



Market-specific training for 2026 Mid-South

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Market Specific Training

North Carolina

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September 2026

Please scan the QR Code for attendance



Please submit your information below within the form

Market Event ID: 60209
Event Market: MidSouth

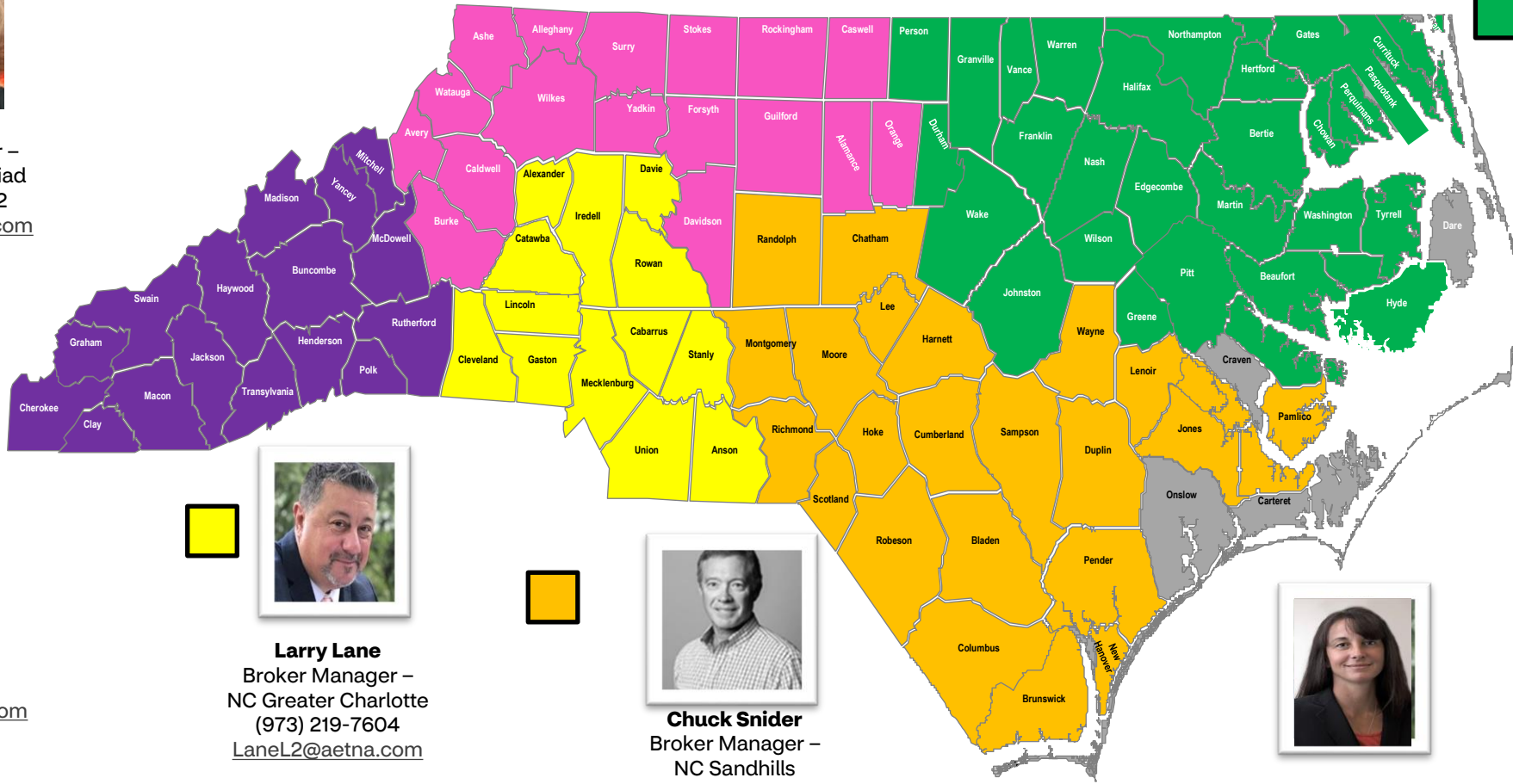
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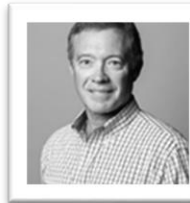
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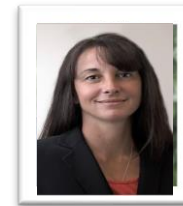
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Ways Aetna helps you succeed

Broker tools and resources

Resource	Description
Producer World®	Your go-to hub for tools, training and updates
AetnaMedicare.com for Producers	Plan info and sales support
Aetna Marketing Portal (AMP)	Order and customize marketing materials
Producer Guide	Everything you need to know, all in one place
Enrollment kits	Ready-to-use materials to support your sales conversations
ThinkAgent™	Digital tools to streamline the enrollment experience
Provider search tool	Help members find care that fits their needs
BenefitsCheckUp®	Help clients discover benefits they may qualify for
Aetna® Medicare website	Plan details, resources and support for members

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- Application status reports, commission information, up-to-date plan information and more in our [Producer Guide](#) and online with [Producer World](#)
- Phone and email support via Aetna Medicare Broker Services

Contact:

Aetna Medicare Broker Services

1-866-714-9301

Monday to Friday, 8 a.m. to 8 p.m. ET

Saturday, 9 a.m. to 2 p.m.

BrokerSupport@Aetna.com

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Hospital Indemnity Flex

Extra support for unexpected hospital stays that can reimburse hospital copays



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Home Care Plus

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Recovery Care

Support during transitions from hospital to home

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2026 Aetna Plans



Simplified national portfolio

For 2026, we aligned our plans to a simplified, national portfolio. This approach helps ensure consistency across markets and makes our offerings easier to understand.

MAPD plans:

- **Signature / Prime / Elite** — Core plans with **\$0 premium*** and essential benefits
- **Value (Plus or Care)** — Targeted for Low-Income Subsidy (LIS) or non-LIS members **willing to pay a premium** for additional benefits (not available in all markets)
- **Enhanced / Premier** — Offers **improved benefits** over the Signature plan for **a monthly premium**

MA-only:

- **Eagle** — Designed for veterans or those with other drug coverage; rich supplemental benefits

SNPs (not available in all markets):

- **C-SNP** — Offers support and benefits for members managing chronic conditions
- **D-SNP (Dual, Dual Care, HIDE, FIDE)** — Plans for members who are eligible for both Medicare and Medicaid

As part of this change, many existing members will see their plan names change and receive a new card.

**17 Signature/Prime/Elite plans have a monthly premium (95% offer \$0 premium).*



\$0 premium plans: Signature

Signature/Prime Plans

Signature: Looking for essential coverage and value for a \$0 monthly premium*

Prime: Looking for affordability and who are comfortable with a narrow network of providers in order to receive enhanced Medicare-covered and/or supplemental benefits

Member characteristics

- Generally healthy — doesn't anticipate frequent or extensive medical care and favors generic medications
- Prevention-focused — prioritizes \$0 or low copay for primary care physician (PCP) visits
- Budget-conscious — seeks lower monthly premiums and overall affordability
- Familiar with \$0 premium plans — has heard about them and is open to exploring the value
- Wants more than Original Medicare — interested in added benefits like dental, vision and hearing
- Transitioning from Medigap or PDP — may be leaving due to rising premiums or fragmented coverage



Enhanced plans

Enhanced Plans

Enhanced:

- Plans offer additional Part C and supplemental coverage over a \$0 premium plan
- Plans include a monthly premium

Member characteristics

- Engaged in their health — Proactive and health-conscious; may anticipate higher use of services
- Financially invested — willing to pay more for enhanced benefits and peace of mind
- Seeking comprehensive benefits — prioritize plans with robust dental, vision, hearing and OTC coverage
- Looking for predictable costs — value stability and transparency in out-of-pocket expenses
- Skeptical of \$0 premium plans — prefer plans that offer more coverage, even at a cost
- Transitioning from Medigap or PDP — may be leaving due to rising premiums or fragmented coverage



Value plans

Value Plans

Value plans provide additional value for consumers that qualify for Extra Help (LIS Subsidy) and those willing to pay a low premium for additional benefits over the Signature plan.

Individuals eligible for Extra Help (LIS subsidy) and that also have qualifying chronic conditions (SSBCI) receive additional benefits:

- **Value Plus plans** offer an Extra Supports Wallet (*if eligible*) to help pay for certain everyday expenses, like healthy food, transportation, utilities, personal care supplies and OTC

Member characteristics

LIS eligibles:

- Eligible for LIS/Extra Help
- Lives on a low, fixed income
- Has too much income or savings to meet state income or asset requirements for Medicaid benefits
- Manages multiple prescription medications
- Looking for a low-cost health plan with great benefits

Non-LIS eligibles:

- Has a higher income
- Seeking budget friendly premium plan options offering value through enriched core benefits and comprehensive supplemental benefits



Eagle plans (MA-only)

Eagle Plan

- **Aetna Medicare Eagle plans are MA-only**, meaning they do not include Part D prescription drug coverage.
- Eagle plans include core medical coverage and **strong supplemental benefits, like dental, vision, hearing and OTC**
- All Aetna Medicare Eagle plans are **\$0 premium** plans
- Have a **Part B Giveback** of **\$50-\$80** per month

Member characteristics

Veterans or other consumers with existing drug coverage; interested in Part C Medical and supplemental benefit coverage.

Veterans:

- Interested in rich supplemental benefits and core medical benefits to complement their VA prescription drug coverage
- **Have served in the US army for 10 years and are not eligible for TRICARE**
- Want flexibility for Medical care beyond the VA
- **Vets and their family members who have CHAMPVA, VA coverage or TFL that offers the prescription coverage at least as good as Medicare Part D**

Non-veterans:

- **Someone who has prescription drug coverage through an employer, a union or another source that they deem “creditable” (at least as good as Medicare Part D)**
- **Someone who receives State Pharmaceutical Assistance Program (SPAP) for those with disabilities or low income (also known as wrap-arounds)**
- Someone who never signed up for Part D coverage and does not wish to pay the late enrollment penalty for opting into part D (would rather pay for drugs out-of-pocket)



D-SNPs (2 plans)

DSNP Plans

Plans are available only to consumers who qualify for both Medicare and Medicaid.

- **Full Dual plans** — enroll **only full duals**

Benefits:

- Cost-share protected duals have **\$0 cost sharing for plan services and \$0 cost sharing for covered medical services**. **HMO members must use in-network providers and pharmacies.**
- All D-SNP plans include dental, vision, hearing and prescription drug coverage, either through their MA plan or through Medicaid
- All DSNP members get a monthly OTC Wallet allowance on an Extra Benefits Card to pay for approved over-the-counter (OTC) products. **If members have a **qualifying chronic condition**, their OTC Wallet will upgrade to an Extra Supports Wallet and they will get additional spending categories to help pay for healthy foods, personal care products, transportation and utilities, as well as OTC items.**
- Any **unused benefit** amount from the previous month **does not roll over**. Any unused funds will be forfeited.

