

2026

East Central Broker User Guide

MICHIGAN

****FOR BROKER USE ONLY****
DO NOT COPY OR DISTRIBUTE

Service Area

MI Southeast: Clinton, Genesee, Hillsdale, Ingham, Jackson, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, Shiawassee, St. Clair, Washtenaw, Wayne

MI Middle: Arenac, Bay, Gladwin, Gratiot, Huron, Saginaw, Sanilac, Tuscola

MI Southwest: Allegan, Barry, Berrien, Branch, Calhoun, Cass, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, Van Buren

MI Northern: Antrim, Benzie, Charlevoix, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Ogemaw, Otsego, Roscommon, Wexford

MI Upper Peninsula: Alger, Baraga, Delta, Dickinson, Houghton, Iron, Keweenaw, Luce, Marquette, Menominee, Ontonagon

Table of Contents

Broker Resources

Think Agent.....	3
Brokers—frequently used Aetna websites.....	5
Brokers—look up resources.....	6
Broker resources.....	7

Michigan Submarket Map.....	9
------------------------------------	----------

2026 Michigan Plan Details

MI Name Changes.....	10
MI Northern.....	11
MI Middle.....	13
MI Southeast.....	15
MI Southwest.....	19
MI Upper Peninsula.....	21
MI DSNP.....	23
MI CSNP.....	25

Supplemental Benefit Information.....	27
--	-----------

Contact information for members

HMO/PPO.....	38
DSNP.....	40

Notes Pages.....	41
-------------------------	-----------

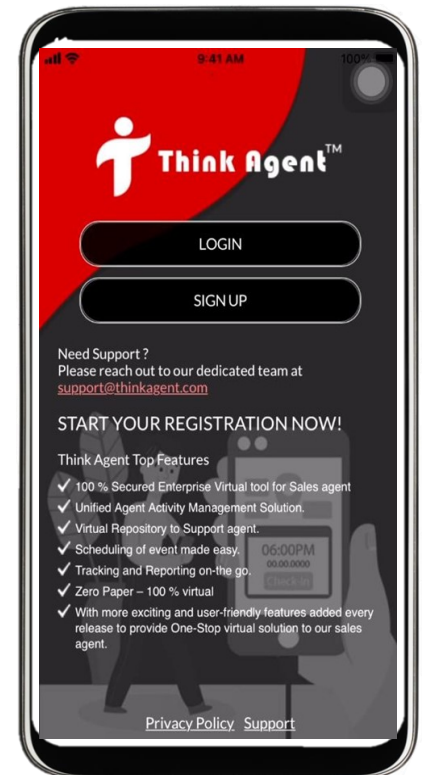
How do I Request Access to Think Agent?

1. Before submitting a request for access, please ensure you are **ready-to-sell (RTS)** Aetna MAPD or SilverScript PDP products.

2. **Download our mobile application** directly from your device's application store! Just search "Think Agent".

3. **Click "Sign Up"** on the Think Agent log in page and enter your information. Our support team will send you registration links and instructions within 24 hours!

NOTE: Double check your information before submitting.



After I Submit my “Sign Up” Request to ThinkAgent...

As soon as our support team has verified your RTS status and information, we will:

- Create your account
- Send you a welcome e-mail with instructions
- Generate two (2) registration e-mails to your e-mail address—user name and PIN

It is imperative you follow the instructions step by step to complete your registration.

What is I did not get both of my registration e-mails or my PIN does not work?

You can e-mail our support team at support@thinkagent.com with this information:

Your name
Preferred e-mail address
NPN
Time zone

We can resend your registration e-mails (same user name, new PIN) so you can register.

Brokers—Frequently Used Aetna Websites

Certification

aetnamedicareproducercertification.com

Aetna Marketing Portal (AMP)

Aetnahub.com/amp

Producer World

aetnamedicare.com $\Rightarrow$ producer $\Rightarrow$ log in

Aetna website

aetnamedicare.com

Senior Supplemental Insurance (SSI)

aetnaseniorproducts.com

Training registration

aetnamedicareagenttraining.com

Benefits checkup

benefitscheckup.org/aetna

Broker – Look Up References

Formulary Search

Go to aetnamedicare.com/en/prescription-drugs/check-medicare-drug-list.html



- Select “Find a doctor or prescription” under “Get the full drug list” on the left-hand menu
- Select the appropriate county
- Select a plan
- Select “list of covered drugs (formulary)”

Provider Search

Using the provider search site (updated this year) to look up in-network doctors, hospitals, and specialists for Aetna MAPD and MA plans

- Go to health.aetna.com/ahpublic/medicare-direct
- Enter a zip code
- Select the plan year
- Select the type of plan—individual or employer/group-sponsored
- Click on see plans
- You can go to the bottom of the page and click on view care options to view providers without selecting a plan *or*
- You can choose a plan and search for providers by plan

Broker Resources

Producer World

Aetna Producer World website is your go-to site for information, tools and reports for Aetna Medicare Advantage products.



- View the Aetna Medicare producer guide
- Order enrollment kits
- Download sales presentations and videos
- Access marketing materials
- Access enrollment reports and commission statements
- Upload MA/MAPD enrollment applications
- Search member application status by individual member

Ready to begin? Log in or register here: aetna.com/insurance-producer.html.
Once logged in, click “Individual Medicare” at the top right hand corner of the page.

NOTE: Agencies need to register someone as the principal of the firm to access and manage agency information.

Broker Certification & Training

Complete 2025 certification for Aetna MAPD and SiverScript PDP products in one place



Reminder: There are two certification options to choose—#1 includes AHIP and #2 is an Aetna/SiverScript-only training

- Start at aetnamedicareproducercertification.com
- Confirm your Ready to Sell status by product and state in Producer World through our new interactive map
- If you are new to Aetna, you must first complete the 2025 certification before your contracting invitation will process

Broker Resources

Aetna Medicare

You can utilize the Aetna Medicare website for broker portal access, online provider searches, My Online Services (member use only), claim forms, online drug search, EFT forms and much more.

Go to **www.aetnamedicare.com**.



Sales Kits

You can order sales kits online by going to **aetna-pek-ff-op.memberdoc.com/#/login** and have them delivered directly to you.

Username: NPN

Password: NPN

Follow the ordering wizard to choose the different offerings based on your profile and where you are ready-to-sell. The kit code is listed inside.

LIMIT: 15 kits per kit # per month. Use the new Sales Leave Behind and our electronic kits!



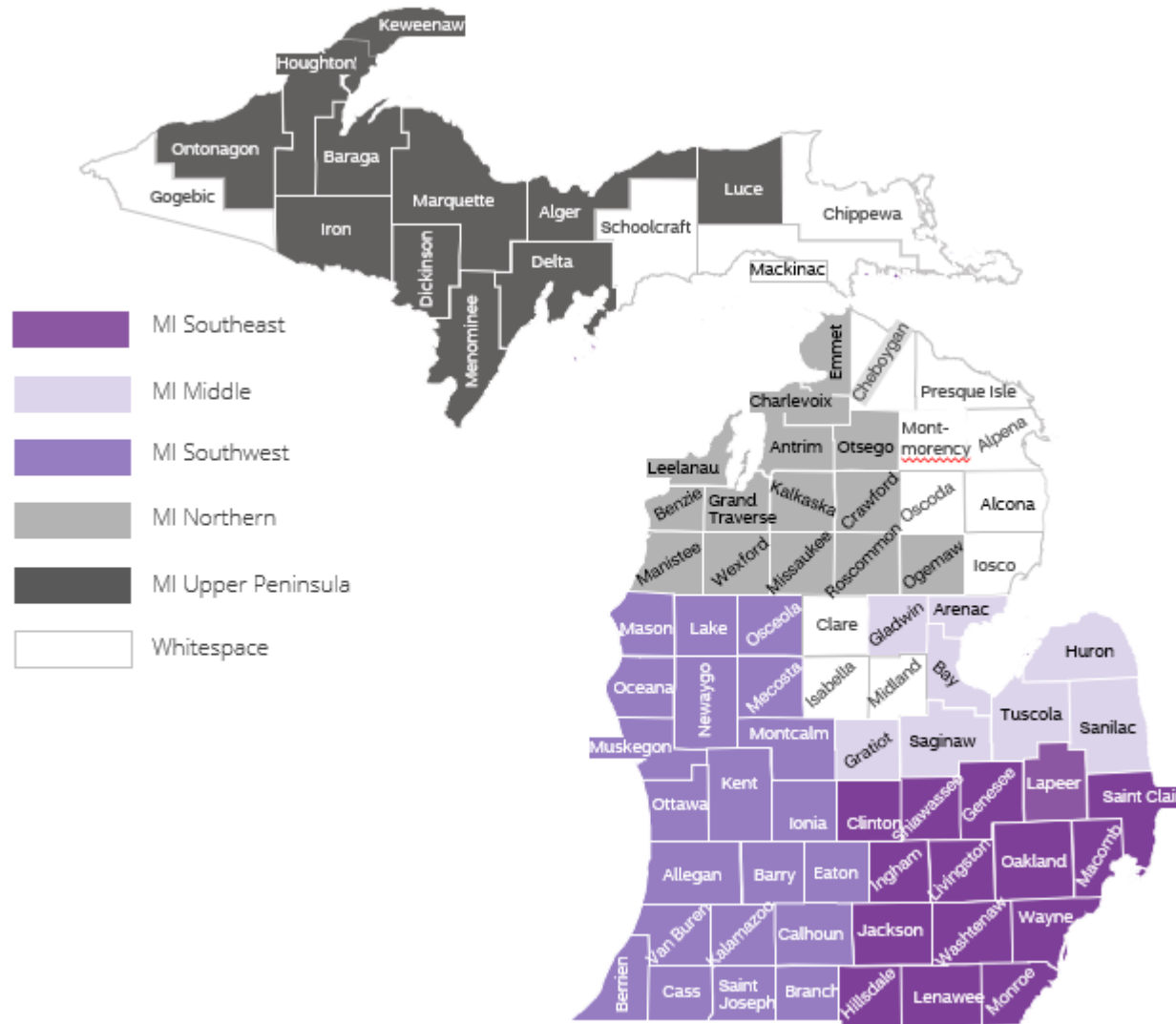
Aetna Marketing Portal (AMP)

