$5/\$20/\$45/\$75/33%

Benefits and Premiums are effective January 1, 2022 through December 31, 2022

SUMMARY OF BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

Primary Care Physician (PCP): You have the option to choose a PCP. When we know who your doctor is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.

Prior Authorizations: Your doctor will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

PLAN FEATURES	Network & out-of-network providers.
Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.

Annual Deductible \$250

This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.

Services Exempt from Deductible:

Annual wellness exams, routine physical exam, routine mammograms, routine hearing exam, routine colorectal screening, routine prostate screening, bone mass measurement, immunization, routine GYN, routine eye care, additional Medicare preventive care services, emergency room, emergency ambulance services, urgently needed care.

Annual Maximum Out-of-Pocket Amount

Annual maximum out-of-pocket \$7,550

limit amount includes any deductible, copayment or coinsurance that you pay.

It will apply to all medical expenses except Medicare prescription drug coverage that may be available on your plan.



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HOSPITAL CARE* This is what you pay for network & out-of-network providers.

Inpatient Hospital Care \$150 per day, days 1-7; \$0 Unlimited Additional Days

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Observation Care Your cost share for Observation Care is based upon the services you receive.

Outpatient Services & Surgery \$185

Ambulatory Surgery Center \$185

PHYSICIAN SERVICES This is what you pay for network & out-of-network providers.

Primary Care Physician Visits \$15

Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.

Physician Specialist Visits \$40

PREVENTIVE CARE This is what you pay for network & out-of-network providers.

Medicare-covered Preventive Services \$0

- Abdominal aortic aneurysm screenings
- Alcohol misuse screenings and counseling
- Annual Well Visit - One exam every 12 months.
- Breast exams
- Breast cancer screening: mammogram - one baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.
- Cardiovascular behavior therapy
- Cardiovascular disease screenings
- Cervical and vaginal cancer screenings (Pap) - one routine GYN visit and pap smear every 24 months. All asymptomatic female patients aged 30-65 years.
- Depression screenings
- Diabetes screenings



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- HBV infection screening
- Hepatitis C screening tests
- HIV screenings - annually for patients younger than 15 and adults older than 65 at increased risk for HIV infection
- Lung cancer screenings and counseling - Aged 55-77
- Nutrition therapy services
- Obesity behavior therapy
- Pelvic Exams - one routine GYN visit and pap smear every 24 months. All asymptomatic female patients aged 30-65 years.
- Prolonged Preventive Services - prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service
- Prostate cancer screenings (PSA) - for all male patients aged 50 and older (coverage begins the day after 50th birthday)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling
- Welcome to Medicare preventive visit
- Bone mass measurements \$0
- Colorectal cancer screenings \$0
(colonoscopy, fecal occult blood test, flexible sigmoidoscopy) - For all members aged 50 to 85 years

- Medicare Diabetes Prevention Program - 12 months of core session for program eligible members with an indication of pre-diabetes. \$0

Immunizations \$0

- Flu
- Hepatitis B
- Pneumococcal

Additional Medicare Preventive Services \$0

- Barium enema - one exam every 12 months.



- Diabetes self-management training (DSMT)
- Digital rectal exam (DRE)
- EKG following welcome exam
- Glaucoma screening

EMERGENCY AND URGENT MEDICAL CARE	This is what you pay for network & out-of-network providers.
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Emergency Care; Worldwide (waived if admitted)	\$90
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Urgently Needed Care; Worldwide	\$50
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DIAGNOSTIC PROCEDURES*	This is what you pay for network & out-of-network providers.
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Diagnostic Radiology MRI and CT scans	\$200
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Lab Services	\$30
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Diagnostic testing & procedures	\$30
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Outpatient X-rays	\$30
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HEARING SERVICES	This is what you pay for network & out-of-network providers.
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Routine Hearing Screening One exam every 12 months.	\$0
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Medicare Covered Hearing Examination	\$40
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DENTAL SERVICES	This is what you pay for network & out-of-network providers.
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Medicare Covered Dental* Non-routine care covered by Medicare.	\$40
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VISION SERVICES	This is what you pay for network & out-of-network providers.
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Routine Eye Exams One annual exam every 12 months.	\$0
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Diabetic Eye Exams	\$0
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MENTAL HEALTH SERVICES*	This is what you pay for network & out-of-network providers.
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Inpatient Mental Health Care	\$150 per day, days 1-7; \$0 Unlimited Additional Days
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Mental Health Care	\$40
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Individual visit

Inpatient Substance Abuse	\$150 per day, days 1-7; \$0 Unlimited Additional Days
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Substance Abuse	\$40
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Individual visit

SKILLED NURSING SERVICES*	This is what you pay for network & out-of-network providers.
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Skilled Nursing Facility (SNF) Care	\$0 per day, days 1-20; \$172 per day, days 21-100
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Limited to 100 days per Medicare Benefit Period.

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

PHYSICAL THERAPY SERVICES*	This is what you pay for network & out-of-network providers.
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Outpatient Rehabilitation Services	\$40
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(Speech, physical, and occupational therapy)

AMBULANCE SERVICES	This is what you pay for network & out-of-network providers.
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Ambulance Services	\$100
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