aetna™
medicare solutions

2027
East Central Broker User Guide

MICHIGAN

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Service Area

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

MI Middle: Arenac, Bay, Gratiot, 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: Delta, Dickinson, Marquette, Menominee

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MI Broker HUB+



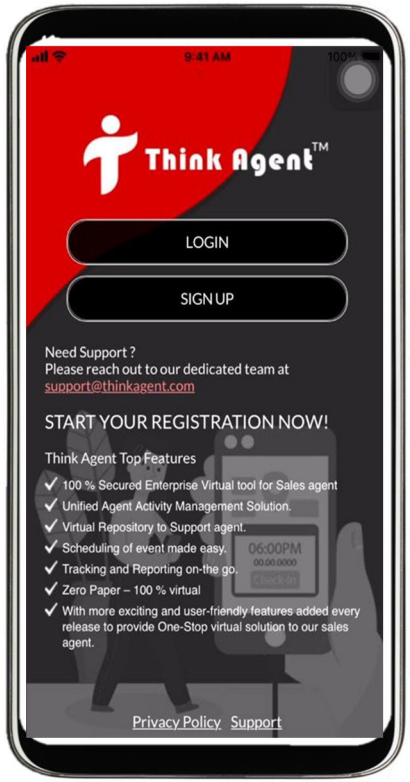
How do I Request Access to Think Agent?

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—username and PIN

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

What should I do if 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
AetnaAcademy.com

Aetna Marketing Portal (AMP)
Aetnahub.com/amp

Producer World
aetnamedicare.com ⇨ producer ⇨ 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

D-SNP HIDE Search

“Find a Medicaid Provider”

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 her: 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 2027 certification for Aetna MAPD

*Reminder: C*ertification options to choose– includes AHIP

- Start at AetnaAcademy.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: 10 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

