

MAPD  
2026



**Healthier  
happens together®**

## **Aetna® Medicare benefits and enrollment guide**

### **MI SOUTHWEST**

#### **PLANS:**

Aetna Medicare Signature (PPO) - H5521-219

Aetna Medicare Enhanced (PPO) - H5521-194

Aetna Medicare Signature Extra (PPO) - H5521-407

Aetna Medicare Enhanced (PPO) - H5521-607

Aetna Medicare Eagle (PPO) - H5521-286

**[AetnaMedicare.com](https://www.aetna.com)**

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## See what's available in your area

We're here to walk you through your options. And help you feel good about enrolling in a new plan or switching coverage.

### Aetna Medicare Signature (PPO) (H5521-219)



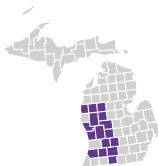
**Michigan:** Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren

### Aetna Medicare Enhanced (PPO) (H5521-194)



**Michigan:** Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren

### Aetna Medicare Signature Extra (PPO) (H5521-407)



**Michigan:** Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren

### Aetna Medicare Enhanced (PPO) (H5521-607)



**Michigan:** Barry, Branch, Calhoun, Clinton, Eaton, Genesee, Hillsdale, Ingham, Ionia, Jackson, Kalamazoo, Kent, Lake, Lenawee, Livingston, Macomb, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oakland, Osceola, Ottawa, Shiawassee, St. Clair, Van Buren, Washtenaw, Wayne

### Aetna Medicare Eagle (PPO) (H5521-286)



**Illinois:** Boone, Bureau, Cook, DeKalb, DuPage, Grundy, Henderson, Henry, Jo Daviess, Kane, Kankakee, Kendall, Lake, Lee, McHenry, Ogle, Rock Island, Stephenson, Whiteside, Will, Winnebago

*Continued on the next page*



For more information, see the **Summary of Benefits**.  
Or call us at **1-833-859-6031 (TTY: 711)**.

**Aetna Medicare Eagle (PPO) (H5521-286)**



**Indiana:** Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clay, Daviess, De Kalb, Dubois, Elkhart, Floyd, Franklin, Fulton, Gibson, Greene, Hamilton, Hancock, Hendricks, Huntington, Jasper, Jay, Johnson, Knox, La Porte, Lake, Madison, Marion, Marshall, Martin, Miami, Montgomery, Newton, Orange, Parke, Pike, Posey, Pulaski, Putnam, Shelby, Spencer, St. Joseph, Starke, Sullivan, Wabash, Washington, Whitley



**Michigan:** Alger, Antrim, Arenac, Baraga, Barry, Bay, Benzie, Branch, Calhoun, Charlevoix, Clinton, Crawford, Delta, Dickinson, Eaton, Emmet, Genesee, Grand Traverse, Gratiot, Hillsdale, Houghton, Ingham, Ionia, Iron, Jackson, Kalamazoo, Kalkaska, Kent, Keweenaw, Lake, Leelanau, Lenawee, Livingston, Luce, Macomb, Manistee, Marquette, Mason, Mecosta, Menominee, Missaukee, Montcalm, Muskegon, Newaygo, Oakland, Ontonagon, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw, Wayne, Wexford



**Wisconsin:** Adams, Brown, Columbia, Dane, Florence, Forest, Green, Iowa, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Manitowoc, Marinette, Marquette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Trempealeau, Vernon, Washington, Waukesha, Waushara, Winnebago



For more information, see the **Summary of Benefits**.  
Or call us at **1-833-859-6031 (TTY: 711)**.

# Get started

What to consider before  
choosing your plan



## We're here to help you choose Find the right plan for you

### Get started

- ✓ Make a list of your preferred providers.
- ✓ Have your current prescriptions handy.
- ✓ Note your current and upcoming needs, like appointments, procedures, testing and medical equipment.
- ✓ Consider any other benefits you use.

