



2023 Plan Guide

NC-DSNP

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 [AetnaMedicare.com](https://www.aetna.com/medicare) or call us at **1-833-859-6031 (TTY: 711)**. Your call may be answered by a licensed agent.

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	Aetna Medicare Assure Plan (HMO D-SNP) H3146-002 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-003 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-008 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-009 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-015 Monthly Plan Premium: \$0
Service area	NC-Duplin, Durham, Edgecombe, Franklin, Granville, Greene, Halifax, Harnett, Johnston, Nash, Northampton, Orange, Person, Pitt, Vance, Wake, Warren, Wayne, Wilson	NC-Alamance, Caswell, Chatham, Davidson, Davie, Forsyth, Guilford, Lee, Randolph, Rockingham, Stokes	NC-Alexander, Alleghany, Anson, Cabarrus, Caldwell, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Surry, Union, Wilkes	NC-Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey	NC-Bladen, Brunswick, Cumberland, Hoke, Montgomery, Moore, Pender, Richmond, Robeson, Sampson, Scotland
Plan deductible	\$0	\$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.	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 care	\$0 per stay Plan covers unlimited hospital days.	\$0 per stay Plan covers unlimited hospital days.	\$0 per stay Plan covers unlimited hospital days.	\$0 per stay Plan covers unlimited hospital days.	\$0 per stay Plan covers unlimited hospital days.
Outpatient hospital	\$0	\$0	\$0	\$0	\$0
Ambulatory surgery center (ASC)	\$0	\$0	\$0	\$0	\$0
Skilled nursing facility	\$0 per stay Our plan covers up to 100 days per benefit period.	\$0 per stay Our plan covers up to 100 days per benefit period.	\$0 per stay Our plan covers up to 100 days per benefit period.	\$0 per stay Our plan covers up to 100 days per benefit period.	\$0 per stay Our plan covers up to 100 days per benefit period.
Doctor visits					
Primary care physician (PCP)	\$0	\$0	\$0	\$0	\$0
PCP referrals	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.
Specialist	\$0	\$0	\$0	\$0	\$0

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Emergency and urgent care					
Emergency care	\$0	\$0	\$0	\$0	\$0
Urgently needed services	\$0	\$0	\$0	\$0	\$0
Worldwide coverage (i.e., outside of the United States)	\$0 for emergency and urgent services worldwide. \$250,000 maximum benefit.	\$0 for emergency and urgent services worldwide. \$250,000 maximum benefit.	\$0 for emergency and urgent services worldwide. \$250,000 maximum benefit.	\$0 for emergency and urgent services worldwide. \$250,000 maximum benefit.	\$0 for emergency and urgent services worldwide. \$250,000 maximum benefit.
Diagnostic testing					
X-rays and diagnostic radiology (e.g., CT Scan, MRI)	\$0	\$0	\$0	\$0	\$0
Lab services	\$0	\$0	\$0	\$0	\$0
Dental, vision and hearing (non-Medicare covered)					
Dental services	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental PPO Network	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental PPO Network	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental PPO Network	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental PPO Network	\$4,000 maximum benefit every year for preventive and comprehensive dental combined. Aetna Dental PPO Network
Routine eye exam	\$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	\$300 maximum benefit every year for prescription eyewear. EyeMed Network	\$300 maximum benefit every year for prescription eyewear. EyeMed Network	\$300 maximum benefit every year for prescription eyewear. EyeMed Network	\$300 maximum benefit every year for prescription eyewear. EyeMed Network	\$300 maximum benefit every year for prescription eyewear. EyeMed Network
Routine hearing exam	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.	\$0 (one exam every year) All appointments must be scheduled through NationsHearing.
Hearing aids	\$0 copay with a \$2,500 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$0 copay with a \$2,500 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$0 copay with a \$2,500 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$0 copay with a \$2,500 (per ear) maximum benefit every year. All hearing aids must be purchased through NationsHearing.	\$0 copay with a \$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	\$0
Occupational therapy	\$0	\$0	\$0	\$0	\$0
Outpatient mental health therapy (individual)	\$0	\$0	\$0	\$0	\$0

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Ambulance					
Ground ambulance (one-way trip)	\$0	\$0	\$0	\$0	\$0
Air ambulance (one-way trip)	\$0	\$0	\$0	\$0	\$0
Equipment and prosthetics					
Durable medical equipment	\$0	\$0	\$0	\$0	\$0
Prosthetics	\$0	\$0	\$0	\$0	\$0

Additional benefits	Aetna Medicare Assure Plan (HMO D-SNP) H3146-002 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-003 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-008 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-009 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-015 Monthly Plan Premium: \$0
24-Hour Nurse Line	\$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.
Extra Benefits	This plan offers additional benefits such as: • \$0 Part D drugs • Extra Benefits Card with quarterly allowance of \$360 to help pay for healthy foods and OTC items • Fall prevention allowance of \$150 annually for items such as a bathmat or nightlight See the Evidence of Coverage for more information	This plan offers additional benefits such as: • \$0 Part D drugs • Extra Benefits Card with quarterly allowance of \$500 to help pay for healthy foods and OTC items • Fall prevention allowance of \$150 annually for items such as a bathmat or nightlight See the Evidence of Coverage for more information	This plan offers additional benefits such as: • \$0 Part D drugs • Extra Benefits Card with quarterly allowance of \$500 to help pay for healthy foods and OTC items • Fall prevention allowance of \$150 annually for items such as a bathmat or nightlight See the Evidence of Coverage for more information	This plan offers additional benefits such as: • \$0 Part D drugs • Extra Benefits Card with quarterly allowance of \$550 to help pay for healthy foods, OTC items, transportation and utilities • Fall prevention allowance of \$150 annually for items such as a bathmat or nightlight Members with certain chronic conditions may be eligible for: • Fresh fruit and produce boxes delivered to their door See the Evidence of Coverage for more information	This plan offers additional benefits such as: • \$0 Part D drugs • Extra Benefits Card with quarterly allowance of \$500 to help pay for healthy foods and OTC items • Fall prevention allowance of \$150 annually for items such as a bathmat or nightlight See the Evidence of Coverage for more information
Fitness	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.	Physical fitness program: Basic membership at participating SilverSneakers® facilities.
Foot care (additional)	\$0 (up to twelve visits every year)	\$0 (up to twelve visits every year)	\$0 (up to twelve visits every year)	\$0 (up to twelve visits every year)	\$0 (up to twelve visits every year)

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Meals	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter items (OTC)	See Extra Benefits row above for OTC details	See Extra Benefits row above for OTC details	See Extra Benefits row above for OTC details	See Extra Benefits row above for OTC details	See Extra Benefits row above for OTC details
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.	Members are eligible for an alert system through LifeStation.
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)	\$0 (48 one-way trips every year)

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Assure Plan (HMO D-SNP) H3146-002 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-003 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-008 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-009 Monthly Plan Premium: \$0	Aetna Medicare Assure Plan (HMO D-SNP) H3146-015 Monthly Plan Premium: \$0
Rx deductible	\$0	\$0	\$0	\$0	\$0
Generic (including brand drugs treated as generic)	\$0	\$0	\$0	\$0	\$0
All other drugs	\$0	\$0	\$0	\$0	\$0

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our DSNPs 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. Out-of-network/non-contracted providers are under no obligation to treat plan 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.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

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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