

The Aetna Medicare Eagle (PPO) plan (H5521-241) for 2025 features a \$0 monthly premium, although members are required to continue paying their Medicare Part B premium, which is reduced by \$50 under this plan. This Medicare Advantage plan is available to individuals entitled to Medicare Part A and enrolled in Medicare Part B, residing in designated counties in North Carolina. It does not cover prescription drugs and allows access to both in-network and out-of-network providers, with higher costs associated with out-of-network services. The plan has a \$0 deductible and a maximum out-of-pocket (MOOP) limit of \$6,750 for in-network services and \$7,750 for combined in- and out-of-network services, after which it covers 100% of covered medical services. Hospital coverage necessitates prior authorization, with inpatient costs of \$374 per day for the first eight days in-network and \$474 out-of-network. Outpatient services have varying copays, including \$0 for primary care visits in-network and \$10 out-of-network, while specialist visits cost \$35 in-network and \$45 out-of-network. Preventive care is covered at a \$0 copay, and emergency care incurs a \$125 copay for both in- and out-of-network services. Diagnostic services often require prior authorization, with costs ranging from \$0 to \$300 depending on the service and provider. Hearing services include a \$35 copay for diagnostic exams and an annual allowance of \$1,250 for hearing aids through a specific network. Dental services provide an annual allowance of \$2,000 for covered services, with a \$0 copay for in-network services and 20% coinsurance for out-of-network services, excluding implants. Vision services include a \$0 copay for diabetic eye exams and an annual allowance of \$200 for eyewear, with reimbursement options available. Mental health services require prior authorization, with inpatient psychiatric stays costing \$286 per day for the first eight days in-network. Skilled nursing facility care is covered for up to 100 days per benefit period, with specific copays for therapy services. Ambulance services have a \$275 copay for ground transport and 20% coinsurance for air transport. Medicare Part B drugs are covered with varying coinsurance rates, and alternative medicine services like acupuncture and chiropractic care are available with specific copays. The plan also includes a fitness benefit with a \$0 copay for an annual physical fitness membership at participating SilverSneakers® facilities, and home fitness kits are available. Podiatry services have a \$35 copay for in-network visits and a \$45 copay for out-of-network visits. Home

health care services require prior authorization, with a \$0 copay for in-network and 20% coinsurance for out-of-network services. A meal benefit provides up to 14 meals at no cost after discharge from certain facilities. Durable medical equipment (DME) has a 0% coinsurance for continuous glucose monitors and 20% for other DME items, with prior authorization required. The plan offers a quarterly over-the-counter (OTC) benefit of \$45 for select health products, available through OTC Health Solutions. Resources For Living connects members to community resources, and outpatient substance use disorder services have a \$40 copay for individual and group sessions in-network, with 20% coinsurance for out-of-network services. Members can remain enrolled while traveling outside the service area for up to 12 months, with in-network cost shares applicable when seeing participating providers. A 24-Hour Nurse Line is available at no cost for health-related inquiries. Members must continue paying their Medicare Part B premium, and benefits, premiums, and copayments may change annually. The plan emphasizes the importance of reviewing the Evidence of Coverage for detailed information on benefits, exclusions, and limitations. Additionally, the policy document outlines the availability of free language assistance services for individuals who speak languages other than English, including Polish, Japanese, Hawaiian, Spanish, and Chinese, accessible by calling 1-833-570-6670. It ensures compliance with federal civil rights laws, prohibiting discrimination based on race, color, national origin, age, disability, or sex, and provides auxiliary aids and services at no charge for individuals with disabilities. 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, and complaints can also be submitted to the U.S. Department of Health and Human Services, Office for Civil Rights through their online portal.