Market-specific training for 2027

MidSouth

September 2026

Thomasina McGee

Broker Manager Triangle/ Eastern NC

Please scan the QR Code for attendance

QR Code web link

Please submit your information below within the form

Market Event ID

ME-

Name

- Please enter your First AND Last Name

NPN

- Enter your National Producer Number

Market

- Mid-South

Presenter

- **Thomasina McGee**

Thank you for attending!

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Before we begin

Important reminders

- You are not permitted to market or advertise 2027 plans or benefits until October 1, 2026 (even for October 1 sales events). And you must be ready to sell for 2027 before doing so.
- You cannot solicit or accept any enrollment application for 2027 plans prior to the start date of the Annual Election Period (AEP) on October 15.
- You're required to follow all Aetna® and Centers for Medicare & Medicaid (CMS) requirements when marketing or selling our products.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Your Aetna Medicare sales team

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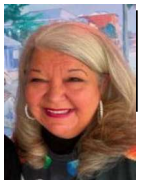

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How can your Midsouth Market Associate help you?

Market Associates support brokers in their market with broker issues, assistance during market events, and perform trainings on broker systems.

Raven Mitchell
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Broker Status	Aetna Tools	Commissions	Enrollment
• Annual certifications • Direct to market contract invitations • Individual and agency authorized contact updates • License and appointment requirements • Multi-factor authentication data • Contract changes and Notice of Intent/Transfer • Onboarding • Ready to sell (RTS) status	• Producer World, Aetna Marketing Portal, SilverScript Agent Portal, and AetnaMedicare.com • Plan-specific webpages and plan documents • Provider/Facility network status and provider directories • PCP and Provider identification numbers • Think Agent tools and registration	• Agent of Record* • Compensation • Updating EFT information instruction • HRA payments • Sales incentive payment research **Member initiated AOR changes cannot be submitted to Market Associates or Broker Managers. See Producer World for correct procedure for member initiated AOR requests.*	• MA/MAPD and PDP plan information • Plan benefit clarification • Member ID card replacement and temporary card production • National reciprocity clarification • Pending/denied applications • Application status • Broker attestation forms • D-SNP eligibility verification • Election period education

Market Associates cannot assist with member issues, including demographic updates, PCP changes, claims or billing issues, predeterminations, prior authorizations, reinstatements, Medicaid/LIS eligibility, late enrollment penalties, or premium issues. **Members should call the Customer Service number on the member ID card** for assistance with these items.

Market Associates cannot assist with Medicare Supplement questions or issues, including contracting, compensation, plan availability, enrollment eligibility, quotes, and premium payments. **Brokers should contact 866-272-6630 or AetSSIInformation@aetna.com** for Medicare Supplement support.

The Aetna advantage

High-quality plans, satisfied members and better retention — helping you build a stronger, more stable book of business.

Proven quality at scale

81% of Aetna MA members are in plans rated **4 Stars** or higher in 2026

63% of Aetna MA members are in a **4.5-Star** plan for 2026

Ranked **#1** among for-profit managed care organizations with over 250K Medicare members

Claim is based on 2026 Star Ratings data published by the Centers for Medicare & Medicaid Services on October 9, 2025, and MA and MAPD enrollment as of September 2025.

Aetna is proud to be named a 2026
"Best Medicare Advantage Company."

What members are saying:

"Aetna has worked well for both me and my wife. When either of us have questions, Aetna is there with the answers. And we've actually saved money!"
– Aetna Medicare Member

"The fact that an insurance provider is paying this close attention is amazing. Thank you Aetna for being proactive and invested in our health."
– Aetna Medicare Member

Everything you need to sell, enroll and support members

Producer World®
Your go-to hub for tools, training and updates

Enrollment kits
Materials to support your sales conversations

AetnaMedicare.com for Producers
Plan info and sales support

ThinkAgent™
Digital tools to streamline the enrollment

Aetna Marketing Portal (AMP)
Order and customize marketing materials

Provider search tool
Help members find care that fits their needs

Producer Guide
Everything you need to know, all in one place

BenefitsCheckUp®
Help clients discover benefits they may qualify for

Aetna® Medicare website
Plan details, resources and support for members

IVL Medicare certification
Get certified for the upcoming plan year

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Digital enrollment on the go: Think Agent

Think Agent is a full stack electronic enrollment solution built for agents, featuring powerful sales tools to verify eligibility, shop plans, and enroll every Individual Aetna Medicare product.

Features include

- Six unique options to enroll
- All Aetna Medicare products
- Offline enrollment application
- Medicare number validation
- Medicaid and LIS eligibility verification
- Scope of Appointment by email or phone
- Search providers, drugs and pharmacies
- Ready-to-sell status verification

For assistance with registering, logging in, reporting or other technical issues, please email **Support@ThinkAgent.com** or call 1-866-714-9301 and select option #5.

Six options to enroll

Send for e-signature | Email kit (eKit) | Face-to-face | Video appointment | Personalized URL (PURL) | Phone (CARE)

How to get Think Agent

With a valid NPN, you can download the Think Agent app from the Apple and Google Play stores or visit **app.thinkagent.com** on your computer, and select "Sign up"

The following business day, you will receive two emails:

- Your username and a link to start registration
- Your registration PIN (case sensitive)

Follow the directions provided in the emails to finish your registration.

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PCP Selection Requirement

Primary Care Physician (PCP) selection is required on many 2027 Aetna Medicare plans (including some PPO plans). Help ensure your clients are connected to the right PCP.

If no PCP is selected on plans that require one, a PCP will be auto-assigned based on availability and proximity.

What brokers should do:

- Enter complete PCP details during enrollment:
  - PCP name
  - **Provider ID & Primary Care ID** (required)
- Confirm the provider is a **valid PCP,** not a specialist
- Populate the **"current patient"** indicator when applicable

Current members enrolled in a plan that now requires PCP selection and do not have a PCP on file will be automatically assigned a PCP unless they contact Member Services to choose one.

Why PCP Assignment Matters

- Helps members stay with their preferred provider
- Supports care coordination and better health outcomes
- If incorrect, member may need ID card reissued
- Incorrect PCPs can lead to complaints, grievances, or disenrollment

Services Fee for Brokers

EARN $15

Submit an enrollment **with an in-network PCP selected on a PCP required plan –** if the member stays enrolled for 90 days, **brokers earn $15.**

Auto-assigned PCPs do not qualify brokers for this services fee.

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Health Risk Assessment (HRA)

An HRA is a quick post-enrollment survey that collects key health information from new SNP members so we can connect them with appropriate care and support programs early in their plan year.

How does it work?

- You enroll your client in a SNP* through Think Agent or another applicable electronic enrollment tool.
- After submitting the enrollment and before you close the application, you can initiate the HRA.
- Next, invite your client to participate in the HRA. They can consent or decline.
- The HRA takes less than 10 minutes, and you'll submit their answers.
- The survey must be completed in full to receive the administration payment.

Administrative fee

You can earn an administrative fee of **$50** each time you help one of these clients complete the HRA.

When is the deadline?

You can submit completed HRAs the same day you enroll your client or the next day (i.e., the day your client enrolls into a plan, plus one additional day).

Critical for SSBCI Eligibility in 2027: The HRA is one of the key data sources Aetna uses to verify SSBCI eligibility, including for the Extra Supports Wallet. It is important to make sure it is filled out ***completely, accurately***, and ***timely***.

One Broker. One Broker Manager.

What's Changing

- **One accountable Broker Manager per Broker**
- Aetna's internal process for assigning a Broker to a Broker Manager will be based on their resident state, their RTS status and will go down to the county level
- Cross-market selling (no reassignment)

What this Means

Each Broker has:

- One clear relationship owner
- Consistent experience

Your Broker Manager will:

- Support you and your business no matter where you sell
- Support you as you expand into new markets

Why It Matters

- Creates clear accountability
- **Seamless broker experience across all markets**

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Agent of Record (AOR) Retention Policy

Your Value

We value the critical role you play in helping your clients understand their plan options and enroll in a plan that best meets their needs.

Our Promise

Our Agent of Record (AOR) retention policy reflects our ongoing commitment to you: **If your client enrolls in a new "like" plan, we will maintain your AOR status regardless of how they enroll -** by phone, online, by paper or directly with you.

