

# SEHP Aetna Medicare Advantage plan options

## Follow these simple steps to choose Aetna® medical and prescription drug coverage:

- See key coverage highlights of Aetna's three medical plan options below.
  - For complete coverage details, monthly plan premium costs and other important information, see your SEHP enrollment booklet or visit <http://www.kdheks.gov/hcf/sehp/OE-DB-2019.htm>.
- See details on Aetna's three Medicare Part D prescription drug plan options on page two.
- Select the Aetna medical plan and drug plan of your choice.
  - Want help matching medical and drug plan options to your needs? Call **1-844-233-1939 (TTY: 711)**, Monday – Friday, 7 a.m. to 8 p.m. CT
- To enroll, visit [sehp.member.hrissuite.com](http://sehp.member.hrissuite.com).

Plan name	Freedom	Liberty	Elite
Annual Deductible	\$0	\$0	\$150 (Emergency and urgent care, ambulance and preventive care are excluded from the deductible)
Annual Maximum Member Would Potentially Pay (plan covers 100% after that)	\$1,000	\$500	\$150

### Key medical benefits: This is what you pay for network & out-of-network providers

Primary Care Physician Visits	\$10	\$15	\$0
Physician Specialist Visits	\$25	\$15	\$0
Preventive Services	\$0	\$0	\$0
Outpatient Lab and X-ray	\$0	\$15	\$0
Urgently Needed Care	\$30	\$15	\$0
Emergency Care	\$80	\$50	\$0
Inpatient Hospital Care	\$150 copay per day, days 1-5	\$0 per stay	\$0
Outpatient Surgery	\$150	\$0	\$0
Home Health Agency Care	\$0	\$0	\$0
Chiropractic Services	\$20	\$15	\$0
Durable Medical Equipment	20%	15%	\$0
Podiatry Services	\$25	\$15	\$0
Diabetic Supplies	\$0	\$0	\$0

### Key extra benefits

Hearing Aid	\$500 reimbursement every 12 months	\$500 reimbursement every 12 months	\$500 reimbursement every 12 months
Fitness Benefit	SilverSneakers® at no extra cost to you	SilverSneakers at no extra cost to you	SilverSneakers at no extra cost to you

## Prescription drug plan options to pair with an Aetna Medicare Advantage medical plan

Choose one of these drug plans

Drug plan name	Aetna Standard Rx	Aetna Premier Rx	Aetna Value Rx
RX Deductible	\$0	\$0	\$100
Pharmacy Network	S2	S2	P1
Formulary	GRP B2	GRP B2	GRP A1
Initial Coverage Limit (ICL)	\$3,820	\$3,820	\$3,820
Tier	5	5	5
30 day supply vs. 90 day supply cost sharing	1. Retail - 30 day supply 2. Retail or mail order - 90 day supply	1. Retail - 30 day supply 2. Retail or mail order - 90 day supply	1. Standard retail - 30 day supply 2. Preferred retail - 30 day supply 3. Standard or retail - 90 day supply 4. Preferred retail or mail order - 90 day supply
Tier 1 - Preferred Generic	\$2 / \$0	25% not more than \$30 25% not more than \$45	\$19 / \$8 / \$38 / \$16
Tier 2 - Generic	\$6 / \$18	25% not more than \$30 25% not more than \$45	\$20 / \$15 / \$40 / \$30
Tier 3 - Preferred Brand (& high cost generic)	\$47 / \$141	25% not more than \$100 25% not more than \$150	\$47 / \$40 / \$94 / \$80
Tier 4 - Non Preferred Brand (& high cost generic)	\$100 / \$300	50% not more than \$150 50% not more than \$225	\$100 / \$80 / \$200 / \$160
Tier 5 - Specialty	33% (limited to one month supply)	25% (limited to one month supply)	25% (limited to one month supply)
Coverage Gap	prior to \$5,100 TrOOP	prior to \$5,100 TrOOP	prior to \$5,100 TrOOP
Tier 1 - Preferred Generic	same as above	same as above	same as above
Tier 2 - Generic	same as above	same as above	same as above
Tier 3 - Preferred Brand (& high cost generic)	37% generic, 25% brand	same as above	37% generic, 25% brand
Tier 4 - Non Preferred Brand (& high cost generic)	37% generic, 25% brand	same as above	37% generic, 25% brand
Tier 5 - Specialty	37% generic, 25% brand (limited to one month supply)	same as above	37% generic, 25% brand (limited to one month supply)
Catastrophic Coverage	after \$5,100 TROOP	after \$5,100 TROOP	after \$5,100 TROOP
All Tiers	Greater of 5% of the cost of the drug - or - \$3.40 for a generic drug and \$8.50 for all other drugs		
Precertification for Rx	applies	applies	applies
Step Therapy	applies	applies	applies
Non Part D rider	NA	NA	NA