The Aetna Marketing Portal (AMP) is a user-friendly one-stop marketing portal where you can personalize, download, print or mail CMS compliant Medicare marketing materials. AMP is your on-demand Aetna marketing hub at **www.aetnahub.com/AMP**.

Producers must be ready to sell in the state/market for Aetna products prior to engaging in marketing or sales activities.



Michigan Active Counties by Submarket



Michigan Product Offerings by County

HMO, PPO, DSNP and CSNP

HIDE DSNP - Macomb, Wayne

HMO, PPO and DSNP

HMO, DSNP and CSNP

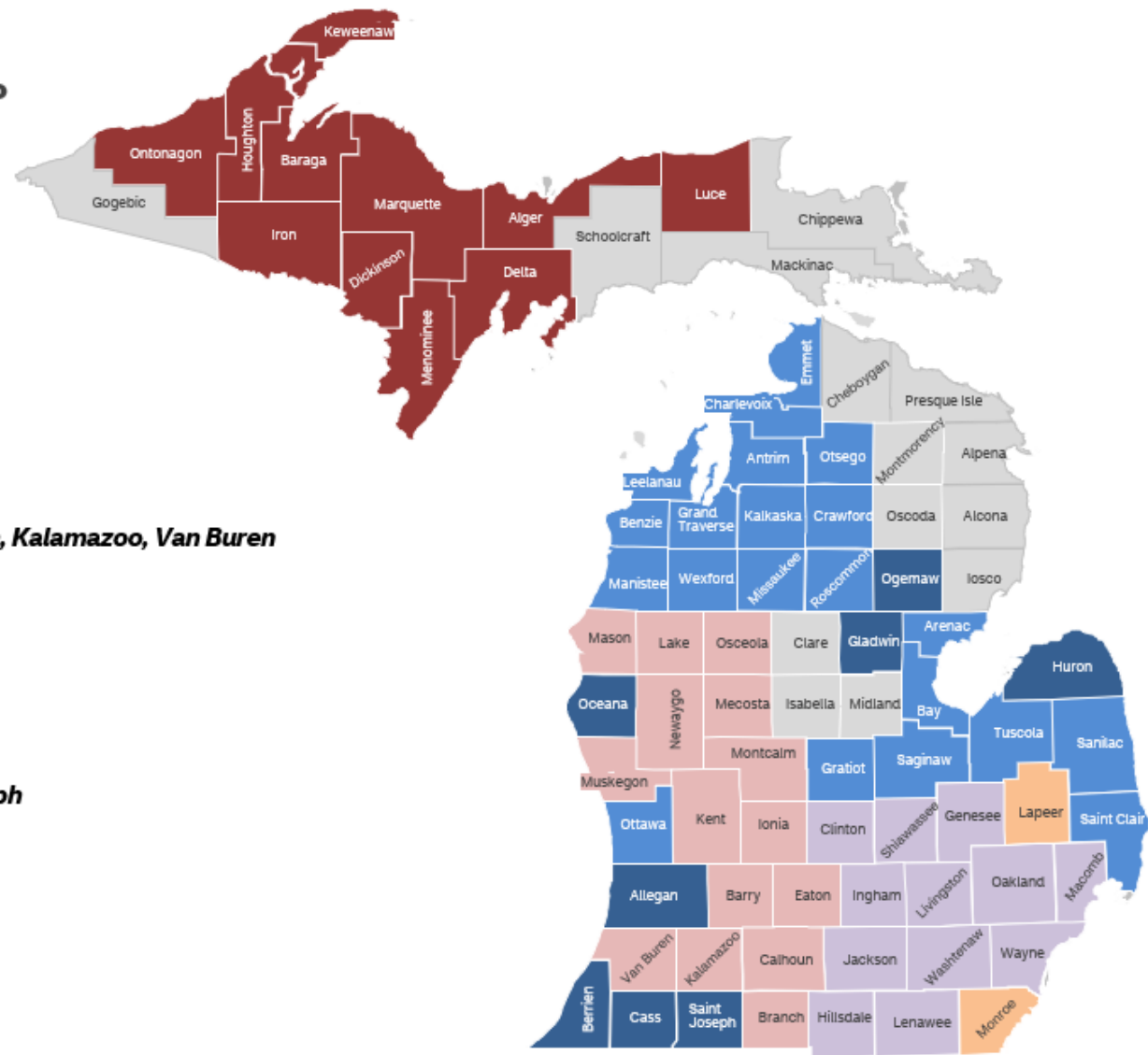
PPO and DSNP

HIDE DSNP - Barry, Branch, Calhoun, Kalamazoo, Van Buren

PPO Only

DSNP Only

HIDE DSNP - Berrien, Cass, St. Joseph



Michigan Name Changes

Market Name	State	Contract	PBP	Plan Type	Platform	Old Name	New Name
Great Lakes	MI	H3192	003	HMOPOS	POS	Aetna Medicare Premier (HMO-POS)	Aetna Medicare Signature (HMO-POS)
Great Lakes	MI	H3192	007	HMO	DSNP	Aetna Medicare Assure Premier (HMO D-SNP)	Aetna Medicare Full Dual Care (HMO D-SNP)
Great Lakes	MI	H3192	010	HMOPOS	POS	Aetna Medicare Premier (HMO-POS)	Aetna Medicare Signature (HMO-POS)
Great Lakes	MI	H3192	021	HMOPOS	POS	Aetna Medicare Prime (HMO-POS)	Aetna Medicare Prime Care (HMO-POS)
Great Lakes	MI	H3192	033	HMO	CSNP	New for 2026	Aetna Medicare Chronic Care (HMO C-SNP)
Great Lakes	MI	H5521	194	PPO	PPO	Aetna Medicare Premier (PPO)	Aetna Medicare Enhanced (PPO)
Great Lakes	MI	H5521	214	PPO	PPO	Aetna Medicare Value (PPO)	Aetna Medicare Signature (PPO)
Great Lakes	MI	H5521	219	PPO	PPO	Aetna Medicare Value (PPO)	Aetna Medicare Signature (PPO)
Great Lakes	MI	H5521	285	PPO	PPO	Aetna Medicare Value (PPO)	Aetna Medicare Signature (PPO)
Great Lakes	IL, IN, MI, WI	H5521	286	PPO	PPO	Aetna Medicare Eagle (PPO)	Aetna Medicare Eagle (PPO)
Great Lakes	MI	H5521	399	PPO	PPO	Aetna Medicare Value Plus (PPO)	Aetna Medicare Value Care (PPO)
Great Lakes	MI	H5521	404	PPO	PPO	Aetna Medicare SmartFit (PPO)	Aetna Medicare Signature Extra (PPO)
Great Lakes	MI	H5521	407	PPO	PPO	Aetna Medicare SmartFit (PPO)	Aetna Medicare Signature Extra (PPO)
Great Lakes	MI	H5521	607	PPO	PPO	Aetna Medicare Gold (PPO)	Aetna Medicare Enhanced (PPO)
Great Lakes	MI	H9314	001	HMO	DSNP	Aetna Medicare Assure (HMO D-SNP)	Aetna Medicare HIDE (HMO D-SNP)