MI Southeast

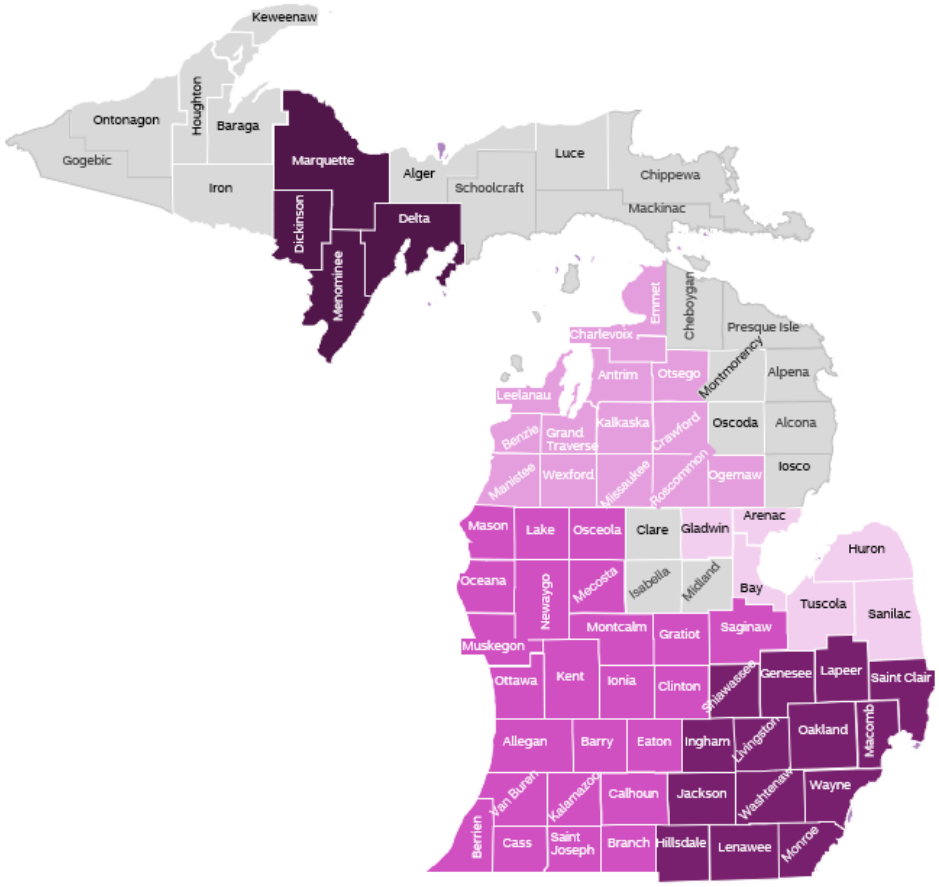
MI Middle

MI Southwest

MI Northern

MI Upper Peninsula

Whitespace



Michigan Product Offerings by County

HMO, PPO, DSNP and CSNP

HIDE DSNP - Macomb, Wayne

HMO, PPO and DSNP

HMO, DSNP and CSNP

HMO and PPO

PPO and DSNP

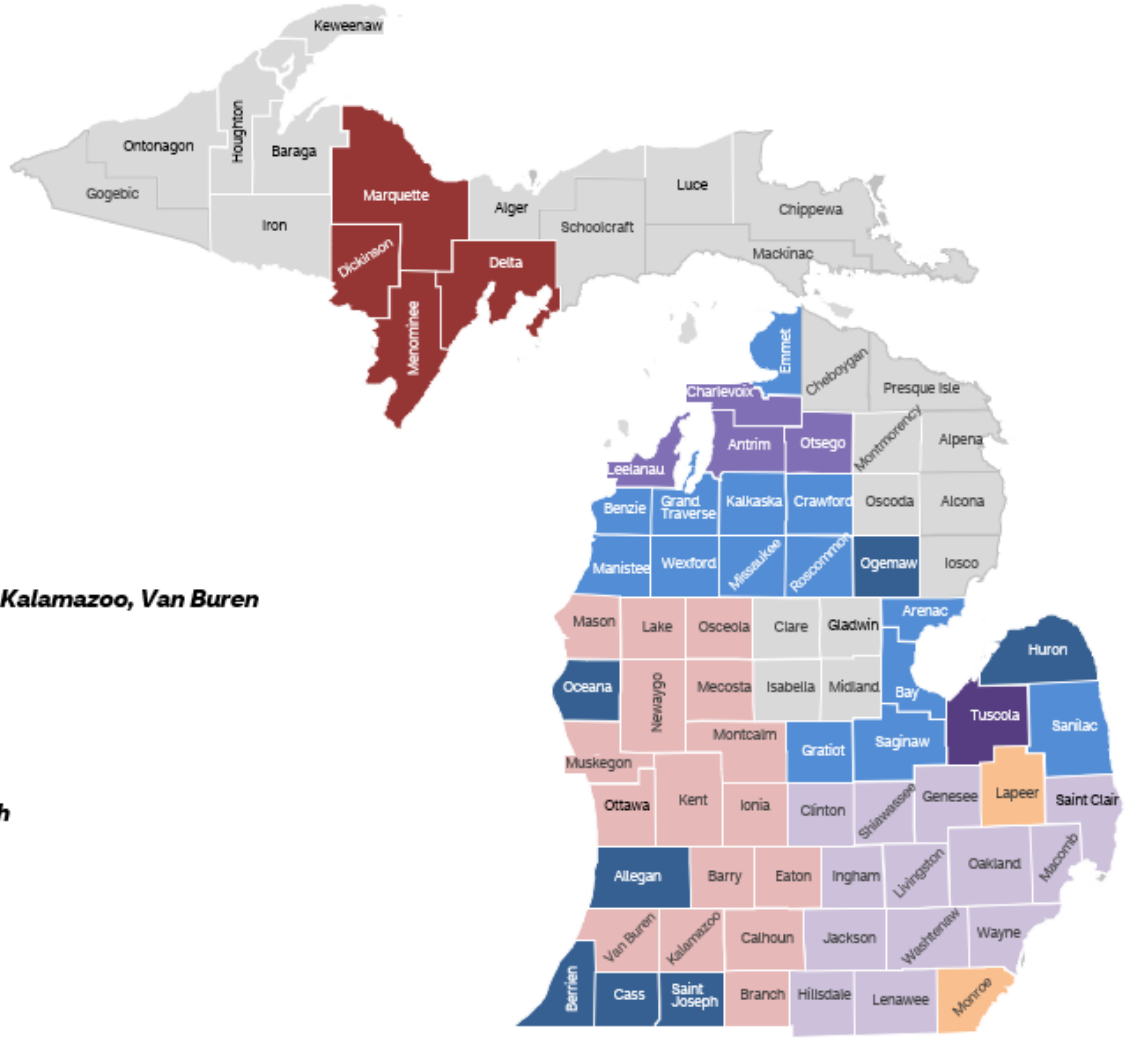
HIDE DSNP – Barry, Branch, Calhoun, Kalamazoo, Van Buren

