



## 2024 market highlight

### North Carolina: Triangle, Eastern, Sandhills

We are pleased to share the highlights of our 2024 plan options. You'll see some in-network costs, plan features and benefit information to help you compare the 2024 Aetna Medicare options in this market. It's not a complete list. For more details, you can see the plans' Summary of Benefits. For more information: Call member services at **1-833-859-6031 (TTY: 711)** or visit our website at **AetnaMedicare.com**

Benefits and plan features: Medical, hospital and other	Aetna Medicare Value Plan (HMO-POS) H3146-004 Monthly Plan Premium: \$0	Aetna Medicare Essential Plan (PPO) H5521-168 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (HMO) H3146-006 Monthly Plan Premium: \$7	Aetna Medicare Value Plan (PPO) H5521-243 Monthly Plan Premium: \$0	Aetna Medicare Premier Plus Plan (PPO) H5521-170 Monthly Plan Premium: \$0	Aetna Medicare Value Plus Plan (PPO) H5521-169 Monthly Plan Premium: \$18	Aetna Medicare SmartFit Plan (HMO-POS) H3146-020 Monthly Plan Premium: \$0
Service area	North Carolina: Durham, Johnston, Orange, Person, Wake	North Carolina: Durham, Wake	North Carolina: Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Cherokee, Chowan, Clay, Cleveland, Craven, Currituck, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Haywood, Henderson, Hertford, Hyde, Iredell, Jackson, Johnston, Jones, Lenoir, Lincoln, McDowell, Macon, Madison, Martin, Mecklenburg, Mitchell, Nash, Northampton, Onslow, Orange, Pamlico, Pasquotank, Perquimans, Person, Pitt, Polk, Randolph, Rockingham, Rowan, Rutherford, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey	North Carolina: Beaufort, Bertie, Bladen, Brunswick, Camden, Chowan, Columbus, Craven, Currituck, Duplin, Edgecombe, Franklin, Gates, Granville, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Sampson, Scotland, Tyrrell, Vance, Warren, Washington, Wayne, Wilson	North Carolina: Alamance, Alexander, Caldwell, Caswell, Catawba, Chatham, Cumberland, Davidson, Davie, Forsyth, Guilford, Harnett, Hoke, Iredell, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Stokes	North Carolina: Bladen, Brunswick, Chatham, Columbus, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, Pender, Richmond, Robeson, Sampson, Scotland	North Carolina: Alamance, Alexander, Brunswick, Buncombe, Burke, Caldwell, Catawba, Cumberland, Davidson, Davie, Durham, Forsyth, Guilford, Haywood, Henderson, Hoke, Johnston, Lincoln, Mecklenburg, Orange, Person, Randolph, Rockingham, Stokes, Union, Wake

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Part B premium reduction	\$0	\$30	\$0	\$0	\$0	\$0	\$0
PCP Required	Yes	No	Yes	No	No	No	Yes
PCP referrals needed	No	No	No	No	No	No	No
Annual maximum-out-of-pocket (MOOP)	\$4,950 in-network	\$6,800 in-network / \$7,800 combined	\$5,500 in-network	\$6,800 in-network / \$7,800 combined	\$4,500 in-network / \$5,500 combined	\$4,950 in-network / \$5,950 combined	\$4,500 in-network
Primary care provider (PCP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist	\$20	\$40	\$20	\$30	\$20	\$35	\$10
Lab services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-rays	\$14	\$14	\$14	\$14	\$14	\$14	\$10
Diagnostic radiology	\$120	\$120	\$120	\$120	\$120	\$120	\$10
Urgent care facility	\$20	\$40	\$20	\$30	\$20	\$35	\$10
Ambulance	\$275	\$270	\$275	\$275	\$275	\$275	\$265
Emergency room	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Inpatient hospital services	\$325 per day, days 1-6; \$0 per day, days 7-90	\$350 per day, days 1-6; \$0 per day, days 7-90	\$295 per day, days 1-6; \$0 per day, days 7-90	\$295 per day, days 1-6; \$0 per day, days 7-90	\$295 per day, days 1-6; \$0 per day, days 7-90	\$325 per day, days 1-6; \$0 per day, days 7-90	\$195 per day, days 1-10; \$0 per day, days 11-90
Outpatient hospital services	\$325	\$350	\$295	\$295	\$295	\$325	\$195
Ambulatory surgery center (ASC)	\$225	\$250	\$195	\$195	\$195	\$225	\$195
Aetna Medicare Extra Benefits Card ‡	N/A	N/A	quarterly allowance of \$180	N/A	N/A	quarterly allowance of \$150	N/A
Dental**	\$2,200 every year	\$2,500 every year	\$2,500 every year	\$2,900 every year	\$2,900 every year	\$3,000 every year	\$1,750 every year
Over-the-counter (OTC)	quarterly allowance of \$75	quarterly allowance of \$45	quarterly allowance of \$105	quarterly allowance of \$105	quarterly allowance of \$75	quarterly allowance of \$150	quarterly allowance of \$45
Vision - eyewear allowance*	\$250 every year	\$200 every year	\$315 every year	\$210 every year	\$160 every year	\$350 every year	\$300 every year
Hearing aids***	\$1,250 per ear per year	\$1,250 per ear per year	\$1,250 per ear per year	\$1,250 per ear per year	\$1,250 per ear per year	\$1,250 per ear per year	\$1,250 per ear per year
Fitness benefit****	SilverSneakers® \$800 fitness reimbursement annual	SilverSneakers® \$360 fitness reimbursement annual	SilverSneakers® \$360 fitness reimbursement annual	SilverSneakers® \$800 fitness reimbursement annual	SilverSneakers® \$800 fitness reimbursement annual	SilverSneakers® \$360 fitness reimbursement annual	SilverSneakers® \$1,200 fitness reimbursement annual
Transportation Access2Care®	N/A	N/A	N/A	N/A	N/A	12 rides up to 50 miles	N/A

