

Enrollment in a Medicare HMO or disenrollment from a Medicare HMO is not effective without a valid enrollment/disenrollment from the Medicare HMO. Effective date of the enrollment is determined by the Medicare HMO. Contact Secova at 888-282-0424 to complete this process.

West Virginia

Aetna Medicare Open Plan (PPO)

866-785-7337; www.aetnamedicare.com

If you are interested in this HMO, please call them directly to verify that it is available in the county in which you live.

HMO Coverages

	Pre-Medicare Eligible	Medicare Eligible
Individual Annual Deductible	Not Available if Pre-Medicare Eligible	None
Family Annual Deductible		None
Individual Out-of-Pocket Maximum Per Year		\$2,500
Family Out-of-Pocket Maximum Per Year		None
Inpatient Hospital		\$185 Copay per day for days 1-7; covered at 100% for days 8+
Outpatient Surgery: Hospital		\$185 Copay
Physician Services: Office Visit		\$15 Copay
Chiropractic Benefit and Maximum		Covered at 100% after \$15 Copay
Emergency Room		Covered at 100% after \$50 Copay; waived if admitted
Outpatient X-Ray		Covered at 100% after \$15 Copay for CAT scan; covered at 100% after \$15 Copay for PET and MRI
Outpatient Lab		Covered at 100% after \$15 Copay for diagnostic lab
Allergy Injections		\$15 Copay
Allergy Serum		Part of injection benefit
Durable Medical Equipment and Maximum		Covered at 80% for each Medicare-approved item
Home Health Care		Covered at 100%
Mental Health: Inpatient Benefit		\$185 Copay per day for days 1-7; covered at 100% for days 8+
Mental Health: Outpatient Benefit		Covered at 100% after \$15 Copay per visit
Substance Abuse: Inpatient Benefit		\$185 Copay per day for days 1-7; covered at 100% for days 8+
Substance Abuse: Outpatient Benefit		Covered at 100% after \$15 Copay per visit
Prescription Coverage: Generic Drug Coinsurance		\$5 Copay, up to 31-day supply
Prescription Coverage: Brand-Name Drug Coinsurance	\$20 formulary \$40 nonformulary Copay, up to 31-day supply (open formulary)	
Prescription Coverage: Mail Order Coinsurance	\$10 Generic/\$40 formulary brand/\$80 nonformulary brand Copay, 90-day supply	

Note: Except in certain emergency situations, HMO members must receive care and treatment through participating Providers in order to qualify for HMO benefits. Please refer to specific HMO benefits booklets for further details. In the event there is a discrepancy between the information printed here and the legal documents (HMO benefits booklet, Dow Medical SPD, Plan document for The Dow Chemical Company Medical Care Program), the legal documents shall govern.