Working Together

In member mailings, we will encourage members to **contact their agent for assistance first.**

If members choose to call Member Services or Aetna Telesales, we'll encourage those with an AOR to contact their agent for support. If they wish to proceed, we will assist them, **and you will remain the AOR.**

AOR Retention Conditions and Expectations

- You must be **ready-to-sell** at the time of the plan change.
- **AOR retention only applies to like-to-like plan changes** (e.g., MA-only, MAPD, or SNP). It does not apply when changing between product types (e.g., Individual/Family → MA, Med Supp → MA, or PDP → MA/MAPD). In those cases, you must submit a plan change to remain the AOR.
- If your client **enrolls with another agent, your AOR status will not be retained.**
- If your client's plan is nonrenewing effective December 31, and your client enrolls in a new plan after December 31, you must initiate the plan change to remain as the AOR.

Upcoming change to member-initiated AOR requests

Beginning September 1, **members will no longer be able to request an AOR change by calling Member Services.** Members who want to change their AOR must submit their request to directly to Aetna Medicare Broker Services through one of the following methods:

- Signed letter (handwritten or typed) mailed to: 620 Epsilon Drive, Pittsburgh, PA 15238
- Email: brokersupport@aetna.com

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Senior supplemental ancillary products

Your clients are unique — their coverage should be too.

We offer a complete portfolio of ancillary insurance products in our Protection Series℠ all supported by attentive customer service and prompt claims payments.

Mix and match from our ancillary product portfolio:

Hospital Indemnity Flex
Daily hospital indemnity coverage including outpatient surgical, emergency room and other benefits that coordinate well with most Medicare Advantage programs.

Cancer and Heart Attack or Stroke Plus
Indemnity benefit for first occurrence cancer, heart attack or stroke events with recurrence coverage for individuals and families.

Dental, Vision and Hearing Flex/Plus
Additional coverage for dental, vision and hearing

Home Care Plus
Short-term recuperation indemnity product allowing members to recover at home with unskilled care or in the hospital, even under observation.

Recovery Care/Recovery Care Choice
Short-term recuperation indemnity product for use in the hospital, skilled nursing facility or assisted living facility.

Learn more at: AetnaSeniorProducts.com

Medicare Advantage Products

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Why sell an Aetna Medicare Eagle® plan?

Perfect for clients who don't need drug coverage but want rich supplemental benefits. Help them save while you grow your book.

These plans may be a great fit for:

- **Veterans (65+)** and spouses with VA Health Care or TRICARE for Life
- Individuals who receive prescription benefits through a **State Pharmaceutical Assistance Program (SPAP)** that does not require Part D coverage.
- Individuals who receive creditable drug coverage benefits through a **union or former employer.**
- Individuals **avoiding Part D late-enrollment penalties** but wanting comprehensive medical coverage.

Aetna Medicare Eagle® plans include these benefits & programs:


No premiums


Dental


Vision


Hearing

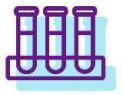

OTC


$0 PCP


Resources For Living®


24-hour Nurse Line


SilverSneakers® Fitness


$0 Lab cost share

MidSouth's Aetna Medicare Eagle® plans include a Part B premium reduction

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Why sell an Aetna Medicare Value Plus plan?

These plans provide additional value for clients who receive Extra Help (LIS Subsidy) as well as additional coverage for clients who are willing to pay a low premium for richer benefits.

Value plans include these benefits & programs:

- No In-network Deductible
- $0 PCP
- OTC
- SilverSneakers® Fitness
- Vision
- Dental
- Hearing
- Lab cost share starting at $0
- $0 T1 Preferred
- $0 T2 Preferred
- Resources For Living®
- 24-Hour Nurse Line

LIS-eligible members get even more benefits...

- $0 premium
- $0 Rx Deductible
- Extra Supports Wallet

Individuals that are eligible for Extra Help and meet SSBCI eligibility criteria receive a quarterly ESW allowance.

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Why sell an Aetna Medicare Prime HMO plan?

Prime plans are for cost-conscious consumers willing to use a narrower provider network for richer benefits. HMO plans emphasize coordinated, value-driven care through a local network.

Prime HMOs offer:

- Affordable coverage
- Enhanced benefits
- Curated, market-specific HMO networks with VBC and high-value provider partners

Prime HMO plans include these benefits & programs:

- $0 premium
- $0 PCP
- Dental
- Vision
- Hearing
- Resources For Living®
- 24-Hour Nurse Line
- No In-network Deductible
- OTC
- SilverSneakers® Fitness
- $0 cost share on select Labs

Prime Plan Provider Groups:

Atrium Health

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Choosing the right network for the right member

HMO and PPO plans address different member needs. HMO plans emphasize coordinated, value-driven care through a local network, while PPO plans offer greater provider access and flexibility.

HMO: Best value when care stays local

- Designed to maximize value within a local provider network
- Supports stronger primary care coordination
- Often offers richer benefits and lower member cost sharing
- Typically provides more predictable out-of-pocket costs

Some HMO plans include expanded national access features; members should confirm provider availability before enrolling

PPO: Greater flexibility for broader access needs

- Provides broader provider access, typically with higher costs when using out-of-network care
- Well-suited for members who live, work, or receive care across multiple markets
- Delivers in-network savings while maintaining out-of-network options
- A strong choice for members willing to pay more for added flexibility and provider choice

Essential benefits and programs

All plans include

Preventive Services: Annual wellness visits, Mammograms, Colonoscopies, Cardiovascular disease screenings, and more

Vaccine coverage: Members can get preventive vaccines like COVID-19, flu, pneumonia and shingles, at our large network pharmacies — often with no appointment and $0 cost share

Dental, Vision, and Hearing Benefits: Minimum of preventive dental on all plans, plus benefits for eyewear and hearing aid coverage

$0 Tier 1 Preferred Rx copay (MAPD plans): $0 copay at preferred pharmacies for Tier 1 drugs.

SilverSneakers®: SilverSneakers gives members access to fitness programs, gym memberships and wellness resources

Diabetic supplies & Continuous Glucose Monitors (CGMs):

- Blood glucose monitors and test strips are covered through **Accu-Chek/Roche** and **TRUE/Trividia.**
- CGMs, like **Dexcom** and **FreeStyle Libre**, are covered under Part B with up to 20% in-network cost.

Some plans have added benefits

Travel Advantage and Explorer

Travel Advantage (available on select HMO plans) and **Explorer** (available on PPO plans) allow members to remain outside their service area for up to 12 months. During this time, members can access Aetna's national network, pay in-network cost shares and must follow standard plan rules, including primary care physician (PCP) selection and referral requirements, where applicable.

Alternative medicine benefits

Medicare covers chiropractic care for spinal subluxation and acupuncture for chronic low-back pain. Some Aetna plans go further, offering additional routine chiropractic and acupuncture services beyond Medicare coverage.

Podiatry

Some plans offer 6, 12, or 24 visits annually for NMC Podiatry services.

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Care Beyond the Doctor's Office

Aetna surrounds the member with resources to improve care access, guidance, coordination and support outside of traditional physician visits. Extending care beyond the exam room, members can...

Get Guidance

24-Hour Nurse Line

For quick answers to health questions. The phone number is located on the back of the member's ID card.

Access Care

MinuteClinic® In-person and video visits

Members can schedule in-person or virtual care 24/7 via the website or CVS Health® app (available in 48 states).

Teladoc®

Provides telephonic or video visits for general medical needs, for the same cost as a PCP visit. Members will need to contact Teladoc directly to register.

Get Support

Care management team

Available on D-SNP and C-SNP plans, care managers work to coordinate services, support treatment plans, prevent complications, and close gaps in care. These programs are supported by nurses, social workers, pharmacists, behavioral health specialists, and dietitians who collaborate to manage and advocate for each member's care.

Healthy Home Visit program

signifyhealth.

Allows our members to receive a non-invasive health exam and assessment performed by a licensed clinical provider, at no additional cost through **Signify Health**.

The Healthy Home Visit does not replace the member's PCP. Instead, it provides the member a chance to receive preventive care in addition to their annual PCP appointment.

Resources for Living

Connects members and their loved ones to local community resources – at no cost. Dedicated consultants can research and identify support for a wide range of topics and assist during stressful or emergency situations.

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Aetna Resources For Living® program

No-cost support

Connects members and their loved ones to local community resources – at no cost.

Saves time and reduces stress

Dedicated consultants can research and identify support for a wide range of topics, including:

- Senior housing and adult daycare
- Home-delivered meal options
- Caregiver support options
- Community transportation
- Activities at the local senior center

Help during urgent situations

Clients can call during stressful or emergency situations when they need help quickly, but don't have the ability or time to research on their own.

Members will need to schedule and pay for any services they decide to use.