Member characteristics

- **Qualifies for both Medicare and Medicaid:**
 - **Full Dual consumers** seeking competitive supplemental benefits
- Requires extensive care due to their complex health and social needs and is actively taking a number of prescription drugs
- May have a chronic condition and/or medication adherence challenges and would benefit from care coordination
- Faces financial and social challenges, such as food insecurity, housing issues and limited access to health care professionals
- Seeks benefits that can help them make ends meet — such as Extra Benefits Cards for healthy foods and OTC medications
- Faces barriers to accessing health care, such as having transportation needs, requiring them to receive services close to home or in home
- Needs support navigating and understanding health insurance, how to access benefits and navigate health systems
- Depends on another person to help with daily activities



C-SNP (Chronic Care plans)

CSNP Plans

Plans are available **only to consumers with chronic conditions** including diabetes, chronic heart failure and/or certain cardiovascular disorders

2 NC plan types are available for different types of members:

- **Chronic Care C-SNP:** For members **without LIS or Medicaid eligibility**
- **Chronic Care Value C-SNP:** For members who **qualify for LIS or are partially dual-eligible**

Member characteristics

- Has one or more qualifying chronic condition and is looking for outstanding health and financial benefits to help manage their condition(s):
 - Eligible chronic conditions include diabetes mellitus, chronic heart failure, cardiac arrhythmias, coronary artery disease, peripheral vascular disease and/or valvular heart disease.
- Would like care management support in navigating and understanding their benefits and healthcare needs
- Requires extensive care and may have had a handful of short-term hospitalizations
- Is actively taking a few prescription drugs/May be dependent on daily long-term prescription drugs
- Would like to save money on their prescriptions and specialist copays
- May depend on another person to help with daily activities
- Looking for a plan that offers additional benefits based on their chronic condition, such as an Extra Supports Wallet to pay for healthy foods, utilities and OTC products



How value-based care (VBC) delivers more — for everyone



For members:

Better care, better experience

- **Coordinated, personalized care** that improves health outcomes
- **Stronger provider relationships** through one-on-one engagement
- **Confidence from day one** with smoother onboarding to their PCP and health plan
- **A care model that puts patients first**, not paperwork



For brokers:

Stronger retention, smarter growth

- **Stronger client relationships** through better care experiences
- **Higher member satisfaction** drives increased **retention**
- When members thrive, **your business grows**. VBC helps make that happen.





Continued access to essential benefits and programs



Resources For Living

Connects members and their loved ones to local **community resources** tailored to their specific needs, with consultants available to help find support services and solutions.



SilverSneakers®

SilverSneakers® gives members access to fitness programs, gym memberships and wellness resources — helping them stay active, healthy and socially connected.



Travel Advantage and Explorer

Travel Advantage (available on select HMO plans, excluding California) 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 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.



Vaccine coverage

Members can get vaccines, like **COVID-19, flu, pneumonia and shingles**, at over **63,000 network pharmacies** — often with no appointment and **\$0 cost-share**.



Roche diabetic supplies

Roche will become our exclusive manufacturer for covered **blood glucose monitors and test strips**.



Continuous glucose monitor (CGM)

CGMs, like **Dexcom** and **FreeStyle Libre**, are covered under Part B with up to **20% in-network cost**. They provide real-time glucose readings and work with or without an insulin pump. **Requires a prescription and prior authorization**.



Virtual health, transportation and Healthy Home Visit program



MinuteClinic® video visits

Members can access this benefit 24/7 via the website or CVS Health® app (available in 48 states).



Teladoc®

Provides telephonic or video visits for general medical needs. Members will need to contact Teladoc directly to register. Members' cost share will be equal to their PCP copay.



Routine transportation

Some 2026 plans offer members with transportation to and from routine medical appointments and other plan-approved locations. Not all plans include a transportation benefit, so be sure to check plan documents to verify if it's included. The number of trips allowed per year varies by plan.

Access2Care has been acquired by MTM requiring rebranding of materials. Florida will transition to Modivcare.



24-hour nursing hotline

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



Healthy Home Visit program

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.



Dental, Vision & Hearing Designs



Preventive-Only Dental

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

Frequency limits apply to services.

Dental network options

In-network-only options:

- Preventive-Only EPO

In- and out-of-network coverage options:

- Preventive-Only 0% out-of-network EPO POS
- Preventive-Only EPO POS
- Preventive-Only PPO

Member pays

In-network coverage:

- \$0 member copay for covered preventive services

Out-of-network coverage (where offered):

- The preventive-only 0% out-of-network EPO POS design has 0% member coinsurance for covered preventive services.
- All other plans with out-of-network coverage have 50% member coinsurance for covered preventive services.

Schedule of benefits available with coverage and frequencies by ADA code. See plan details for further information.



Deluxe Dental

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

Comprehensive services include full-mouth X-rays, 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 only options:

- Deluxe EPO mandatory

In- and out-of-network coverage options:

- Deluxe EPO POS mandatory
- Deluxe PPO mandatory
- Deluxe RPPO

Member pays

In-network coverage:

- \$0 member copay for covered preventive services and 20% to 50% member coinsurance for covered comprehensive services, depending on the service

Out-of-network coverage (on plans with out-of-network):

- 50% member coinsurance for covered preventive services and 50% to 70% member coinsurance for covered comprehensive services

Schedule of benefits available with coverage and frequencies by ADA code. See plan details for further information.



Movement from Choice Dental to Deluxe Dental

Service	Choice Dental	***Deluxe Dental**	***Preventive Only*
Covered dental codes	Most ADA-recognized dental services, excluding only implants, orthodontics, cosmetic services, those considered medical in nature and administrative charges (Our former c coverage)	Standard dental services, including comprehensive coverage, such as crowns, bridges, dentures, the removal of impacted teeth and general anesthesia	Includes preventive services only, such as cleanings, exams and X-rays
Allowance ranges	Ranges vary and apply to both preventive and comprehensive services	Ranges vary and apply to comprehensive services only Preventive allowances DO NOT apply to allowance	Not applicable
Preventive service frequency limits	No frequency limits	Vary by procedure code	Vary by procedure code
Comprehensive service frequency limits	No frequency limits	Vary by procedure code	Not covered
Member coinsurance Preventive INN Preventive OON*	INN: 0% OON: 20% or 50% (depends on design)	INN: 0% OON: 50%	INN: 0% OON: 0% or 50% (depends on design)
Member coinsurance Comprehensive INN Comprehensive OON*	INN: 0% OON: 20% or 50% (depends on design)	INN: 20%-50% OON: 50%-70%	Not covered
Utilization management (e.g., medical necessity review and alternate benefits)	Choice: No Essential: Yes	Yes	No

*Dental EPO options do not have out-of-network benefits.



Vision benefit: EyeMed

All Aetna plans with EyeMed include the following:

- One annual routine eye exam, 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.
- Aetna members can schedule appointments with any of EyeMed's vision providers. To find an in-network vision provider, members can visit [AetnaMedicareVision.com](https://www.aetna.com/medicare/vision) or call the phone number on their ID card.
- **Out-of-network benefits are available on PPO plans only.** PPO members may save on routine eye exams by seeing an in-network provider.



NationsHearing hearing aid benefit — copay

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

Hearing aids are offered in a tiered copay structure which provides the member with the **option to select one of six levels of hearing aids.**

What the member will pay:

- Level 1 — Standard: \$0 (quiet environments)
- Level 2 — Select: \$475 (small group settings)
- Level 3 — Superior Plus: \$650 (active lifestyles)
- Level 4 — Advanced: \$895 (challenging environments)
- Level 5 — Advanced Plus: \$1,300 (large groups)
- Level 6 — Specialty: \$1,700 (noisy/complex settings)

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

To schedule:

Call **1-877-225-0137** (Monday–Friday, 8 a.m. to 8 p.m. ET)

Or visit NationsHearing.com/Aetna



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.

Allowance levels (depending on plan):

- \$500
- \$1,250
- \$2,000

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

To schedule:

Call **1-877-225-0137** (Monday–Friday, 8 a.m. to 8 p.m. ET)

Or visit NationsHearing.com/Aetna

Extra Benefits Cards



The End of Value Based Insurance Design (VBID)

The Centers for Medicare & Medicaid (CMS) has terminated the Medicare Advantage VBID Model as of the end of 2025.

This program **allowed Medicare Advantage plans to offer supplemental benefits** such as the Aetna Medicare **Extra Benefits card Extra Supports Wallets, covering healthy food and utilities, as well covering additional cost-sharing services for prescription drugs.**

CMS is continuing the Special Supplemental Benefits for the Chronically Ill (SSBCI) program, which **allows carriers to offer additional benefits to beneficiaries with one or more qualifying chronic conditions.** Like VBID, benefits may be related to healthy food, transportation or personal care items, but it **does not include benefits related to prescription drugs or Part D, which means D-SNP and LIS members may have some out-of-pocket Rx costs in 2026.**



Special Supplemental Benefits for the Chronically Ill (SSBCI)

All Aetna D-SNP members qualify for a monthly OTC wallet with their Aetna Medicare Extra Benefits Card (EBC).

Members with a qualifying chronic condition will have their OTC wallet **converted** to an Extra Supports Wallet (ESW), which includes healthy foods, transportation, utilities, personal care items and OTC.

Aetna expanded the eligible chronic conditions from **17 to 26** conditions and **anticipates that 90% of D-SNP members will qualify** to receive the ESW.

Broker
education
flyers and
training
decks
coming soon!

New members

- Self-attest by calling Aetna MSO starting 11/1.
- Self-attest online through the Aetna Health member portal (after 1/1/26).
- New members on the IL, NJ or VA FIDEs and MI HIDE can also self-attest with their care manager (after 1/1/26).
- Self-attestations must be submitted by the 15th of the month to access current monthly benefits.

Renewing members

- Medical claims – reviewed back to 7/1/2024.
- Provider attestations accepted; must be received by the 15th of the month to access current monthly benefits.
- Working to incorporate Rx claims.
- Members without qualifying claims information will be notified in Q4 .



SSBCI—Qualifying chronic conditions*

1. Anemia
2. Autoimmune disorders limited to:
 - a) Dermatomyositis
 - b) Polyarteritis nodosa
 - c) Polymyalgia rheumatica
 - d) Polymyositis
 - e) Psoriatic arthritis
 - f) Rheumatoid arthritis
 - g) Scleroderma
 - h) Systemic lupus erythematosus
3. Cancer
4. Cardiovascular disorders limited to:
 - a) Cardiac arrhythmias
 - b) Coronary artery disease
 - c) Peripheral vascular disease
 - d) Chronic venous thromboembolic disorder
 - e) Valvular heart disease
5. Chronic alcohol use disorder and other substance use disorders (SUDS)
6. Chronic and disabling mental health conditions limited to:
 - a) Anxiety disorders
 - b) Eating disorders
 - c) Bipolar disorders
 - d) Major depressive disorders
 - e) Paranoid personality disorder
 - f) Post-traumatic stress disorder (PTSD)
 - g) Schizophrenia
 - h) Schizoaffective disorder
7. Chronic conditions that impair vision, hearing (deafness), taste, touch and smell
8. Chronic gastrointestinal disease limited to:
 - a) Chronic liver disease
 - b) Hepatitis B
 - c) Hepatitis C
 - d) Irritable bowel syndrome
 - e) Inflammatory bowel disease
 - f) Non-alcoholic fatty liver disease (NAFLD)
 - g) Pancreatitis