PPO Only

DSNP Only

HIDE DSNP – Berrien, Cass, St. Joseph

HMO Only



	H5521-285		H3192-010	
MI Northern (GE)	**Aetna Medicare Signature (PPO)**		**Aetna Medicare Signature (HMO-POS)**	
	Benzie, Crawford, Emmet, Grand Traverse, Kalkaska, Manistee, Missaukee, Ogemaw, Roscommon, Saginaw, Wexford		Antrim, Benzie, Charlevoix, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Ogemaw, Otsego, Roscommon, Wexford	
	Premium: $0		Premium: $0	
	MOOP: $5,200 INN/$10,750 Combined		MOOP: $6,350 INN	
	In Network	**Out Of Network**	**In Network**	**Out Of Network**
Physician				
PCP	$0	50%	$0	Not Covered
Specialist	$45	50%	$45	Not Covered
Inpatient				
IP Copay	$315 per day, days 1-6; $0 per day, days 7-90	50% per stay	$375 per day, days 1-7; $0 per day, days 8-90	Not Covered
IP Psych	$315 per day, days 1-6; $0 per day, days 7-90	50% per stay	$335 per day, days 1-7; $0 per day, days 8-90	Not Covered
Outpatient				
Ground Ambulance	$275	$275	$260	Not Covered
Emergency Room	$130		$130	
Urgent Care	$35		$50	
OP Hospital	$45 - $315: Services other than OP Surgery	50%	$0 - $350: Services other than OP Surgery	Not Covered
OP Hospital Observation	$315	50%	$375	Not Covered
ASC	$265	50%	$300	Not Covered
Lab	$5	50%	$10	Not Covered
Diagnostic Procedures/Tests	$100	50%	$100	Not Covered
X-Ray	$20	50%	$10	Not Covered
Radiology - CT scan, etc.	$225	50%	$225	Not Covered
Part D				
Deductible	$400.00		$400.00	
Tier 1, 2, 3, 4, 5	$0/$0/13%/30%/29%		$0/$0/13$/30%/29%	
Supplemental Benefits				
Fitness	SilverSneakers		SilverSneakers	
Eyewear	$125		$100	
Dental	Deluxe PPO Mandatory/$500		Deluxe EPO POS Mandatory/$1,000	
Hearing Aid	$500		$500	
OTC	Not Covered		$15 OTCHS	
Meals (Post IP Discharge)	N/A		N/A	
Visitor Traveler Program	Yes, Explorer		Yes, Travel Advantage	
Kit Number	M01		MI01	

	H5521-285		H3192-010	
MI Middle (GE)	**Aetna Medicare Signature (PPO)**		**Aetna Medicare Signature (HMO-POS)**	
	Arenac, Bay, Gratiot, Sanilac, Saginaw, Tuscola		Arenac, Bay, Gratiot, Saginaw, Sanilac, Tuscola	
	Premium: $0		Premium: $0	
	MOOP: $5,200 INN/$10,750 Combined		MOOP: $6,350 INN	
	In Network	**Out Of Network**	**In Network**	**Out Of Network**
Physician				
PCP	$0	50%	$0	Not Covered
Specialist	$45	50%	$45	Not Covered
Inpatient				
IP Copay	$315 per day, days 1-6; $0 per day, days 7-90	50% per stay	$375 per day, days 1-7; $0 per day, days 8-90	Not Covered
IP Psych	$315 per day, days 1-6; $0 per day, days 7-90	50% per stay	$335 per day, days 1-7; $0 per day, days 8-90	Not Covered
Outpatient				
Ground Ambulance	$275	$275	$260	Not Covered
Emergency Room	$130		$130	
Urgent Care	$35		$50	
OP Hospital	$45 - $315: Services other than OP Surgery	50%	$0 - $350: Services other than OP Surgery	Not Covered
OP Hospital Observation	$315	50%	$375	Not Covered
ASC	$265	50%	$300	Not Covered
Lab	$5	50%	$10	Not Covered
Diagnostic Procedures/Tests	$100	50%	$100	Not Covered
X-Ray	$20	50%	$10	Not Covered
Radiology - CT scan, etc.	$225	50%	$225	Not Covered
Part D				
Deductible	$400.00		$400.00	
Tier 1, 2, 3, 4, 5	$0/$0/13%/30%/29%		$0/$0/13$/30%/29%	
Supplemental Benefits				
Fitness	SilverSneakers		SilverSneakers	
Eyewear	$125		$100	
Dental	Deluxe PPO Mandatory/$500		Deluxe EPO POS Mandatory/$1,000	
Hearing Aid	$500		$500	
OTC	Not Covered		$15 OTCHS	
Meals (Post IP Discharge)	N/A		N/A	
Visitor Traveler Program	Yes, Explorer		Yes, Travel Advantage	
Kit Number	M01		MI01	