Well-being coaching

Resources For Living also offers **one-on-one coaching at no added cost** to support your personal goals, such as improving physical wellness, building social connections, or focusing on personal growth.

Access for anyone

Fast access for anyone — the member, a spouse, child, grandchild, sibling or friend. Or you can call as their agent.

Available on all MA/MAPD, D-SNP and C-SNP plans.

Unbiased guidance

No financial ties to vendors. Referrals remain neutral and member-focused.

Easy to reach

Members can call Resources For Living at 866-370-4842 (TTY: 711), Monday through Friday, 8 AM to 8 PM ET.

Or they can call Member Services at the number on their member ID card and then ask to be transferred to Resources For Living.

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CY2027 Final Rule: Impacts to SSBCI Eligibility

CMS tightened how SSBCI eligibility is determined for 2027. This is an industry-wide change for all Medicare Advantage plans.

3-prong SSBCI Eligibility Requirements

To qualify for SSBCI benefits, members must meet all three requirements:

- Have one or more chronic condition(s) that are medically complex and life-threatening, or that greatly limit overall health or ability to function; **and**
- Are at high risk for going to the hospital or having other serious health problems; **and**
- Require a high level of care coordination

Additionally, each SSBCI benefit must have a reasonable expectation of improving or maintaining a member's health or overall function.

Key Changes

- **A chronic condition alone is not enough**
- **Self-attestation is no longer allowed**

What this means for Aetna plans:

- Extra Supports Wallet and the High Value Provider Incentive Program remain available in 2027
- Eligibility has changed, not the benefit itself
- **OTC wallets are not affected by SSBCI changes**

CY2027 Final Rule: Impacts to SSBCI Eligibility

The following represents the full set of objective eligibility criteria Aetna will use to determine if a member is eligible for SSBCI benefits*

Clinical Conditions and Diagnoses
- Member has a qualifying chronic or serious health condition (including behavioral health conditions)

Health Status and Functional Needs
- Member has identified difficulty with daily activities (like bathing, dressing, cooking, or managing medications) or overall health limitations.

Patterns of Care and Service Use
- Member regularly uses healthcare services or see multiple providers to manage their care.

Medication and Treatment Complexity
- Member takes multiple medications or follow complex treatment plans.

Changes in Health or Disease Progression
- Members' condition has been identified by their provider or care team as progressing or becoming more complex, and they may benefit from additional support.

Care Management Or Clinician Review
- Members' care team, or provider has identified that they may benefit from additional services.

Health-related Social Needs And Access Barriers
- Member has identified challenges that make it harder to stay healthy or get care—such as access to food, housing, or transportation.

***Some SSBCI benefits have additional eligibility requirements (ex: member must receive Extra Help)**

CY2027 Final Rule: Impacts to SSBCI Eligibility

Eligibility is based on objective, verifiable sources of clinical and health information from:

- Health risk assessments (HRA)
- Annual Wellness Visits (AWV)
- In-home or Healthy Home Visits
- Care management assessments
- Clinical evaluations and provider documentation (i.e., Provider Attestation)
- Claims data and other available health-related information

Important Note

Eligibility is based on documented clinical and health information.

It cannot be determined by requesting services or self-reporting.

No single criterion guarantees eligibility. Determinations are based on a combination of these criteria.

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CY2027 Final Rule: Impacts to SSBCI Eligibility

How You Can Help

- Complete the **Health Risk Assessments (HRA)**
- Encourage members to see their **PCP**
- Educate clients on **Healthy Home Visits** available through Signify Health
- SNP members may be contacted by a **Care Manager** who can provide support and help coordinate their care.
    - Encourage members to answer calls from their health plan so they don't miss important healthcare information, services, and support.

Member Notification

Current Aetna Members will receive SSBCI eligibility letters in October notifying them of their 2027 status.

Look for more information on notification of your member's 2027 SSBCI status.

Extra Supports Wallet eligibility

The Extra Supports Wallet is a Special Supplemental Benefits for the Chronically Ill (SSBCI) benefit. Determine eligibility requirements for the Extra Supports Wallets (ESW) for each plan type

Plan type	Eligibility criteria	Determination process
Aetna Medicare Value plans (Value Care)	**3-prong SSBCI eligibility** ✓ Qualifying chronic condition; and ✓ High risk of hospitalization or adverse health outcomes; and ✓ Intensive care coordination required **+ Extra Help**	• **New members** qualify via Extra Help status + data-mined 3-prong SSBCI eligibility criteria and provider attestation. • **Renewing members** qualify via Extra Help status + data-mined 3-prong SSBCI eligibility criteria.
D-SNP & C-SNP plans	**3-prong SSBCI eligibility**	**Members transition from an OTC wallet to the ESW once SSBCI criteria is met.** • **New members** qualify via data-mined 3-prong SSBCI eligibility criteria and provider attestation. • **Renewing members** qualify via data-mined 3-prong SSBCI eligibility criteria.

Extra Benefits Card wallets

Most plans will have an Extra Benefits Card with either the CVS OTC Wallet or OTC Wallet.

CVS OTC Wallet

OTC health and wellness products

Members can purchase products in store at any **CVS retail location** (excluding locations inside other stores) and online or by phone through **CVS Flex Benefits.**

OTC Wallet

OTC health and wellness products

Members can purchase products in store at **participating retail locations including CVS® retail stores** (excluding locations inside other stores) and online or by phone through **CVS Flex Benefits.**

Participating retail stores for the OTC Wallet

And More! Key retailers possibly coming in 2027: Weiss, Target & 7 Eleven

Our network of participating retail stores is **BIG**, with over **70,000 locations nationwide.**

Extra Benefits Card wallets

One Extra Benefits Card may include one or more wallets depending on the plan.

Extra Supports Wallet (ESW)

- Healthy foods
- OTC
- Transportation
- Utilities
- Personal care products

Members must meet certain eligibility criteria to qualify for this wallet.

Extra Supports HVP Wallet

Eligible members who receive the Extra Supports Wallet and select a qualifying HVP (high value provider), receive **$30 in their Extra Supports HVP Wallet** for healthy foods, OTC, personal care products, transportation, and utilities.

Members must meet certain eligibility criteria to qualify for this wallet.

NEW 7/1/2026:

Fresh, prepared meals delivery offered through **Nations Meals** on Extra Supports Wallet

Our network of participating retail stores is **BIG**, with over **70,000 locations nationwide.**

Participating retail stores for the ESW Wallet

CVS pharmacy, Walmart, Kroger, giant eagle, Sam's Club, Albertsons, Family Dollar, Dollar General, Costco Wholesale

And More! Key retailers possibly coming in 2027: Weiss, Target & 7 Eleven

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Dental, vision and hearing designs

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Supplemental Vision benefit:

EyeMed

All Aetna plans with EyeMed include the following:

- One annual routine eye exam and one refraction, plus an annual allowance for prescription eyewear, including glasses and contact lenses.
- Annual allowances vary by plan. Any amount over the allowance will be paid by the member at point of sale.
- **Out-of-network benefits are available on PPO plans only**. PPO members may save on routine eye exams and refractions by seeing an in-network provider.
    - Out of network benefits may need to be reimbursed to the member if their OON provider does not bill EyeMed

Aetna members can schedule appointments with any of EyeMed's vision providers. To find an in-network vision provider, members can visit **AetnaMedicareVision.com** or call the phone number on their ID card.

Hearing aid benefit:

NationsHearing allowance benefit

NationsHearing hearing aid benefit — allowance

NationsHearing provides coverage for **one annual non-Medicare-covered (NMC) routine hearing exam and fitting at a $0 copay.**

Members receive coverage up to their **annual allowance amount toward the purchase of hearing aids.**

Hearing aids must be purchased through our exclusive vendor, NationsHearing.

To schedule:

- **Call 1-877-225-0137** (Monday to Friday, 8 AM to 8 PM local time, excluding federal holidays)
- **Or visit NationsHearing.com/Aetna**

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Dental benefit: Preventive Only

What's covered

This design covers preventive dental services such as exams, cleanings and X-rays.

Frequency limits apply to services.

Dental network options

INN and out-of-network (OON) coverage options:

- Preventive Only PPO mandatory

Member pays

INN coverage:

- $0 member copay for covered preventive services

OON coverage (where offered):

- Plans with OON coverage have 50% member coinsurance for covered preventive services

Dental benefit: Deluxe Dental (Embedded)

What's covered

This design covers routine preventive dental services plus additional comprehensive services with member cost sharing.