9. Chronic heart failure
10. Chronic kidney disease (CKD) limited to:
 - a) CKD not requiring dialysis
 - b) CKD requiring dialysis/End-stage renal disease (ESRD)
11. Chronic lung disorders limited to:
 - a) Asthma
 - b) Chronic bronchitis
 - c) Chronic obstructive pulmonary disease (COPD)
 - d) Cystic fibrosis
 - e) Emphysema
 - f) Pulmonary fibrosis
 - g) Pulmonary hypertension
12. Chronic Pain
13. Conditions associated with cognitive impairment limited to:
 - a) Alzheimer's disease
 - b) Disabling mental illness associated with cognitive impairment
 - c) Intellectual disabilities and developmental disabilities
 - d) Mild cognitive impairment
 - e) Traumatic brain injuries
14. Conditions that require continued therapy services in order for individuals to maintain certain functioning
15. Conditions with functional challenges and require similar services including the following:
 - a) Arthritis
 - b) Limb loss
 - c) Paralysis
 - d) Spinal cord injuries
 - e) Stroke
16. Dementia
17. Diabetes mellitus
18. HIV/AIDS
19. Hyperlipidemia
20. Hypertension
21. Immunodeficiency and immunosuppressive disorders

22. Neurologic disorders limited to:
 - a) Amyotrophic lateral sclerosis (ALS)
 - b) Chronic fatigue syndrome
 - c) Epilepsy
 - d) Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia)
 - e) Fibromyalgia
 - f) Huntington's disease
 - g) Multiple sclerosis (MS)
 - h) Parkinson's disease
 - i) Polyneuropathy
 - j) Spinal cord injuries
 - k) Spinal stenosis
 - l) Stroke-related neurologic deficit
23. Overweight, obesity, and metabolic syndrome
24. Post-organ transplantation care
25. Severe hematologic disorders limited to:
 - a) Aplastic anemia
 - b) Chronic venous thromboembolic disorder
 - c) Hemophilia
 - d) Immune thrombocytopenic purpura
 - e) Myelodysplastic syndrome
 - f) Sickle-cell disease (excluding sickle-cell trait)
26. Stroke

**SSBCI qualification is determined through medical claims submission. Members not identified via claims as eligible for SSBCI can call Member Services to begin the process to determine eligibility. All members will receive a letter in October 2026 letting them know whether they automatically qualify for SSBCI via claims or whether they need to contact Member Services to determine eligibility. Eligibility must be determined by the 15th of the month to receive additional spending categories added to their EBC otherwise the member will receive the additional spending categories the following month. See Evidence of Coverage for more info.*



Aetna Medicare Extra Benefits Card

Members to receive a single Aetna Medicare Extra Benefits Card for the following programs:



OTC Wallets

1. **CVS Health® OTC Wallet** lets members pay for over-the-counter (OTC) products in **CVS Health stores**, mail order or online at CVS Health
2. **OTC Wallet** lets members pay for OTC products in any **in-network retail store**, CVS mail order or online at CVS Health



Extra Supports Wallet

Utilize for **healthy food, OTC, utilities, transportation (including gas) and personal care supplies**

Select plans that offer the Extra Supports Wallet also offer the **High Value Provider Incentive Program (HVPIP) bonus allowance**

The **Extra Supports Wallet** requires members to qualify to receive the benefit. **Due to the Value Based Insurance Design (VBID) termination, qualifications for the Extra Supports Wallet have changed:**

- **CSNPs:** all members **will receive a monthly Extra Supports Wallet because they have a qualifying chronic condition** to enroll in the plan
- **DSNPs:** all members get a monthly OTC Wallet allowance to pay for approved over-the-counter (OTC) products. If **members have a qualifying chronic condition, their OTC Wallet will upgrade to an Extra Supports Wallet and they will get additional spending categories to help pay for healthy foods, personal care products, transportation and utilities, as well as OTC items**
- **GE Plans:** on **select plans**, members **must have a qualifying chronic condition to receive a quarterly Extra Supports Wallet**
- **GE Value Plans (LIS):** on select plans, members **must have a qualifying chronic condition and qualify for Extra Help** (LIS subsidy) to receive a quarterly Extra Supports Wallet

Any unused benefit amount from the previous month/quarter **does not roll over.** Any unused funds will be forfeited.



Aetna Medicare Extra Benefits Card

Changes in 2026:

- **6 plans** will offer a card-based benefit. Wallets offered vary by plan.
- **Simplification:** We have removed the healthy food wallet to simplify the portfolio.
- **New Rewards Wallet** eliminates the current gift card fulfillment process.

Rewards dollars are loaded onto members' Extra Benefits Card if they attests to a rewardable activity.

**Not a filed benefit*

MAPD Prescription Drug Copays - LIS

2025 maximum LIS beneficiary cost-share	LIS category	Deductible	Copay up to out-of- pocket threshold	
			Generic	Brand
Full-benefit dual eligible beneficiaries	Institutionalized or receiving home and community-based service	\$0	\$0	\$0
	With income less than or equal to 100% FPL		\$1.60	\$4.80
	With income between 100% and 150% FPL		\$5.10	\$12.65
Non-full-benefit dual eligible beneficiaries	Applied or are eligible for Medicare Savings Program: QMB-only, SLMB-only or QI; or Supplemental Security Income – but not Medicaid		\$5.10	\$12.65
	Applied and with income less than or equal to 150% of the FPL for 2025 with resources less than or equal to \$17, 600 (\$35,130 if married).		\$5.10	\$12.65

2026 North Carolina Plan Portfolio Overview



2026 Portfolio Overview

Key Plan Changes for 2026

Service area reductions;

- **H5521-170 no longer available** in Alexander, Davie, Harnett, Lee, Montgomery, Orange & Rowan
- **H5521-243 & 348 no longer available** in Beaufort, Edgecombe, Lenoir, Nash, Pitt, Scotland, Wayne & Wilson. (243 exiting Robeson as well)
- **H5521-538 no longer available in North Carolina – (Partial)**
- **Members losing coverage will have to be re-written** to obtain new coverage
- **H3146-006 (LIS) Plan** – no longer available in Johnston, Carrabus, Gaston, Mecklenburg and Union.

DSNP Consolidation;

- North Carolina is **moving 4 DSNP plans in 2025 to 2 plans in 2026**
- **H3146-018, will be cross-walked** into H3146-022
- **H3146-003 & 008, will be cross-walked** into H3146-002

New C-SNP plans available in South Carolina

- (2) C-SNP HMO plans available in Charlotte

Key Plan Benefits

Cost-Sharing Highlights;

- MOOP & Specialist copays aligned to competition
- **Inpatient/Outpatient consistent across all plans (\$382 to \$395)**

Part D Benefits

- **All plans will have a deductible, \$500 or \$615**
- Coinsurance on tiers 3 to 5
- **All plans** will have \$0 copay on both tier 1 and tier 2 drugs (Exception - C-SNP will have \$5 copay on tier 2)

CMS terminating VBID end of 2025

- Additional benefits will now be offered through SSBCI beginning 2026
- SSBCI expanding from 15 to 26 conditions



North Carolina – Strong Network

Key providers include:

Atrium/CHS, Cape Fear Valley Health System
CaroMont Regional
Catawba Valley Medical Center, Cornerstone
Duke LifePoint
Frye Regional
Harris Regional
Haywood Regional
Maria Parham
Rutherford Regional, Swain County
Wilson Medical Center
Duke University
Granville Medical Center
Martin General
Mission Health System
Moses Cone/Triad Health Network.

Novant Health System
Park Ridge Health
Physicians East
Sampson Regional
Southeastern Regional Medical Center
UNC Health System (Appalachian Regional,
Blue Ridge, Caldwell, Chatham, Johnston,
Lenoir, Nash, Onslow Memorial,
Pardee, Rex, Rockingham, Southeastern,
Wayne),
Vidant Health
WakeMed
Wake Forest Baptist Health

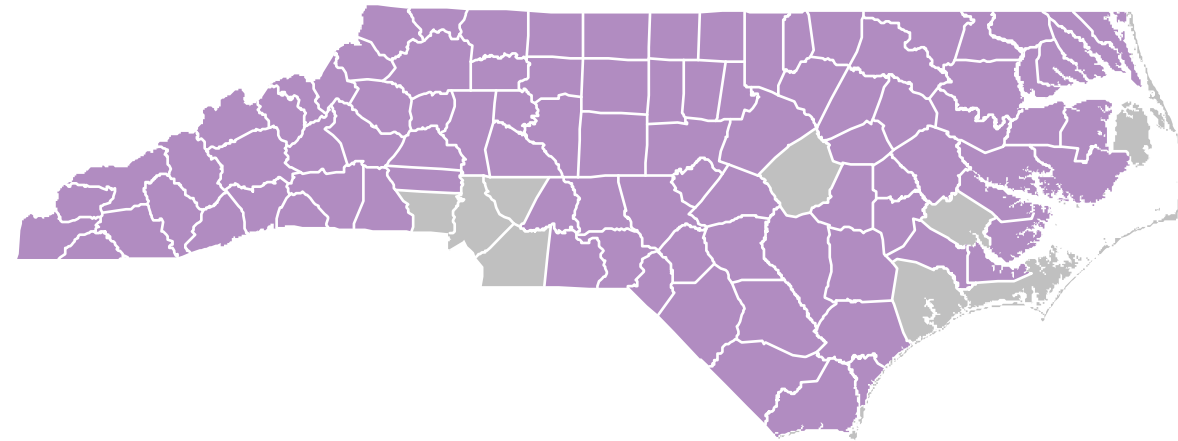
2026 Aetna MA/MADP Plans (HMO & PPO)



H3146-006 Aetna Medicare Value Plus (HMO) – Non LIS

Service Area: Charlotte, Eastern, Piedmont, Sandhills, Triad, Western, Triangle

Medical Cost Sharing	In-Network
Monthly Premium	\$32.20
MOOP	\$5,500
PCP	\$0
Specialist	\$30
Inpatient (Outpatient)	\$388 per day (days 1-8)
Part D Deductible	\$615
Dental	\$1,000
Vision	\$175
Hearing	\$1,250
OTC	\$30 per qtr



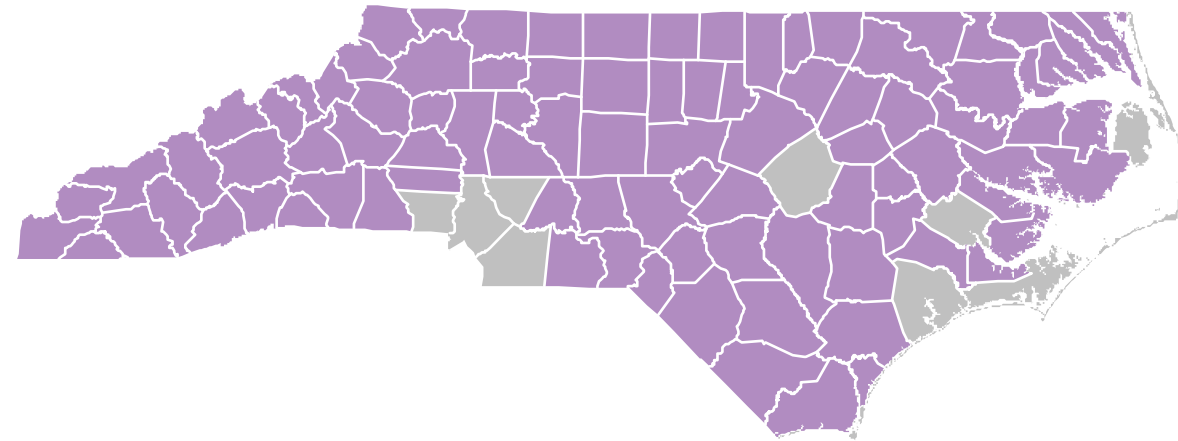
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H3146-006 Aetna Medicare Value Plus (HMO) – *With LIS and SSBCI