	H5521-214		H5521-399		H5521-404		H3192-003	
MI Southeast (GE)	**Aetna Medicare Signature (PPO)**		**Aetna Medicare Value Care (PPO)**		**Aetna Medicare Signature Extra (PPO)**		**Aetna Medicare Signature (HMO-POS)**	
	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		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	
	Premium: $0		Premium: $0		Premium: $0		Premium: $0	
	MOOP: $5,200 INN/$10,100 Combined		MOOP: $5,900 INN/$10,750 Combined		MOOP: $4,900 INN/$10,750 Combined		MOOP: $6,750 INN	
	In Network	**Out Of Network**	**In Network**	**Out Of Network**	**In Network**	**Out Of Network**	**In Network**	**Out Of Network**
Physician								
PCP	$0	50%	$0	50%	$0	50%	$0	Not Covered
Specialist	$0 - $40: Nursing Home	50%	$10 - $20: Nursing Home	50%	$0 - $40: Nursing Home	50%	$0 - $45: Nursing Home	Not Covered
Inpatient								
IP Copay	$295 per day, days 1-7; $0 per day, days 8-90	50% per stay	$300 per day, days 1-7; $0 per day, days 8-90	50% per stay	$300 per day, days 1-8; $0 per day, days 9-90	50% per stay	$350 per day, days 1-7; $0 per day, days 8-90	Not Covered
IP Psych	$295 per day, days 1-7; $0 per day, days 8-90	50% per stay	$300 per day, days 1-7; $0 per day, days 8-90	50% per stay	$315 per day, days 1-7; $0 per day, days 8-90	50% per stay	$325 per day, days 1-7; $0 per day, days 8-90	Not Covered
Outpatient								
Ground Ambulance	$255	$255	$255	$255	$255	$255	$275	Not Covered
Emergency Room	$130		$130		$130		$130	
Urgent Care	$30		$35		$35		$45	
OP Hospital	$35 - $295: Services other than OP Surgery	50%	$20 - $300: Services other than OP Surgery	50%	$35 - $300: Services other than OP Surgery	50%	$0 - $350: Services other than OP Surgery	Not Covered
OP Hospital Observation	$295	50%	$300	50%	$300	50%	$350	Not Covered
ASC	$245	50%	$250	50%	$250	50%	$265	Not Covered
Lab	$0	50%	$0	50%	$0	50%	$15	Not Covered
Diagnostic Procedures/Tests	$75	50%	$65	50%	$75	50%	$95	Not Covered
X-Ray	$10	50%	$0	50%	$0	50%	$10	Not Covered
Radiology - CT scan, etc.	$275	50%	$275	50%	$290	50%	$275	Not Covered
Part D								
Deductible	$400.00		$400.00		$500.00		$500.00	
Tier 1, 2, 3, 4, 5	$0/$0/13%/30%/29%		$0/$0/13%/30%/29%		$0/$5/17%/28%/28%		$0/$5/17%/28%/28%	
Supplemental Benefits								
Fitness	SilverSneakers		SilverSneakers		SilverSneakers and DMR ($90)		SilverSneakers	
Eyewear	$225		$250		$175		$100	
Dental	Deluxe PPO Mandatory/$2,250		Deluxe PPO Mandatory/$2,750		Deluxe PPO Mandatory/$2,000		Deluxe EPO POS Mandatory/$1,000	
Hearing Aid	$1,500		$1,250		$1,000		$500	
OTC	$70 CVS - EBC OTC Wallet		$100 CVS - EBC OTC Wallet		$60 CVS - EBC CVS OTC Wallet		$15 CVS - EBC CVS OTC Wallet	
Meals (Post IP Discharge)	N/A		N/A		N/A		N/A	
Visitor Traveler Program	Yes, Explorer		Yes, Explorer		Yes, Explorer		Yes, Travel Advantage	
Kit Number	MI02		MI02		MI02		MI02	

	H5521-219		H5521-407		H5521-194	
MI Southwest (GE)	**Aetna Medicare Signature (PPO)**		**Aetna Medicare Signature Extra (PPO)**		**Aetna Medicare Enhanced (PPO)**	
	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	
	Premium: $0		Premium: $0		Premium: $30	
	MOOP: $5,200 INN/$10,750 Combined		MOOP: $5,200 INN/$10,750 Combined		MOOP: $4,900 INN/$10,750 Combined	
	In Network	**Out Of Network**	**In Network**	**Out Of Network**	**In Network**	**Out Of Network**
Physician						
PCP	$0	50%	$0	50%	$0	50%
Specialist	$0 - $45: Nursing Home	50%	$0 - $40: Nursing Home	50%	$0 - $40: Nursing Home	50%
Inpatient						
IP Copay	$330 per day, days 1-7; $0 per day, days 8-90	50% per stay	$325 per day, days 1-8; $0 per day, days 9-90	50% per stay	$400 per day, days 1-6; $0 per day, days 7-90	50% per stay
IP Psych	$330 per day, days 1-7; $0 per day, days 8-90	50% per stay	$325 per day, days 1-7; $0 per day, days 8-90	50% per stay	$275 per day, days 1-6; $0 per day, days 7-90	50% per stay
Outpatient						
Ground Ambulance	$285	$285	$285	$285	$250	$250
Emergency Room	$130		$130		$130	
Urgent Care	$45		$35		$35	
OP Hospital	$35 - $300: Services other than OP Surgery	50%	$35 - $300: Services other than OP Surgery	50%	$35 - $275: Services other than OP Surgery	50%
OP Hospital Observation	$330	50%	$325	50%	$400	50%
ASC	$250	50%	$250	50%	$225	50%
Lab	$0	50%	$5	50%	$0	50%
Diagnostic Procedures/Tests	$75	50%	$100	50%	$75	50%
X-Ray	$20	50%	$0	50%	$15	50%
Radiology - CT scan, etc.	$295	50%	$300	50%	$240	50%
Part D						
Deductible	$500.00		$400.00		$500.00	
Tier 1, 2, 3, 4, 5	$0/$5/17%/28%/28%		$0/$0/13%/30%/29%		$0/$5/17%/28%/28%	
Supplemental Benefits						
Fitness	SilverSneakers		SilverSneakers and DMR ($90)		SilverSneakers	
Eyewear	$175		$125		$275	
Dental	Deluxe PPO Mandatory/$1,250		Deluxe PPO Mandatory/$1,000		Deluxe PPO Mandatory/$1,500	
Hearing Aid	$1,000		$500		$1,500	
OTC	$25 OTC Health Solutions		Not Covered		Not Covered	
Meals (Post IP Discharge)	N/A		N/A		N/A	
Visitor Traveler Program	Yes, Explorer		Yes, Explorer		Yes, Explorer	
Kit Number	MI03		MI03		MI03	

