

# Kansas SEHP Aetna Medicare Advantage 2022 Plan Options

Follow these simple steps to choose an Aetna Medicare Advantage plan:

1. Review highlights of the two Aetna® medical plan options.
2. Review details of the Standard Part D drug coverage that is included with both plans.
3. Once you select a plan, visit the Kansas SEHP site to enroll: **SEHP.Member.hrissuite.com**

For complete coverage details, monthly plan premium costs and other important information, see your SEHP enrollment booklet or visit **HealthBenefitsProgram.ks.gov**. Want help understanding differences between the Aetna plan choices? Call **1-844-233-1939 (TTY: 711)**, Monday through Friday, 8 AM to 9 PM ET.

Plan name	Freedom	Elite
Annual deductible (waived for emergency room, ambulance in the U.S., and preventive care)	\$0	\$150
Annual out-of-pocket maximum Amount (plan covers 100% after that)	\$1,000	\$150
<b>Key extra benefits</b>		
Primary care physician (PCP) visits	\$10	\$0
Physician specialist visits	\$25	\$0
Preventive services	\$0	\$0
Outpatient lab and X-ray	\$0	\$0
Urgently needed care	\$30	\$0
Emergency care	\$80	\$0
Inpatient hospital care	\$150 copay per day, days 1-5	\$0
Outpatient surgery	\$150	\$0
Home health agency care	\$0	\$0
Chiropractic services	\$20	\$0
Durable medical equipment	20%	\$0
Podiatry services	\$25	\$0
Diabetic supplies	\$0	\$0
Hearing aid	\$500 reimbursement every 12 months	
Fitness benefit	SilverSneakers® at no extra cost to you	
Telehealth	Virtual visit with your PCP/urgent care clinic for the cost of an in-person visit	
Transportation (non-emergency)	24 trips with 60 miles allowed per trip	
Meal delivery	Covered up to 14 meals following an inpatient stay	
Teladoc™	Telemedicine services with a Teladoc provider at PCP copay	

# Prescription drug coverage included in Aetna Medicare Advantage Freedom and Elite plans

Drug plan name	Aetna Standard Rx
Rx deductible	\$0
Pharmacy network	S2
Formulary	GRP B2
Tiers	5
30-day supply vs. 90-day supply cost sharing	1. Retail – 30-day supply 2. Retail or preferred mail order – 90-day supply
<b>Initial coverage limit (ICL)</b>	<b>\$4,430</b>
Tier 1 – Preferred generic	\$2 / \$0
Tier 2 – Generic	\$6 / \$18
Tier 3 – Preferred brand (and high -cost generic)	\$47 / \$141
Tier 4 – Non-preferred brand (and high-cost generic)	\$100 / \$300
Tier 5 – Specialty	33% (limited to 1-month supply)
<b>Coverage gap</b>	<b>Before \$7,050 TrOOP</b>
Tier 1 – Preferred generic	Same as above
Tier 2 – Generic	Same as above
Tier 3 – Preferred brand (and high cost generic)	25%
Tier 4 – Non preferred brand (and high cost generic)	25%
Tier 5 – Specialty	25% (limited to 1-month supply)
<b>Catastrophic coverage</b>	<b>After \$7,050 TrOOP</b>
All tiers	Greater of 5% of the cost of the drug – or – \$3.95 for a generic drug and \$9.85 for all other drugs
Precertification for Rx	Applies
Step therapy	Applies

## Government required disclosures:

Aetna Medicare is a 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.