The Aetna Medicare Value (HMO-POS) plan for 2025 offers a $0 monthly premium for individuals entitled to Medicare Part A and enrolled in Medicare Part B, residing in select counties in North Carolina. The plan does not require a deductible and features a maximum out-of-pocket (MOOP) limit of $5,500 for in-network services, after which 100% of covered medical services are provided. Members must choose a Primary Care Provider (PCP) to coordinate care, although referrals to specialists are not necessary. Certain services and medications require prior authorization. Inpatient hospital stays incur a copay of $374 per day for the first eight days, with no charge for days 9-90. Outpatient services have varying copays, such as $25 for non-surgical outpatient services and $374 for outpatient surgeries. Preventive care is covered at no cost, while emergency care has a $125 copay and urgent care costs $45. Diagnostic services may require prior authorization, with copays ranging from $0 to $300 depending on the provider.

The plan includes coverage for hearing services, with a $25 copay for diagnostic exams and an annual allowance of $1,250 for hearing aids through a specific network. Dental services have a $0 copay for in-network covered services, with an annual allowance of $1,600, while out-of-network services incur a 50% coinsurance. Vision services include a $0 copay for diabetic eye exams and an annual allowance of $100 for eyewear. Mental health services require prior authorization, with inpatient psychiatric stays costing $286 per day for the first eight days and outpatient therapy sessions having a $40 copay. 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.

The plan covers Medicare Part B drugs with varying coinsurance rates and a $35 copay for Part B insulin. For Medicare Part D drugs, there is no deductible, and copays vary by tier, with a maximum out-of-pocket threshold of $2,000 for yearly Part D costs. Coverage for diabetic supplies is limited to OneTouch®/LifeScan products, with 0% coinsurance for these supplies and 20% for non-preferred items, which may require prior authorization. The fitness benefit includes a basic membership to

participating SilverSneakers® facilities at no cost, with options for at-home fitness kits and online classes. Podiatry services incur a $25 copay for Medicare-covered visits, while home health care services are covered with a $0 copay. Post-discharge meal benefits provide up to 14 meals at no cost to support recovery. Durable medical equipment (DME) requires prior authorization, with 0% coinsurance for continuous glucose monitors and 20% for other DME items, while prosthetics have a 20% coinsurance. The plan includes a quarterly $45 allowance for over-the-counter (OTC) health products, available through OTC Health Solutions. Outpatient substance use disorder services have a $40 copay for both individual and group sessions, and a 24-Hour Nurse Line is available at no cost. Members diagnosed with high blood pressure or cholesterol may receive additional benefits, including a blood pressure monitor and transportation services for medical appointments.

Important enrollment information includes the need to review the Evidence of Coverage (EOC) for detailed benefits and rules, and members must continue paying their Medicare Part B premium. The plan allows for out-of-network services under certain conditions, and members are advised to check the pharmacy network for prescription coverage, as the formulary and pharmacy network may change. The policy document also outlines the availability of free language assistance services for individuals who speak languages other than English, ensuring compliance with federal civil rights laws. Auxiliary aids and services are provided at no charge to facilitate effective communication for people with disabilities. Individuals needing these services are encouraged to visit the website or call the designated phone number listed in the material or on their benefit ID card. If a person believes they have experienced discrimination or inadequate service, they can file a grievance with the Grievance Department or contact Customer Service. There is also an option to file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, and the document includes translations in multiple languages, reiterating the availability of free language assistance services.