MI NORTHERN

Plan Name	Aetna Medicare Signature (PPO)	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Eagle (MA only — PPO)
Counties	Antrim, Benzie, Charlevoix, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Otsego, Roscommon, Wexford	Antrim, Benzie, Charlevoix, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Otsego, Roscommon, Wexford	Antrim, Benzie, Charlevoix, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Otsego, Roscommon, Wexford
Plan Number	H5521-285	H3192-010	H5521-286
Monthly Premium	\$0	\$0	\$0 (\$70 Part B Giveback)
PHYSICIAN			
PCP	\$5 INN 50% OON	\$0	\$0 INN 50% OON
Specialist	\$45 INN 50% OON	\$40	\$30 INN 50% OON
INPATIENT			
IP Copay	\$315 per day, days 1-8; \$0 per day, days 9-90	\$350 per day, days 1-7; \$0 per day, days 8-90	\$300 per day, days 1-6; \$0 per day, days 7-90
IP Psych	\$315 per day, days 1-7; \$0 per day, days 8-90	\$325 per day, days 1-7; \$0 per day, days 8-90	\$300 per day, days 1-6; \$0 per day, days 7-90
OUTPATIENT			
Ground Ambulance	\$275	\$260	\$290
Emergency Room	\$130	\$130	\$130
Urgent Care	\$35	\$50	\$45
Ambulatory Surgery Center (ASC)	\$265	\$300	\$250
OP Services (Hosp Surgery)	\$45 - \$315: SUR	\$0 - \$350: SUR	\$30 - \$300: SUR
Lab	\$5	\$0	\$0
Diagnostic Procedure/Test	\$100	\$100	\$75
X-Ray	\$20	\$10	\$20
Radiology (CT etc.)	\$225	\$225	\$250

MI NORTHERN

Plan Name	Aetna Medicare Signature (PPO)	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Eagle (PPO)
Plan Number	H5521-285	H3192-010	H5521-286
TELEHEALTH			
Telehealth	\$0 - \$45: TLH	\$0 - \$50: TLH	\$0 - \$45: TLH
Telehealth – Mental Health	\$40	\$40	\$40
OOP			
MOOP INN	\$5,200	\$5,900	\$4,900
Combined MOOP	\$10,100	N/A	\$10,100
PART D			
Deductible	\$615 T3-5	\$615 T3-5	MA ONLY
Preferred Retail - 30 day	\$0/ \$0/ 24%/ 25%/ 25%	\$0/ \$0/ 24%/ 25%/ 25%	MA ONLY
Preferred Retail - 90 day	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA	MA ONLY
Preferred Mail Order - 90 day	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA	MA ONLY
Non-Preferred Retail - 90 day	\$6/ \$36/ 24%/ 25%/ NA	\$6/ \$36/ 24%/ 25%/ NA	MA ONLY
SUPPLEMENTAL BENEFITS			
Fitness	SilverSneakers	SilverSneakers	SilverSneakers and DMR (\$90/qtr)
Eyewear	\$100 (EyeMed)	\$150 (EyeMed)	\$300 (DMR)
Dental	\$500 (Deluxe PPO Mandatory)	\$1,000 (Deluxe EPO POS Mandatory)	\$3,750 (Essential PPO 100/80)
Hearing	\$500 per ear	\$500 per ear	\$1,500 per ear
OTC	Not Covered	Not Covered	\$100/qtr (OTCHS)
Meals (post-IP discharge)	Not Covered	Not Covered	14
Traveler Benefit	Explorer	Travel Advantage	Explorer
Kit Number	MI01	MI01	MI01

MI MIDDLE

Plan Name	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Signature (PPO)	Aetna Medicare Eagle (MA only — PPO)
Counties	Arenac, Bay, Gratiot, Saginaw, Sanilac, Tuscola	Arenac, Bay, Gratiot, Saginaw, Sanilac, Tuscola	Arenac, Bay, Gratiot, Saginaw, Sanilac, Tuscola
Plan Number	H3192-010	H5521-285	H5521-286
Monthly Premium	\$0	\$0	\$0 (\$70 Part B Giveback)
PHYSICIAN			
PCP	\$0	\$5 INN 50% OON	\$0 INN 50% OON
Specialist	\$40	\$45 INN 50% OON	\$30 INN 50% OON
INPATIENT			
IP Copay	\$350 per day, days 1-7; \$0 per day, days 8-90	\$315 per day, days 1-8; \$0 per day, days 9-90	\$300 per day, days 1-6; \$0 per day, days 7-90
IP Psych	\$325 per day, days 1-7; \$0 per day, days 8-90	\$315 per day, days 1-7; \$0 per day, days 8-90	\$300 per day, days 1-6; \$0 per day, days 7-90
OUTPATIENT			
Ground Ambulance	\$260	\$275	\$290
Emergency Room	\$130	\$130	\$130
Urgent Care	\$50	\$35	\$45
Ambulatory Surgery Center (ASC)	\$300	\$265	\$250
OP Services (Hosp Surgery)	\$0 - \$350: SUR	\$45 - \$315: SUR	\$30 - \$300: SUR
Lab	\$0	\$5	\$0
Diagnostic Procedure/Test	\$100	\$100	\$75
X-Ray	\$10	\$20	\$20
Radiology (CT etc.)	\$225	\$225	\$250

MI MIDDLE

Plan Name	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Signature (PPO)	Aetna Medicare Eagle (MA only — PPO)
Plan Number	H3192-010	H5521-285	H5521-286
TELEHEALTH			
Telehealth	\$0 - \$50: TLH	\$0 - \$45: TLH	\$0 - \$45: TLH
Telehealth – Mental Health	\$40	\$40	\$40
OOP			
MOOP INN	\$5,900	\$5,200	\$4,900
Combined MOOP	N/A	\$10,100	\$10,100
PART D			
Deductible	\$615 T3-5	\$615 T3-5	MA ONLY
Preferred Retail - 30 day	\$0/ \$0/ 24%/ 25%/ 25%	\$0/ \$0/ 24%/ 25%/ 25%	MA ONLY
Preferred Retail - 90 day	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA	MA ONLY
Preferred Mail Order - 90 day	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA	MA ONLY
Non-Preferred Retail - 90 day	\$6/ \$36/ 24%/ 25%/ NA	\$6/ \$36/ 24%/ 25%/ NA	MA ONLY
SUPPLEMENTAL BENEFITS			
Fitness	SilverSneakers	SilverSneakers	SilverSneakers and DMR (\$90/qtr)
Eyewear	\$150 (EyeMed)	\$100 (EyeMed)	\$300 (DMR)
Dental	\$1,000 (Deluxe EPO POS Mandatory)	\$500 (Deluxe PPO Mandatory)	\$3,750 (Essential PPO 100/80)
Hearing	\$500 per ear	\$500 per ear	\$1,500 per ear
OTC	Not Covered	Not Covered	\$100/qtr (OTCHS)
Meals (post-IP discharge)	Not Covered	Not Covered	14
Traveler Benefit	Travel Advantage	Explorer	Explorer
Kit Number	MI01	MI01	MI01

MI SOUTHEAST

Plan Name	Aetna Medicare Signature (PPO)	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Value Care (PPO)	Aetna Medicare Signature Extra (PPO)
Counties	Clinton, Genesee, Hillsdale, Ingham, Jackson, Lenawee, Livingston, Macomb, Oakland, St. Clair, Shiawassee, Washtenaw, Wayne	Clinton, Genesee, Hillsdale, Ingham, Jackson, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Shiawassee, Washtenaw, Wayne	Clinton, Genesee, Hillsdale, Ingham, Jackson, Lenawee, Livingston, Macomb, Oakland, St. Clair, Shiawassee, Washtenaw, Wayne	Clinton, Genesee, Hillsdale, Ingham, Jackson, Lenawee, Livingston, Macomb, Oakland, St. Clair, Shiawassee, Washtenaw, Wayne
Plan Number	H5521-214	H3192-003	H5521-399	H5521-404
Monthly Premium	\$0	\$0	\$46	\$0
PHYSICIAN				
PCP	\$0 INN 50% OON	\$0	\$0 INN 50% OON	\$0 INN 50% OON
Specialist	\$0 - \$40: NHM INN 50% OON	\$0 - \$40: NHM	\$10 - \$20: NHM INN 50% OON	\$0 - \$40: NHM INN 50% OON
INPATIENT				
IP Copay	\$295 per day, days 1-7; \$0 per day, days 8-90	\$350 per day, days 1-7; \$0 per day, days 8-90	\$300 per day, days 1-7; \$0 per day, days 8-90	\$300 per day, days 1-8; \$0 per day, days 9-90
IP Psych	\$295 per day, days 1-7; \$0 per day, days 8-90	\$325 per day, days 1-7; \$0 per day, days 8-90	\$300 per day, days 1-7; \$0 per day, days 8-90	\$315 per day, days 1-7; \$0 per day, days 8-90
OUTPATIENT				
Ground Ambulance	\$255	\$275	\$255	\$255
Emergency Room	\$130	\$130	\$130	\$130
Urgent Care	\$30	\$45	\$35	\$35
Ambulatory Surgery Center (ASC)	\$245	\$265	\$250	\$250
OP Services (Hosp Surgery)	\$35 - \$295: SUR	\$0 - \$350: SUR	\$20 - \$300: SUR	\$35 - \$300: SUR
Lab	\$0	\$0	\$0	\$0
Diagnostic Procedure/Test	\$75	\$95	\$65	\$75
X-Ray	\$10	\$10	\$0	\$0
Radiology (CT etc.)	\$275	\$275	\$275	\$290