- **Check out the plan's network.**

- See if your providers are in the network. In general, you'll pay less when you visit these providers.
- Confirm if you can go out of network or if the plan has a travel benefit.
- Check to see if your plan requires referrals for specialists.
- Find out if your plan has a deductible. This is the amount you may have to pay out of pocket for covered services or prescription drugs before your plan starts to pay. It resets at the beginning of each plan year.

- **Out-of-pocket costs.** Review the premium, deductibles, copays and coinsurance for the services and medicine you use.

- **Maximum out-of-pocket limit.** This is the most you'll pay out of pocket for covered services during the current plan year.

- **Look at your prescriptions.**

- **Find medication in the plan's formulary (drug list).** This includes common generic and brand-name drugs your plan covers.
- **Learn what tier your drugs are on.** The list has levels called "tiers." Drugs in each tier may have different costs.
- **See if you'll have a deductible.** Generally, it only applies to drugs on Tiers 3, 4 and 5.
- **Look for coverage rules.** Examples include step therapy or prior authorization (pre-approval) that you'll have to meet before the health plan covers your medication.
- **See if your pharmacy is in network.** Or find a preferred pharmacy to help lower your costs.

- **See the costs for benefits you use regularly.** Some examples include:
  - Primary care visits
  - Specialist visits
  - Routine testing/imaging
  - Dental, vision and hearing coverage
  - Diabetic supplies
  - Medical equipment
- **Get the coverage you need.** The right plan will take care of your health needs and your budget. Keep in mind:
  - Some plans have higher copays but with lower premiums, which may be a good option.
  - If you need more care, a plan with a higher premium, lower cost-sharing and lower maximum out-of-pocket costs may be right for you.

## Find the resources you need



### Plan benefits

View plan benefits in the **Summary of Benefits** or at **AetnaMedicare.com**



### Glossary

See our glossary of Medicare and insurance terms at **aet.na/Glossary**



### Providers

Look for providers at **AetnaMedicare.com/findprovider**



### In-network pharmacy

Find an in-network pharmacy at **AetnaMedicare.com/findpharmacy**



### Prescription drugs

Search for your prescription drugs at **AetnaMedicare.com/formulary**



### We're here to help you

To speak with a licensed sales agent in your area, call us at **1-833-859-6031 (TTY: 711)**.



### Hours of operation

**April 1–September 30:** 8 AM–8 PM, Monday–Friday.  
**October 1–March 31:** 8 AM–8 PM, 7 days a week.





## GOOD TO KNOW

### 5 reasons to have a primary care provider

They'll get to know you and can:

1. **Coordinate** your care with specialists
2. **Provide** access to wellness tests and screenings
3. **Help** you monitor and take care of any long-term health issues, like diabetes or high blood pressure
4. **Review** and take care of your over-the-counter and prescription medications
5. **Find** health problems early, when they may be more treatable

# Medicare 101

Understand how  
your plan works

# You're eligible for Medicare if you:






☒ Are age 65 or older

☒ Are under 65 and have certain disabilities

☒ Have a disability, end-stage renal disease (ESRD) or ALS (also called Lou Gehrig's disease)



## Compare the differences

	 <b>Original Medicare</b>	 <b>Medicare Advantage (Part C) plan</b>
 <b>Available providers and hospitals</b>	You can go to any provider or hospital that accepts Medicare.	You may have to use a network of providers and hospitals.
 <b>Prescription drug coverage</b>	You have to buy a separate Part D plan if you want or need prescription drug coverage.	You may not have to buy a separate Part D plan because it may include prescription drug coverage.
 <b>Total out-of-pocket costs</b>	You may not have a limit on how much you pay out of pocket each year.	You can help lower your expenses — it caps your annual out-of-pocket costs for covered medical services.

## Keep in mind

- You don't have to sign up for Original Medicare if you already get Social Security benefits or railroad retirement checks when you first become eligible for Medicare.
- You can sign up even if you don't plan to retire at 65. Contact Social Security about three months before you turn 65 to sign up for Medicare.
- You can ask your employer for guidance. If you have medical coverage through your employer, ask them if you should sign up for Part B when you're first eligible for Medicare.