Service Area: Charlotte, Eastern, Piedmont, Sandhills, Triad, Western, Triangle

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$5,500
PCP	\$0
Specialist	\$30
Inpatient (Outpatient)	\$388 per day (days 1-8)
Part D Deductible	\$615
Dental	\$1,000
Vision	\$175
Hearing	\$1,250
OTC	\$30 per qtr
*Extra Benefits Card	\$150 per qtr



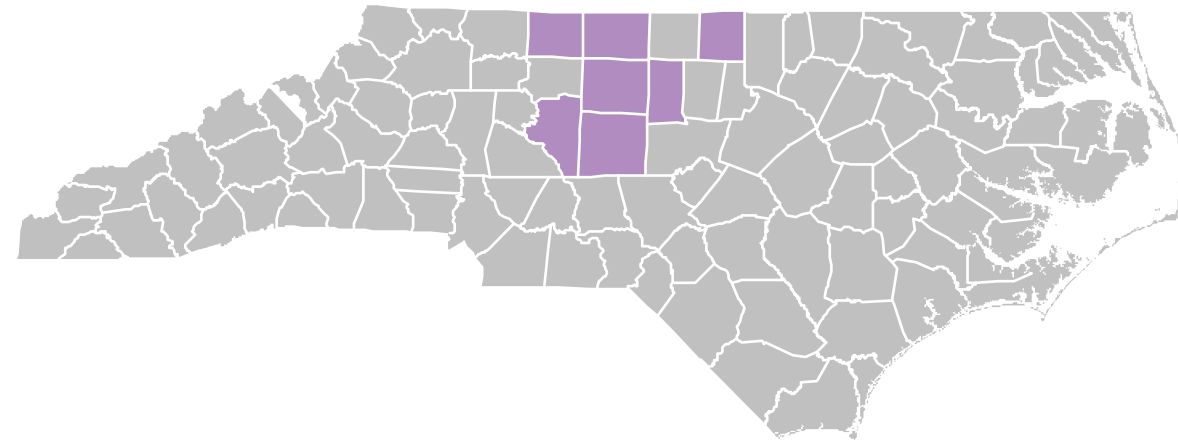
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H3146-039 Aetna Medicare **Enhanced (HMO) - New**

Service Area: Triad, Triangle

Medical Cost Sharing	In-Network
Monthly Premium	\$63
MOOP	\$5900
PCP	\$0
Specialist	\$10
Inpatient (Outpatient)	\$395 per day (days 1-5)
Part D Deductible	\$500
Dental	\$1750
Vision	\$175
Hearing	\$1250
OTC	\$30



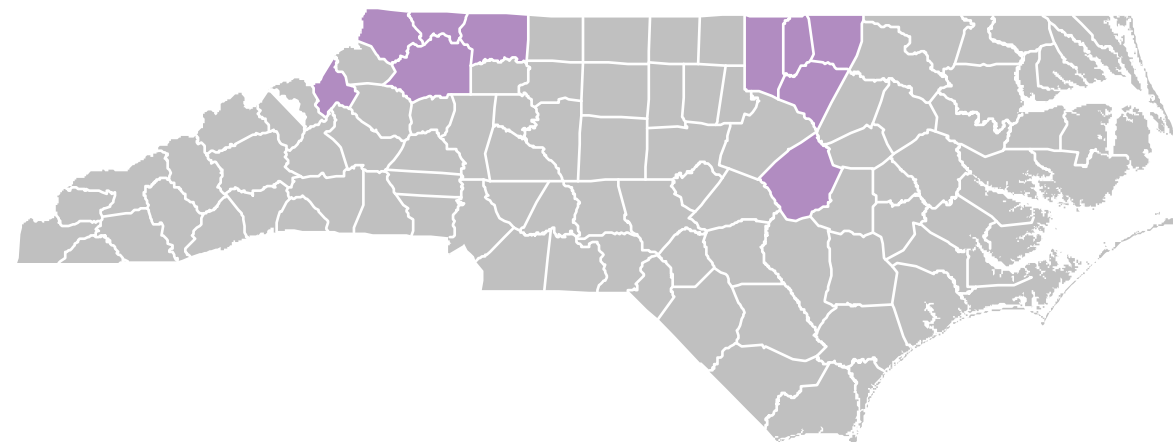
Alamance, Davidson, Guilford, Person,
Randolph, Rockingham, Stokes



H5521-139 Aetna Medicare Enhanced (PPO)

Service Area: Triangle, Western, Piedmont (Previously Medicare Value)

Medical Cost Sharing	In-Network
Monthly Premium	\$21
MOOP	\$6750
PCP	\$0
Specialist	\$35
Inpatient (Outpatient)	\$388 per day (days 1-8)
Part D Deductible	\$615
Dental	\$1000
Vision	\$100
Hearing	\$1250
OTC	\$30



Alleghany, Ashe, Avery, Franklin, Granville,
Johnston, Surry, Vance, Warren, Wilkes

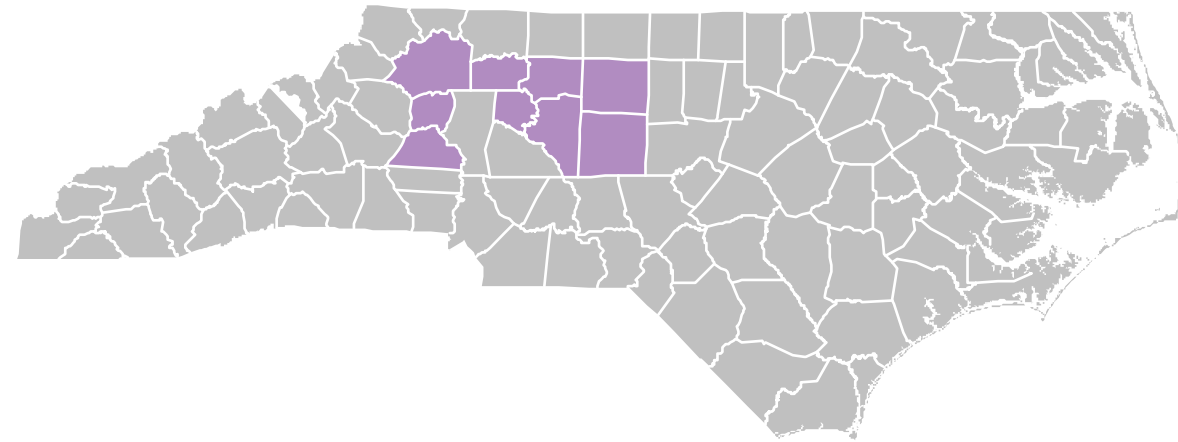


H3146-007 Aetna Medicare Prime (HMO) Atrium/Baptist

Service Area: Triad, Piedmont

ONLY

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$5,200
PCP	\$0
Specialist	\$20
Inpatient (Outpatient)	\$382 per day (days 1-8)
Part D Deductible	\$615
Dental	\$2000
Vision	\$100
Hearing	\$1,250
OTC	\$30 per qtr



Alexander, Catawba, Davidson, Davie,
Forsyth, Guilford, Randolph, Wilkes, Yadkin

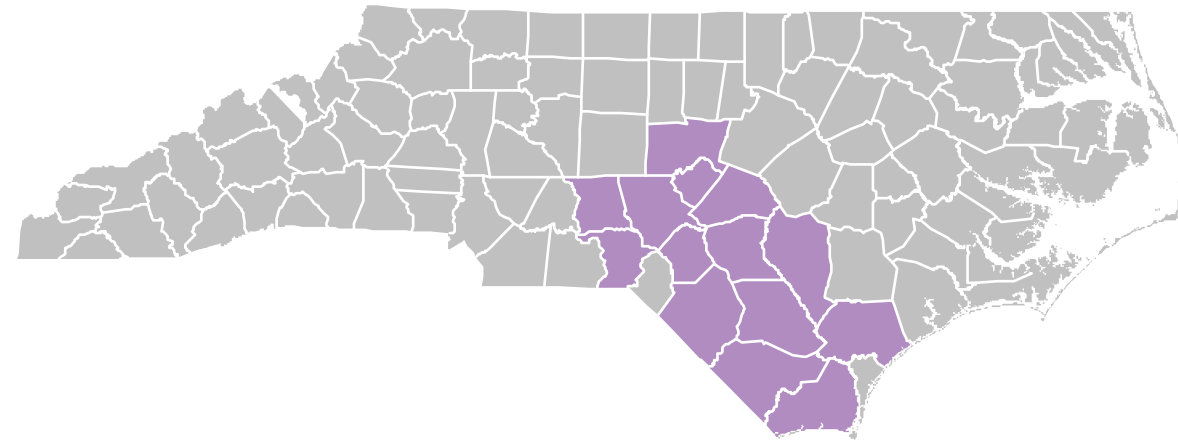


H5521-169 Aetna Medicare Enhanced (PPO)

Service Area: Triangle, Sandhills

(Previously Medicare Value)

Medical Cost Sharing	In-Network
Monthly Premium	\$20
MOOP	\$5,900
PCP	\$0
Specialist	\$40
Inpatient (Outpatient)	\$382 per day (days 1-8)
Part D Deductible	\$615
Dental	\$1500
Vision	\$100
Hearing	\$1250
OTC	\$30



Bladen, Brunswick, Chatham, Columbus, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, Pender, Richmond, Robeson, Sampson

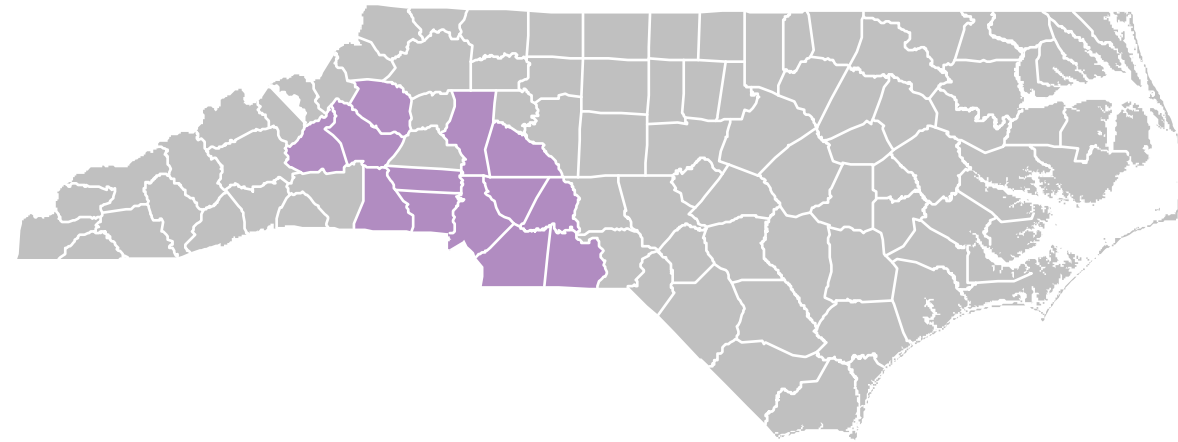


H3146-001 Aetna Medicare Signature (HMO)

Service Area: Piedmont, Western, Charlotte

(Previously Medicare Value HMO-POS)

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$5500
PCP	\$0
Specialist	\$40
Inpatient (Outpatient)	\$388 per day (days 1-8)
Part D Deductible	\$615
Dental	\$1,500
Vision	\$150
Hearing	\$1,250
OTC	\$30 per qu



Anson, Burke, Cabarrus, Caldwell, Cleveland, Gaston, Iredell, Lincoln, McDowell, Mecklenburg, Rowan, Stanly, Union

