



2021 Plan Guide

NC-Eastern, Sandhills, Triangle

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	NEW Aetna Medicare Value Plan (HMO) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$21	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0
Service area	NC-Durham, Johnston, Orange, Person, Wake	NC-Durham, Wake	NC-Duplin, Edgecombe, Greene, Halifax, Nash, Northampton, Pitt, Wayne, Wilson	NC-Alleghany, Ashe, Avery, Franklin, Granville, Johnston, Surry, Vance, Warren, Wilkes	NC-Bladen, Brunswick, Chatham, Columbus, Cumberland, Harnett, Hoke, Lee, Pender, Robeson, Sampson, Scotland	NC-Alamance, Alexander, Anson, Burke, Cabarrus, Caldwell, Caswell, Catawba, Cleveland, Cumberland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Johnston, Lincoln, McDowell, Mecklenburg, Orange, Person, Randolph, Rockingham, Rowan, Stanly, Stokes, Union, Yadkin	NC-Alamance, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes
Part B premium reduction	\$0	\$30	\$0	\$0	\$0	\$0	\$0
Plan deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$5,500	\$7,500 for in-network services. \$11,300 for in and out-of-network services combined.	\$7,000 for in-network services. \$11,300 for in and out-of-network services combined.	\$6,500 for in-network services. \$11,300 for in and out-of-network services combined.	\$4,950 for in-network services. \$11,300 for in and out-of-network services combined.	\$7,000 for in-network services. \$11,300 for in and out-of-network services combined.	\$5,000 for in-network services. \$11,300 for in and out-of-network services combined.
Hospital coverage							
Inpatient hospital coverage	\$325 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$390 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$390 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$390 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$350 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$375 per day, days 1-4; \$0 per day, days 5-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$295 per day, days 1-6; \$0 per day, days 7-90 \$0 copay for additional days. Plan covers unlimited hospital days.
Outpatient surgery	\$25 - \$325	\$50 - \$275	\$40 - \$225	\$35 - \$225	\$45 - \$310	\$35 - \$375	\$25 - \$200

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

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Ambulatory surgery center (ASC)	\$255	\$275	\$225	\$225	\$310	\$375	\$200
Doctor visits							
Primary care physician (PCP)	\$0	\$5	\$0	\$0	\$0	\$0	\$0
PCP referrals required	No	No	No	No	No	No	No
Specialist	\$25	\$50	\$40	\$35	\$45	\$35	\$25
Emergency & urgent care							
Emergency room	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Urgent care facility	\$0 - \$25	\$5 - \$50	\$0 - \$40	\$0 - \$35	\$0 - \$45	\$0 - \$35	\$0 - \$25
Worldwide coverage (i.e. outside of the United States)	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$90 for emergency and urgent care worldwide. \$250,000 maximum benefit.	\$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.	X-rays: \$14 Diagnostic radiology: \$5 - \$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.	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.	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.	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.	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.	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	\$8	\$5	\$5	\$0	\$0	\$0
Dental, vision and hearing							
Dental services	\$1,500 allowance ¹ every year for preventive and comprehensive dental combined.	Not covered	\$500 allowance ¹ every year for preventive and comprehensive dental combined.	\$500 allowance ¹ every year for preventive and comprehensive dental combined.	\$1,000 allowance ¹ every year for preventive and comprehensive dental combined.	\$1,000 allowance ¹ every year for preventive and comprehensive dental combined.	\$1,000 allowance ¹ every year for preventive and comprehensive dental combined.
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)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)
Eyewear	\$200 allowance ¹ every year.	Not covered	\$100 allowance ¹ every year.	\$100 allowance ¹ every year.	\$75 allowance ¹ every year.	\$100 allowance ¹ every year.	\$125 allowance ¹ every year.

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Routine hearing exam (Non-Medicare covered)	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)
Hearing aids	\$1,250 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Therapy							
Physical and speech therapy	\$25	\$35	\$35	\$35	\$35	\$35	\$35
Occupational therapy	\$25	\$35	\$35	\$35	\$35	\$35	\$35
Ambulance							
Ground ambulance (one-way trip)	\$260	\$260	\$260	\$260	\$250	\$260	\$260
Air ambulance (one-way trip)	\$260	\$260	\$260	\$260	\$250	\$260	\$260

Additional benefits	Aetna Medicare Value Plan (HMO) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$21	Aetna Medicare Value Plan (PPO) H5521-139 Monthly Plan Premium: \$21	Aetna Medicare Value Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare Premier Plan (PPO) H5521-081 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0
Fitness	SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®	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.	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.	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.	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.

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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.	\$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)	\$45 maximum benefit every three months through CVS.	Not covered	Not covered	Not covered	\$45 maximum benefit every three months through CVS.	Not covered	Not covered
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.	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.
Visitor/travel benefit	Not covered	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.	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.	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.	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.	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.	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 Value Plan (HMO) H3146-004 Preferred/Standard	Aetna Medicare Essential Plan (PPO) H5521-168 Preferred/Standard	Aetna Medicare Value Plan (PPO) H5521-243 Preferred/Standard	Aetna Medicare Value Plan (PPO) H5521-139 Preferred/Standard	Aetna Medicare Value Plan (PPO) H5521-169 Preferred/Standard	Aetna Medicare Premier Plan (PPO) H5521-081 Preferred/Standard	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Preferred/Standard
Rx deductible	\$0	\$150 Does not apply to Tier 1, Tier 2 drugs.	\$150 Does not apply to Tier 1, Tier 2, Tier 3 drugs.	\$150 Does not apply to Tier 1, Tier 2, Tier 3 drugs.	\$150 Does not apply to Tier 1, Tier 2, Tier 3 drugs.	\$150 Does not apply to Tier 1, Tier 2, Tier 3 drugs.	\$150 Does not apply to Tier 1, Tier 2, Tier 3 drugs.
Tier 1 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 90-day supply	\$0/\$5 \$0/\$15	\$0/\$15 \$0/\$45	\$0/\$15 \$0/\$45	\$0/\$15 \$0/\$45	\$0/\$15 \$0/\$45	\$0/\$15 \$0/\$45	\$0/\$15 \$0/\$45
Tier 2 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 90-day supply	\$5/\$10 \$0/\$30	\$0/\$20 \$0/\$60	\$5/\$20 \$10/\$60	\$5/\$20 \$10/\$60	\$0/\$20 \$0/\$60	\$5/\$20 \$10/\$60	\$5/\$20 \$10/\$60
Tier 3 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 90-day supply	\$47/\$47 \$141/\$141	\$47/\$47 \$141/\$141	\$47/\$47 \$141/\$141	\$47/\$47 \$141/\$141	\$47/\$47 \$141/\$141	\$47/\$47 \$141/\$141	\$47/\$47 \$141/\$141
Tier 4 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 90-day supply	\$100/\$100 \$300/\$300	\$100/\$100 \$300/\$300	\$100/\$100 \$300/\$300	\$100/\$100 \$300/\$300	\$100/\$100 \$300/\$300	\$100/\$100 \$300/\$300	\$100/\$100 \$300/\$300
Tier 5 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 90-day supply	33%/33% N/A	30%/30% N/A	30%/30% N/A	30%/30% N/A	30%/30% N/A	30%/30% N/A	30%/30% N/A
Gap coverage	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2

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. 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 formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Rural Nebraska, Rural Kansas, Suburban West Virginia, Rural Maine, Suburban Arizona, Rural Michigan, and Urban Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower cost preferred pharmacies in your area, please call 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at www.aetnamedicare.com/findpharmacy. 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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