

The Aetna Medicare Assure Flex (HMO D-SNP) plan (H3146-018) provides coverage for eligible individuals from January 1, 2025, to December 31, 2025. To qualify, members must be entitled to Medicare Part A, have Medicare Part B, reside in specific counties in North Carolina, and be part of a Medicare Savings Program or qualify for State Medicaid benefits. The plan features a \$0 monthly premium and deductible, with a maximum out-of-pocket (MOOP) limit of \$9,350, which is waived if Medicaid covers the member's Medicare cost-sharing. Members are required to select a Primary Care Provider (PCP) for care coordination, although referrals to specialists are not necessary. Certain services, including hospital stays and diagnostic tests, require prior authorization.

The plan covers a comprehensive range of medical and hospital benefits, including inpatient and outpatient services, with \$0 copayments for most services, including preventive care, emergency, and urgent care. Additional benefits encompass diagnostic services, hearing services (with an annual allowance for hearing aids), limited dental services (preventive care only), and vision services (including an annual allowance for eyewear). Mental health services, skilled nursing facility care, and therapy are also covered with \$0 copayments, subject to prior authorization. Medicare Part B drugs, including chemotherapy and insulin, are covered with no copayment, and the plan includes Medicare Part D drug coverage with a \$0 deductible and initial coverage. Other benefits include alternative medicine, diabetic supplies, fitness memberships, foot care, home health care, and medical equipment, all with \$0 copayments, although some services may require prior authorization. Members are encouraged to present both their Aetna member ID and state Medicaid ID cards when accessing services, and a complete list of covered services and limitations can be found in the Evidence of Coverage (EOC) available on the Aetna website or upon request.

The plan also offers outpatient substance use disorder services with a \$0 copay and access to a 24-Hour Nurse Line at no cost. Members may qualify for additional benefits, such as \$0 copay for Medicare-covered Part D prescription drugs when using in-network pharmacies and a monthly allowance of \$320 through the 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 who qualify for both Medicare and Medicaid, with coverage contingent on the level of Medicaid eligibility. Medicaid may cover additional services not included in the Aetna plan, and members are advised to consult their state Medicaid program for further details. The summary of covered services includes ambulance, dental, diagnostic services, doctor visits, emergency care, home health care, hospice, inpatient hospital services, mental health services, and more, with some services having specific limitations. 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. The plan emphasizes the importance of reviewing the Evidence of Coverage (EOC) for a complete understanding of benefits, exclusions, and conditions. Members can contact Aetna for assistance or to file complaints, and free interpreter services are available for non-English speakers.

The policy document also outlines the availability of language assistance services and auxiliary aids for individuals with disabilities, ensuring compliance with federal civil rights laws. It emphasizes that the health plan does not discriminate based on race, color, national origin, age, disability, or sex, and provides free language assistance for those with limited English proficiency. Individuals can access these services by visiting the website or calling the designated phone number. If a person believes they have experienced discrimination or inadequate service, they can file a grievance with the Grievance Department via the address provided in the Evidence of Coverage or by calling the Customer Service number on their benefit ID card. Additionally, complaints can be submitted to the U.S. Department of Health and Human Services, Office for Civil Rights, through the specified online portal. The document includes translations in Spanish and Chinese, reiterating the availability of free language assistance services for non-English speakers.