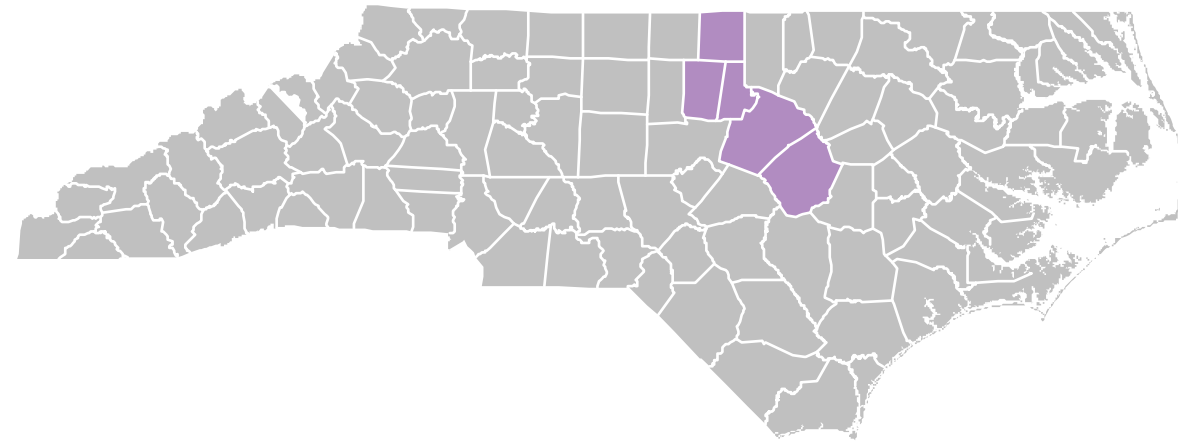


H3146-004 Aetna Medicare Signature (HMO)

Service Area: Triangle

(Previously Medicare Value HMO-POS)

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$6750
PCP	\$0
Specialist	\$45
Inpatient (Outpatient)	\$388 per day (days 1-8)
Part D Deductible	\$615
Dental	Preventative Only
Vision	\$125
Hearing	\$1250
OTC	\$30/qu



Durham, Johnston,
Orange, Person, Wake

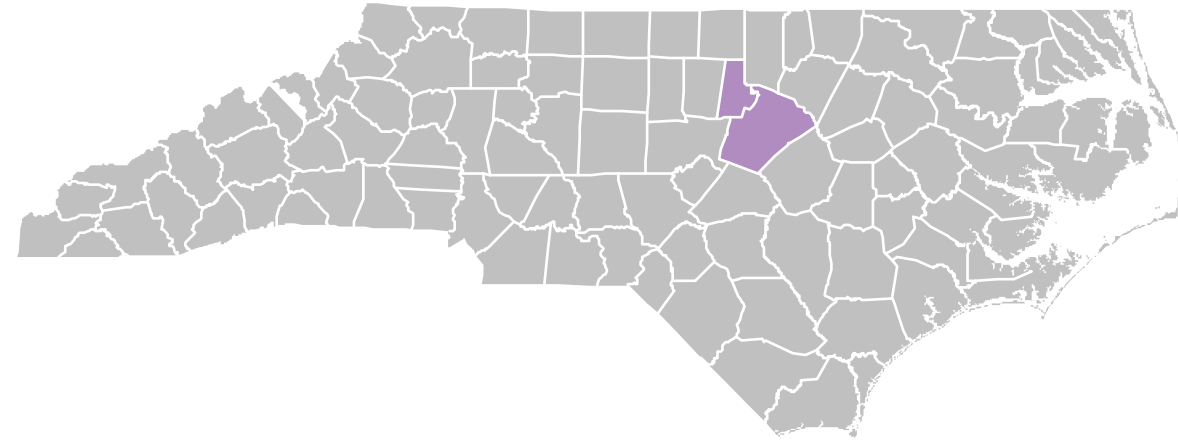


H5521-609 Aetna Medicare Signature (PPO)

Service Area: Triangle

(Previously Medicare Premier)

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$6750
PCP	\$10
Specialist	\$55
Inpatient (Outpatient)	\$388 per day (days 1-8)
Part D Deductible	\$615
Dental	Preventative Only
Vision	\$100
Hearing	\$1,250
OTC	\$30 per qtr



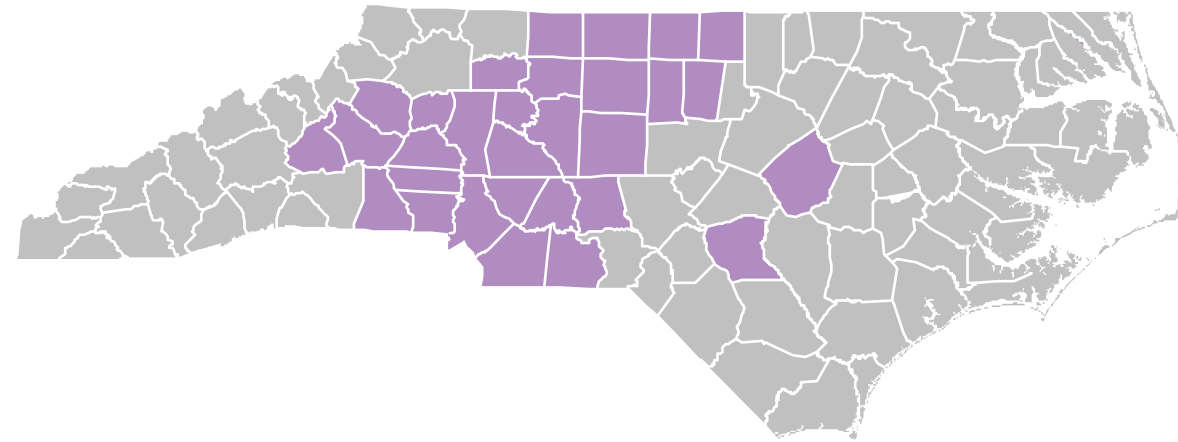
Durham,
Wake



H5521-081 Aetna Medicare Signature (PPO)

Service Area: Charlotte, Piedmont, Sandhills, Triad, Western, Triangle (Previously Premier)

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$5,900
PCP	\$0
Specialist	\$35
Inpatient (Outpatient)	\$382 per day (days 1-8)
Part D Deductible	\$615
Dental	\$1500
Vision	\$150
Hearing	\$1250
OTC	\$30



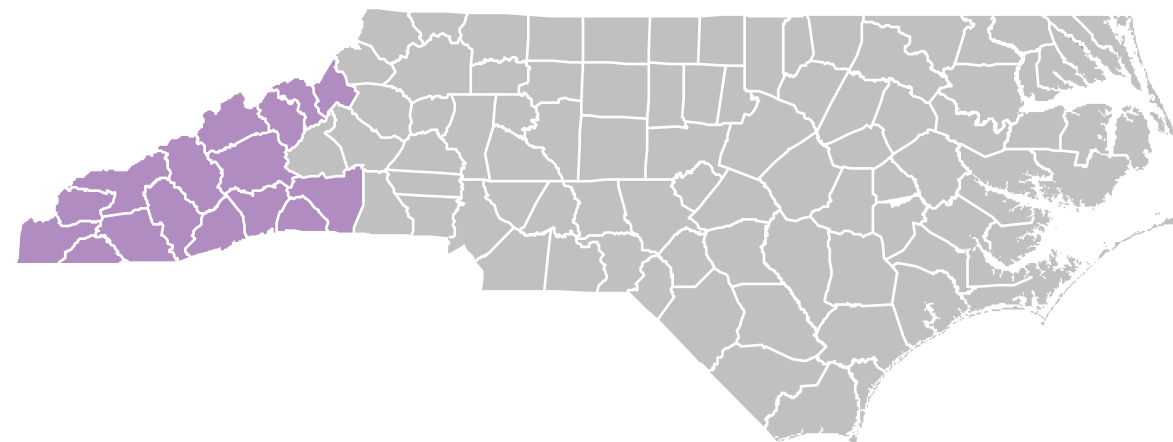
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H5521-236 Aetna Medicare Signature (PPO)

Service Area: **Western** (Previously Medicare Premier)

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$6,750
PCP	\$0
Specialist	\$50
Inpatient (Outpatient)	\$388 per day (days 1-8)
Part D Deductible	\$615
Dental	\$1000
Vision	\$100
Hearing	\$1250
OTC	\$30



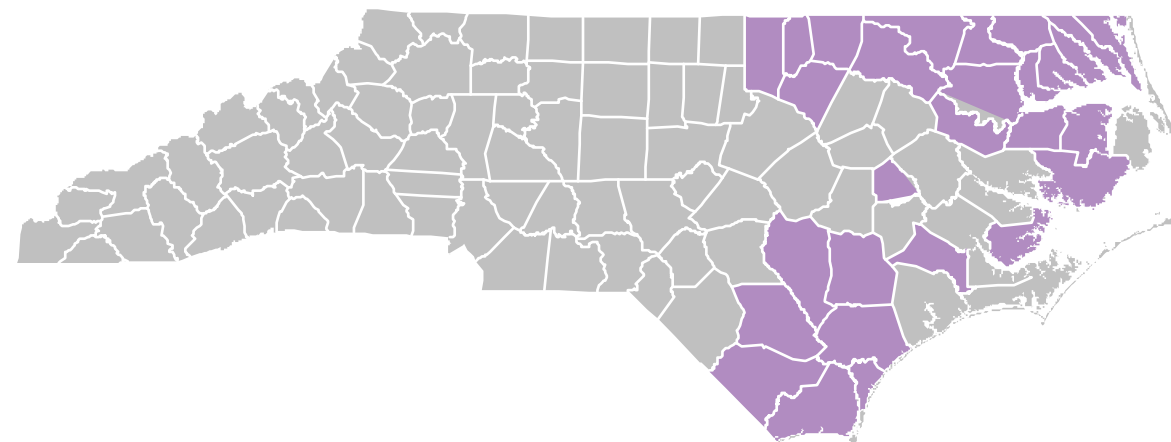
Avery, Buncombe, Cherokee, Clay,
Graham, Haywood, Henderson,
Jackson, Macon, Madison, Mitchell,
Polk, Rutherford, Swain, Transylvania,
Yancey



H5521-243 Aetna Medicare Signature (PPO)

Service Area: Sandhills, Triangle, Eastern (Previously Medicare Value)

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$6,750
PCP	\$0
Specialist	\$50
Inpatient (Outpatient)	\$388 per day (days 1-8)
Part D Deductible	\$615
Dental	\$1000
Vision	\$100
Hearing	\$1250
OTC	\$30



