

The Aetna Medicare Value Plus (HMO) plan (H3146-006) for 2025 features a monthly premium of \$15, alongside the requirement for members to continue paying their Medicare Part B premium. The plan includes a \$0 deductible and a maximum out-of-pocket (MOOP) limit of \$5,500, after which it covers 100% of covered medical services. Enrollment is available to individuals entitled to Medicare Part A and possessing Medicare Part B, who reside in the designated service area in North Carolina. The plan does not necessitate referrals for specialist visits, although prior authorizations are required for certain services. Medical benefits encompass inpatient hospital coverage with a copay of \$374 per day for the first eight days, and \$0 for days 9-90. Outpatient services have varying copays, including \$20 for non-surgical outpatient services and \$374 for outpatient surgeries. Primary care visits incur a \$0 copay, while specialist visits have a \$20 copay. Preventive services are covered at no cost, with emergency care costing \$125 and urgent care \$45. Diagnostic services may require prior authorization, with costs ranging from \$0 to \$100 based on the provider. Hearing services include a \$20 copay for diagnostic exams and an annual allowance of \$1,250 for hearing aids through a specific network. Dental services provide a \$2,000 annual allowance for covered services, and vision services offer a \$225 allowance for eyewear. Mental health services require prior authorization, with inpatient psychiatric stays costing \$286 per day for the first eight days. Skilled nursing facility care is covered for up to 100 days, with a copay structure based on the length of stay. Ambulance services have a \$275 copay for ground transport and 20% coinsurance for air transport. For Medicare Part B drugs, costs range from 0% to 20% coinsurance, with specific copays for Part B insulin. The plan covers a wide array of prescription drugs under Medicare Part D, featuring a deductible of \$250 for certain tiers, with copays varying by tier and pharmacy type, and a maximum out-of-pocket threshold of \$2,000 for yearly Part D costs. Members can refer to the Evidence of Coverage (EOC) available on the Aetna website for a complete list of covered services and limitations. The plan also provides comprehensive coverage for various healthcare needs, including a full cost coverage phase for Part D drugs, where members pay \$0 for generic and brand-name medications, and insulin products are capped at \$35 for a one-month supply. Additional benefits include an Aetna Medicare Extra Benefits Card, offering a \$45 quarterly allowance for

over-the-counter health products, a \$20 copay for Medicare-covered acupuncture and chiropractic services, and coverage for diabetic supplies with 0% coinsurance for preferred products. Fitness benefits include a \$0 copay for a basic membership to SilverSneakers® facilities or at-home fitness kits, while home health care services have a \$0 copay, and eligible members can receive up to 14 meals post-discharge at no cost. Durable medical equipment incurs 0% to 20% coinsurance, often requiring prior authorization. The plan also covers outpatient substance use disorder services with a \$40 copay per session and provides a 24-hour nurse line at no cost. Members diagnosed with high blood pressure or cholesterol may receive additional benefits, including a blood pressure monitor and transportation services. Those qualifying for "Extra Help" can access \$0 Part D prescription drugs and a \$120 quarterly allowance for healthy foods and wellness products. The plan emphasizes the importance of reviewing the EOC for detailed benefits, exclusions, and conditions, and members must continue paying their Medicare Part B premium, with benefits and costs subject to annual changes. Out-of-network services are generally not covered except in emergencies. For assistance, members can contact Aetna's customer service or utilize free interpretation services available in multiple languages by calling 1-833-570-6670. The document ensures compliance with federal civil rights laws, prohibiting discrimination based on race, color, national origin, age, disability, or sex, and states that auxiliary aids and services are available at no charge for individuals with disabilities. Concerns regarding service provision or discrimination can be addressed through the Grievance Department or Customer Service, with complaints also directed to the U.S. Department of Health and Human Services, Office for Civil Rights.