	H5521-285	
MI Upper Peninsula (GE)	**Aetna Medicare Signature (PPO)**	
	Delta, Dickinson, Marquette, Menominee	
	Premium: $0	
	MOOP: $5,200 INN/$10,750 Combined	
	In Network	**Out Of Network**
Physician		
PCP	$0	50%
Specialist	$45	50%
Inpatient		
IP Copay	$315 per day, days 1-6; $0 per day, days 7-90	50% per stay
IP Psych	$315 per day, days 1-6; $0 per day, days 7-90	50% per stay
Outpatient		
Ground Ambulance	$275	$275
Emergency Room	$130	
Urgent Care	$35	
OP Hospital	$45 - $315: Services other than OP Surgery	50%
OP Hospital Observation	$315	50%
ASC	$265	50%
Lab	$5	50%
Diagnostic Procedures/Tests	$100	50%
X-Ray	$20	50%
Radiology - CT scan, etc.	$225	50%
Part D		
Deductible	$400.00	
Tier 1, 2, 3, 4, 5	$0/$0/13%/30%/29%	
Supplemental Benefits		
Fitness	SilverSneakers	
Eyewear	$125	
Dental	Deluxe PPO Mandatory/$500	
Hearing Aid	$500	
OTC	Not Covered	
Meals (Post IP Discharge)	N/A	
Visitor Traveler Program	Yes, Explorer	
Kit Number	MI01	

	H5521-286	
MI Eagle Plan (GE)	**Aetna Medicare Eagle (PPO)**	
	Arenac, Barry, Bay, Benzie, Branch, Calhoun, Clinton, Crawford, Delta, Dickinson, Eaton, Emmet, Genesee, Grand Traverse, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lenawee, Livingston, Macomb, Manistee, Marquette, Mason, Mecosta, Menominee, Missaukee, Montcalm, Muskegon, Newaygo, Oakland, Osceola, Ottawa, Roscommon, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford	
	Premium: $0 + $70 Giveback	
	MOOP: $5,200 INN/$10,750 Combined	
	In Network	**Out Of Network**
Physician		
PCP	$0	50%
Specialist	$40	50%
Inpatient		
IP Copay	$300 per day, days 1-6; $0 per day, days 7-90	50% per stay
IP Psych	$390 per day, days 1-6; $0 per day, days 7-90	50% per stay
Outpatient		
Ground Ambulance	$290	$290
Emergency Room	$130	
Urgent Care	$45	
OP Hospital	$40 - $300: Services other than OP Surgery	50%
OP Hospital Observation	$300	50%
ASC	$250	50%
Lab	$0	50%
Diagnostic Procedures/Tests	$75	50%
X-Ray	$20	50%
Radiology - CT scan, etc.	$250	50%
Supplemental Benefits		
Fitness	SilverSneakers and DMR ($90)	
Eyewear	$300	
Dental Plan Name	Essential PPO 100/80/$3,750	
Hearing Aid	$1,250	
OTC	$100 CVS - EBC OTC Wallet	
Meals (Post IP Discharge)	7 days/14 meals	
Visitor Traveler Program	Yes, Explorer	
Kit Number	ILIN01.1	