See details about Aetna Medicare Part D drug plans at <http://www.kdheks.gov/hcf/sehp/OE-DB-2019.htm>.

## Prescription drug plan options if you enroll in one of the Kansas Senior medical plans

If you choose to enroll in a Kansas Senior medical plan instead of an Aetna Medicare Advantage medical plan, you have the following Aetna Medicare Part D prescription drug plan options available. For drug plan monthly premium costs, see your SEHP enrollment booklet or visit <http://www.kdheks.gov/hcf/sehp/OE-DB-2019.htm>.

### Choose one of these drug plans

Drug plan name	Aetna Premier Rx	Aetna Value Rx
RX Deductible	\$0	\$100
Pharmacy Network	S2	P1
Formulary	GRP B2	GRP A1
Initial Coverage Limit (ICL)	\$3,820	\$3,820
Tier	5	5
30 day supply vs. 90 day supply cost sharing	1. Retail - 30 day supply 2. Retail or mail order - 90 day supply	1. Standard retail - 30 day supply 2. Preferred retail - 30 day supply 3. Standard or retail - 90 day supply 4. Preferred retail or mail order - 90 day supply
Tier 1 - Preferred Generic	25% not more than \$30 25% not more than \$45	\$19 / \$8 / \$38 / \$16
Tier 2 - Generic	25% not more than \$30 25% not more than \$45	\$20 / \$15 / \$40 / \$30
Tier 3 - Preferred Brand (& high cost generic)	25% not more than \$100 25% not more than \$150	\$47 / \$40 / \$94 / \$80
Tier 4 - Non Preferred Brand (& high cost generic)	50% not more than \$150 50% not more than \$225	\$100 / \$80 / \$200 / \$160
Tier 5 - Specialty	25% (limited to one month supply)	25% (limited to one month supply)
Coverage Gap	prior to \$5,100 TrOOP	prior to \$5,100 TrOOP
Tier 1 - Preferred Generic	same as above	same as above
Tier 2 - Generic	same as above	same as above
Tier 3 - Preferred Brand (& high cost generic)	same as above	37% generic, 25% brand
Tier 4 - Non Preferred Brand (& high cost generic)	same as above	37% generic, 25% brand
Tier 5 - Specialty	same as above	37% generic, 25% brand (limited to one month supply)
Catastrophic Coverage	after \$5,100 TROOP	after \$5,100 TROOP
All Tiers	Greater of 5% of the cost of the drug - or - \$3.40 for a generic drug and \$8.50 for all other drugs	
Precertification for Rx	applies	applies
Step Therapy	applies	applies
Non Part D rider	NA	NA

See details about Aetna Medicare Part D drug plans at <http://www.kdheks.gov/hcf/sehp/OE-DB-2019.htm>.

### Government required disclosures:

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-14 days. You can call **1-888-792-3862 (TTY: 711)**, 24 hours a day, 7 days a week if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery. Out-of-network/non-contracted providers are under no obligation to treat Aetna 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 physicians, hospitals and other 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. 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.



<http://www.kdheks.gov/hcf/sehp/OE-DB-2019.htm>