MI SOUTHEAST

Plan Name	Aetna Medicare Signature (PPO)	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Value Care (PPO)	Aetna Medicare Signature Extra (PPO)
Plan Number	H5521-214	H3192-003	H5521-399	H5521-404
TELEHEALTH				
Telehealth	\$0 - \$40: TLH	\$0 - \$45: TLH	\$0 - \$40: TLH	\$0 - \$40: TLH
Telehealth – Mental Health	\$40	\$40	\$40	\$40
OOP				
MOOP INN	\$5,200	\$6,750	\$5,900	\$4,700
Combined MOOP	\$10,100	\$6,750	\$10,100	\$8,250
PART D				
Deductible	\$615 T3-5	\$615 T3-5	\$615 T3-5	\$615 T3-5
Preferred Retail –30 day	\$0/ \$0/ 24%/ 25%/ 25%	\$0/ \$0/ 24%/ 25%/ 25%	\$0/ \$0/ 22%/ 25%/ 25%	\$0/ \$0/ 24%/ 25%/ 25%
Preferred Retail –90 day	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 22%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA
Preferred Mail Order – 90 day	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 22%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA
Non-Preferred Retail – 90 day	\$6/ \$36/ 24%/ 25%/ NA	\$6/ \$36/ 24%/ 25%/ NA	\$6/ \$36/ 22%/ 25%/ NA	\$6/ \$36/ 24%/ 25%/ NA
SUPPLEMENTAL BENEFITS				
Fitness	SilverSneakers	SilverSneakers	SilverSneakers	SilverSneakers and DMR (\$90/qtr)
Eyewear	\$225 (EyeMed)	\$100 (EyeMed)	\$250 (EyeMed)	\$250 (EyeMed)
Dental	\$1,750 (Deluxe PPO Mandatory)	\$1,000 (Deluxe EPO POS Mandatory)	\$2,500 (Deluxe PPO Mandatory)	\$2,000 (Deluxe PPO Mandatory)
Hearing	\$1,000 per ear	\$500 per ear	\$1,000 per ear	\$1,000 per ear
OTC	\$60/qtr (CVS Broad)	\$15/qtr (CVS Narrow)	\$75/qtr (CVS Broad) High Value Provider Bonus Eligible	\$75/qtr (CVS Narrow)
Meals (post-IP discharge)	Not Covered	Not Covered	Not Covered	Not Covered
Traveler Benefit	Explorer	Travel Advantage	Explorer	Explorer
Kit Number	MI03	MI05	MI03	MI03

MI SOUTHEAST

Plan Name	Aetna Medicare Eagle (MA only — PPO)	Aetna Medicare Prime Care(HMO- POS)	Aetna Medicare Enhanced(PPO)
Counties	Clinton, Genesee, Hillsdale, Ingham, Jackson, Lenawee, Livingston, Macomb, Oakland, St. Clair, Shiawassee, Washtenaw, Wayne	Genesee, Macomb, Oakland, Wayne	Clinton, Genesee, Hillsdale, Ingham, Jackson, Lenawee, Livingston, Macomb, Oakland, St. Clair, Shiawassee, Washtenaw, Wayne
Plan Number	H5521-286	H3192-021	H5521-607
Monthly Premium	\$0 (\$70 Part B Giveback)	\$0	\$72
PHYSICIAN			
PCP	\$0 INN 50% ONN	\$0	\$0 INN 50% ONN
Specialist	\$30 INN 50% ONN	\$40	\$40 INN 50% ONN
INPATIENT			
IP Copay	\$300 per day, days 1-6; \$0 per day, days 7-90	\$315 per day, days 1-8; \$0 per day, days 9-90	\$325 per day, days 1-7; \$0 per day, days 8-90
IP Psych	\$300 per day, days 1-6; \$0 per day, days 7-90	\$300 per day, days 1-7; \$0 per day, days 8-90	\$325 per day, days 1-7; \$0 per day, days 8-90
OUTPATIENT			
Ground Ambulance	\$290	\$275	\$250
Emergency Room	\$130	\$130	\$130
Urgent Care	\$45	\$50	\$35
Ambulatory Surgery Center (ASC)	\$250	\$265	\$275
OP Services (Hosp Surgery)	\$30 - \$300: SUR	\$0 - \$315: SUR	\$40 - \$325: SUR
Lab	\$0	\$0	\$0
Diagnostic Procedure/Test	\$75	\$75	\$75
X-Ray	\$20	\$10	\$0
Radiology (CT etc.)	\$250	\$275	\$290

MI SOUTHEAST

Plan Name	Aetna Medicare Eagle (MA only — PPO)	Aetna Medicare Prime Care (HMO-POS)	Aetna Medicare Enhanced(PPO)
Plan Number	H5521-286	H3192-021	H5521-607
TELEHEALTH			
Telehealth	\$0 - \$45: TLH	\$0 - \$50: TLH	\$0 - \$40: TLH
Telehealth – Mental Health	\$40	\$40	\$40
OOP			
MOOP INN	\$4,900	\$5,900	\$5,900
Combined MOOP	\$10,100	N/A	\$10,100
PART D			
Deductible	MA ONLY	\$615 T3-5	\$615 T3-5
Preferred Retail –30 day	MA ONLY	\$0/ \$0/ 24%/ 25%/ 25%	\$0/ \$0/ 24%/ 25%/ 25%
Preferred Retail –90 day	MA ONLY	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA
Preferred Mail Order – 90 day	MA ONLY	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA
Non-Preferred Retail – 90 day	MA ONLY	\$6/ \$36/ 24%/ 25%/ NA	\$6/ \$36/ 24%/ 25%/ NA
SUPPLEMENTAL BENEFITS			
Fitness	SilverSneakers and DMR (\$90/qtr)	SilverSneakers	SilverSneakers
Eyewear	\$300 (EyeMed)	\$175 (EyeMed)	\$250 (EyeMed)
Dental	\$3,750 (Essential PPO 100/80)	\$1,000 (Deluxe EPO POS Mandatory)	\$2,500 (Deluxe PPO Mandatory)
Hearing	\$1,500 per ear	\$500 per ear	\$1,000 per ear
OTC	\$100/qtr (OTCHS)	\$20/qtr (CVS Narrow) + \$30 HVP Bonus Available	\$60/qtr (CVS Narrow)
Meals (post-IP discharge)	14	Not Covered	14
Traveler Benefit	Explorer	Not Covered	Explorer
Kit Number	MI03	MI05	MI03

