

Oxy Medicare Advantage PPO Plan – 2021

Medicare Eligible: Plan Type – PPO

Medical and Prescription Drug Website: <https://oxy.aetnamedicare.com/>

2021 Monthly Retiree Base Rate: Retiree Only: **\$75** Retiree + Spouse: **\$150**
 (Refer to the [OXY Medicare Advantage PPO SPD](#) for details on how to calculate your monthly premium)

Benefit ¹	What You Pay
Annual Medical Deductible²	None
Out-of-Pocket (OOP) Maximum	\$2,000 When your share of covered expenses reaches the OOP maximum, covered expenses for the remainder of the calendar year paid at 100%, except for hearing aids, vision care, and Medicare prescription drug expenses.
Hospital/Surgical Center Inpatient Outpatient Cosmetic Blood	\$120 copay per stay \$100 copay Not covered unless medically necessary All components of blood are covered beginning with the first pint
Skilled Nursing Facility Up to 100 days per Medicare benefit period ³	\$0 copay per day - Days 1 – 20; \$50 copay per day - Days 21 – 100
Outpatient Office visits X-rays, lab work & diagnostic testing Complex imaging services Acupuncture treatment Rehabilitation (speech/physical/occupational) Cardiac rehabilitation Pulmonary rehabilitation Radiation therapy Dialysis treatments	\$ 30 copay - Primary Care Physician; \$40 copay - Specialist \$ 40 copay \$150 copay; Requires Pre-authorization (example: MRI) \$ 40 copay \$ 40 copay \$ 40 copay \$ 30 copay \$ 40 copay \$ 30 copay
Preventive Services Routine physical examinations Annual wellness exams Routine eye exams & hearing screenings Routine annual mammogram Routine prostate (PSA) Test Routine Cervical & Vaginal cancer screenings Routine colorectal cancer screenings Medicare covered immunizations Medicare Diabetes Prevention Program (MDPP)	\$0 copay for all eligible services - See Evidence of Coverage (EOC) for full list One exam for each service every 12 months 12 months of core session for program eligible members with an indication of pre-diabetes
Mental Health & Substance Abuse Inpatient Outpatient	\$120 copay per stay; all treatments must be pre-certified \$ 40 copay
Other Services Hospice care Home health care Durable medical equipment & prosthetics Diabetic supplies Diabetic eye exams Teladoc telemedicine Chiropractic care Routine podiatry	Covered by original Medicare at a Medicare-certified hospice \$0 copay 20% coinsurance \$ 0 copay; includes supplies to monitor your blood glucose \$ 0 copay \$30 copay \$20 copay; limited to original Medicare covered services for manipulation of the spine \$40 copay; limited to original Medicare covered benefits only
Emergency Care Emergency room Urgent care Ambulance Observation care	\$100 copay (worldwide, waived if admitted) \$ 50 copay (worldwide) \$ 40 copay Cost share is based on the services you receive
Additional Non-Medicare Covered Services Meals Hearing Aids Non-emergency transportation Non-Medicare covered foot orthotics Private duty nursing	See Evidence of Coverage (EOC) for full list \$ 0 copay; Covers up to 14 days following an inpatient stay \$2,500 maximum; once every three years \$ 0 copay; 24 one-way trips with 60 miles allowed per trip \$40 copay \$ 0 copay
Non-Medicare Covered Services-Continued	See Evidence of Coverage (EOC) for full list

Enhanced chiropractic services Podiatry services Fitness Benefit – Silver Sneakers	\$40 copay \$40 copay \$ 0 copay
Prescription Drugs - Medicare Part B	\$50 copay; only prescription drugs that are covered under Part B
Prescription Drugs - Medicare Part D Retail Pharmacy and Home Delivery Mail order	Annual deductible: None Out-of-Pocket Maximum: \$1,500⁴ per person
Initial Coverage Limit (ICL) and Coverage Gap	\$3,820 per person ⁵
Catastrophic Coverage	After you reach \$5,100 in true out-of-pocket costs: \$0 copay
Tier 1 – Generic Drugs Standard retail up to 30-day supply Preferred retail up to 30-day supply Standard retail/mail order up to a 90-day supply Preferred retail up to 90-day supply Preferred mail order up to 90-day supply	\$10 copay \$ 9 copay \$30 copay \$27 copay \$20 copay
Tier 2 – Preferred Brand Drugs Standard retail up to 30-day supply Preferred retail up to 30-day supply Standard retail/mail order up to a 90-day supply Preferred retail up to 90-day supply Preferred mail order up to 90-day supply	25% (\$10 min, \$50 max) 25% (\$10 min, \$50 max) 25% (\$30 min, \$150 max) 25% (\$30 min, \$150 max) 25% (\$20 min, \$100 max)
Tier 3 – Non-Preferred Brand Drugs Standard retail up to 30-day supply Preferred retail up to 30-day supply Standard retail/mail order up to a 90-day supply Preferred retail up to 90-day supply Preferred mail order up to a 90-day supply	25% (\$25 min, \$100 max) 25% (\$25 min, \$100 max) 25% (\$75 min, \$300 max) 25% (\$75 min, \$300 max) 25% (\$50 min, \$200 max)
Tier 4 – Specialty Drugs Standard retail up to 30-day supply Preferred retail up to 30-day supply Standard retail/mail order up to a 90-day supply Preferred retail up to 90-day supply Preferred mail order up to a 90-day supply	25% (\$25 min, \$100 max) 25% (\$25 min, \$100 max) 25% (\$75 min, \$300 max) 25% (\$75 min, \$300 max) 25% (\$50 min, \$200 max)
Additional Prescription Drug Information Supplemental Prescription Drug Rider Pharmacy Network Formulary (drug list) Drug list & network pharmacies CVS Caremark Mail Service Pharmacy Prior Authorization (PA) & Step Therapy	Oxy plan includes supplemental coverage for Non-Part D prescription drugs P1 Open 2 Plus Go to: http://oxy.aetnamedicare.com or call 1 866-539-6750 Mail order home delivery – 1 888-792-3862 or go online to http://oxy.aetnamedicare.com Applies when required for certain prescription drugs
Important - Additional Medical Information Prior Authorization for certain medical treatments, tests and services	Though prior authorization (PA) is not necessary for most services, the Centers for Medicare & Medicaid Services (CMS) require PA for some medical services and prescription drugs. This may initially cause some concern for patients, but it's intended to protect them from health risks and added costs. A specific list of services requiring a PA is available at the following locations: <ul style="list-style-type: none"> • Online: https://www.aetna.com/health-care-professionals/precertification/precertification-lists.html • Schedule of Cost Sharing included in the patient's Evidence of Coverage (EOC)

¹ For further details, refer to the Summary Plan Description and Evidence of Coverage (EOC) documents.

² 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.

³ 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 of skilled care in a skilled nursing facility for 60 days in a row. If you go into a hospital or skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

⁴ You pay \$0 once you reach the OOP maximum or \$5,100 in true out-of-pocket costs, whichever is reached first.

⁵ You enter the coverage gap after reaching the ICL until you reach \$5,100 in true out-of-pocket prescription drug expenses. **Oxy provides additional coverage during the coverage gap stage for covered drugs. In general, this means you continue to pay the same amount for covered drugs throughout the coverage gap of the Plan as you paid in the initial coverage stage.**