

The Aetna Medicare Assure Primary (HMO D-SNP) plan for 2025 offers comprehensive coverage for eligible members, including those entitled to Medicare Part A and B, residing in specific North Carolina counties, and qualifying for Medicaid benefits. This Dual Eligible Special Needs Plan (D-SNP) replaces Original Medicare, covering all its benefits while providing additional services. Members must select a Primary Care Provider (PCP) for care coordination, although referrals to specialists are not required. Certain services and medications necessitate prior authorization. The plan features a \$0 monthly premium and deductible, with a maximum out-of-pocket (MOOP) limit of \$9,350, waived if Medicaid covers the member's cost-sharing. Medical benefits include \$0 copay for inpatient and outpatient hospital services, primary care visits, preventive care, and emergency services within the U.S., as well as diagnostic services like lab tests and imaging.

Hearing services include a \$0 copay for diagnostic exams and an annual allowance of \$2,000 for hearing aids through a designated network. Dental coverage is limited to preventive services, with no coverage for comprehensive dental care. Vision benefits provide a \$0 copay for eye exams and an annual allowance of \$175 for eyewear through in-network providers. Mental health services, skilled nursing facility care, and therapy are covered with \$0 copay, subject to prior authorization. The plan also includes transportation benefits for up to 24 one-way trips annually to approved locations. Medicare Part B drugs and Part D prescription drugs are covered with no copay, although some may require prior authorization.

Additional benefits encompass acupuncture and chiropractic services for specific conditions, diabetic supplies, a fitness membership through SilverSneakers, and home care services post-discharge, including meal delivery. Durable medical equipment and prosthetics are covered at no cost, with an annual allowance for fall prevention products. Members must present both their Aetna member ID and state Medicaid ID when accessing services. For a complete list of covered services and limitations, members can refer to the Evidence of Coverage available on the Aetna website. The plan also includes outpatient substance use disorder services and a 24-Hour Nurse

Line, both with a \$0 copay. Members may qualify for additional benefits through the Aetna Assist Program, which offers \$0 copay for Medicare-covered Part D prescription drugs at in-network pharmacies and a \$275 monthly allowance on an Aetna Medicare Extra Benefits Card for healthy foods, OTC health products, transportation, utilities, and personal care items. Choosing a qualifying High Value primary care provider may yield an extra \$50 monthly benefit added to their Extra Supports Wallet.

The plan covers a range of services under both Medicare and Medicaid, with costs depending on the member's level of Medicaid eligibility. Medicaid may cover additional services not included in the Aetna plan, and members should ensure their providers are enrolled with Medicaid for those services. The plan emphasizes the necessity of prior authorization for certain services and notes that out-of-network providers are not obligated to treat members except in emergencies. Members must continue paying their Medicare Part B premium, and benefits, premiums, and copayments may change annually. The plan requires verification of eligibility for both Medicare and Medicaid. For inquiries or complaints, members can contact Aetna Member Services or Medicare directly.

The insurance policy document also outlines the availability of free language assistance services for individuals with questions regarding the drug plan, accessible by calling 1-866-409-1221, with support provided in various languages, including Japanese and Hawaiian. It emphasizes compliance with federal civil rights laws, ensuring no discrimination based on race, color, national origin, age, disability, or sex, and states that auxiliary aids and services are available at no charge to assist individuals with disabilities in effective communication. Individuals who believe they have experienced discrimination or inadequate service can file a grievance with the Grievance Department or contact Customer Service using the number on their benefit ID card. Complaints can also be submitted to the U.S. Department of Health and Human Services, Office for Civil Rights. The document provides information in Spanish and Chinese, reiterating the availability of free language assistance services for non-English speakers.