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Durable medical equipment	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.
Resources for Living®	Resources For Living helps connect you to resources in your community such as senior housing, adult day services, meal subsidies, community activities and more.						
Telehealth	You can receive primary care, specialist visits, mental health visits, urgent care services, physical therapy, occupational therapy, speech therapy and more through a virtual visit for the same cost as an in-person visit.						
Rx deductible	\$0	\$150	\$150	\$0	\$0	\$150	\$0
Tier 1 drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$0/\$5 \$0/\$15	Preferred/Standard \$0/\$5 \$0/\$15	Preferred/Standard \$0/\$5 \$0/\$15	Preferred/Standard \$0/\$5 \$0/\$15	Preferred/Standard \$0/\$5 \$0/\$15	Preferred/Standard \$0/\$5 \$0/\$15	Preferred/Standard \$0/\$5 \$0/\$15
Tier 2 drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply • Mail: 100-day supply	Preferred/Standard \$5/\$10 \$10/\$30 \$0/\$30	Preferred/Standard \$0/\$10 \$0/\$30 \$0/\$30	Preferred/Standard \$0/\$10 \$0/\$30 \$0/\$30	Preferred/Standard \$5/\$10 \$10/\$30 \$0/\$30	Preferred/Standard \$5/\$10 \$10/\$30 \$0/\$30	Preferred/Standard \$0/\$10 \$0/\$30 \$0/\$30	Preferred/Standard \$10/\$10 \$30/\$30 \$10/\$30
Tier 3 drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$47/\$47 \$141/\$141	Preferred/Standard \$47/\$47 \$141/\$141	Preferred/Standard \$47/\$47 \$141/\$141	Preferred/Standard \$47/\$47 \$141/\$141	Preferred/Standard \$47/\$47 \$141/\$141	Preferred/Standard \$47/\$47 \$141/\$141	Preferred/Standard 20%/25% 20%/25%
Tier 4 drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$100/\$100 \$300/\$300	Preferred/Standard \$100/\$100 \$300/\$300	Preferred/Standard \$100/\$100 \$300/\$300	Preferred/Standard \$100/\$100 \$300/\$300	Preferred/Standard \$100/\$100 \$300/\$300	Preferred/Standard \$100/\$100 \$300/\$300	Preferred/Standard 50%/50% 50%/50%
Tier 5 drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 33%/33% N/A	Preferred/Standard 30%/30% N/A	Preferred/Standard 30%/30% N/A	Preferred/Standard 33%/33% N/A	Preferred/Standard 33%/33% N/A	Preferred/Standard 30%/30% N/A	Preferred/Standard 33%/33% N/A
Gap coverage	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2	Yes, Tier 1 & 2

‡The Aetna Medicare Extra Benefits card can be used for healthy food, utilities, transportation (Lyft/Uber), personal care supplies, pet care, and rent/mortgage assistance.

\*Allowance – Often, the member pays the provider for services up front. Then they submit an itemized billing statement with proof of payment for reimbursement. The member is required to pay the amount over the coverage limit of the allowance. To request a reimbursement, visit [www.AetnaMedicare.com/en/forms/member-reimbursement.html](http://www.AetnaMedicare.com/en/forms/member-reimbursement.html)

\*\*If a provider who is not in our network is not willing to bill us directly, you may have to pay up front and submit a request for reimbursement. Network providers agree to bill us directly, so you won't have to pay up front and submit a request to get reimbursed.

\*\*\*Our plan covers hearing services provided exclusively by NationsHearing. Members must use a NationsHearing provider to take advantage of the hearing aid benefit. Please refer to the Summary of Benefits or Evidence of Coverage for more information.

\*\*\*\*Some plans will reimburse you for qualified nonparticipating fitness location enrollment and/or membership fees, health activity fees, health related supplies and health equipment on a quarterly or yearly basis.

Aetna Medicare is an HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

VBID disclaimer:

Eligibility for the Model Benefit or Reward and Incentive (RI) Programs under the Value-Based Insurance Design (VBID) Model is not assured and will be determined by Aetna after enrollment, based on relevant criteria (e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program).

See Evidence of Coverage at [www.AetnaMedicare.com](http://www.AetnaMedicare.com) for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any specific provider cannot be guaranteed, and provider network composition is subject to change.

Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in rural areas of South Carolina. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call Aetna member services at **1-833-859-6031 (TTY: 711)** or consult the online pharmacy directory at [www.AetnaMedicare.com/findpharmacy](http://www.AetnaMedicare.com/findpharmacy).

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