

The Aetna Medicare Assure (HMO D-SNP) plan for 2025 offers comprehensive coverage for eligible members, specifically those entitled to Medicare Part A and B, residing in designated North Carolina counties, and qualifying for Medicaid benefits. As a Dual Eligible Special Needs Plan (D-SNP), it integrates Medicare and Medicaid services, providing additional benefits beyond Original Medicare. Members are assigned a Primary Care Provider (PCP) for care coordination, and while referrals to specialists are not required, some providers may still necessitate a treatment plan. Certain services and medications require 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. Most medical services, including inpatient and outpatient hospital care, primary care visits, and preventive services, incur no copayment. Emergency and urgent care within the U.S. also have no copayment, while international emergency services are limited to \$250,000. Additional benefits include \$0 copay for diagnostic services, hearing exams, and mental health services, along with an annual allowance of \$2,000 for hearing aids and dental services. Vision care provides a \$200 allowance for eyewear and routine exams at no cost. Skilled nursing facility care is covered for up to 100 days per benefit period, and members receive transportation assistance for up to 12 trips annually to approved locations.

The plan covers Medicare Part B drugs with no copayment and includes a comprehensive Medicare Part D drug benefit with no deductible or initial coverage costs. Other covered services include acupuncture, chiropractic care, diabetic supplies, fitness memberships, and home health care, all subject to specific prior authorization conditions. Members are advised to present both their Aetna member ID and state Medicaid ID cards when accessing services. For a complete list of covered services and limitations, members can refer to the Evidence of Coverage (EOC) available on the Aetna website.

Durable medical equipment (DME) such as wheelchairs and oxygen equipment is covered with a \$0

copay, as are prosthetics like braces and artificial limbs. Members receive a \$150 annual allowance for approved home and bathroom safety products for fall prevention. Substance use disorder services often require prior authorization, but outpatient services are available with a \$0 copay. The plan also includes a 24-Hour Nurse Line at no cost to members.

Eligible members may access additional benefits through the Aetna Assist Program, which includes \$0 copay for Medicare-covered Part D prescription drugs at in-network pharmacies and a \$175 monthly allowance on an Aetna Medicare Extra Benefits Card for healthy foods, OTC health products, transportation, utilities, and personal care items. The plan is tailored for dual-eligible individuals, with coverage varying based on Medicaid eligibility. Medicaid may cover additional services not included in the Aetna plan, and members should consult their state Medicaid program for details.

Key services covered by Medicaid include ambulance services, dental care, diagnostic tests, doctor visits, and emergency care, while some services, such as long-term nursing home care, are not covered. Members must continue paying their Medicare Part B premium, and benefits, premiums, and copayments may change annually. Out-of-network services are generally not covered except in emergencies. For inquiries or assistance, members can contact Aetna Member Services or refer to the Evidence of Coverage for comprehensive details on benefits, exclusions, and conditions.

The policy document also outlines the availability of free language assistance services for individuals who speak languages other than English, 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, through their online portal. The document includes information in Spanish and Chinese, reiterating the availability of free language assistance services.