Comprehensive services include crowns, bridges, dentures, the removal of impacted teeth and general anesthesia.

Annual allowance limits vary by plan and frequency limits apply to services. Preventive services do not accrue toward annual allowance limits, only comprehensive services accrue.

Frequency limits, medical necessity review, claim edits and alternate benefits apply to covered services.

Dental network options

In-network (INN) only options:

- Deluxe EPO mandatory
- Deluxe EPO mandatory 50

INN and out-of-network (OON) coverage options:

- Deluxe EPO POS mandatory
- Deluxe PPO mandatory
- Deluxe PPO Mandatory 50/30

Member pays

INN coverage:

- **Preventive Services**: all Deluxe designs have $0 member copay for covered preventive services
- **Comprehensive Services:** Deluxe designs have 20% to 50% or flat 50% member coinsurance for covered comprehensive services, depending on the design

OON coverage (where offered):

- **Preventive Services:** all Deluxe designs have 50% member coinsurance for covered preventive services
- **Comprehensive Services:** Deluxe designs have 50% to 70% or flat 70% coinsurance for covered comprehensive services, depending on the design

Dental benefit: Essential Dental

What's covered

This design covers most ADA-recognized dental services, excluding implants, orthodontics, cosmetic services, those considered medical in nature and administrative charges.

Annual allowance limits vary by plan. Both preventive and comprehensive services accrue toward the annual allowance.

Medical necessity review, claim edits and alternate benefits apply to covered services.

Dental network options

In-Network (INN) and out-of-network (OON) coverage options:

- Essential PPO 100/50

Member pays

INN coverage:

- $0 member copay for covered services

OON coverage (where offered):

- 50% member coinsurance for covered services

Dental benefit: Enhanced SNP Dental

What's covered

This design covers most ADA-recognized dental services, excluding implants, orthodontics, cosmetic services, those considered medical in nature and administrative charges.

Annual allowance limits vary by plan. Both preventive and comprehensive services accrue toward the annual allowance.

Frequency limits, medical necessity review, claim edits and alternate benefits apply to covered services.

Dental network options

In-network (INN) only options:

- Enhanced SNP EPO mandatory

Member pays

INN coverage:

- $0 member copay for covered services

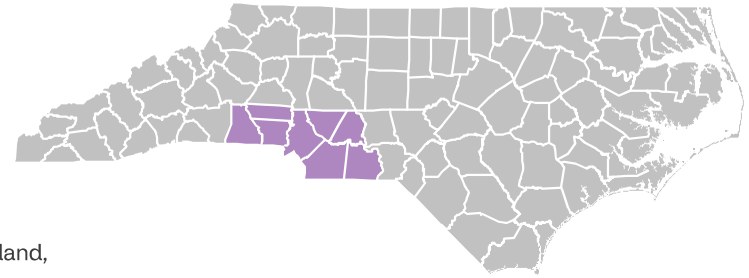
Submarket highlights

MidSouth

NC Charlotte

Medicare eligibles:

366,522



Service area:

Anson, Cabarrus, Cleveland, Gaston, Lincoln, Mecklenburg, Stanly, Union

Current

NC Charlotte submarket insights

- **14.9%** market share of Medicare Advantage population
- **27,122** enrolled in Aetna Medicare Advantage plans
- **2,157** newly enrolled in 2026 AEP

4+ Star Ratings — 2026

Contract	2026 Star Rating
H3146	★★★★½
H5521	★★★★½

Reflects 2026 CMS annual Star Ratings for quality and service performance.

Network highlights

- ✓ CenterWell
- ✓ Tryon
- ✓ Oak Street Health
- ✓ OneMedical
- ✓ Atrium / Advocate
- ✓ Novant Health
- ✓ UNC Health
- ✓ Duke Health
- ✓ Wake Forest Baptist
- ✓ Piedmont Healthcare
- ✓ Hopscotch
- ✓ Mission Health System (HCA)
- ✓ Cone Health
- ✓ CaroMont Health
- ✓ Aledade
- ✓ Archwell

Plus, access to Aetna's national network on most plans. Consult the online provider directory for full list of providers.

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MidSouth

NC Eastern

Medicare eligibles:

225,618

Service area:

Beaufort, Bertie, Camden, Chowan, Currituck, **Dare**, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne

New

Current

NC Eastern submarket insights

- **8.3%** market share of Medicare Advantage population
- **8,344** enrolled in Aetna Medicare Advantage plans
- **1,958** newly enrolled in 2026 AEP

4+ Star Ratings — 2026

Contract	2026 Star Rating
H3146	★★★★½
H5521	★★★★½

Reflects 2026 CMS annual Star Ratings for quality and service performance.

Network highlights

- ✓ CenterWell
- ✓ Oak Street Health
- ✓ Novant Health
- ✓ UNC Health
- ✓ Duke Health
- ✓ Wake Forest Baptist
- ✓ Vidant (ECU Health)
- ✓ Mission Health System (HCA)
- ✓ Physicians East
- ✓ Aledade
- ✓ WakeMed
- ✓ East Carolina Health
- ✓ Boice-Willis Clinic
- ✓ Goshen Medical Center
- ✓ Albermarle Physician
- ✓ Mount Olive Family Medical Center
- ✓ Greenville Family Doctors

Plus, access to Aetna's national network on most plans.
Consult the online provider directory for full list of providers.

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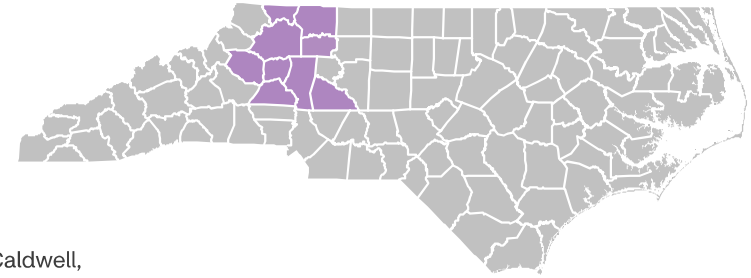
MidSouth

NC Piedmont

Medicare eligibles:

197,967



Service area:

Alexander, Alleghany, Caldwell, Catawba, Iredell, Rowan, Surry, Wilkes, Yadkin

Current

NC Piedmont submarket insights

- **11.9%** market share of Medicare Advantage population
- **13,179** enrolled in Aetna Medicare Advantage plans
- **1,610** newly enrolled in 2026 AEP

4+ Star Ratings — 2026

Contract	2026 Star Rating
H3146	★★★★½
H5521	★★★★½

Reflects 2026 CMS annual Star Ratings for quality and service performance.

Network highlights

- ✓ CenterWell
- ✓ Oak Street Health
- ✓ One Medical
- ✓ Atrium/CHS
- ✓ CaroMont Regional
- ✓ Aledade
- ✓ Cornerstone
- ✓ Duke LifePoint
- ✓ Duke University
- ✓ UNC Health System
- ✓ WakeMed
- ✓ Wake Forest Baptist Health
- ✓ Chess
- ✓ Novant
- ✓ Piedmont Healthcare Sr Care
- ✓ Blue Ridge Healthcare
- ✓ Frye Regional
- ✓ Mooresville PPM

Plus, access to Aetna's national network on most plans.
Consult the online provider directory for full list of providers.

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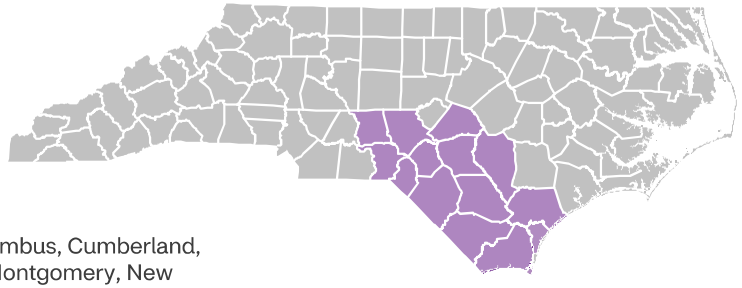
MidSouth

NC Sandhills

Medicare eligibles:

351,568



Service area:

Bladen, Brunswick, Columbus, Cumberland, Harnett, Hoke, Moore, Montgomery, New Hanover, Pender, Richmond, Robeson, Sampson, Scotland

Current

NC Sandhills submarket insights

- **9.2%** market share of Medicare Advantage population
- **14,130** enrolled in Aetna Medicare Advantage plans
- **2,845** newly enrolled in 2026 AEP

4+ Star Ratings — 2026

Contract	2026 Star Rating
H3146	★★★★½
H5521	★★★★½

Reflects 2026 CMS annual Star Ratings for quality and service performance.