MI SOUTHWEST

Plan Name	Aetna Medicare Signature (PPO)	Aetna Medicare Enhanced (PPO)	Aetna Medicare Enhanced (PPO)	Aetna Medicare Signature Extra (PPO)	Aetna Medicare Eagle (MA only — PPO)
Counties	Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren	Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren	Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren	Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren	Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren
Plan Number	H5521-219	H5521-194	H5521-607	H5521-407	H5521-286
Monthly Premium	\$0	\$15	\$72	\$0	\$0 (\$70 Part B Giveback)
PHYSICIAN					
PCP	\$5 INN 50% OON	\$0 INN 50% OON	\$0 INN 50% ONN	\$0 INN 50% OON	\$0 INN 50% ONN
Specialist	\$0 - \$40: NHM INN 50%OON	\$0 - \$40: NHM INN 50% OON	\$40 INN 50% ONN	\$0 - \$40: NHM INN 50% OON	\$30 INN 50% ONN
INPATIENT					
IP Copay	\$300 per day, days 1-7; \$0 per day, days 8-90	\$275 per day, days 1-6; \$0 per day, days 7-90	\$325 per day, days 1-7; \$0 per day, days 8-90	\$300 per day, days 1-8; \$0 per day, days 9-90	\$300 per day, days 1-6; \$0 per day, days 7-90
IP Psych	\$300 per day, days 1-7; \$0 per day, days 8-90	\$275 per day, days 1-6; \$0 per day, days 7-90	\$325 per day, days 1-7; \$0 per day, days 8-90	\$300 per day, days 1-7; \$0 per day, days 8-90	\$300 per day, days 1-6; \$0 per day, days 7-90
OUTPATIENT					
Ground Ambulance	\$285	\$250	\$250	\$285	\$290
Emergency Room	\$130	\$130	\$130	\$130	\$130
Urgent Care	\$45	\$35	\$35	\$35	\$45
Ambulatory Surgery Center (ASC)	\$250	\$225	\$275	\$250	\$250
OP Services (Hosp Surgery)	\$35 - \$300: SUR	\$35 - \$275: SUR	\$40 - \$325: SUR	\$35 - \$300: SUR	\$30 - \$300: SUR
Lab	\$0	\$0	\$0	\$0	\$0
Diagnostic Procedure/ Test	\$75	\$75	\$75	\$100	\$75
X-Ray	\$20	\$15	\$0	\$0	\$20
Radiology (CT etc.)	\$295	\$240	\$290	\$300	\$250

MI SOUTHWEST

Plan Name	Aetna Medicare Signature (PPO)	Aetna Medicare Enhanced (PPO)	Aetna Medicare Enhanced (PPO)	Aetna Medicare Signature Extra (PPO)	Aetna Medicare Eagle (MA only — PPO)
Plan Number	H5521-219	H5521-194	H5521-607	H5521-407	H5521-286
TELEHEALTH					
Telehealth	\$0 - \$45: TLH	\$0 - \$40: TLH	\$0 - \$40: TLH	\$0 - \$40: TLH	\$0 - \$45: TLH
Telehealth – Mental Health	\$40	\$40	\$40	\$40	\$40
OOP					
MOOP INN	\$5,200	\$4,900	\$5,900	\$5,200	\$4,900
Combined MOOP	\$10,100	\$10,100	\$10,100	\$10,100	\$10,100
PART D					
Deductible	\$615 T3-5	\$615 T3-5	\$615 T3-5	\$615 T3-5	MA ONLY
Preferred Retail –30 day	\$0/ \$0/ 24%/ 25%/ 25%	\$0/ \$0/ 24%/ 25%/ 25%	\$0/ \$0/ 24%/ 25%/ 25%	\$0/ \$0/ 24%/ 25%/ 25%	MA ONLY
Preferred Retail –90 day	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA	MA ONLY
Preferred Mail Order – 90 day	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA	\$0/ \$0/ 24%/ 25%/ NA	MA ONLY
Non-Preferred Retail – 90 day	\$6/ \$36/ 24%/ 25%/ NA	\$6/ \$36/ 24%/ 25%/ NA	\$6/ \$36/ 24%/ 25%/ NA	\$6/ \$36/ 24%/ 25%/ NA	MA ONLY
SUPPLEMENTAL BENEFITS					
Fitness	SilverSneakers	SilverSneakers	SilverSneakers	SilverSneakers and DMR (\$90/qtr)	SilverSneakers and DMR (\$90/qtr)
Eyewear	\$225 (EyeMed)	\$125 (EyeMed)	\$250 (EyeMed)	\$175 (EyeMed)	\$300 (EyeMed)
Dental	\$1,250 (Deluxe PPO Mandatory)	\$1,250 (Deluxe PPO Mandatory)	\$2,500 (Deluxe PPO Mandatory)	\$1,000 (Deluxe PPO Mandatory)	\$3,750 (Essential PPO 100/80)
Hearing	\$1,000 per ear	\$750 per ear	\$1,000 per ear	\$500 per ear	\$1,500 per ear
OTC	\$35/qtr (OTCHS)	Not Covered	\$60/qtr (CVS Narrow)	Not Covered	\$100/qtr (OTCHS)
Meals (post-IP discharge)	Not Covered	Not Covered	14	Not Covered	14
Traveler Benefit	Explorer	Explorer	Explorer	Explorer	Explorer
Kit Number	MI04	MI04	MI03	MI04	MI03

MI UPPER PENNISULA

Plan Name	Aetna Medicare Signature (PPO)	Aetna Medicare Eagle (MA only — PPO)
Counties	Alger, Baraga, Delta, Dickinson, Houghton, Iron, Keweenaw, Luce, Marquette, Menominee, Ontonagon	Alger, Baraga, Delta, Dickinson, Houghton, Iron, Keweenaw, Luce, Marquette, Menominee, Ontonagon
Plan Number	H5521-285	H5521-286
Monthly Premium	\$0	\$0 (\$70 Part B Giveback)
PHYSICIAN		
PCP	\$5 INN 50% OON	\$0 INN 50% ONN
Specialist	\$45 INN 50% OON	\$30 INN 50% ONN
INPATIENT		
IP Copay	\$315 per day, days 1-8; \$0 per day, days 9-90	\$300 per day, days 1-6; \$0 per day, days 7-90
IP Psych	\$315 per day, days 1-7; \$0 per day, days 8-90	\$300 per day, days 1-6; \$0 per day, days 7-90
OUTPATIENT		
Ground Ambulance	\$275	\$290
Emergency Room	\$130	\$130
Urgent Care	\$35	\$45
Ambulatory Surgery Center (ASC)	\$265	\$250
OP Services (Hosp Surgery)	\$45 - \$315: SUR	\$30 - \$300: SUR
Lab	\$5	\$0
Diagnostic Procedure/Test	\$100	\$75
X-Ray	\$20	\$20
Radiology, (CT etc.)	\$225	\$250

MI UPPER PENNISULA

Plan Name	Aetna Medicare Signature (PPO)	Aetna Medicare Eagle (MA only — PPO)
Plan Number	H5521-285	H5521-286
TELEHEALTH		
Telehealth	\$0 - \$45: TLH	\$0 - \$45: TLH
Telehealth – Mental Health	\$40	\$40
OOP		
MOOP INN	\$5,200	\$4,900
Combined MOOP	\$10,100	\$10,100
PART D		
Deductible	\$615 T3-5	MA ONLY
Preferred Retail –30 day	\$0/ \$0/ 24%/ 25%/ 25%	MA ONLY
Preferred Retail –90 day	\$0/ \$0/ 24%/ 25%/ NA	MA ONLY
Preferred Mail Order – 90 day	\$0/ \$0/ 24%/ 25%/ NA	MA ONLY
Non-Preferred Retail – 90 day	\$6/ \$36/ 24%/ 25%/ NA	MA ONLY
SUPPLEMENTAL BENEFITS		
Fitness	SilverSneakers	SilverSneakers and DMR (\$90/qtr)
Eyewear	\$100 (EyeMed)	\$300 (EyeMed)
Dental	\$500 (Deluxe PPO Mandatory)	\$3,750 (Essential PPO 100/80)
Hearing	\$500 per ear	\$1,500 per ear
OTC	Not Covered	\$100/qtr (OTCHS)
Meals (post-IP discharge)	Not Covered	14
Traveler Benefit	Explorer	Explorer
Kit Number	MI01	MI03

MI DSNP

Plan Name	Aetna Medicare Full Dual Care (HMO D-SNP)	*NEW* Aetna Medicare HIDE (HMO D-SNP)
Counties	Allegan, Antrim, Arenac, Bay, Benzie, Charlevoix, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Jackson, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Mason, Mecosta, Missaukee, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Otsego, Ottawa, Roscommon, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw, Wexford	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne
Plan Number	H3192-007	H9314-001
Monthly Premium	\$0	\$0
PHYSICIAN		
PCP	\$0	\$0
Specialist	\$0	\$0
INPATIENT		
IP Copay	\$0	\$0
IP Psych	\$0	\$0
OUTPATIENT		
Ground Ambulance	\$0	\$0
Emergency Room	\$0	\$0
Urgent Care	\$0	\$0
ASC	\$0	\$0
OP Services (Hosp Surgery)	\$0	\$0
Lab	\$0	\$0
Diagnostic Procedure/Test	\$0	\$0
X-Ray	\$0	\$0
Radiology, (CT etc.)	\$0	\$0