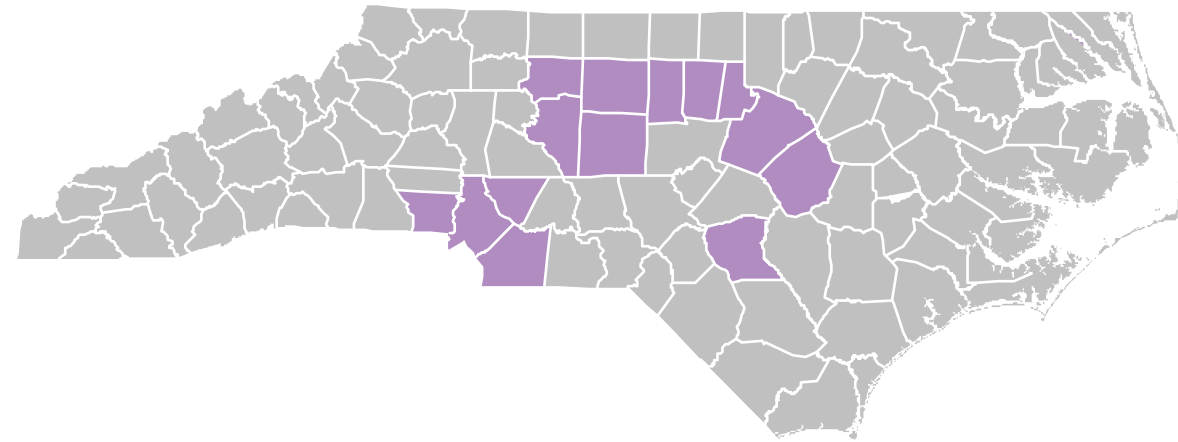
Bertie, Bladen, Brunswick, Camden, Chowan, Columbus, Currituck, Duplin, Franklin, Gates, Granville, Greene, Halifax, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Pender, Perquimans, Sampson, Tyrrell, Vance, Warren, Washington - **Beaufort, Edgecombe, Lenoir, Nash, Pitt, Scotland, Wayne & Wilson, Robeson**



H3146-021 Aetna Medicare Signature Care (HMO) *HVP

Service Area: Charlotte, Sandhills, Triad, Triangle (Previously Medicare Primary)

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$6,350
PCP	\$0
Specialist	\$55
Inpatient (Outpatient)	\$382 per day (days 1-8)
Part D Deductible	\$615
Dental	\$1000
Vision	\$125
Hearing	\$1250
OTC	\$30



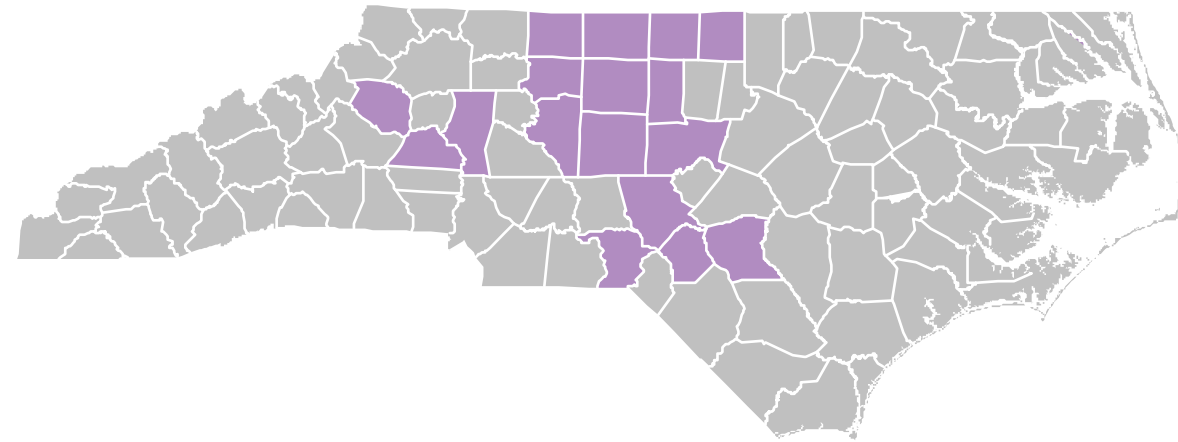
Alamance, Cabarrus, Cumberland,
Davidson, Durham, Forsyth, Gaston,
Guilford, Johnston, Mecklenburg,
Orange, Randolph, Union, Wake



H5521-170 Aetna Medicare Signature Extra (PPO)

Service Area: Piedmont, Sandhills, Triad, Triangle (Previously Premier Plus)

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$5,900
PCP	\$0
Specialist	\$30
Inpatient (Outpatient)	\$388 per day (days 1-8)
Part D Deductible	\$615
Dental	\$1750
Vision	\$200
Hearing	\$1250
OTC	\$30



Alamance, Caldwell, Caswell, Catawba, Chatham, Cumberland, Davidson, Forsyth, Guilford, Hoke, Iredell, Moore, Person, Randolph, Richmond, Rockingham, Stokes, **Alexander, Davie, Harnett, Lee, Montgomery, Orange & Rowan**



H5521-348 Aetna Medicare Signature Giveback (PPO)

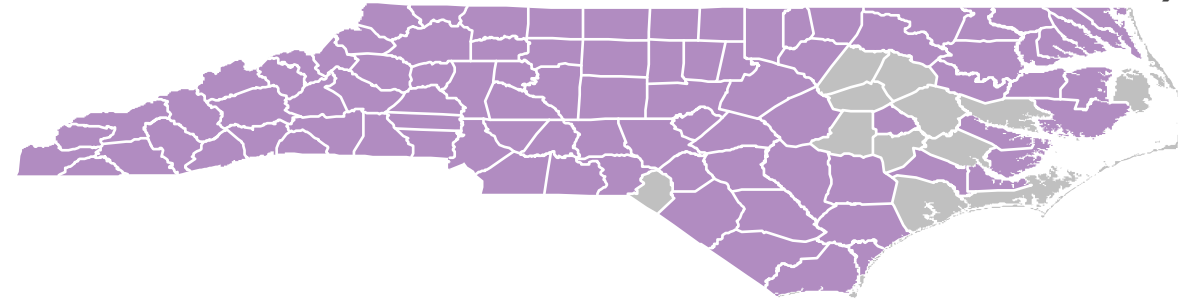
Service Area: Charlotte, Eastern, Piedmont, Sandhills, Triad, Western, Triangle (Previously

Medicare Essential)

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$7,500
PCP	\$0
Specialist	\$50
Inpatient (Outpatient)	\$388 per day (days 1-7)
Part D Deductible	\$615
Dental	\$1000
Vision	\$100
Hearing	\$1250
OTC	\$30/qu

Giveback

\$30/Mo



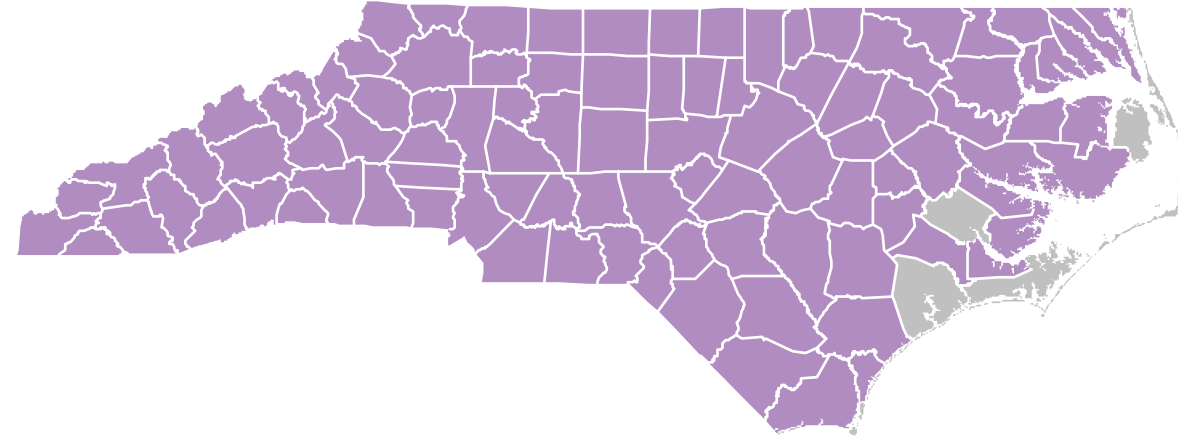
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H5521-241 Aetna Medicare **Eagle-Giveback** (PPO) **MA Only**

Service Area: **Charlotte, Eastern, Piedmont, Sandhills, Triad, Western, Triangle**

Medical Cost Sharing	In-Network
Monthly Premium	\$0
Part B Giveback	\$80/Mo
MOOP	\$6,750
PCP	\$0
Specialist	\$35
Inpatient (Outpatient)	\$382 per day (days 1-8)
Part D Deductible	N/A
Dental	\$2000
Vision	\$250
Hearing	\$1250
OTC	\$50



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, 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, McDowell, Macon, Madison, Martin, Mecklenburg, Mitchell, Montgomery, Moore, Nash, New Hanover, Northampton, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey

Chronic Condition Special Needs Plans (C-SNPs)



The right C-SNP for the right member

Members diagnosed with an eligible chronic condition may provide significant savings to our members.

Chronic Care (Classic)

Diabetes mellitus and heart disease

- ✓ \$0 premium for all members
- ✓ \$0 PCP
- ✓ \$0 specialist for targeted conditions
- ✓ Competitive medical cost shares and competitive supplemental benefits

Lower Rx cost share for **non-LIS members**

- \$0 tier 1 and \$5 tier 2 drugs at preferred pharmacies
- \$615 deductible tiers 3-5
- \$35 diabetic Insulin

Chronic Value (LIS)

Diabetes mellitus and heart disease

- ✓ \$0 premium for LIS only
- ✓ \$0 PCP
- ✓ \$0 specialist for targeted conditions
- ✓ Slightly better medical cost shares and slightly richer supplemental benefits

\$0 Rx **for LIS only** for all Part D covered drugs

- 25% all covered drugs for non-LIS members
- \$615 deductible tiers 3-5

Note: Aetna Medicare Chronic Care Value plans are best suited for beneficiaries who qualify for Low-Income Subsidy (LIS), also called the Extra Help program, helps beneficiaries with limited income and assets lower or cut Part D costs. Medicaid is not required.



2026 C-SNP benefits in Charlotte Metro

All C-SNP members receive the highlighted benefits below (plus more)



Four-county footprint

Benefits available Charlotte metro counties: Cabarrus, Gaston, Mecklenburg and Union.



Specialist

\$0 copay for certain specialist related to targeted conditions, such as cardiology, nephrology, endocrinology and pulmonology.



Dental

Preventive and comprehensive dental. Up to **\$1,000 annual** benefit, including X-rays, cleaning, fillings, dentures, crowns and extractions.



Vision

Up to **\$150** vision services allowance, as well as annual vision exam.



Hearing

Up to **\$750** per ear hearing aid benefit (two hearing aids per year), as well as annual hearing exam and testing.



Low copays for Rx drugs

\$0 or low-cost prescription drugs to help with your chronic condition.



Extra Benefits Card program

\$40-\$50 per month allowance. Funds can be used for utilities, groceries, healthy food, transportation, over the counter (OTC), personal care items and more.



OTC program

Included in the **Extra Benefits Card** program.



Personal care team

Works with your provider to develop your care plan and connect you with programs to help beyond health care services.



SilverSneakers®

Fitness program at no additional cost.



High-value providers

Aetna® Medicare offers a new high-value provider (HVP) allowance to eligible members on select plans.

HVPs are those designated by Aetna as being providers who are focused on excellence in primary care for older adults and others with chronic conditions.

- Eligible members receive **\$30 additional Extra Supports dollars**, loaded on their Extra Benefits Card, when they choose a primary care physician (PCP) at Oak Street Health or another qualifying high-value provider group.
- Extra Supports Wallet dollars can be spent on food, utilities, transportation, personal care supplies and over-the-counter (OTC) supplies.

Providers that currently hold this designation include:

North Carolina Metro



High-value provider groups enhance the member experience, improve health outcomes and support brokers by driving satisfaction, retention and referrals.