	H9314-001 (HIDE)		H3192-007	
MI D-SNP	**Aetna Medicare HIDE (HMO D-SNP)**		**Aetna Medicare Dual Care (HMO D-SNP)**	
	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne		Allegan, Clinton, Eaton, Genesee, Hillsdale, Huron, Ingham, Ionia, Jackson, Kent, Lake, Lapeer, Lenawee, Livingston, Mason, Mecosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, St. Clair, Sanilac, Shiawassee, Tuscola, Washtenaw	
	Premium: $0		Premium: $0	
	MOOP: $0		MOOP: $0	
	In Network	**Out Of Network**	**In Network**	**Out Of Network**
Physician				
PCP	$0	N/A	$0	N/A
Specialist	$0	N/A	$0	N/A
Inpatient				
IP Copay	$0	N/A	$0	N/A
IP Psych	$0	N/A	$0	N/A
Outpatient				
Ground Ambulance	$0	N/A	$0	N/A
Emergency Room	$0		$0	
Urgent Care	$0		$0	
OP Hospital	$0	N/A	$0	N/A
OP Hospital Observation	$0	N/A	$0	N/A
ASC	$0	N/A	$0	N/A
Lab	$0	N/A	$0	N/A
Diagnostic Procedures/Tests	$0	N/A	$0	N/A
X-Ray	$0	N/A	$0	N/A
Radiology - CT scan, etc.	$0	N/A	$0	N/A
Part D				
Deductible	$0		$0	
Tier 1, 2, 3, 4, 5	$0/$0/9%/25%/25%		$0/$0/9%/25%/25%	
Supplemental Benefits				
Fitness	SilverSneakers		SilverSneakers	
Eyewear	$191 CVS - EBC OTC Wallet		$250 CVS - EBC OTC Wallet	
Dental	DentaQuest Enhanced Wrap MI/$2,000		Enhanced SNP EPO Mandatory/$2,000	
Hearing Aid	$1,500		$1,000	
OTC	$230		$229	
Meals (Post IP Discharge)	7 days/14 meals		14 days/28 meals	
Visitor Traveler Program	No		No	
Kit Number	MIS01		MIS02	

	H3192-033	
MI C-SNP	**Aetna Medicare Chronic Care (HMO C-SNP)**	
	Clinton, Genesee, Hillsdale, Ingham, Jackson, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Shiawassee, Washtenaw, Wayne	
	Premium: $0	
	MOOP: $7,150 INN	
	In Network	**Out Of Network**
Physician		
PCP	$0	N/A
Specialist	$0 - $25: In Home Assessment, Diabetes, CHF and Cardiovascular Specialist	N/A
Inpatient		
IP Copay	$436 per day, days 1-7; $0 per day, days 8-90	N/A
IP Psych	$336 per day, days 1-7; $0 per day, days 8-90	N/A
Outpatient		
Ground Ambulance	$300	N/A
OP Hospital	$400	N/A
OP Hospital Observation	$436	N/A
ASC	$350	N/A
Lab	$0	N/A
Diagnostic Procedures/Tests	$20	N/A
X-Ray	$20	N/A
Radiology - CT scan, etc.	$0 - $195: PCP	N/A
Part D		
Deductible	$700	
Tier 1, 2, 3, 4, 5	$0/$0/9%/25%/25%	
Supplemental Benefits		
Fitness	SilverSneakers	
Eyewear	$200	
Dental	Deluxe EPO Mandatory/$2,000	
Hearing Aid	$1,000	
OTC	$27 CVS - EBC OTC Wallet	
Meals (Post IP Discharge)	N/A	
Visitor Traveler Program	No	
Kit Number	MIC01	

PCP Required on HMO Plans

PCP Selection Requirement

Primary Care Physician (PCP) selection is required on many 2027 Aetna Medicare plans (including some PPO plans). Help ensure your clients are connected to the right PCP.

If no PCP is selected on plans that require one, a PCP will be auto-assigned based on availability and proximity.

What brokers should do:

- Enter complete PCP details during enrollment:
  - PCP name
  - **Provider ID & Primary Care ID** (required)
  - **For IL FIDE:** When enrolling a prospective member in Think Agent, you must copy the provider NPI from the FIDE Provider Directory, and paste it directly on the Primary Care ID field
- Confirm the provider is a **valid PCP,** not a specialist
- Populate the **"current patient"** indicator when applicable

Why PCP Assignment Matters

- Helps members stay with their preferred provider
- Supports care coordination and better health outcomes
- If incorrect, member may need ID card reissued
- Incorrect PCPs can lead to complaints, grievances, or disenrollment

Services Fee for Brokers

EARN $15

Submit an enrollment **with an in-network PCP selected on a PCP required plan**– if the member stays enrolled for 90 days, **brokers earn $15.**

Auto-assigned PCPs do not qualify brokers for this services fee.

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Supplemental Benefits

Dental (Deluxe PPO Mandatory)

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

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)

INN ONLY—$0 prev., 20-50% comp.

(H3192-033)



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)

INN ONLY—$0 prev. and comp.