Network highlights

- ✓ CenterWell
- ✓ Oak Street Health
- ✓ Atrium / Advocate
- ✓ Novant Health
- ✓ UNC Health
- ✓ Duke Health
- ✓ Cape Fear Valley
- ✓ Vidant (ECU Health)
- ✓ WakeMed
- ✓ McLeod
- ✓ Pinehurst Medical Clinic
- ✓ Aledale
- ✓ Cumberland County Hospital
- ✓ SE Regional Physiscians
- ✓ Wilmington Health
- ✓ First Health
- ✓ Goshen Medical
- ✓ Clinton Medical Clinic
- ✓ Scotland Memorial Hospital

Plus, access to Aetna's national network on most plans. Consult the online provider directory for full list of providers.

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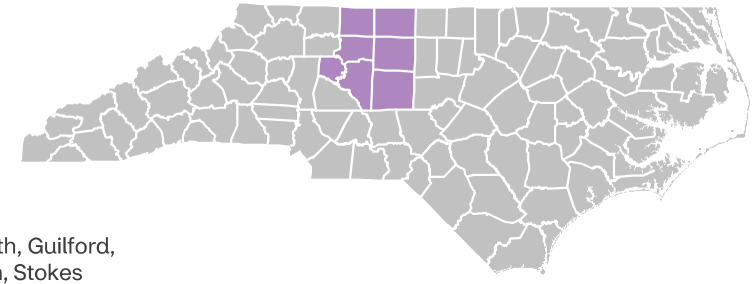
MidSouth

NC Triad

Medicare eligibles:

317,682



Service area:

Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes

Current

NC Triad submarket insights

- **9.5%** market share of Medicare Advantage population
- **18,823** enrolled in Aetna Medicare Advantage plans
- **988** newly enrolled in 2026 AEP

4+ Star Ratings — 2026

Contract	2026 Star Rating
H3146	★★★★½
H5521	★★★★½

Reflects 2026 CMS annual Star Ratings for quality and service performance.

Network highlights

- ✓ CenterWell
- ✓ Archwell
- ✓ Oak Street Health
- ✓ One Medical
- ✓ Atrium / Advocate
- ✓ Novant Health
- ✓ UNC Health
- ✓ Duke Health
- ✓ Wake Forest Baptist
- ✓ Moses Cone / Triad Health Network
- ✓ WakeMed
- ✓ Bethany Medical Center
- ✓ Aledade
- ✓ Lexington Family Physicians
- ✓ Piedmont Healthcare

Plus, access to Aetna's national network on most plans.
Consult the online provider directory for full list of providers.

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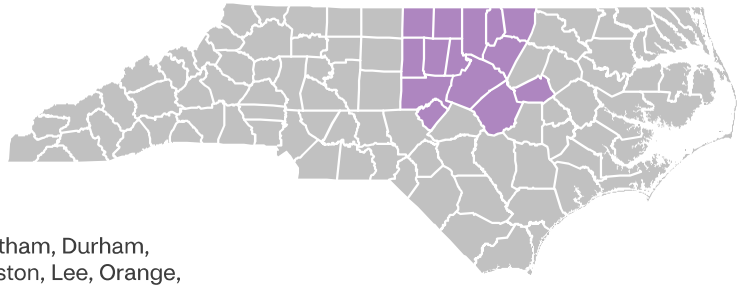
MidSouth

NC Triangle

Medicare eligibles:

471,701



Service area:

Alamance, Caswell, Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, Warren, Wilson

Current

NC Triangle submarket insights

- **12.6%** market share of Medicare Advantage population
- **24,664** enrolled in Aetna Medicare Advantage plans
- **3,850** newly enrolled in 2026 AEP

4+ Star Ratings — 2026

Contract	2026 Star Rating
H3146	★★★★½
H5521	★★★★½

Reflects 2026 CMS annual Star Ratings for quality and service performance.

Network highlights

- ✓ CenterWell
- ✓ Oak Street Health
- ✓ OneMedical
- ✓ Atrium / Advocate
- ✓ Novant Health
- ✓ UNC Health
- ✓ Duke Health
- ✓ Wake Forest Baptist
- ✓ Cape Fear Valley
- ✓ Vidant (ECU Health)
- ✓ Moses Cone / Triad Health
- ✓ WakeMed
- ✓ Aledale
- ✓ Pinehurst Medical
- ✓ Triangle Community Physicians
- ✓ Millenium
- ✓ Granville Health System
- ✓ Raleigh Durham Medical Group

Plus, access to Aetna's national network on most plans.
Consult the online provider directory for full list of providers.

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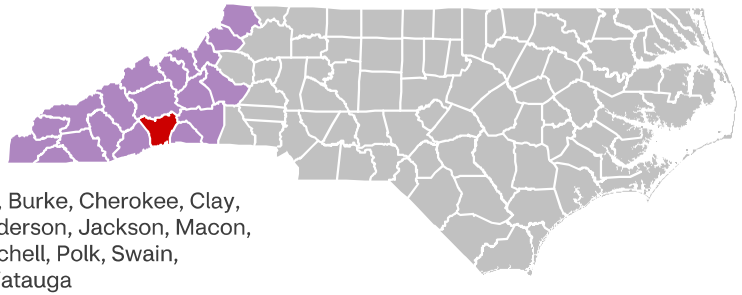
MidSouth

NC Western

Medicare eligibles:

280,062



Service area:

Ashe, Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Yancey, Watauga

Current

SAR

NC Western submarket insights

- **13%** market share of Medicare Advantage population
- **14,712** enrolled in Aetna Medicare Advantage plans
- **2,977** newly enrolled in 2026 AEP

4+ Star Ratings — 2026

Contract	2026 Star Rating
H3146	★★★★½
H5521	★★★★½

Reflects 2026 CMS annual Star Ratings for quality and service performance.

Network highlights

- ✓ CenterWell
- ✓ Oak Street Health
- ✓ Atrium / Advocate
- ✓ Novant Health
- ✓ UNC Health
- ✓ Duke Health
- ✓ Wake Forest Baptist
- ✓ Mission Health System (HCA)
- ✓ Moses Cone / Triad Health Network
- ✓ Chess
- ✓ Aledade
- ✓ Blue Ridge Healthcare Medical Group
- ✓ Hopscotch
- ✓ Western Carolina

Plus, access to Aetna's national network on most plans.
Consult the online provider directory for full list of providers.

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Dual Eligible Special Needs Plans (D-SNPs)

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Dual Eligible Special Needs Plans (D-SNPs)

Key benefits and programs on D-SNPs include:

- No premiums
- Dental
- Vision
- Hearing
- $0 (tier 1/tier 2)
- $0 PCP
- OTC
- SilverSneakers® Fitness
- Fall prevention
- Personal Emergency Response System
- Care management
- Post-discharge meals
- Resources For Living®

Extra Benefits Card (EBC)

All D-SNP members get a **monthly OTC Wallet on an Extra Benefits Card** for approved over-the-counter items.

OTC Wallet upgrades to an **Extra Supports Wallet**, when members meet 3-prong SSBCI eligibility, which adds spending categories beyond OTC, including:

- Healthy food
- Transportation
- Utilities
- Personal care supplies
- OTC

HVPIP: Eligible members receive $30 on Extra Supports HVP Wallet when they select a qualified high-value provider.*

**Care in a D-SNP plan name indicates HVPIP allowance available.*

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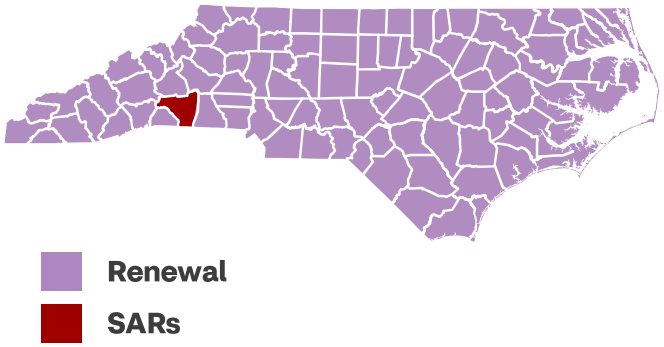
North Carolina D-SNP Service Area

D-SNP county map



Aetna Medicare Full Dual (HMO D-SNP) H3146-002:

FBDE QMB+ SLMB+

County Footprint: Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey

Aetna Medicare Full Dual Care (HMO D-SNP) H3146-022:

FBDE QMB+ SLMB+

County Footprint: Alamance, Alexander, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Durham, Forsyth, Gaston, Guilford, Harnett, Haywood, Hoke, Iredell, Johnston, Mecklenburg, Moore, Nash, New Hanover, Orange, Randolph, Richmond, Rockingham, Scotland, Union, Wake

Chronic Condition Special Needs Plans (C-SNPs)

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Chronic Special Needs Plans (C-SNPs)

Aetna C-SNPs offer year-round enrollment, specialized coverage, tailored support and richer supplemental benefits compared to other general enrollment plans.