MI DSNP

Plan Name	Aetna Medicare Full Dual Care (HMO D-SNP) \$9,250	*NEW* Aetna Medicare HIDE (HMO D-SNP)
Plan Number	H3192-007	H9314-001
TELEHEALTH		
Telehealth	\$0	\$0
Telehealth – Mental Health	\$0	\$0
OOP		
MOOP INN	\$9,250	\$9,250
Combined MOOP	NA	NA
PART D		
Deductible	NA	NA
Preferred Retail –30 day	\$0	\$0
Preferred Retail –90 day	\$0	\$0
Preferred Mail Order – 90 day	\$0	\$0
Non-Preferred Retail – 90 day	\$0	\$0
SUPPLEMENTAL BENEFITS		
Fitness	SilverSneakers	SilverSneakers
Eyewear	\$250 (EyeMed)	\$250 (VSP)
Dental	\$2,500 (Enhanced SNP EPO Mandatory)	\$2,600 (DentaQuest Enhanced Wrap MI)
Hearing	\$1,250 per ear	\$1,500 per ear
OTC	\$200 per month (CVS Broad) + \$30 HVP Bonus Available	\$220 per month (CVS Broad)
Meals (post-IP discharge)	14	28
Traveler Benefit	Not Covered	Not Covered
Kit Number	MIS02	MIS01

MI CSNP

Plan Name	*NEW* Aetna Medicare Chronic Care (HMO C-SNP)
Counties	Clinton, Genesee, Hillsdale, Ingham, Jackson, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Shiawassee, Washtenaw, Wayne
Plan Number	H3192-033
Monthly Premium	\$0
PHYSICIAN	
PCP	\$0
Specialist	\$0-25: DCC
INPATIENT	
IP Copay	\$400 per day, days 1-7: \$0 per day, days 8-90
IP Psych	\$325 per day, days 1-7: \$0 per day, days 8-90
OUTPATIENT	
Ground Ambulance	\$300
Emergency Room	\$130
Urgent Care	\$50
ASC	\$350
OP Services (Hosp Surgery)	\$400
Lab	\$0
Diagnostic Procedure/Test	\$20
X-Ray	\$20
Radiology, (CT etc.)	\$0-195: PCP

MI CSNP

Plan Name	*NEW* Aetna Medicare Chronic Care (HMO C-SNP)
Plan Number	H3192-033
TELEHEALTH	
Telehealth	\$0-50: TLH
Telehealth – Mental Health	\$25
OOP	
MOOP INN	\$6,750
Combined MOOP	NA
PART D	
Deductible	\$615 T3-5
Preferred Retail –30 day	\$0/\$5/22%/25%/25%
Preferred Retail –90 day	\$0/\$15/22%/25%/NA
Preferred Mail Order – 90 day	\$0/\$15/22%/25%/NA
Non-Preferred Retail – 90 day	\$6/\$36/22%/25%/NA
SUPPLEMENTAL BENEFITS	
Fitness	SilverSneakers
Eyewear	\$200 (EyeMed)
Dental	\$1,500 (Deluxe EPO Mandatory)
Hearing	\$750 per ear
OTC	\$15 per month (CVS Broad) + \$30 HVP Bonus Available
Meals (post-IP discharge)	Not Covered
Traveler Benefit	Not Covered
Kit Number	MIC01

Supplemental Benefits

Dental (Deluxe PPO Mandatory)

(H5521-194, 214, 219, 285, 399, 404, 407 & 607)

INN—\$0 prev., 20-50% comp.

OON—50% prev., 50-70%



This design covers routine preventive dental services plus additional comprehensive services with member cost-sharing.

Comprehensive services include full-mouth X-rays, crowns, bridges, dentures, the removal of impacted teeth and general anesthesia.

Annual allowance limits vary by plan and frequency limits apply to services. Preventive services do not accrue toward annual allowance limits, only comprehensive services accrue.

Frequency limits, medical necessity review, claim edits and alternate benefits apply to covered services.

Dental (Deluxe EPO Mandatory)

(H3192-033)

INN ONLY—\$0 prev., 20-50% comp.



This design covers routine preventive dental services plus additional comprehensive services with member cost-sharing.

Comprehensive services include full-mouth X-rays, crowns, bridges, dentures, the removal of impacted teeth and general anesthesia.

Annual allowance limits vary by plan and frequency limits apply to services. Preventive services do not accrue toward annual allowance limits, only comprehensive services accrue.

Frequency limits, medical necessity review, claim edits and alternate benefits apply to covered services.

Dental (Enhanced SNP EPO Mandatory)

(H3192-007)

INN ONLY—\$0 prev. and comp.



This design covers most ADA-recognized dental services, excluding only implants, orthodontics, cosmetic services, those considered medical in nature and administrative charges.

Annual allowance limits vary by plan. Both preventive and comprehensive services accrue toward the annual allowance.

Frequency limits, medical necessity review, claim edits and alternate benefits apply to covered services.

Supplemental Benefits

Dental (Essential PPO 100/80)

(H5521-286)

This design covers most ADA-recognized dental services, excluding only implants, orthodontics, cosmetic services, those considered medical in nature and administrative charges.

Annual allowance limits vary by plan. Both preventive and comprehensive services accrue toward the annual allowance.

Medical necessity review, claim edits and alternative benefits apply to covered services.

INN—\$0 prev. and comp.

OON—20% prev. and comp.



Dental (Deluxe EPO POS Mandatory)

(H3192-003, 010, & 021)

This design covers routine preventive dental services plus additional comprehensive services with member cost-sharing.

Comprehensive services include full-mouth X-rays, crowns, bridges, dentures, the removal of impacted teeth and general anesthesia.

Annual allowance limits vary by plan and frequency limits apply to services. Preventive services do not accrue toward annual allowance limits, only comprehensive services accrue.

INN—\$0 prev., 20-50% comp.

OON—50% prev., 50-70% comp.



Dental (DentaQuest Enhanced Wrap MI)

(H9314-001)

DentaQuest dental plan administers dental embedded (mandatory) benefits with a schedule of covered services.

Preventive services include (but not limited to) exams, X-rays, and cleanings as well as comprehensive services, such as (but not limited to) crowns, fillings, root canals and dentures.

Members are covered at \$0 for covered services when using an in-network provider with limitations, frequencies and prior authorization on some dental services.

Annual allowance limits vary by plan.

INN—\$0 prev. and comp.



Supplemental Benefits

Diabetic Supplies

(all plans)

Roche/Accu-Che: <https://diagnostics.roche.com/us/en/products/instruments/accu-chek-inform-ii-system-ins-809.html>

Tru/Trividia: <https://www.trividiahealth.com/>



We exclusively cover blood glucose meters and test strips manufactured and distributed by Roche/Accu-Chek and TRUE/Trividia meters currently available. Roche and Trividia meter and test strip information is available online at the respective internet sites. Otherwise, members must obtain a prescription and visit a pharmacy – Meters and test strips produced by other manufacturers may be covered if medically necessary, such as large font or talking meters for the visually impaired. Medical exceptions for the visually impaired may be covered with an approved prior authorization. Blood glucose meters and other testing supplies (e.g., lancing devices, lancets and test strips) can be obtained with a prescription from a network pharmacy or Durable Medical Equipment (DME) provider.

- Medical diabetic supplies; blood glucose meters, lancets and control solutions are covered under your medical coverage.
- Pharmacy diabetic supplies (e.g., alcohol swabs, lancets, 2x2 gauze, needles and syringes) are covered under your prescription drug coverage. These diabetic supplies can be found on your plan's formulary guide.
- Prior authorization are required for more than one blood glucose meter per year and/or test strips in excess of 100 strips for a one month supply and may be required for diabetic shoes and inserts. Prior authorization is the responsibility of your provider.

Eyewear (VSP)

(HIDE SNP H9314-001 **Only**)



How a member submits a copy of the itemized receipt/bill and proof of payment to member services: send to the address on the back of their ID card or fax to 866-474-4040, along with their Aetna member ID

Claim reimbursement form: [aetnamedicare.com/documents/individual/website/forms/Medical Reimburse Form Aetna EN.pdf](https://aetnamedicare.com/documents/individual/website/forms/Medical_Reimburse_Form_Aetna_EN.pdf)

Use to find an in network provider to save time and money: aetnamedicarevision.com

Aetna Medicare members with a direct member reimbursement (DMR) eyewear benefit may see any United States **licensed provider**. The member must pay for services upfront and submit a medical reimbursement form, a copy of their itemized receipt/bill and a copy of their proof of payment to Aetna. Members are responsible for any amount over the eyewear coverage limit.

Here are the key steps when educating members on the reimbursement process for eyewear claims:

- Member selects any United States **licensed** eyewear provider.
- Member receives services and pays upfront for those services.
- Member obtains an itemized proof of payment from the eyewear provider's office.
- Member can expect to receive reimbursement within four to six (4-6) weeks.

NOTE: If a member uses an in network provider they will file a claim on behalf of the member and the member may save money on their eyewear.