(*H3192-007)*



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 (Deluxe EPO POS Mandatory)

(*H3192-003, 010)*

INN—$0 prev., 20-50% comp.

OON—50% prev., 50-70% 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.

Dental (DentaQuest Enhanced Wrap MI)

(*H9314-001)*

INN—$0 prev. and comp.



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, filings, 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.

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

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 (EyeMed HMO/HMO-POS)



(H3192-033, H3192-003, H3192-010, H3192-007)

Address on the back of their ID card or fax to 866-474-4040, along with their Aetna member ID

To find a participating EyeMed provider, you can search online at AetnaMedicareVision.com or call Aetna vision customer service at 1-844-486-3485 (TTY: 711).

This benefit is offered as an embedded (mandatory) benefit. It provides an annual allowance that members can use at their discretion to purchase eyewear, including contact lenses, glasses (frames and or lenses), and upgrades such as tinted or progressive lenses.

We have teamed up with EyeMed to provide this benefit.
You can only use your benefit amount (allowance) to purchase covered eyewear at an EyeMed provider. Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll just need to pay the difference.

Eyewear (EyeMed LPPO/RPPO)



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

Address on the back of their ID card or fax to 866-474-4040, along with their Aetna member ID

To find a participating EyeMed provider, you can search online at AetnaMedicareVision.com or call Aetna vision customer service at 1-844-486-3485 (TTY: 711).

This benefit is offered as an embedded (mandatory) benefit. It provides an annual allowance that members can use at their discretion to purchase eyewear, including contact lenses, glasses (frames and or lenses), and upgrades such as tinted or progressive lenses.

We have teamed up with EyeMed to provide this benefit.
Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll just need to pay the difference.

Supplemental Benefits

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.

Or members can schedule a Signify Home visit online at schedule.signifyhealth.com or call Signify Health at 800.701.4960 (TTY: 711)

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)
$90 allowance



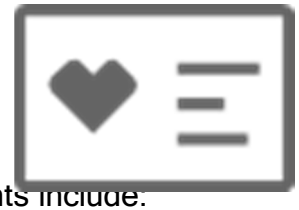
AetnaMedicare.com/reimburse–submit reimbursement requests here or print and mail the form
Can take up to 45 days to receive payment after submission
Call the number on the back of the member's card for questions
Members of eligible plans receive a quarterly allowance to be used for certain fitness-related 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

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



(833) 570-6670/TTY: 711
The 2027 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 —**
- Members attest to rewardable activities beginning 1/1/2027 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

(Aetna) Medicare Extra Support Wallet (powered by CVS Health)

(CVS-EBC OTC Wallet— H3192-007, H3192-033, H9314-001, H5521-214, H5521-399)
(CVS-EBC CVS OTC Wallet— H3192-003, H5521-404)



(833) 570-6670/TTY: 711
All card-based benefits will be offered on a single Extra Benefits Card.

Eligibility requirements:
SSBCI (DSNP, CSNP): Members must meet all SSBCI eligibility criteria to have their OTCW change to an ESW. All DSNP and CSNP members start with an OTCW.
SSBCE (GE): Members must meet all SSBCI eligibility criteria to receive the ESW
SSBCI + LIS (GE): Members must meet all three SSBCI eligibility criteria and members must be receiving extra help from CMS and qualify for LIS levels 1, 2, or 3.

General Program Information
Eligible members may get the Extra Supports Wallet with a monthly or quarterly benefit amount (allowance) on the Extra Benefits Card to pay for:
Healthy food including meat, produce, dairy products, and more.
OTC approved health and wellness products including allergy medicine, pain relievers, first aid supplies and more. This benefit includes certain nicotine replacement therapies.
Transportation including gas at the pump, public transportation, and certain ride share services.
Utilities including gas at the pump, electric, water, sewer, landline, cell phone, and internet services.
Personal care products including paper towels, shampoo, soap, and more.

Your monthly benefit amount will be available on the Aetna Medicare Extra Benefits Card the first day of each month.
Be sure to use the full benefit amount each month, because any unused benefit amount will not roll over into the next month nor will it roll over into the next plan year. There are no exceptions to request additional or unused funds to be added to your card.

SSBCI Criteria

Member must meet all 3 criteria

1. **Medically complex** chronic condition
2. **High risk** of hospitalization or adverse outcomes
3. **Need for intensive** care coordination

Impacts

- **Chronic condition alone is NOT enough** to qualify
- **No self-attestation** — plans must independently verify eligibility
- Eligibility confirmed via **objective data sources**: HRA, claims, provider input, care management
- **No deeming or grace period** — benefits begin only after eligibility is verified

What this means for you, the broker

What changes in the sales conversation

- **Cannot confirm** SSBCI eligibility during the sales conversation
- **Do not position** SSBCI benefits as guaranteed — qualification happens after enrollment
- **Expect delayed access** to benefits while eligibility is validated (not retroactive)
- Shift from "selling the benefit" → **"setting expectations"**
- **Anchor conversations** on care, provider network, and coordination

Key things to know

- **Extra Supports Wallet is NOT automatic** — only for members who meet criteria
- Plans define their own criteria within CMS rules, so **benefits and criteria may differ across carriers**
- **OTC benefits are NOT impacted** by SSBCI changes
- **Accurate HRAs are critical** — they may help determine eligibility

SSBCI benefits are still valuable — but now they are targeted, verified, and needs-based.