Special focus on Medicare and SNP populations



Simplified member experience with value-based care models



Increased retention and referrals through superior care



C-SNP is a year-round selling opportunity

C-SNP sales don't end on December 7. Being aware of the Special Enrollment Period (SEP) can help you better serve your members by offering them tailored coverage for their chronic condition.

C-SNP SEPs

- **SEP available while the beneficiary has one of the qualifying conditions.**
- **If another chronic condition arises and it's not a qualifying condition on the beneficiaries current C-SNP, it creates an SEP to enroll in a different C-SNP.**
- **SEP will end once the beneficiary enrolls in a C-SNP.**
- **If chronic condition is not verified within the first month, they will be involuntary disenrolled within 60 days creating another SEP to select another MAPD or MA-Only plan.**

Note: One SEP per qualifying chronic condition.



Medicare Special Enrollment Periods are specific timeframes during which you can sign up for or make changes to your Medicare coverage.

Medicare SEPs

- You recently moved to the plan coverage area.
- Your plan stops servicing your local area.
- Your plan is sanctioned or terminated by Medicare.
- You receive financial assistance with Medicare through Part D Extra Help, Medicaid or the Medicare Savings Programs (MSPs).
- You enter, reside in or leave a long-term care facility.
- You want to enroll in a plan that received a five-star rating.
- You are disenrolling from an employer's or union's health coverage.
- You involuntarily lost creditable prescription drug coverage.
- You were impacted by a state-declared emergency such as a hurricane.
- You have a qualifying medical condition such as diabetes mellitus, heart disease or COPD.



C-SNP qualifications and enrollment

Three enrollment steps to C-SNP



Initial enrollment and PQAT collection process

- Member enrolls via paper or electronic broker
- **Prequalification Assessment Tool (PQAT) completed with application**
- 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**



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**
- 2026 provider VCC enhancement in development to further support a seamless member enrollment experience.



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.

Member qualifies for C-SNP when they're eligible for Medicare, and have one or more of these conditions:

- Diabetes mellitus
- Chronic heart failure
- Cardiac arrhythmia
- Coronary artery disease
- Peripheral vascular disease
- Valvular heart disease

For a smooth provider attestation process, ensure the PQAT form contains accurate and complete information at the point of enrollment.



2026 C-SNP enrollment processes

Quick and simple

Prequalification Assessment Tool (PQAT)

Aetna® Medicare Prequalification Assessment Tool

IMPORTANT: You are enrolling in an Aetna Medicare Advantage Chronic Condition Special Needs Plan (C-SNP). Our C-SNP is for people who have diabetes, congestive heart failure and certain cardiovascular disorders. Before we can enroll you in a C-SNP, we are required by the Centers for Medicare & Medicaid Services (CMS) to confirm with your provider that you have one of these conditions. **This is a two-step process.**

Step 1: Please fill out this form. Return it with your completed enrollment application. If you can check the box to at least one condition, you may qualify for an Aetna C-SNP.

Step 2: We will confirm your condition within 30 days of your enrollment with your provider.

Note: Without provider verification of chronic condition within 60 days of enrollment, you will be involuntarily disenrolled from the plan.

Read the following statements carefully and check the box that applies to you.

By checking a box, you certify that, to the best of your knowledge, you have one of the covered chronic conditions to join this type of plan. If we later determine that this information is incorrect, you may be disenrolled.

Applicant's chronic condition diagnosis (check at least one box below):

Has a provider ever diagnosed you with one or more of the following conditions?

☐ Diabetes Mellitus (High Blood Sugar):	☐ Chronic Heart Failure (CHF) (heart is unable to pump blood as it should):	☐ Cardiovascular disorder: ☐ Cardiac arrhythmias (Irregular Heartbeat) ☐ 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)
☐ I do not have any of these conditions.		

Use and disclosure authorization.

Completion of this form authorizes the disclosure of individually identifiable health information in accordance with federal laws concerning the privacy of such information.

By providing your signature below, you certify that you have been diagnosed with one or more of the chronic conditions necessary for enrollment in an Aetna Medicare Chronic Condition Special Needs Plan and authorize the provider listed below to confirm this diagnosis so that Aetna Medicare can confirm for C-SNP enrollment.

Applicant/Authorized Representative — Please complete all fields as applicable.		
Applicant name (Required):	Date of birth (Required):	
Medicare number (Required):	Phone number (Required):	
Signature (Required):	Today's date:	
If you are an authorized representative helping someone fill out this form, you must sign above and provide the following information.		
Name:	Relationship to applicant:	
Address:	Phone number:	
Provider #1 who can verify your chronic condition — (Required)		
Physician/Nurse practitioner/Physician assistant name:		
Office phone number:	Office fax number (optional):	
Address line 1:		
Address line 2:		
City:	State:	ZIP code:
Office email address (if available):		
Provider #2 who can verify your chronic condition — (Optional)		
Physician/Nurse practitioner/Physician assistant name:		
Office phone number:	Office fax number (optional):	
Address line 1:		
Address line 2:		
City:	State:	ZIP code:
Office email address (if available):		

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Verification of chronic condition (VCC)

Verification of Chronic Condition (VCC) Form		
The individual listed below has elected to enroll in an Aetna® Medicare Chronic Condition Special Needs Plan (C-SNP). Please review and sign this form promptly. Once you sign the form Aetna will receive an email with the document.		
For the patient to continue enrollment, CMS requires the plan to verify with a health care provider that the patient on this form has been diagnosed with one or more of the chronic conditions listed below. Without provider verification, the member will be disenrolled from the plan within 60 days of enrollment. Please sign as soon as possible.		
Please complete the fields below. All required fields have a red asterisk (*).		
Section 1. Patient demographic information		
Member's first name:	Member's last name:	
Date of birth (MM/DD/YYYY):	Medicare ID number:	
Member Phone number (including area code):	Aetna member ID: (only add if available)	
Section 2. Condition verification		
Please select at least one condition (or check the box if the patient doesn't have a chronic condition), sign and enter title/office phone number. By signing this form, you confirm whether or not the patient has a diagnosis of one or more of the severe or disabling chronic conditions listed below.		
Diabetes Mellitus:	Chronic Heart Failure (CHF):	Cardiovascular Disorder: If yes, check all applicable boxes: Cardiac Arrhythmias Coronary Artery Disease Peripheral Vascular Disease Valvular Heart Disease
PATIENT DOES NOT HAVE ANY OF THE ABOVE CHRONIC CONDITIONS		
Office phone number (including area code):	Fax number (including area code):	
Insert NPI, TIN or BOTH:		
Physician/Nurse Practitioner/Physician Assistant name:	Physician/Nurse Practitioner/Physician Assistant signature:	
Date signed:		
You may print this form and complete one of the following actions:		
Use cover sheet without any Protected Health Information (PHI) and fax to: 1-866-756-5514 Attention: Enrollment Department		Only if you can send secure email should you scan completed form, then email secure to: VCC@Aetna.com
Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna). ©2025 Aetna, Inc.		

Initial enrollment



Condition verification



Enrollment confirmed or termed



Verification of Chronic Condition

Verification Completed



If the provider attestation is not received within the first 30 days of the first month, a warning letter is sent to the member and multiple outbound calls are made to the member, provider and broker, as needed.



If the provider attestation is received by the end of the second month, the member's enrollment is confirmed.

Verification Not Completed



If the provider attestation is not received by month's end, disenrollment is submitted to CMS due to unconfirmed chronic condition eligibility.



The member will receive a final disenrollment letter. ***Important:** Involuntary disenrollment commission rules will apply.



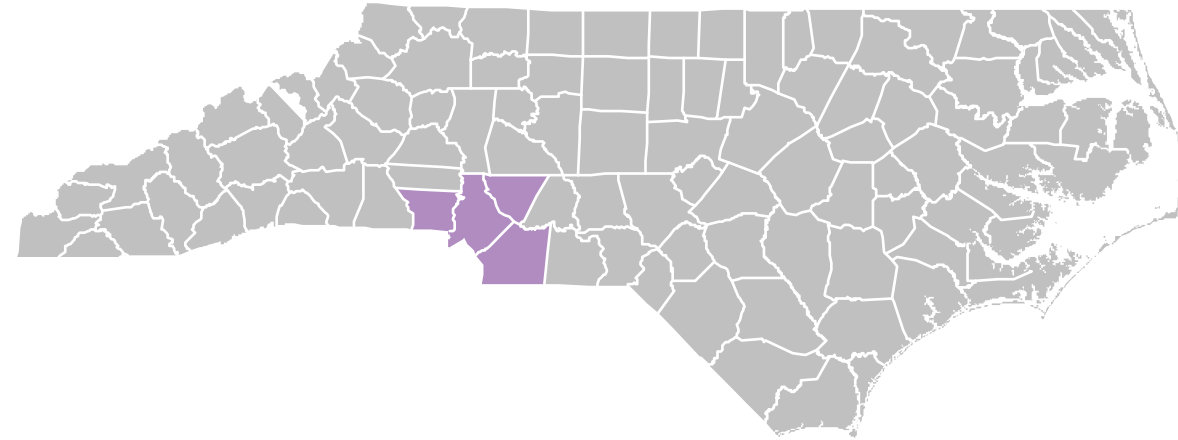
The member will be involuntarily disenrolled but will qualify for a Special Enrollment Period (SEP) to select another MAPD or MA-Only plan.



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

Service Area: Charlotte

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$6,750
PCP	\$0
Specialist	\$0-\$45
Inpatient/Outpatient	\$382/\$45 (days 1-8)
Part D Deductible	\$615
Dental	Preventive
Vision	\$100
Hearing	\$500
Extra Benefits Card	\$40 per month



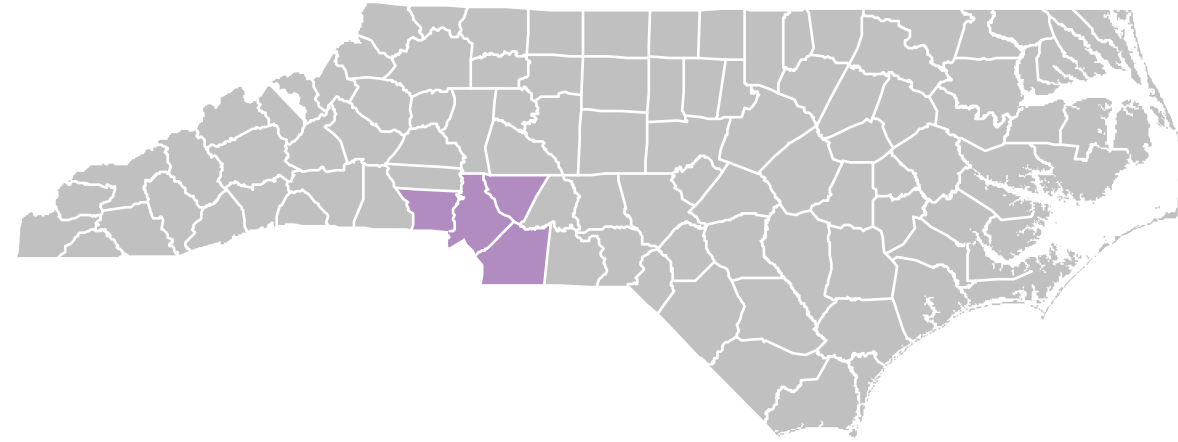
Cabarrus, Gaston,
Mecklenburg, Union



H3146-044 Aetna Medicare Chronic Care Value (HMO C-SNP)

