

The Aetna Medicare Dual Choice (PPO D-SNP) plan (H5521-538) offers coverage from January 1, 2025, to December 31, 2025, for eligible individuals entitled to Medicare Part A, possessing Medicare Part B, residing in specific North Carolina counties, and participating in a Medicare Savings Program or qualifying for State Medicaid benefits. This Medicare Advantage plan encompasses all services included in Original Medicare while providing additional benefits. Members can select a Primary Care Provider (PCP) without needing referrals for specialist visits, although prior authorization is necessary for certain services and medications. The plan features a \$0 monthly premium and deductible, with a maximum out-of-pocket (MOOP) limit of \$9,350 for both in-network and out-of-network services combined. Inpatient hospital stays require a copay of \$332 per day for the first eight days, while outpatient services have varying copays. Preventive services are covered at no cost, and emergency care incurs a copay of \$110. Diagnostic services may require prior authorization, with costs ranging from \$0 to \$300 depending on the provider.

The plan includes hearing services with a \$0 copay for diagnostic exams and an annual allowance of \$1,250 for hearing aids through a designated network. Dental services provide an annual allowance of \$2,100 for covered services, and vision services offer a \$330 allowance for eyewear. Mental health services necessitate prior authorization, with specific copays for inpatient and outpatient therapy. Skilled nursing facility care is covered for up to 100 days, with a \$0 copay for the first 20 days. Ambulance services have a copay for ground transport and coinsurance for air transport. Members are entitled to routine transportation for up to 12 one-way trips annually to approved locations and must present both their Aetna member ID and state Medicaid ID cards when accessing services. For further details, members can refer to the Evidence of Coverage (EOC) available on the Aetna website or by contacting customer service.

The plan also covers Medicare Part B and Part D drugs, with members potentially incurring 0% to 20% coinsurance for chemotherapy drugs and a \$35 copay for Part B insulin. Other Part B drugs may also have a coinsurance of 0% to 20%. The plan has a \$0 deductible for Part D drugs, with an

initial coverage phase costing \$0 and catastrophic coverage also at \$0. Additional benefits include acupuncture and chiropractic services, both with \$0 copay for Medicare-covered visits, and diabetic supplies with 0% coinsurance for preferred OneTouch®/LifeScan products. Members receive a \$0 copay for an annual physical fitness membership through SilverSneakers® and can access home health care services at no cost, subject to prior authorization. The plan provides a meal benefit post-discharge, offering up to 14 meals for recovery support. Durable medical equipment incurs a 20% coinsurance for in-network services and 25% for out-of-network. Substance use disorder services have a \$50 copay for both individual and group sessions. The Aetna Assist Program offers additional benefits, including \$0 for covered Part D drugs and a \$100 monthly allowance for health-related expenses. Members are encouraged to review the Evidence of Coverage for detailed benefits, exclusions, and conditions. Enrollment is contingent upon contract renewal, and members must continue paying their Medicare Part B premium. The plan allows for out-of-network services, but higher copays apply, and non-contracted providers may deny care except in emergencies. The formulary and pharmacy network may change, with members being notified accordingly.

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. These services assist with inquiries related to health and medication plans and can be accessed by calling 1-866-409-1221. The document emphasizes that the health plan does not discriminate based on race, color, national origin, age, disability, or sex, and provides auxiliary aids and services at no charge to facilitate effective communication for individuals with disabilities. If a policyholder believes they have experienced discrimination or inadequate service, they can file a grievance with the Grievance Department or contact Customer Service using the 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, and the document includes information in multiple languages, reiterating the availability of free language assistance services.