# Get to know the parts of Medicare

**Parts A and B** make up Original Medicare, which the federal government provides.



## Part A

Hospital insurance:

- Covers inpatient hospital and rehabilitation facility care, including X-rays, surgeries and radiation treatment
- Also covers skilled nursing facility, hospice and home health care

**Most people won't pay a premium for Part A.**



## Part B

Medical insurance:

- Covers outpatient hospital and home health care
- Also covers ambulance, provider and preventive services

**You may pay a monthly premium for Part B. The premium is usually taken out of your Social Security check.**

**Parts C and D** are offered by private insurers, not the federal government.



## Part C

Medicare Advantage plan — an alternative to Original Medicare:

- Covers all of your Part A and B benefits
- May cover your prescription drugs, too (also known as Part D)
- Can include other benefits, like eyewear, hearing aids, wellness services and online tools and resources
- May require you to see in-network providers or specialists

**You may pay a monthly premium for Part C. You must keep paying your Part B premium, too.**



## Part D

Medicare prescription drug plan:

- Covers your prescription drugs
- Is often included in a Medicare Advantage plan
- Can buy separately to go with Original Medicare

**You may pay a monthly premium for Part D unless you qualify for Extra Help.**

# When can I enroll in a Medicare Part C or D plan?

**To ensure you'll always have coverage, it's important to know your enrollment period.**

## Initial Enrollment Period



This includes the three months before, the month of and the three months after your 65th birthday.

## Annual Enrollment Period



You can enroll in or change your Medicare plan from **October 15** through **December 7** each year.

## Open Enrollment Period



If you're enrolled in a Medicare Advantage (Part C) plan, you may be able to change your plan from **January 1 to March 31. This is called the Open Enrollment Period.** You can change your plan only once during this time period.

## Special Enrollment Period\*

**You may be able to enroll in or change Medicare plans if you:**

- Lose employer coverage
- Qualify for or lose full Medicaid eligibility
- Move to a new service area
- Live in, or move in or out of an institution

If you have full Medicaid coverage, you may use a monthly Special Enrollment Period to switch to another Fully Integrated Dual Eligible Special Needs Plan or Highly Integrated Dual Special Needs Plan.

\*Some life changes can qualify you for the Special Enrollment Period. Call us or check your enrollment form for more information.

Aetna Medicare Signature (PPO)  
H5521 - 219 | \$0 Plan Premium



This is my plan.



# 2026 Summary of Benefits

## We're here to help

You may have questions as you read through this information. And that's OK — we're here to help.

### Not a member yet?

Call [1-833-859-6031](tel:1-833-859-6031) (TTY: [711](tel:711))

October 1–March 31: 8 AM to 8 PM, 7 days a week

April 1–September 30: 8 AM to 8 PM, Monday–Friday

### Already a member?

Call [1-833-570-6670](tel:1-833-570-6670) (TTY: [711](tel:711)) 8 AM to 8 PM, 7 days a week

An Aetna team member will answer your call.

## Keep in mind

This is a summary of the services we cover from January 1, 2026 through December 31, 2026.

Need a complete list of what we cover and any limitations? Just visit [AetnaMedicare.com/H5521-219](https://www.aetna.com/H5521-219) where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

## Are you eligible to enroll?

**To join Aetna Medicare Signature (PPO), you must:**

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:  
**Michigan:** Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren

## What you should know

- **Plan type:** Aetna Medicare Signature (PPO) is a PPO plan. This is a Medicare Advantage plan that covers prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.
- **Primary Care Provider (PCP):** You have the option to choose a PCP. We recommend choosing a PCP because when we know who your provider is we can better support your care.
- **Referrals:** Aetna Medicare Signature (PPO) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your provider in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services or drugs.
- **Helpful resources:** To find provider directories, network pharmacies, and other plan information, visit [AetnaMedicare.com/H5521-219](https://AetnaMedicare.com/H5521-219). For coverage and costs of Original Medicare, look in the *Medicare & You* handbook. View it online at [medicare.gov/medicare-and-you](https://www.medicare.gov/medicare-and-you), or get a copy by calling 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)) (TTY: [1-877-486-2048](tel:1-877-486-2048)), 24 hours a day, 7 days a week.

