



2021 Plan Guide

North Carolina MA-Only (No RX)

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).

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Eagle Plan (PPO) H5521-241 Monthly Plan Premium: \$0
Service area	NC-Alamance, Alexander, Alleghany, Anson, Ashe, Bladen, Brunswick, Buncombe, Burke, Caldwell, Catawba, Chatham, Cumberland, Davidson, Durham, Franklin, Gaston, Granville, Guilford, Haywood, Hoke, Johnston, Lee, Mecklenburg, Mitchell, Orange, Pender, Person, Randolph, Robeson, Rockingham, Sampson, Scotland, Surry, Vance, Wake, Warren, Wilson, Yancey
Plan deductible	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$6,500 for in-network services. \$11,300 for in and out-of-network services combined.
Hospital coverage	
Inpatient hospital coverage	\$300 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.
Outpatient surgery	\$30 - \$245
Ambulatory surgery center (ASC)	\$245
Doctor visits	
Primary care physician (PCP)	\$0
PCP referrals required	No
Specialist	\$30
Emergency & urgent care	
Emergency room	\$90
Urgent care facility	\$0 - \$30
Worldwide coverage (i.e. outside of the United States)	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.
Diagnostic testing	
X-rays and diagnostic radiology	X-rays: \$14 Diagnostic radiology: \$0 - \$100 Lower cost sharing applies to services performed in the member's primary care physician's office. Higher cost sharing applies to services provided in any other location.
Lab services	\$0
Dental, vision and hearing	
Dental services	\$2,000 allowance ¹ every year for preventive and comprehensive dental combined.
Routine eye exam (Non-Medicare covered)	\$0 (one exam every year)
Eyewear	\$300 allowance ¹ every year.
Routine hearing exam (Non-Medicare covered)	\$0 (one exam every year) All appointments should be scheduled through NationsHearing.
Hearing aids	\$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.
Therapy	
Physical and speech therapy	\$35
Occupational therapy	\$35
Ambulance	
Ground ambulance (one-way trip)	\$260

¹Allowance – member pays the provider and we pay the member back. Plan coverage rules apply.

Benefits listed are for services received in-network and per visit unless otherwise stated	Aetna Medicare Eagle Plan (PPO) H5521-241 Monthly Plan Premium: \$0
Air ambulance (one-way trip)	\$260

Additional benefits	Aetna Medicare Eagle Plan (PPO) H5521-241 Monthly Plan Premium: \$0
Fitness	SilverSneakers®
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.
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.
Nursing Hotline	\$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)	\$75 maximum benefit every three months through CVS.
Telehealth	You can receive primary care and urgent care services through a virtual visit for the same cost as an in-person visit.
Visitor/travel benefit	Allows members to receive care at in-network cost shares from Aetna Medicare participating providers for up to 12 months when outside the service area.

Prescription drugs	Aetna Medicare Eagle Plan (PPO) H5521-241
Rx deductible	No Part D benefit
Tier 1 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 90-day supply	No Part D benefit
Tier 2 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 90-day supply	No Part D benefit
Tier 3 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 90-day supply	No Part D benefit
Tier 4 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 90-day supply	No Part D benefit
Tier 5 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 90-day supply	No Part D benefit
Gap coverage	No Part D benefit

Members in our HMO POS/PPO plans can go to doctors, specialists or hospitals in or out-of-network. With the exception of emergency or urgent care, it may cost more to get care from out-of-network providers. **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 provider 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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