



2024 market highlight

North Carolina: H5521-348

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 Essential Plan (PPO) H5521-348 Monthly Plan Premium: \$0
Service area	North Carolina: Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Craven, Cumberland, Currituck, Davidson, Davie, Duplin, 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, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey
Part B premium reduction	\$35
PCP Required	No
PCP referrals needed	No
Annual maximum-out-of-pocket (MOOP)	\$7,500 in-network / \$8,500 combined
Primary care provider (PCP)	\$0
Specialist	\$45
Lab services	\$0
X-rays	\$14
Diagnostic radiology	\$120
Urgent care facility	\$45
Ambulance	\$275
Emergency room	\$100
Inpatient hospital services	\$375 per day, days 1-6; \$0 per day, days 7-90
Outpatient hospital services	\$375
Ambulatory surgery center (ASC)	\$275
Dental**	\$1,700 every year
Over-the-counter (OTC)	quarterly allowance of \$75
Vision - eyewear allowance*	\$130 every year
Hearing aids***	\$1,250 per ear per year
Fitness benefit****	SilverSneakers® \$360 fitness reimbursement annual
Transportation	N/A
Durable medical equipment	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	\$300
Tier 1 drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	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
Tier 3 drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$47/\$47 \$141/\$141
Tier 4 drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$100/\$100 \$300/\$300
Tier 5 drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 28%/28% N/A
Gap coverage	Yes, Tier 1 & 2

*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

**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.

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.

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