Service Area: Charlotte

Medical Cost Sharing	In-Network
Monthly Premium	\$36.20
MOOP	\$9,250
PCP	\$0
Specialist	\$0-\$30
Inpatient/Outpatient	\$399/\$30 (Days 1-6)
Part D Deductible	\$615
Dental	\$1,000
Vision	\$100
Hearing	\$750
Extra Benefits Card	\$50 per month



Cabarrus, Gaston,
Mecklenburg, Union

Dual Eligible Special Needs Plans (D-SNPs)



2026 D-SNPs

Key benefits and programs on D-SNPs include:



No premiums



Dental



Vision



Hearing



**\$0 (tier 1) or \$0
(tiers 1 and 2)**



**\$0 PCP
for full details**



OTC



**SilverSneakers®
Fitness**



Fall prevention



**Personal Emergency
Response System**



Transportation



**Care
management**



**Post-discharge
meals**



**Resources For
Living®**

Extra Benefits Card and HVP allowance (if applicable*)

D-SNP members with a qualifying chronic condition through Special Supplemental Benefit for Chronically Ill (SSBCI) will receive a monthly Extra Supports Wallet allowance to use toward:

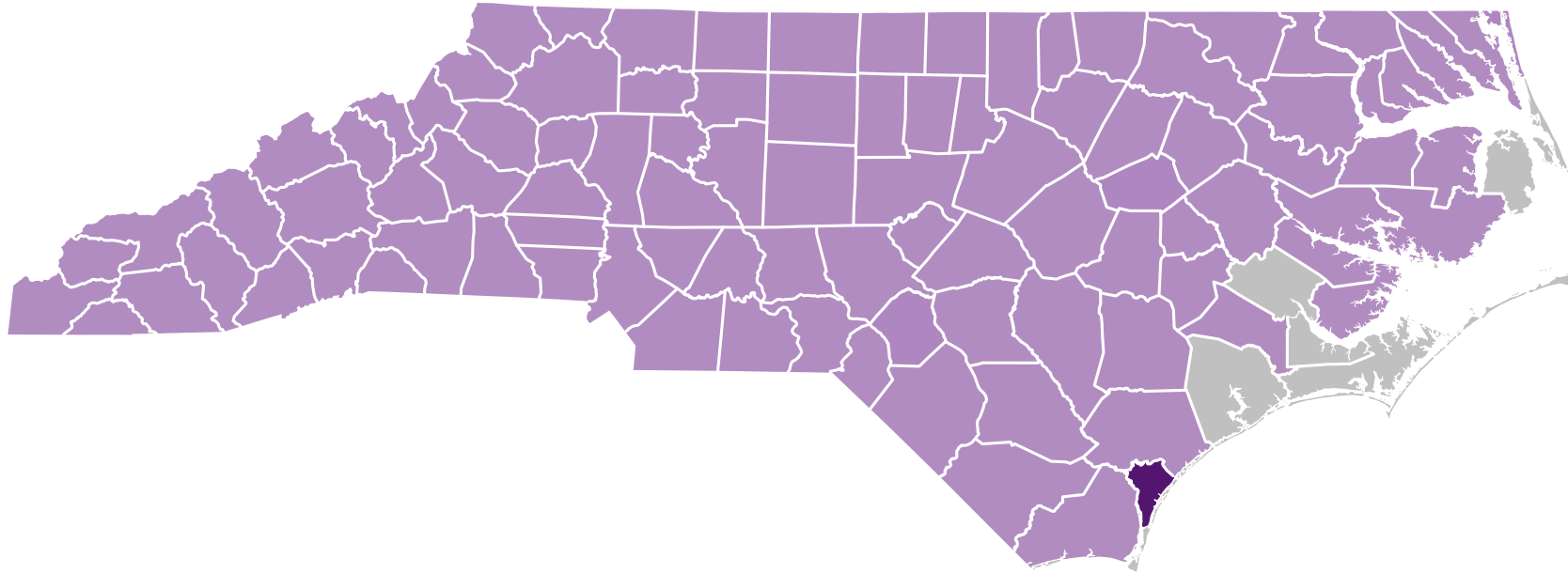
- Healthy food
- Transportation
- Utilities
- Personal care supplies
- OTC
- High-value provider (HVP) incentive: \$30 Extra Supports bonus*

Members that do not qualify for SSBCI due to not having a chronic condition, will receive the monthly OTC wallet allowance only.

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



North Carolina



-  **Current**
-  **Expansion**



Who is eligible to join our D-SNP in North Carolina?

Medicare Savings Program category	Payment of Part B premium?	Payment of Part C premium?	Payment of Part D premium?	Medicare Parts A and B cost-share protected?
QMB	State	\$0	100% covered under LIS	Yes
QMB+	State	\$0	100% covered under LIS	Yes
SLMB+	State	\$0	100% covered under LIS	Yes*
FBDE	State	\$0	100% covered under LIS	Yes*

*The member is cost-share protected if the service is also covered by Medicaid. For services not covered by Medicaid, the member may be billed a cost share.

Eligibility

D-SNP plans limit enrollment to beneficiaries who are eligible for specific categories of financial assistance.

In **North Carolina**, we allow eligible beneficiaries to enroll with the following levels of assistance:

- Qualified Medicare Beneficiary (QMB)
- Qualified Medicare Beneficiary Plus (QMB+)
- Specified Low-Income Medicare Beneficiary Plus (SLMB+)
- Other Full Benefit Dual Eligible (FBDE)



Non-emergency medical transportation

Select plans offer non-emergency medical transportation (NEMT).

Additional NEMT options for D-SNP members

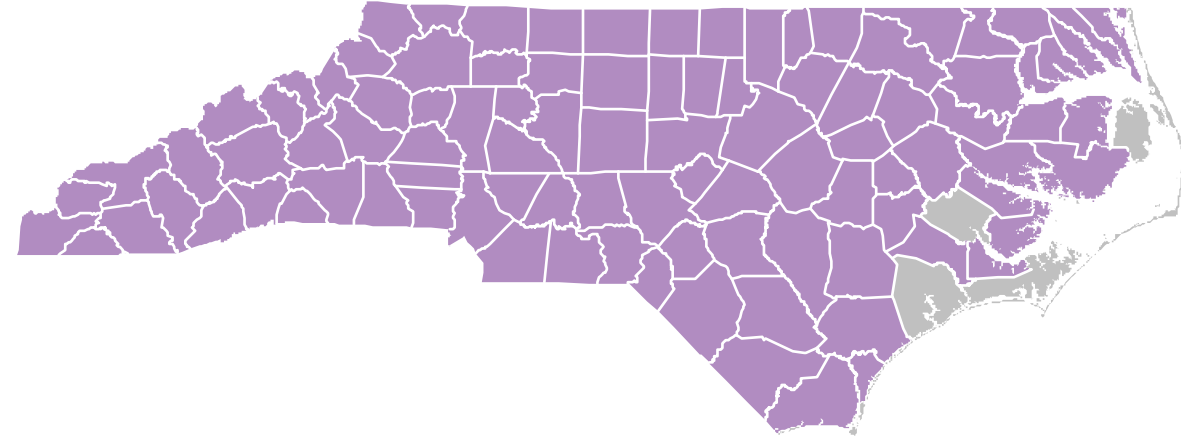
- D-SNP members in South Carolina with active Medicaid coverage may have access to NEMT through their Medicaid benefits. Members should work with **their care managers to learn more about how to access this Medicaid benefit.**
- Members with an Extra Supports Wallet can use their allowance toward transportation through ride share apps or pay at the pump gas.



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

Service Area: Charlotte, Eastern, Piedmont, Sandhills, Triad, Western, Triangle

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$9,250
PCP	\$0
Specialist	\$0
Inpatient (Outpatient)	\$0
Part D Deductible	\$0
Dental	\$2,000
Vision	\$125
Hearing	\$2,000
Monthly OTC Wallet (OTC) or Extra Supports Wallet (ESW)*Depending on Eligibility 6 Trips Transportation	*\$205 per month



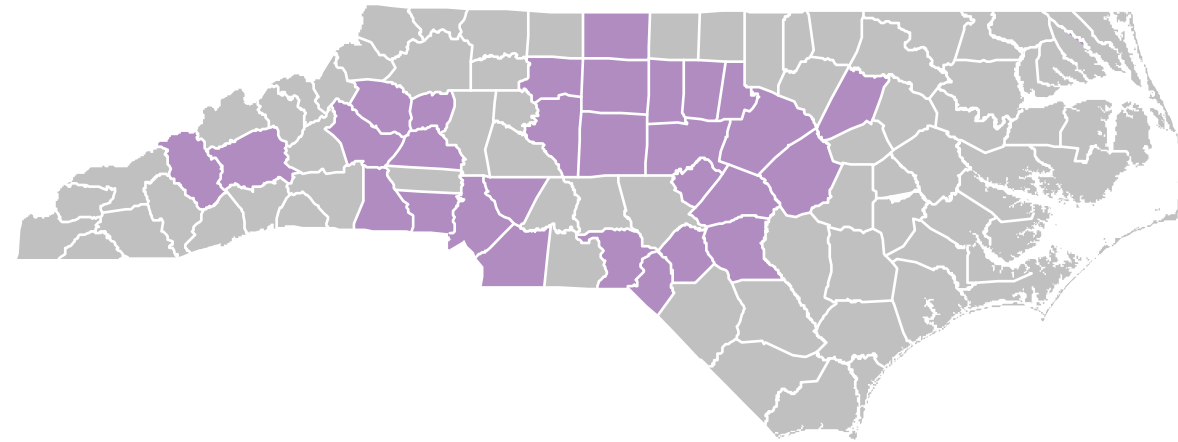
Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Cumberland, Currituck, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates,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



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

Service Area: Charlotte, Eastern, Piedmont, Sandhills, Triad, Western, Triangle

Medical Cost Sharing	In-Network
Monthly Premium	\$0
MOOP	\$9,250
PCP	\$0
Specialist	\$0
Inpatient (Outpatient)	\$0
Part D Deductible	\$0
Dental	Preventive only
Vision	\$100
Hearing	\$1,250
Monthly OTC Wallet (OTC) or Extra Supports Wallet (ESW)* Depending on Eligibility NO TRANSPORTATION	\$285 per month



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

Prescription plan



SilverScript Choice prescription drug plan (PDP)

SilverScript Choice PDP

In 2026, Aetna will offer one prescription drug plan option, SilverScript Choice, in all 50 states and D.C.

Plan highlights:

- \$35 maximum insulin member cost-share
- **On Choice I: almost 100 generic** drugs available for a **\$0 copay** and **over 270** more generics drugs for no more than a **\$7 copay**
- Cost-sharing displayed applies at any of **over 63,000 pharmacies** nationally
- **\$2,100 maximum** out-of-pocket threshold
- **NC 2026 Pricing - \$90.20**

Benefits	Choice I
Service area	AK, AL, AR, AZ, CA, CO, DE, FL, GA, IL, KS, MD, ME, MI, MO, MS, NC, NH, NJ, NM, NV, NY, OH, OR, SC, TN, TX, VA, WA, and D.C.
Average plan premium	\$94.72
Prescription deductible (applies to all tiers)	\$615
Tier 1: Preferred generic	\$0
Tier 2: Generic	\$7
Tier 3: Preferred brand	18%*
Tier 4: Non-preferred	33%*
Tier 5: Specialty	25%
Covered insulins	\$35
Part D vaccines	\$0
Catastrophic Cost-Share	\$0 after \$2,100 OOP
Three-month MOD	3x copay
Formulary	Baseline
Network	Standard

*Can vary by region

Thank You

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NC 2026 Market Product Training

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