## Plan premium, deductible, and maximum out-of-pocket (MOOP)



Out-of-pocket costs	
Monthly plan premium	\$0 You must continue to pay your Medicare Part B premium.
Plan deductible	\$0
MOOP	\$5,200 for in-network services \$10,100 for in- and out-of-network services combined  Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

## Medical and hospital benefits



### Hospital coverage

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient (unlimited number of days)	\$300 per day, days 1-7; \$0 per day, days 8-90; \$0 for additional days	50% per stay
Outpatient hospital observation services	\$300 copay	50% coinsurance
Outpatient hospital	\$35 - \$300 copay  \$35 copay for outpatient hospital services other than surgery \$300 copay for each outpatient hospital surgery	50% coinsurance
Ambulatory surgical center	\$250 copay	50% coinsurance



### Primary Care Provider (PCP) and specialist visits

Benefit	Your in-network costs	Your out-of-network costs
PCP	\$5 copay	50% coinsurance
Specialist	\$40 copay	50% coinsurance



### Preventive, emergency and urgent care

Benefit	Your in-network costs	Your out-of-network costs
Preventive care	\$0 copay	0% - 50% coinsurance  0% coinsurance for the pneumonia, flu/influenza, hepatitis B, and COVID-19 vaccines 50% coinsurance for all other Medicare-covered preventive services  For a full list of preventive services available, see the EOC. Some covered services may have an associated cost.
Emergency and urgent care (inside the U.S.)	\$130 copay for emergency care \$45 copay for urgent care	\$130 copay for emergency care \$45 copay for urgent care
Emergency and urgent care, including emergency ambulance (outside the U.S.)	\$130 copay for emergency care \$130 copay for urgent care \$285 copay for ambulance  Maximum coverage: \$250,000 (the most we'll pay for your worldwide emergency and urgent care combined, including emergency ambulance)	\$130 copay for emergency care \$130 copay for urgent care \$285 copay for ambulance



### Diagnostic services, labs, imaging

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic tests and procedures	\$75 copay \$0 copay for certain Medicare-covered diagnostic tests and services including retinal fundus, spirometry, and peripheral arterial disease (PAD) testing	50% coinsurance
Lab services	\$0 copay	50% coinsurance
Diagnostic radiology services, such as CT/CAT scan and MRI	\$295 copay	50% coinsurance
Outpatient x-rays	\$20 copay	50% coinsurance



### Hearing services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic hearing exam	\$40 copay	50% coinsurance
Routine hearing exam	\$0 copay  You get one routine hearing exam every year. You can visit a provider in the NationsHearing® network or an out-of-network provider.	50% coinsurance
Hearing aids	You get an annual benefit amount (allowance) of \$1,000 per ear. If the cost is over the benefit amount, you pay the difference. Even though you can go out-of-network for your annual hearing exam, this benefit amount can only be used to purchase hearing aids through a NationsHearing network provider.	Not Covered



### Dental services

Benefit	Your in-network costs	Your out-of-network costs
Dental services (non-Medicare covered)	<p>\$0 copay for preventive services 20% - 50% coinsurance for comprehensive services</p> <p>You get an annual benefit amount (allowance) of \$1,250 for covered comprehensive services. You are responsible for the cost of any comprehensive services over this amount.</p> <p>Covered comprehensive services include fillings, extractions, crowns, and more.</p> <p>Covered preventive services include oral exams, cleanings, and x-rays. There is no copay for these services when using an in-network provider. Covered preventive services do not count toward your annual benefit amount.</p> <p>You can use a provider in or out of the Aetna Dental PPO Network, which is different from your medical network, for covered services. However, if you use a provider outside of the network, you may be required to pay in full for services and submit a request for reimbursement. See EOC for details on exclusions and limitations.</p>	<p>50% coinsurance for preventive services 50% - 70% coinsurance for comprehensive services</p>



