



2021 Plan Guide

North Carolina (D-SNP)

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information about these plans, refer to the Summary of Benefits, visit our website www.aetnamedicare.com or call us at 1-833-859-6031 (TTY: 711).

The amount that a member pays for premiums, deductibles, copayments, and/or coinsurance may vary based on the level of Medicaid eligibility and "Extra Help" a member receives.

Benefits listed are for services received in-network and per visit unless otherwise stated	NEW Aetna Medicare Assure Plan (HMO D-SNP) H3146-008 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-003 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-002 Monthly Plan Premium: \$0	NEW Aetna Medicare Assure Plan (HMO D-SNP) H3146-009 Monthly Plan Premium: \$0
Service area	NC-Cabarrus, Gaston, Mecklenburg, Union	NC-Alamance, Davidson, Guilford, Randolph, Rockingham	NC-Durham, Edgecombe, Franklin, Granville, Johnston, Nash, Orange, Person, Pitt, Vance, Wake, Warren, Wilson	NC-Buncombe, Haywood, Henderson, Jackson, Macon, Rutherford
Plan deductible	\$0	\$0	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.	So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.
Hospital coverage				
Inpatient hospital coverage	\$0 Plan covers unlimited hospital days.	\$0 Plan covers unlimited hospital days.	\$0 Plan covers unlimited hospital days.	\$0 Plan covers unlimited hospital days.
Outpatient surgery	\$0	\$0	\$0	\$0
Ambulatory surgery center (ASC)	\$0	\$0	\$0	\$0
Doctor visits				
Primary care physician (PCP)	\$0	\$0	\$0	\$0
PCP referrals required	No	No	No	No
Specialist	\$0	\$0	\$0	\$0
Emergency & urgent care				
Emergency room	\$0	\$0	\$0	\$0
Urgent care facility	\$0	\$0	\$0	\$0
Worldwide coverage (i.e. outside of the United States)	\$0	\$0	\$0	\$0

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Diagnostic testing				
X-rays and diagnostic radiology	\$0	\$0	\$0	\$0
Lab services	\$0	\$0	\$0	\$0
Dental, vision and hearing				
Dental services	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Medicare Dental Network	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Medicare Dental Network	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Medicare Dental Network	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Medicare Dental Network
Routine eye exam (Non-Medicare covered)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)
Eyewear	\$425 maximum benefit every year. EyeMed network	\$300 maximum benefit every year. EyeMed network	\$300 maximum benefit every year. EyeMed network	\$300 maximum benefit every year. EyeMed network
Routine hearing exam (Non-Medicare covered)	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.
Hearing aids	\$2,500 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$2,500 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$2,500 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$2,500 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.
Therapy				
Physical and speech therapy	\$0	\$0	\$0	\$0
Occupational therapy	\$0	\$0	\$0	\$0
Ambulance				
Ground ambulance (one-way trip)	\$0	\$0	\$0	\$0
Air ambulance (one-way trip)	\$0	\$0	\$0	\$0

Additional benefits	Aetna Medicare Assure Plan (HMO D-SNP) H3146-008 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-003 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-002 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-009 Monthly Plan Premium: \$0
Fitness	SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®
Foot care (routine)	\$0 (twelve visits every year)	\$0 (twelve visits every year)	\$0 (twelve visits every year)	\$0 (twelve visits every year)
Healthy Foods Card (Supplemental benefits for certain chronic conditions)	Our plan pays up to a maximum of \$25 every month. Members with certain chronic conditions are eligible for this benefit.	Our plan pays up to a maximum of \$30 every month. Members with certain chronic conditions are eligible for this benefit.	Our plan pays up to a maximum of \$30 every month. Members with certain chronic conditions are eligible for this benefit.	Our plan pays up to a maximum of \$30 every month. Members with certain chronic conditions are eligible for this benefit.