Supplemental Benefits

Over the Counter (OTC) OTCHS Program

(H3192-010, H5521-219)



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.

Over-The-Counter (OTC) Benefit Administration

OTC Network	Frequency	Delivery Mode	Benefit Administration
OTC Health Solutions (OTCHS)	Quarterly	Catalog Purchase	The OTC benefit provides a quarterly benefit allowance. The benefit amount is not connected to an OTC payment or debit card and is available to use on the first day of each calendar quarter. Member must use the full benefit amount each quarter, because any unused amount will not roll over into the next quarter.
CVS-EBC CVS OTC Wallet (CVS - Narrow Network)	Quarterly	Debit Card	The OTC Wallet is offered as Narrow Network where members can use their card at CVS retail stores or online. CVS locations within Target and Schnucks are excluded. The OTC wallet is a quarterly allowance. This payment option gives members access to additional items (in a CVS store) that are not included in their OTC catalog. No rollover allowed on this wallet.
CVS-EBC OTC Wallet (CVS - Broad Network (GE))	Quarterly	Debit Card	The OTC Wallet is offered as Broad Network where members can use their card at approved retailers to purchase approved OTC items. The OTC wallet is a quarterly allowance. This payment option gives members access to additional items not included in their OTC catalog. No rollover allowed on this wallet.
CVS-EBC OTC Wallet (CVS – Broad Network (D-SNP)	Monthly	Debit Card	Members with a qualifying chronic condition get a monthly Extra Supports Wallet allowance on an Extra Benefits Card to help pay for certain everyday expenses, including healthy foods, over-the-counter (OTC) products, personal care products, transportation and utilities. Members without a qualifying chronic condition can use the monthly allowance to purchase OTC products only. **Additional allowance added when members select a high value PCP. No rollover allowed on this wallet.
CVS-EBC OTC Wallet (CVS – Broad Network (C-SNP)	Monthly	Debit Card	Members with a qualifying chronic condition get a monthly Extra Supports Wallet allowance on an Extra Benefits Card to help pay for certain everyday expenses, including healthy foods, over-the-counter (OTC) products, personal care products, transportation and utilities. Members without a qualifying chronic condition can use the monthly allowance to purchase OTC products only. **Additional allowance added when members select a high value PCP. No rollover allowed on this wallet.

OTC Network & Contract/PBP

OTC Network	State	Contract/PBP
OTC Health Solutions	MI	H3192-010, H5521-219
CVS – EBC CVS OTC Wallet	MI	H3192-003, H5521-286, H5521-404
CVS – EBC OTC Wallet (GE)	MI	H5521-214, H5521-399
CVS – EBC OTC Wallet (C-SNP)	MI	H3192-033
CVS – EBC OTC Wallet (D-SNP)	MI	H3192-007, H9312-001

Qualifying SSBCI Chronic Conditions

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

Post Discharge Meals—NationsMarket

(H3192-007, H5521-286, 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
- Apple Fitness+[1] year-round subscription, included with your SilverSneakers membership at no extra cost[2], 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.**

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 Coordinated 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

Aetna Medicare HIDE 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	Call: (855) 676-5772 Fax: 1-855-259-2087
Pharmacy	Medicare Advantage Part D questions including prior authorization and step therapy.	Refer member to MSO or Care Manager
Aetna Behavioral Health (ABH)	All questions regarding mental health services including questions regarding prior authorizations and participating providers.	Refer member to MSO or Care Manager
Health Services	Only providers should call this number to obtain Prior Authorizations for medical services. (all Part D questions including authorizations).	**Preferred:** Availity Essentials (online) Call: 1-866-600-2139
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.	(855)-493-7019
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
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).	Refer member to Care Manager

Important Addresses		
Medical Claims Aetna Medicare HIDE PO BOX 982963 El Paso, TX 79998-2963	**Pharmacy Claims** Aetna Medicare HIDE CVS Caremark PO Box 52066 Phoenix, AZ 85072-2066	**Coverage Determinations** Aetna Medicare HIDE (HMO D-SNP) Part D Coverage Determination Pharmacy Dept 4750 S 44th Place Suite 150 Phoenix, AZ 85040-4015

Insert HIDE D-SNP Contact Info HERE!

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