### Vision services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic eye exam (includes diabetic eye exams)	<p>\$0 - \$40 copay</p> <p>\$0 copay for diabetic eye exams \$40 copay for all other Medicare-covered eye exams</p>	50% coinsurance
Glaucoma screening	\$0 copay	50% coinsurance
Routine eye exam (one exam every year)	\$0 copay with an EyeMed provider	0% coinsurance up to \$50. You will be responsible for any billed amount over \$50.
Contacts and eyeglasses	<p>You get an annual benefit amount (allowance) of \$225 for covered prescription eyewear.</p> <p>We have teamed up with EyeMed to provide this benefit. You can choose to use a provider outside of the EyeMed network, but you may be responsible for additional costs. Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll need to pay the difference.</p>	



### Mental health services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient psychiatric hospital stay	\$300 per day, days 1-7; \$0 per day, days 8-90 Our plan covers up to 190 days per benefit period.	50% per stay
Outpatient mental health therapy	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions
Outpatient psychiatric therapy	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions



### Skilled nursing facility (SNF) and therapy

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification. Note: Members must meet the Centers for Medicare & Medicaid Services (CMS) criteria for medically necessary skilled care to be covered.

Benefit	Your in-network costs	Your out-of-network costs
SNF care	\$10 per day, days 1-20; \$218 per day, days 21-100 Our plan covers up to 100 days per benefit period.	50% per stay
Physical and speech therapy	\$30 copay	50% coinsurance
Occupational therapy	\$30 copay	50% coinsurance



### Ambulance and routine transportation

Your provider needs approval from us before we cover non-emergency transportation by fixed wing aircraft. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Ambulance (ground or air, one-way trip)	\$285 copay for ground ambulance services 20% coinsurance for air ambulance services	\$285 copay for ground ambulance services 20% coinsurance for air ambulance services
Routine, non-emergency transportation	Not Covered	Not Covered

**Medicare Part B drugs**

Medicare Part B only covers a limited number of medicines under certain conditions. These medicines are often given to you in your provider's office. They can include things like vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment. Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Chemotherapy drugs	0% - 20% coinsurance  Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	50% coinsurance
Part B Insulin	\$35 copay	\$35 copay
Other Part B drugs	0% - 20% coinsurance  Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	50% coinsurance

## Medicare Part D drugs



Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes. Some drugs require **prior authorization**. This means you must get approval from us first before we'll cover them.

### Prescription drug costs (your costs may be lower if you qualify for "Extra Help")

Formulary name: B2 (you can use this when referencing our list of covered drugs).

### Deductible phase

You'll pay the plan's negotiated drug cost up to the deductible limit of \$615. The deductible applies to drugs on Tiers 3, 4, and 5.

### Initial coverage phase

The plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription filled. You will pay the lesser of the listed copay/coinsurance below or the negotiated cost of the drug. These cost shares may also apply to home infusion drugs when obtained through your Part D benefit. Costs may differ based on pharmacy type or status.

### One-month Supply

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail	Long-Term Care (LTC)
	30-day	30-day	30-day	30-day	31-day
Tier 1: Preferred Generic	\$0	\$2	\$0	\$2	\$2
Tier 2: Generic	\$0	\$12	\$0	\$12	\$12
Tier 3: Preferred Brand	24%	24%	24%	24%	24%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%
Tier 5: Specialty	25%	25%	25%	25%	25%

### Long-term Supply

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail
	100-day	100-day	100-day	100-day
Tier 1: Preferred Generic	\$0	\$6	\$0	\$6
Tier 2: Generic	\$0	\$36	\$0	\$36
Tier 3: Preferred Brand	24%	24%	24%	24%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%
Tier 5: Specialty	A long-term supply is not available for drugs on Tier 5.			

### Out-of-pocket threshold

\$2,100 is the maximum amount you will pay for your yearly Part D out-of-pocket costs.