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Help during a COVID-19 Public Health Emergency	If a COVID-19 Public Health Emergency is in effect, we offer additional related services such as a package of supplies to help prevent the spread of COVID-19 and assist with recovery.	If a COVID-19 Public Health Emergency is in effect, we offer additional related services such as a package of supplies to help prevent the spread of COVID-19 and assist with recovery.	If a COVID-19 Public Health Emergency is in effect, we offer additional related services such as a package of supplies to help prevent the spread of COVID-19 and assist with recovery.	If a COVID-19 Public Health Emergency is in effect, we offer additional related services such as a package of supplies to help prevent the spread of COVID-19 and assist with recovery.
Meals	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital or Inpatient Psychiatric Hospital to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital or Inpatient Psychiatric Hospital to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital or Inpatient Psychiatric Hospital to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital or Inpatient Psychiatric Hospital to home.
Nursing Hotline	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Over-the-counter items (OTC)	\$360 maximum benefit every three months through CVS.	\$360 maximum benefit every three months through CVS.	\$360 maximum benefit every three months through CVS.	\$360 maximum benefit every three months through CVS.
Personal emergency response system	Members are eligible for an alert system through LifeStation.	Members are eligible for an alert system through LifeStation.	Members are eligible for an alert system through LifeStation.	Members are eligible for an alert system through LifeStation.
Telehealth	You can receive primary care and urgent care services through a virtual visit for the same cost as an in-person visit.	You can receive primary care and urgent care services through a virtual visit for the same cost as an in-person visit.	You can receive primary care and urgent care services through a virtual visit for the same cost as an in-person visit.	You can receive primary care and urgent care services through a virtual visit for the same cost as an in-person visit.
Transportation	\$0 48 one-way trips every year.	\$0 48 one-way trips every year.	\$0 48 one-way trips every year.	\$0 48 one-way trips every year.

Prescription drugs	Aetna Medicare Assure Plan (HMO D-SNP) H3146-008 Standard	Aetna Medicare Assure Plan (HMO D-SNP) H3146-003 Standard	Aetna Medicare Assure Plan (HMO D-SNP) H3146-002 Standard	Aetna Medicare Assure Plan (HMO D-SNP) H3146-009 Standard
	Retail Pharmacy	Retail Pharmacy	Retail Pharmacy	Retail Pharmacy
Rx Deductible	\$0	\$0	\$0	\$0
If you get “Extra Help” with your prescription drug costs, you will pay: <i>(Copayments or coinsurance may vary depending on your level of “Extra Help”)</i>	You will always pay \$0 for drugs on Tiers 1 and 2. For other drugs you’ll pay (costs below are based on your LIS level): Generic drugs (including brand drugs treated as generic): either \$0 or \$1.30 or \$3.70 per prescription All other drugs: either \$0 or \$4.00 or \$9.20 per prescription	You will always pay \$0 for drugs on Tiers 1 and 2. For other drugs you’ll pay (costs below are based on your LIS level): Generic drugs (including brand drugs treated as generic): either \$0 or \$1.30 or \$3.70 per prescription All other drugs: either \$0 or \$4.00 or \$9.20 per prescription	You will always pay \$0 for drugs on Tiers 1 and 2. For other drugs you’ll pay (costs below are based on your LIS level): Generic drugs (including brand drugs treated as generic): either \$0 or \$1.30 or \$3.70 per prescription All other drugs: either \$0 or \$4.00 or \$9.20 per prescription	You will always pay \$0 for drugs on Tiers 1 and 2. For other drugs you’ll pay (costs below are based on your LIS level): Generic drugs (including brand drugs treated as generic): either \$0 or \$1.30 or \$3.70 per prescription All other drugs: either \$0 or \$4.00 or \$9.20 per prescription

Members in our HMO plans must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor Aetna will be responsible for the costs. **Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.** 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. 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. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. 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.

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ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-810-6150 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-810-6150 (TTY: 711).

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