Supplemental Benefits

Eyewear (POS)

(All plans **except** the HIDE SNP H9314-001)



aetnamedicarevision.com

EyeMed: (844) 486-3485

Members receive an yearly allowance to use towards prescription eyewear (frames, lenses, contacts, etc.)

- Members can choose to receive services from an EyeMed network provider (HMO/PPO) or a provider who is not in network (PPO).
- Members may save money by using network providers.
- HMO members have in network benefits only.

Healthy Home Visit

(all plans)



Signify Health

Call the number on the back of the member's card for questions

All members are eligible for a non-invasive health exam and assessment in their home. This does not replace a member's primary care physician.

Members receive a letter introducing them to the program and they will be contacted by Signify, the vendor who handles these visits for the Great Lakes market. If for some reason a member is not contacted, they can call the number on the back of their member ID card and request a visit.

During the visit the member can:

- Ask any health care questions
- Ask questions about their prescriptions and dosages
- Learn about needed health resources
- Discuss how to set up a safe, healthy home

Supplemental Benefits

Fitness DMR

(H5521-286, 404, & 407)



AetnaMedicare.com/reimburse—submit reimbursement requests here or print and mail the form

Can take up to 45 days to receive payment after submission

Call the number on the back of the member's card for questions

Members of eligible plans receive a quarterly allowance to be used for certain fitness-related expenses.

Members can get reimbursed for certain fitness-related expenses with the allowance amounts varying by plan \$90 per quarter with no rollover. Allowance can be used towards additional fitness fees at SilverSneakers locations, fitness classes and membership fees at non-SilverSneakers locations, exercise/strength training equipment, certain fitness trackers, fitness activity fees at recreation and community centers, martial arts, and swim session fees.

This benefit is separate and in addition to the SilverSneakers fitness benefit.

Supplemental Benefits

Hearing Services

(all plans)



nationshearing.com/Aetna

NationsHearing: (877) 225-0137

Aetna teamed with NationsHearing to offer hearing health care

NationsHearing offers an embedded hearing benefit providing coverage for one annual Non-Medicare Covered routine hearing exam (NMC) and fitting at a \$0 copay. Members receive coverage up to the selected allowance amount to use towards the purchase of hearing aids. The allowances may be offered in frequencies of 12 months.

****All hearing aid instruments come with 3-year manufacturer's warranty including loss*, damage & repair, 3-year supply of batteries (up to 360 cells per ear), 1-year of follow up care at no charge, with original provider.**

Exam coverage

NationsHearing offers an embedded (mandatory) hearing benefit providing coverage for one annual comprehensive routine hearing exam/evaluation and fitting at a \$0 copay.

Hearing aid coverage

Hearing aids are offered in a tiered copay structure which provides the member with the option to select one of six levels of hearing aids.

Enhanced Copay Hearing aid options

Level 1 - Standard

Level 2 - Select

Level 3 - Superior Plus

Level 4 - Advanced

Level 5 - Advanced Plus

Level 6 - Specialty

Qualifying ESW SSBCI Conditions

New for 2026

2026 Condition Expansion

1. Chronic alcohol use disorder and other substance use disorders (SUDs)

2. Autoimmune disorders:

- Polyarteritis nodosa
- Polymyalgia rheumatica
- Polymyositis
- Dermatomyositis
- Rheumatoid arthritis
- Systemic lupus erythematosus
- Psoriatic arthritis
- Scleroderma

3. Cancer

4. Cardiovascular disorders:

- Cardiac arrhythmias
- Coronary artery disease
- Peripheral vascular disease
- Valvular heart disease

5. Chronic heart failure

6. Dementia

7. Diabetes mellitus

8. Overweight, obesity, and metabolic syndrome

9. Chronic gastrointestinal disease:

- Chronic liver disease
- Non-alcoholic fatty liver disease (NAFLD)
- Hepatitis B
- Hepatitis C
- Pancreatitis
- Irritable bowel syndrome
- Inflammatory bowel disease

10. Chronic kidney disease (CKD):

- CKD requiring dialysis/End-stage renal disease (ESRD)
- CKD not requiring dialysis

11. Severe hematologic disorders:

- Aplastic anemia
- Hemophilia
- Immune thrombocytopenic purpura
- Myelodysplastic syndrome
- Sickle cell disease (excluding sickle cell trait)
- Chronic venous thromboembolic disorder

12. HIV/AIDS

13. Chronic lung disorders:

- Asthma, chronic bronchitis
- Cystic fibrosis
- Emphysema
- Pulmonary fibrosis
- Pulmonary hypertension
- Chronic Obstructive Pulmonary Disease (COPD)

14. Chronic and disabling mental health conditions:

- Bipolar disorders
- Major depressive disorders
- Paranoid disorder
- Schizophrenia
- Schizoaffective disorder
- Post-traumatic stress disorder (PTSD)
- Eating disorders
- Anxiety disorders

15. Neurologic disorders:

- Amyotrophic lateral sclerosis (ALS)
- Epilepsy
- Extensive paralysis (that is, hemiplegia, quadriplegia, paraplegia, monoplegia)
- Huntington's disease
- Multiple sclerosis
- Parkinson's disease
- Polyneuropathy
- Fibromyalgia
- Chronic fatigue syndrome
- Spinal cord injuries (added in 20.)
- Spinal stenosis

16 Stroke

17. Post-organ transplantation care

18. Immunodeficiency and immunosuppressive disorders

19. Conditions associated with cognitive impairment

- Alzheimer's disease
- Intellectual disabilities and developmental disabilities
- Traumatic brain injuries
- Disabling mental illness associated with cognitive impairment
- Mild cognitive impairment

20. Conditions with functional challenges and require similar services including the following:

- Spinal cord injuries
- Paralysis
- Limb loss
- Stroke
- Arthritis

21. Chronic conditions that impair vision, hearing (deafness), taste, touch and smell

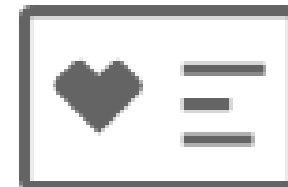
22. Conditions that require continued therapy services in order for individual to maintain or retain functioning

- 23. *Hypertension
- 24. *Hyperlipidemia
- 25. *Anemia
- 26. *Chronic Pain

Supplemental Benefits

(Aetna) Medicare Extra Benefits Card (powered by CVS Health)

(Extra Supports Wallet Plans— H3192-007, 021, 033, H5521-399; all of these plans also eligible for HVP bonus)



(833) 570-6670/TTY: 711

The 2026 Aetna Medicare Extra Benefits Card (EBC) will include more wallets and provides members with the flexibility to use their benefit dollars in the ways that they see fit, on one card. Extra Benefits Card highlights include:

- A single card
- No rollover of unused funds on any plans
- Single over-the-counter (OTC) catalog for all OTC card-based benefit

Plans offer the below wallets on the EBC. Wallets and eligibility criteria vary by plan.

- Extra Supports Wallet
 - Purchase healthy food, OTC, personal care supplies or pay for utilities and medically or non-medically related transportation
 - \$30 High-Value-Provider (HVP) bonus eligible on some plans
- OTC Wallet
 - Narrow Network (CVS OTC Wallet)
 - Broad Network (OTC Wallet)
 - Purchase OTC items online or at 70k locations within our broad network
- **Healthy Rewards Wallet — (new for 2026, replaces Healthy Foods Wallet)**
 - Members attest to rewardable activities beginning 1/1/2026 then redeem funds to be loaded onto new or existing EBC. Rewardable activities include: HHV, HRA, Annual Physical, Preventative Screenings, Diabetes, Colonoscopy, Opt-in, Flu, and All Vaccines.
 - Members will log into their Aetna Member Portal, then single sign-on to CVS OTCHS to complete attestation for rewardable activities.
 - Members can use funds to shop Healthy Foods including meat, produce, dairy products, and more from approved locations.
 - If a member has both the ESW and HRW, funds will be deducted from ESW first.

Supplemental Benefits

Over the Counter (OTC) OTCHS Program

(H5521-219, & 286)



CVS.com/benefits

(833) 331-1573/TTY: 711

The over the counter (OTC) program allows members to get select health and wellness items at no cost, such as vitamins and cold medicine.

The OTC catalog will be available online to members enrolled in the OTC benefit plan after January 1.