C-SNP Insights

- **80%** of Medicare beneficiaries live with at least **one chronic condition**
- Nearly **45%** of Medicare eligibles qualify for a C-SNP
- Many of them are not eligible for a D-SNP
- C-SNP members are more likely to stay enrolled and engaged
- Enhanced benefits and care coordination drive real value
- **86% of seniors have never heard of C-SNP**

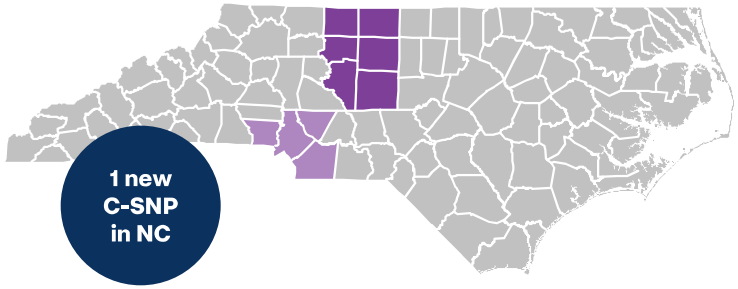
Source: Acxiom Infobase, MRI Simmons Spring 23, Morning Consult custom C-SNP Omnibus study April 2024

Medicare beneficiaries can enroll if they have at least one of these qualifying conditions:

- **Diabetes Mellitus** (high blood sugar)
- **Chronic Heart Failure** (CHF) (heart is unable to pump blood as it should)
- **Cardiac arrhythmias** (irregular heartbeats)
- **Coronary artery disease** (blocked blood vessels in the heart)
- **Peripheral vascular disease** (poor circulation in the arms and legs)
- **Valvular heart disease** (damage of flaps in the heart that control blood flow)

North Carolina C-SNP plan availability

C-SNP county map



Chronic Care C-SNP

For members with an eligible chronic condition.

Aetna Medicare Chronic Care (HMO C-SNP) H3146-037

County Footprint: Cabarrus, Gaston, Mecklenburg, Union

NEW: Aetna Medicare Chronic Care (HMO C-SNP) H3146-053

County Footprint: Davidson, Forsyth, Guilford, Randolph, Rockingham, Stokes

C-SNP Message Clarity

The Right Member	**C-SNP is designed for people with chronic health needs – not financial status**
The Right Fit	**C-SNP is not a replacement for D-SNP** It is a specialized solution for members with chronic conditions. “We can continue supporting the member because their chronic condition didn’t disappear when Medicaid eligibility changed.”
The Right Support	**The plan is built around the condition – not simply around benefits that show up on paper.** Care model, care management, and member experience are what sets Aetna apart.
The Right Value	**Value = better health support + financial relief** Focusing only on dollars and benefits turns the conversation into a comparison of numbers. Focusing on how the plan supports the member's health creates a stronger value story.

C-SNP qualifications and enrollment

1 Initial enrollment and PQAT collection process

- Member enrolls via paper or electronic application with broker
- **Prequalification Assessment Tool (PQAT) completed as part of the application**
- **The form should be completed in its entirety.** If deficiencies are found (including PQAT), standard request for information process is followed
- If deficiencies are resolved, the enrollment is processed
- If not resolved, enrollment will be denied

2 Verification of chronic condition (VCC)

- Aetna captures the health care provider(s) information from PQAT at the time of enrollment
- Aetna connects with the health care provider(s) requesting attestation that member has an eligible chronic condition
- Providers can download the VCC form on Aetna.com, print and return via fax or email

3 Enrollment confirmed or termed

- If health care provider(s) attestation is received by the **end of second month**, member stays enrolled
- If health care provider(s) attestation is not received by the end of second month, member is involuntarily disenrolled

Note: *Involuntarily disenrolled members will then be eligible for a SEP to enroll into another plan.*

C-SNP is a year-round selling opportunity

C-SNP sales don't end on December 7.

Being aware of Special Enrollment Periods (SEPs) can help you better serve your clients by offering them tailored coverage for their chronic condition.

C-SNP special election periods

- Members qualify for a new SEP when they have a **qualifying C-SNP chronic condition diagnosis.**
- If a member develops a **new qualifying condition not covered by their current C-SNP**, they receive a new SEP to switch into a C-SNP that supports that condition.
- **Members receive one SEP per new qualifying condition.**
- Once they enroll in a C-SNP for that condition, **the SEP ends**.

If the condition is not verified within the two-month deeming period, the member will be disenrolled from the plan and will receive a 63 day SEP to enroll in a new plan or return to Original Medicare.

2027 plan changes

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Terminations, SARs and, crosswalks

Be sure you're talking to your clients before AEP kicks-off, so they know who to contact if they experience any plan changes for 2027.

Plan terminations & SARs

Plan Terminations: Plan ends 12/31 and will not be offered in 2027

Plan SARs: Plan remains, but no longer available in certain counties for 2027

Member Impact:

- Impacted members will receive notification from Aetna and CMS that their plan will not be offered in 2027
- If no action is taken, impacted members will default to Original Medicare
- Members have AEP and a Special Election Period (12/8 – 2/28) to enroll into a new plan

Broker action: Proactively outreach your clients to ensure members transition to appropriate coverage and avoid gaps.

Plan Crosswalks

Members will be automatically transferred to the new plan with no action required by the AOR

Member impact:

- Members will see the update in their ANOC, and no re-enrollment is required
- Members can choose a different plan if the new option doesn't meet their needs

Broker action: Review crosswalked plans with members and recommend changes as needed

2027 Midsouth plan crosswalks

2026 Plan		2027 Plan
NC **Aetna Medicare Signature Care** (HMO) H3146-021 **2026 County Footprint:** Alamance, Cabarrus, Cumberland, Davidson, **Durham**, Forsyth, Gaston, Guilford, Johnston, Mecklenburg, **Orange**, Person, Randolph, Union, **Wake**	→	**Aetna Medicare Signature** (HMO) H3146-004 **2027 County Footprint:** Durham, Orange, Person, Wake Members in counties not present in 2027 will be termed.

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2027 North Carolina new and terminated plans

New plan:

2027 PBP	2027 Plan Name	2027 County Footprint
H3146-048	Aetna Medicare Signature (HMO)	Alamance, Guilford, Randolph, Rockingham
H3146-049	Aetna Medicare Signature (HMO)	Brunswick, Harnett, Iredell, Lee, Moore, New Hanover, Pender
H3146-053	Aetna Medicare Chronic Care (HMO C-SNP)	Davidson, Forsyth, Guilford, Randolph, Rockingham, Stokes

Terminated plan:

2026 PBP	2026 Plan Name	2026 County Footprint
H3146-021	Aetna Medicare Signature Care (HMO)	Alamance, Cabarrus, Cumberland, Davidson, Durham, Forsyth, Gaston, Guilford, Johnston, Mecklenburg, Orange, Randolph, Union, Wake

Members in Durham, Orange, Person and Wake counties will crosswalk into Aetna Medicare Signature (HMO) H3146-004

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2027 North Carolina expansions and SARs

Expansions:

2027 Plan + Contract PBP	2027 New Counties
Aetna Medicare Full Dual Care (HMO D-SNP) H3146-022	Moore, New Hanover

Service area reductions (SARs):

2027 Plan + Contract PBP	2027 Exited Counties
Aetna Medicare Signature (HMO) H3146-001	Iredell
Aetna Medicare Signature (HMO) H3146-004	Johnston
Aetna Medicare Signature (PPO) H5521-236	Rutherford

Expansions & service area reductions (SARs):

2027 Plan + Contract PBP	2027 New Counties	2027 Exited Counties
Aetna Medicare Full Dual (HMO D-SNP) H3146-002	Dare	Rutherford
Aetna Medicare Eagle (PPO) H5521-241	Dare	Rutherford
Aetna Medicare Value Plus (HMO) H3146-006	Dare, Johnston	Rutherford
Aetna Medicare Signature Giveback (PPO) H5521-348	Dare	Rutherford