### Catastrophic coverage phase

In this phase, the plan pays the full cost for your covered Part D drugs.

You'll pay \$0 for generic and brand name drugs in this phase.

**Insulins and vaccines**

Important message about what you pay for Part D insulins: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on or Part D phase you are in, even if you haven't paid your deductible.

Important message about what you pay for Part D vaccines: Our plan covers many vaccines at no cost to you, even if you haven't paid your deductible.

Check your formulary guide for a list of covered insulins and vaccines.

## Other covered benefits



### Alternative medicine

Benefit	Your in-network costs	Your out-of-network costs
Acupuncture	<p>\$40 copay for Medicare-covered acupuncture visits</p> <p>Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services are not covered.</p>	<p>50% coinsurance for Medicare-covered acupuncture visits</p>
Chiropractic services	<p>\$15 copay for Medicare-covered chiropractic visits</p> <p>Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services are not covered.</p>	<p>50% coinsurance for Medicare-covered chiropractic visits</p>



### Diabetic supplies

We exclusively cover **Accu-Chek/Roche and TRUE/Trividia** blood glucose meters and test strips as our preferred diabetic supplies.

Benefit	Your in-network costs	Your out-of-network costs
Diabetic supplies	<p>0% - 20% coinsurance</p> <p>0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies</p> <p>20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization</p>	<p>0% - 20% coinsurance</p> <p>0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies</p> <p>20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization</p>



### Fitness benefit

Benefit	Your costs in our plan
Annual physical fitness membership	<p>\$0 copay</p> <p>You get a basic membership to any SilverSneakers® participating fitness facility. If you prefer to exercise at home, you may order one at-home fitness kit per year through SilverSneakers. If you do not reside near a participating facility, online fitness classes are available at no additional cost to you.</p>



### Foot care (podiatry services)

Benefit	Your in-network costs	Your out-of-network costs
Foot exams and treatment	\$40 copay for Medicare-covered podiatry visits	50% coinsurance for Medicare-covered podiatry visits



### Home care and support

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Home health care	\$0 copay	50% coinsurance



### Medical equipment and supplies

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Durable medical equipment (DME), such as wheelchairs, crutches, oxygen equipment, and continuous glucose monitors (CGMs)	<p>0% - 20% coinsurance</p> <p>0% coinsurance for continuous glucose monitors</p> <p>20% coinsurance for all other Medicare-covered DME items</p>	50% coinsurance
Prosthetics, such as braces and artificial limbs	20% coinsurance	50% coinsurance



### Over-the-counter (OTC) benefit

The OTC benefit provides select health and wellness products.

Benefit	
OTC benefit amount (allowance)	<p>\$35 quarterly benefit amount (allowance)</p> <p>You will receive a quarterly benefit amount (allowance) to purchase approved OTC health and wellness products like first aid supplies, cold and allergy medicine, pain relievers, and more.</p> <ul style="list-style-type: none"> <li>The benefit amount is available the first day of each calendar quarter. Any unused amount will not roll over into the next quarter.</li> <li>The benefit amount is not connected to a payment or debit card.</li> <li>You can get OTC products online, by phone, or in freestanding CVS stores.</li> <li>View the OTC catalog for a full product listing and details on how the benefit works at <a href="https://AetnaMedicare.com/H5521-219">AetnaMedicare.com/H5521-219</a>.</li> </ul>



### Resources For Living®

Benefit	
Resources For Living	Resources For Living helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities, and more.



### Substance use disorder services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Outpatient substance use disorder services	<p>\$40 copay for individual sessions</p> <p>\$40 copay for group sessions</p>	<p>50% coinsurance for individual sessions</p> <p>50% coinsurance for group sessions</p>



**Visitor/travel benefit**

Plan rules continue to apply. **Prior authorizations** are required for certain services.

**Benefit**

Visitor/travel program:  
Explorer

Allows you to remain in your plan for up to 12 months when you are outside our plan’s service area.