- Members will receive a one-page mailer about the benefit with a link to their plan's specific page.
- The mailer will also display a QR code that will direct them to the OTCHS ordering page where they can sign in and place an OTC order.
- Members who need a printed catalog can contact Member Services at the number on the back of their ID card.
- Members can place an order either online or by phone.
- There is an in-store retail option available. Can be used at CVS Health® retail stores, excluding CVS Pharmacy inside Target and Schnucks stores.
- Members can spend up to the amount of their quarterly benefit (varies by plan—see plan details for OTC benefit amount). Any unused benefit amount from the previous benefit period does not carry over to the next benefit period.
- High-cost devices are limited to 1 per year (ex: blood pressure monitor, digital scale, pulse oximeter, and rechargeable toothbrushes)
- If a member has not received their OTC order after 14 days, they can contact OTC Health Solutions at (833) 331-1573 (TTY: 711). Monday to Friday, 9AM to 8PM local time.

Supplemental Benefits

Post Discharge Meals—NationsMarket

(H3192-007, H5521-286, H5521-607, H9314-001)



After a qualifying inpatient discharge from an acute or psychiatric hospital, or skilled nursing facility, members are eligible for up to 14 meals /7 days (28 meals, 14 days on HIDE). Meals are precooked and refrigerated.

- Nations makes contact with the member after receiving the patient's information from the facility.
- Upon contacting the member, Nations ships and delivers the meals to the member.
- For questions, a member should **call the number on the back of their ID card**.

NOTE: Observation stays do not qualify members for this benefit.

Resources for Living® Program

(all plans)



(866) 370-4842 (TTY:711),

This is a unique program for Aetna members. It is designed to help make members lives a little easier by connecting them with local programs and services.

With one (1) phone call, our Resources for Living (RFL) consultants can help members find things such as:

- Short or long term housing options
- Contractors to do work around the house
- Community transportation options

There is no cost for RFL to conduct research and provide a list of referrals. If a member chooses to use services that have associated costs, they are responsible for those costs.

Supplemental Benefits

SilverSneakers

(all plans)



SilverSneakers customer service number for members: (855) 627-3795/TTY 711 Monday – Friday 8AM– 8PM ET

All members have access to fitness facilities and/or in home fitness options through SilverSneakers.

An easy enrollment process helps members get started and on their way to a healthier lifestyle.

Members can get started in three (3) easy steps

- The easiest way for members to find their member ID number is to activate their free online SilverSneakers account. Members can go to **SilverSneakers.com** to create an account, by clicking on the “Check My Eligibility” link, provide the necessary information and create a password to access their member ID and more.
- Once a member obtains their member ID they can enroll at a participating location or SilverSneakers Community class.
- Downloading the *SilverSneakers Go* app allows members to access fitness programs on the go, activity tracking, class scheduling, location finder, member ID and more.

Member already enrolled?

- If a member was previously enrolled in SilverSneakers® they do not need to sign up again.
- Members can tell the facility that they are a member of SilverSneakers® - they do not need to reprint or share their member ID # with the location if the member has used that facility before.

Features for members

- Memberships to thousands of fitness locations
- National reciprocity—ability to enroll at multiple locations at the same time
- Digital offerings through SilverSneakers On-Demand and SilverSneakers LIVE classes and workshops
- Signature SilverSneakers classes
- GetSetUp—a video platform with more than 2,000 hours per week of classes available on a broad range of subjects including health and wellness and mental fitness
- Members can participate in the Tuition Rewards[®] Partnership program for access to College Tuition Discounts at more than 500 private colleges and universities! Visit the SilverSneakers tuition rewards website for details and to enroll. More Info: <https://silversneakers.tuitionrewards.com/>
- Apple Fitness+¹ year-round subscription, included with your SilverSneakers membership at no extra cost², including workouts, meditations and more.

Supplemental Benefits

Wigs

(all plans except H3192-033)



Members will be given a \$400 yearly allowance for wigs due to hair loss from chemotherapy.

Members can get wigs through a durable medical equipment (DME) supplier, or purchase from a supplier of their choice and submit a claim for reimbursement. To find a DME supplier visit **[AetnaMedicare.com/findprovider](https://www.aetna.com/medicare/findprovider)**.

Aetna Medicare HMO and PPO Contacts

Who?	Why?		How?
Member Services	General questions regarding medical benefits, behavioral health, claims, prior authorization status/requirements, Part B issues, explanation of benefits, verification of premium receipt, coupon book issues, ID Cards and new member kit request Submitting an itemized statement and proof of payment		(800) 282-5366 HMO (833) 570-6670 PPO TTY: 711 Fax: 866-474-4040
Pharmacy	Medicare Advantage Part D questions including prior authorization and step therapy.		(800) 282-5366 TTY: 711
Aetna Behavioral Health (ABH)	All questions regarding mental health services including questions regarding prior authorizations and participating providers.		833-570-6670
Health Services	Only providers should call this number to obtain Prior Authorizations for medical services. (all Part D questions including authorizations).		(800) 546-4603 HMO (800) 414-2386 PPO
24 Hour Nurse Line	Members can call the nurse line and talk to someone 24 hours a day/7 days a week. It is a convenient way to get expert advice on health-related items.		(800) 556-1555
Roche/Accu-Chek Tru/Trividia	Roche/Accu-Chek: https://diagnostics.roche.com/us/en/products/instruments/accu-chek-inform-ii-system-ins-809.html Tru/Trividia: https://www.trividiahealth.com/		NA
Broker Services (BSD)	Contracting issues and questions, license updates, E&O updates, changes to agent contact information, commission questions, broker portal or ACOM questions including password resets. Email: brokersupport@aetna.com		(866) 714-9301
BSD Fax	Sending E&O, license updates or other requested information and updates to broker services. Exception: All contracting must go through No More Forms via the Broker Portal.		Fax: 724-741-7285
Silver Script	General questions about SilverScript benefits, claims, etc.		(855) 335-1407 TTY: 711
Senior Supplemental Insurance (SSI)	To get information/answers about Aetna’s supplements and ancillary products.		(866) 272-6630
Resources for Living (RFL)	Helps connect members with local programs and services (if a member chooses a service with an associated cost, they are responsible for those charges).		(866) 370-4842 TTY:711
Important Addresses			
Medical Claims: Aetna Medicare P O BOX 981106 El Paso, TX 79998-1106	Pharmacy Claims: Aetna Pharmacy Management ATTN: Medicare Processing P O BOX 52446 Phoenix, AZ 85072-2446	Part C (Medical) Grievances & Appeals ATTN: Aetna Medicare Part C Appeals & Grievances P O Box 14067 Lexington, KY 40512	Part D (Medical) Grievances & Appeals ATTN: Aetna Medicare Part D Appeals & Grievances P O Box 14579 Lexington, KY 40512

Aetna Medicare HMO D-SNP Contacts

Who?	Why?		How?
Member Services	General questions regarding medical benefits, behavioral health, claims, prior authorization status/requirements, Part B issues, explanation of benefits, verification of premium receipt, coupon book issues, ID cards and new member kit request. Submitting an itemized statement and proof of payment		(866) 409-1221 TTY: 711 Fax: 866-759-4415
Pharmacy	Medicare Advantage Part D questions including prior authorization & step therapy.		(833) 620-8808 TTY: 711
Aetna Behavioral Health (ABH)	All questions regarding mental health services including questions regarding prior authorizations and participating providers.		(833) 570-6670
Health Services	Only providers should call this number to obtain Prior Authorizations for medical services (all Part D questions including authorizations)		(800) 546-4603
24 Hour Nurse Line	Members can call the nurse line and talk to someone 24 hours a day/ 7 days a week. It is a convenient way to get expert advice on health-related items.		(800) 556-1555 TTY: 711
Roche/Accu-Chek Tru/Trividia	Roche/Accu-Chek: https://diagnostics.roche.com/us/en/products/instruments/accu-chek-inform-ii-system-ins-809.html Tru/Trividia: https://www.trividiahealth.com/		NA
Broker Services (BSD)	Contracting issues and questions, license updates, E&O updates, changes to agent contact information, commission questions, broker portal or ACOM questions including password resets. Email: brokersupport@aetna.com		Phone: (866) 714-9301 Fax: (724) 741-7285
Senior Supplemental Insurance (SSI)	To get information/answers about Aetna’s supplements and ancillary products.		(866) 272-6630
Resources for Living (RFL)	Helps connect members with local programs and services (if a member chooses a service with an associated cost, they are responsible for those charges).		(866) 370-4842 TTY:711
Important Addresses			
Medical Claims: Aetna Medicare P O BOX 981106 El Paso, TX 79998-1106	Pharmacy Claims: Aetna Pharmacy Management ATTN: Medicare Processing P O BOX 52446 Phoenix, AZ 85072-2446	Part C (Medical) Grievances & Appeals ATTN: Aetna Medicare Part C Appeals & Grievances P O Box 14067 Lexington, KY 40512	Part D (Medical) Grievances & Appeals ATTN: Aetna Medicare Part D Appeals & Grievances P O Box 14579 Lexington, KY 40512

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.