2027 Plan Grids

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NORTH CAROLINA | HMO

LEAD PLAN

Plan Name	Aetna Medicare Signature (HMO) H3146-001
County Footprint	**Anson, Burke, Cabarrus, Caldwell, Cleveland, Gaston, Lincoln, McDowell, Mecklenburg, Rowan, Stanly, Union**
Monthly Premium	$0
Part B Giveback	None
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$5,500
In-Network PCP	$0
In-Network Specialist	$30
Inpatient Hospital Stay	$408 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$30 - $408
Quarterly OTC Allowance	All members receive a **$20 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$1,500 - Deluxe EPO Mandatory
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$400 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 13% | T4 30% | T5 29%

NORTH CAROLINA | HMO

LEAD PLAN

Plan Name	Aetna Medicare Signature (HMO) H3146-004
County Footprint	**Durham, Orange, Person, Wake**
Monthly Premium	$0
Part B Giveback	None
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$6,750
In-Network PCP	$0
In-Network Specialist	$45
Inpatient Hospital Stay	$408 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$45 - $408
Quarterly OTC Allowance	All members receive a **$15 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$1,000 - Deluxe EPO Mandatory 50
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$500 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17% | T4 28% | T5 28%

NORTH CAROLINA | HMO

Non-Commissionable

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Plan Name	Aetna Medicare Value Plus (HMO) H3146-006
County Footprint	**Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey**
Monthly Premium	$0
Part B Giveback	None
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$5,500
In-Network PCP	$0
In-Network Specialist	$30
Inpatient Hospital Stay	$382 per day, days 1-8; $0 per day, days 9-90
Outpatient Hospital	$30 - $382
Quarterly OTC Allowance	All members receive a **$30 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products. Members who **meet the 3-prong SSBCI eligibility and have Extra Help also get a $150 quarterly allowance loaded to their EBC - Extra Supports Wallet (ESW)** to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.
Annual Dental Allowance	$1,500 - Deluxe EPO Mandatory
Annual Eyewear Allowance	$200 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$400 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 13% | T4 30% | T5 29%

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NORTH CAROLINA | HMO

Plan Name	Aetna Medicare Prime (HMO) H3146-007
County Footprint	**Alexander, Catawba, Davidson, Davie, Forsyth, Guilford, Randolph, Wilkes, Yadkin**
Monthly Premium	$0
Part B Giveback	None
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$5,200
In-Network PCP	$0
In-Network Specialist	$20
Inpatient Hospital Stay	$408 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$20 - $408
Quarterly OTC Allowance	All members receive a **$15 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$1,500 - Deluxe EPO Mandatory 50
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$500 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17% | T4 28% | T5 28%

NORTH CAROLINA | HMO

Plan Name	Aetna Medicare Enhanced (HMO) H3146-039
County Footprint	**Alamance, Davidson, Guilford, Person, Randolph, Rockingham, Stokes**
Monthly Premium	$49
Part B Giveback	None
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$5,900
In-Network PCP	$0
In-Network Specialist	$10
Inpatient Hospital Stay	$395 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$10 - $395
Quarterly OTC Allowance	All members receive a **$30 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$3,000 - Deluxe EPO Mandatory
Annual Eyewear Allowance	$300 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$300 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $5 | T3 18% | T4 30% | T5 30%

NORTH CAROLINA | HMO

NEW & LEAD PLAN

Plan Name	Aetna Medicare Signature (HMO) H3146-048
County Footprint	**Alamance, Guilford, Randolph, Rockingham**
Monthly Premium	$0
Part B Giveback	None
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$5,900
In-Network PCP	$0
In-Network Specialist	$20
Inpatient Hospital Stay	$408 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$20 - $408
Quarterly OTC Allowance	All members receive a **$15 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$2,000 - Deluxe EPO Mandatory
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$400 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17% | T4 30% | T5 29%

NORTH CAROLINA | HMO

NEW & LEAD PLAN

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Plan Name	Aetna Medicare Signature (HMO) H3146-049
County Footprint	**Brunswick, Harnett, Iredell, Lee, Moore, New Hanover, Pender**
Monthly Premium	$0
Part B Giveback	None
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$5,900
In-Network PCP	$0
In-Network Specialist	$40
Inpatient Hospital Stay	$395 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$40 - $395
Quarterly OTC Allowance	All members receive a **$20 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$2,000 - Deluxe EPO Mandatory 50
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$400 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17% | T4 30% | T5 29%

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NORTH CAROLINA | PPO

Plan Name	Aetna Medicare Enhanced (PPO) H5521-169
County Footprint	**Bladen, Brunswick, Chatham, Columbus, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, Pender, Richmond, Robeson, Sampson**
Monthly Premium	$24
Part B Giveback	None
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$5,900
In-Network PCP	$0
In-Network Specialist	$40
Inpatient Hospital Stay	$459 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$40 - $459
Quarterly OTC Allowance	All members receive a **$20 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$1,250 - Deluxe PPO Mandatory
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$500 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17% | T4 28% | T5 28%

NORTH CAROLINA | PPO

LEAD PLAN

Plan Name	Aetna Medicare Signature Extra (PPO) H5521-170
County Footprint	**Alamance, Caldwell, Caswell, Catawba, Chatham, Cumberland, Davidson, Forsyth, Guilford, Hoke, Iredell, Moore, Person, Randolph, Richmond, Rockingham, Stokes**
Monthly Premium	$0
Part B Giveback	None
PCP Selection & Referrals	PCP selection is not required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$5,900
In-Network PCP	$0
In-Network Specialist	$30
Inpatient Hospital Stay	$459 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$30 - $459
Quarterly OTC Allowance	All members receive a **$20 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$1,750 - Deluxe PPO Mandatory
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$500 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17% | T4 28% | T5 28%

NORTH CAROLINA | PPO

Plan Name	Aetna Medicare Signature (PPO) H5521-236
County Footprint	**Avery, Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, Mitchell, Polk, Swain, Transylvania, Yancey**
Monthly Premium	$0
Part B Giveback	None
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$9,850
In-Network PCP	$0
In-Network Specialist	$56
Inpatient Hospital Stay	$408 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$56 - $408
Quarterly OTC Allowance	No
Annual Dental Allowance	Preventive Only PPO Mandatory
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$700 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17% | T4 29% | T5 25%

NORTH CAROLINA | PPO

Plan Name	Aetna Medicare Signature (PPO) H5521-243
County Footprint	**Bertie, Bladen, Brunswick, Camden, Chowan, Columbus, Currituck, Duplin, Franklin, Gates, Granville, Greene, Halifax, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Pamlico, Pasquotank, Pender, Perquimans, Sampson, Tyrrell, Vance, Warren, Washington**
Monthly Premium	$0
Part B Giveback	None
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$6,750
In-Network PCP	$0
In-Network Specialist	$50
Inpatient Hospital Stay	$459 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$50 - $459
Quarterly OTC Allowance	All members receive a **$15 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$1,000 - Deluxe PPO Mandatory
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$700 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17% | T4 29% | T5 25%

NORTH CAROLINA | PPO

LEAD PLAN

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Plan Name	Aetna Medicare Signature Giveback (PPO) H5521-348
County Footprint	**Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, New Hanover, Northampton, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Sampson, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Warren, Washington, Watauga, Wilkes, Yadkin, Yancey**
Monthly Premium	$0
Part B Giveback	$30
PCP Selection & Referrals	PCP selection is not required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$7,500
In-Network PCP	$0
In-Network Specialist	$56
Inpatient Hospital Stay	$408 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$56 - $408
Quarterly OTC Allowance	All members receive a **$20 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$1,000 - Deluxe PPO Mandatory
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$700 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17% | T4 29% | T5 25%

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NORTH CAROLINA | PPO

Plan Name	Aetna Medicare Signature (PPO) H5521-609
County Footprint	**Durham, Wake**
Monthly Premium	$0
Part B Giveback	None
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$9,850
In-Network PCP	$0
In-Network Specialist	$60
Inpatient Hospital Stay	$408 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$60 - $408
Quarterly OTC Allowance	No
Annual Dental Allowance	Preventive Only PPO Mandatory
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$700 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17% | T4 29% | T5 25%

