## **High Level Comparison of Key Features of Aetna Medicare Plans**

	Aetna PPO 90/70 Choice POS II	<b>Aetna PPO MAP</b> <i>Medicare (SO2) ESA PPO (MAP)*</i>	Aetna HMO MAP Medicare (S05) HMO MAP*
Primary Care Provider (PCP) Required	Not required to enroll but suggested	Not required to enroll but suggested	Must designate a PCP at time of enrollment or one will be assigned
Are Referrals Needed to See Specialist?	No referrals needed	No referrals needed	Referrals are needed from your PCP
Provider Network Availability	<ul> <li>Available nationwide</li> <li>Plan includes in-network and out-of-network providers with different benefit amounts</li> <li>Worldwide coverage for emergencies and urgent care</li> </ul>	<ul> <li>Available nationwide</li> <li>Plan includes in-network and out-of-network providers with the same benefit amounts as long as:         <ul> <li>Eligible to receive Medicare payment</li> <li>Willing to bill and accept payment from Aetna</li> </ul> </li> <li>Worldwide coverage for emergencies and urgent care</li> </ul>	<ul> <li>Available nationwide in select zip codes</li> <li>Plan includes in-network coverage only</li> <li>Worldwide coverage for emergencies and urgent care</li> </ul>
Premiums	<ul> <li>Premiums are generally higher than a PPO MAP and an HMO MAP</li> </ul>	Premiums are generally lower than a Medicare coordinated PPO but higher than an HMO	Premiums are typically lower than a Medicare coordinated PPO and a PPO MAP
Additional benefits from Aetna	Access to discount programs for products/services such as:     Gym memberships     Vitamins and supplements     Vision care     Hearing discounts     Discounts on other products and services	<ul> <li>Transportation for 24 one-way trips (60 miles or less) per year</li> <li>Home meal delivery of up to 14 meals post inpatient hospitalization</li> <li>One home visit from a licensed doctor or nurse to do a safety assessment, medical and family history</li> <li>SilverSneakers gym membership</li> <li>\$45/per quarter Over-The-Counter (OTC) allowance</li> </ul>	<ul> <li>Transportation for 24 one-way trips (60 miles or less) per year</li> <li>Home meal delivery of up to 14 meals post inpatient hospitalization</li> <li>One home visit from a licensed doctor or nurse to do a safety assessment, medical and family history</li> <li>SilverSneakers gym membership</li> <li>\$45/per quarter Over-The-Counter (OTC) allowance</li> </ul>

<sup>\*</sup>Aetna plan names for PrimeCare differ but they coordinate the same as Flex retirees.