



# 2023 Plan Guide

## NC-MAONLY

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information about this plan, 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.

Benefits listed are for services received in-network and per visit unless otherwise stated	<b>Aetna Medicare Eagle Plan (PPO)</b> H5521-241 <b>Monthly Plan Premium: \$0</b>
Service area	NC-Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cherokee, Clay, Cleveland, Columbus, Craven, Cumberland, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Northampton, Orange, Pamlico, Pender, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Warren, Wayne, Wilkes, Wilson, Yadkin, Yancey
Part B premium reduction	\$50
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.
<b>Hospital coverage</b>	
Inpatient hospital care	\$300 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.
Outpatient hospital	\$35 - \$245 Lower cost sharing is for outpatient hospital services other than surgery.
Ambulatory surgery center (ASC)	\$245
Skilled nursing facility	\$0 per day, days 1-20; \$196 per day, days 21-100 Our plan covers up to 100 days per benefit period.
<b>Doctor visits</b>	
Primary care physician (PCP)	\$0
PCP referrals	This plan doesn't require a referral to see a specialist.
Specialist	\$35
<b>Emergency and urgent care</b>	
Emergency care	\$90
Urgently needed services	\$0 - \$35 Lower cost sharing is for services provided by your primary care physician in their office.
Worldwide coverage (i.e., outside of the United States)	\$90 for emergency and urgent services worldwide. \$250,000 maximum benefit.
<b>Diagnostic testing</b>	
X-rays and diagnostic radiology (e.g., CT Scan, MRI)	X-rays: \$14  Diagnostic radiology: \$0 - \$100 Lower cost sharing is for services provided by your primary care physician in their office.
Lab services	\$0
<b>Dental, vision and hearing (non-Medicare covered)</b>	
Dental services	\$3,000 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined.  Aetna Dental PPO Network
Routine eye exam	\$0 (one exam every year)

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
Eyewear	\$300 reimbursement** every year.  You can see any licensed U.S. provider. Discounts may be available when seeing an EyeMed provider.
Routine hearing exam	\$0 (one exam every year)  All appointments should be scheduled through NationsHearing.
Hearing aids	\$0 copay with a \$1,250 (per ear) maximum benefit every year.  All hearing aids must be purchased through NationsHearing.
<b>**Member pays the provider upfront and we pay the member back. Plan coverage rules apply.</b>	
<b>Therapy</b>	
Physical and speech therapy	\$35
Occupational therapy	\$35
Outpatient mental health therapy (individual)	\$40
<b>Ambulance</b>	
Ground ambulance (one-way trip)	\$260
Air ambulance (one-way trip)	\$260
<b>Equipment and prosthetics</b>	
Durable medical equipment	20%
Prosthetics	20%

Additional benefits	Aetna Medicare Eagle Plan (PPO) H5521-241 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.
Fitness	Physical fitness program: Basic membership at participating SilverSneakers® facilities.
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.
Over-the-counter items (OTC)	\$150 quarterly to be used towards items from our OTC catalog such as pain relievers, cold remedies and vitamins.
Transportation	\$0 (48 one-way trips every year)
Visitor/travel benefit	Explorer program: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Eagle Plan (PPO) H5521-241 Monthly Plan Premium: \$0
Rx deductible	No Part D benefit Cannot add a Part D plan
Tier 1 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	No Part D benefit Cannot add a Part D plan
Tier 2 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	No Part D benefit Cannot add a Part D plan
Tier 3 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	No Part D benefit Cannot add a Part D plan
Tier 4 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	No Part D benefit Cannot add a Part D plan

Prescription drugs (Retail/Mail Pharmacy)	Aetna Medicare Eagle Plan (PPO) H5521-241 Monthly Plan Premium: \$0
Tier 5 Drugs: <ul style="list-style-type: none"> <li>• Retail: 30-day supply</li> <li>• Retail/Mail: 100-day supply</li> </ul>	No Part D benefit Cannot add a Part D plan
Gap coverage	No Part D benefit Cannot add a Part D plan

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 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.

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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