NORTH CAROLINA | PPO

LEAD PLAN

Plan Name	Aetna Medicare Signature (PPO) H5521-081
County Footprint	**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**
Monthly Premium	$0
Part B Giveback	None
PCP Selection & Referrals	PCP selection is not required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$5,900
In-Network PCP	$0
In-Network Specialist	$35
Inpatient Hospital Stay	$459 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$35 - $459
Quarterly OTC Allowance	All members receive a **$25 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$1,250 - Deluxe PPO Mandatory
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$500 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17% | T4 28% | T5 28%

NORTH CAROLINA | PPO

Plan Name	Aetna Medicare Enhanced (PPO) H5521-139
County Footprint	**Alleghany, Ashe, Avery, Franklin, Granville, Johnston, Surry, Vance, Warren, Wilkes**
Monthly Premium	$25
Part B Giveback	None
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$6,750
In-Network PCP	$0
In-Network Specialist	$41
Inpatient Hospital Stay	$459 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$41 - $459
Quarterly OTC Allowance	All members receive a **$15 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$1,000 - Deluxe PPO Mandatory
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
RX Deductible	$500 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17% | T4 28% | T5 28%

NORTH CAROLINA | MA-Only

Plan Name	Aetna Medicare Eagle (PPO) H5521-241
County Footprint	**Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey**
Monthly Premium	$0
Part B Giveback	$120
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$7,150
In-Network PCP	$0
In-Network Specialist	$35
Inpatient Hospital Stay	$459 per day, days 1-6; $0 per day, days 7-90
Outpatient Hospital	$35 - $459
Quarterly OTC Allowance	All members receive a **$50 quarterly allowance loaded to their Extra Benefits Card (EBC) - CVS OTC Wallet** to help cover approved OTC products.
Annual Dental Allowance	$2,000 - Essential PPO 100/50
Annual Eyewear Allowance	$250 - EyeMed
Annual Hearing Allowance	$1,250 per ear

NORTH CAROLINA | D-SNP

Plan Name	Aetna Medicare Full Dual (HMO D-SNP) H3146-002
County Footprint	**Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, Macon, Madison, Martin, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey**
Monthly Premium	$0
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network PCP	$0-20%
In-Network Specialist	$0-20%
Monthly OTC Allowance	All members receive a **$248 monthly allowance loaded to their Extra Benefits Card (EBC) - OTC Wallet** to help cover approved OTC products. If a member **meets the 3-prong SSBCI eligibility, their OTC Wallet will upgrade to an Extra Supports Wallet (ESW)** to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.
Annual Dental Allowance	$2,000 - Enhanced SNP EPO Mandatory
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
Transportation	No
LIS/Extra Help: RX Deductible	$0
LIS/Extra Help: Generic Drugs	$0, $1.65 or $5.80
LIS/Extra Help: Brand Drugs	$0, $5.00 or $14.40

NORTH CAROLINA | D-SNP

LEAD PLAN

Plan Name	Aetna Medicare Full Dual Care (HMO D-SNP) H3146-022
County Footprint	**Alamance, Alexander, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Durham, Forsyth, Gaston, Guilford, Harnett, Haywood, Hoke, Iredell, Johnston, Mecklenburg, Moore, Nash, New Hanover, Orange, Randolph, Richmond, Rockingham, Scotland, Union, Wake**
Monthly Premium	$0
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network PCP	$0-20%
In-Network Specialist	$0-20%
Monthly OTC Allowance	All members receive a **$312 monthly allowance loaded to their Extra Benefits Card (EBC) - OTC Wallet** to help cover approved OTC products. If a member **meets the 3-prong SSBCI eligibility, their OTC Wallet will upgrade to an Extra Supports Wallet (ESW)** to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities. **SSBCI qualified members who select a HVP as their PCP will also get a $30 monthly allowance loaded to their EBC – Extra Supports HVP Wallet.**
Annual Dental Allowance	$500 - Enhanced SNP EPO Mandatory
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$1,250 per ear
Transportation	No
LIS/Extra Help: RX Deductible	$0
LIS/Extra Help: Generic Drugs	$0, $1.65 or $5.80
LIS/Extra Help: Brand Drugs	$0, $5.00 or $14.40

NORTH CAROLINA | C-SNP

LEAD PLAN

Plan Name	Aetna Medicare Chronic Care (HMO C-SNP) H3146-037
County Footprint	**Cabarrus, Gaston, Mecklenburg, Union**
Monthly Premium	$0
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$6,750
In-Network PCP	$0
In-Network Specialist	$0 copay for certain physician specialist visits including: Cardiologists, Endocrinologists, Nephrologists, and Pulmonologists. $35 copay for all other physician specialist visits.
Inpatient Hospital Stay	$470 per day, days 1-5; $0 per day, days 6-90
Outpatient Hospital	$35 - $470
Monthly OTC Allowance	All members receive a **$70 monthly allowance loaded to their Extra Benefits Card (EBC) - OTC Wallet** to help cover approved OTC products. If a member **meets the 3-prong SSBCI eligibility, their OTC Wallet will upgrade to an Extra Supports Wallet (ESW)** to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities. **SSBCI qualified members who select a HVP as their PCP will also get a $30 monthly allowance loaded to their EBC – Extra Supports HVP Wallet.**
Annual Dental Allowance	$1,250 - Deluxe EPO Mandatory 50
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$500 per ear
RX Deductible	$700 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $5 | T3 22% | T4 25% | T5 25%

NORTH CAROLINA | C-SNP

Non-Commissionable

Plan Name	Aetna Medicare Chronic Care Value (HMO C-SNP) H3146-044
County Footprint	**Cabarrus, Gaston, Mecklenburg, Union**
Monthly Premium	$0
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$9,250
In-Network PCP	$0
In-Network Specialist	$0 copay for certain physician specialist visits including: Cardiologists, Endocrinologists, Nephrologists, and Pulmonologists. $30 copay for all other physician specialist visits.
Inpatient Hospital Stay	$470 per day, days 1-5; $0 per day, days 6-90
Outpatient Hospital	$30 - $470
Monthly OTC Allowance	All members receive a **$70 monthly allowance loaded to their Extra Benefits Card (EBC) - OTC Wallet** to help cover approved OTC products. If a member **meets the 3-prong SSBCI eligibility, their OTC Wallet will upgrade to an Extra Supports Wallet (ESW)** to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities. **SSBCI qualified members who select a HVP as their PCP will also get a $30 monthly allowance loaded to their EBC – Extra Supports HVP Wallet.**
Annual Dental Allowance	$1,250 - Deluxe EPO Mandatory 50
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$750 per ear
RX Deductible	$700 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $0 | T3 17%| T4 25%| T5 25%

NORTH CAROLINA | C-SNP

NEW & LEAD PLAN

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Plan Name	Aetna Medicare Chronic Care (HMO C-SNP) H3146-053
County Footprint	**Davidson, Forsyth, Guilford, Randolph, Rockingham, Stokes**
Monthly Premium	$0
PCP Selection & Referrals	PCP selection is required; Referrals are not required
In-Network Deductible	$0
In-Network MOOP	$6,750
In-Network PCP	$0
In-Network Specialist	$0 copay for certain physician specialist visits including: Cardiologists, Endocrinologists, Nephrologists, and Pulmonologists. $35 copay for all other physician specialist visits.
Inpatient Hospital Stay	$470 per day, days 1-5; $0 per day, days 6-90
Outpatient Hospital	$35 - $470
Monthly OTC Allowance	All members receive a **$70 monthly allowance loaded to their Extra Benefits Card (EBC) - OTC Wallet** to help cover approved OTC products. If a member **meets the 3-prong SSBCI eligibility, their OTC Wallet will upgrade to an Extra Supports Wallet (ESW)** to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities. **SSBCI qualified members who select a HVP as their PCP will also get a $30 monthly allowance loaded to their EBC – Extra Supports HVP Wallet.**
Annual Dental Allowance	$1,250 - Deluxe EPO Mandatory 50
Annual Eyewear Allowance	$100 - EyeMed
Annual Hearing Allowance	$500 per ear
RX Deductible	$700 (tiers 3-5)
Retail Drug One-Month	T1 $0 | T2 $5 | T3 22% | T4 25% | T5 25%

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NORTH CAROLINA | PDP

Plan Name	Silverscript Choice (PDP) S5601-016
Premium	$143.50
Deductible (all tiers)	$700
RX MOOP	$2,400
Tier 1 - Standard Retail	$0
Tier 2 - Standard Retail	$7
Tier 3 - Standard Retail	23%
Tier 4 - Standard Retail	34%
Tier 5 - Standard Retail	25%
Covered Insulins	$35

Thank you.

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