While traveling within the United States, you can see an Aetna Medicare participating provider and pay in-network cost shares. Not all providers participate in the multi-state network. In most cases, when you receive non-urgent/non-emergency care from an out-of-network provider, your share of the costs for your covered services may be higher. Contact us for help finding a participating provider in the area you’re traveling to.



**24-Hour Nurse Line**

You can talk to a registered nurse anytime to discuss health-related questions. While only your doctor can diagnose, prescribe, or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.

Benefit	Your costs in our plan
24-Hour Nurse Line	\$0 copay

**Special Supplemental Benefits**

Our plan offers additional benefits to qualifying members. See the EOC for a full list of eligibility criteria.

**Aetna Kidney Care Support Program****Eligibility requirements:**

If you have been diagnosed by a medical professional with one of the chronic conditions listed in the EOC and you meet certain criteria, you may be eligible for the Aetna Kidney Care Support Program.

**Benefits:**

If you qualify, you can get certain primary care provider (PCP) services for kidney care with an Aetna-designated provider for \$0.

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# 2026 Summary of Benefits

## We're here to help

You may have questions as you read through this information. And that's OK — we're here to help.

### Not a member yet?

Call [1-833-859-6031](tel:1-833-859-6031) (TTY: [711](tel:711))

October 1–March 31: 8 AM to 8 PM, 7 days a week

April 1–September 30: 8 AM to 8 PM, Monday–Friday

### Already a member?

Call [1-833-570-6670](tel:1-833-570-6670) (TTY: [711](tel:711)) 8 AM to 8 PM, 7 days a week

An Aetna team member will answer your call.

## Keep in mind

This is a summary of the services we cover from January 1, 2026 through December 31, 2026.

Need a complete list of what we cover and any limitations? Just visit [AetnaMedicare.com/H5521-194](https://www.aetna.com/H5521-194) where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

## Are you eligible to enroll?

**To join Aetna Medicare Enhanced (PPO), you must:**

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:  
**Michigan:** Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren

## What you should know

- **Plan type:** Aetna Medicare Enhanced (PPO) is a PPO plan. This is a Medicare Advantage plan that covers prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.
- **Primary Care Provider (PCP):** You have the option to choose a PCP. We recommend choosing a PCP because when we know who your provider is we can better support your care.
- **Referrals:** Aetna Medicare Enhanced (PPO) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your provider in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services or drugs.
- **Helpful resources:** To find provider directories, network pharmacies, and other plan information, visit [AetnaMedicare.com/H5521-194](https://AetnaMedicare.com/H5521-194). For coverage and costs of Original Medicare, look in the *Medicare & You* handbook. View it online at [medicare.gov/medicare-and-you](https://medicare.gov/medicare-and-you), or get a copy by calling 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)) (TTY: [1-877-486-2048](tel:1-877-486-2048)), 24 hours a day, 7 days a week.

## Plan premium, deductible, and maximum out-of-pocket (MOOP)



Out-of-pocket costs	
Monthly plan premium	\$15 You must continue to pay your Medicare Part B premium.
Plan deductible	\$0
MOOP	\$4,900 for in-network services \$10,100 for in- and out-of-network services combined  Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

## Medical and hospital benefits



### Hospital coverage

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient (unlimited number of days)	\$275 per day, days 1-6; \$0 per day, days 7-90; \$0 for additional days	50% per stay
Outpatient hospital observation services	\$275 copay	50% coinsurance
Outpatient hospital	\$35 - \$275 copay  \$35 copay for outpatient hospital services other than surgery \$275 copay for each outpatient hospital surgery	50% coinsurance
Ambulatory surgical center	\$225 copay	50% coinsurance



### Primary Care Provider (PCP) and specialist visits

Benefit	Your in-network costs	Your out-of-network costs
PCP	\$0 copay	50% coinsurance
Specialist	\$40 copay	50% coinsurance



### Preventive, emergency and urgent care

Benefit	Your in-network costs	Your out-of-network costs
Preventive care	\$0 copay	0% - 50% coinsurance  0% coinsurance for the pneumonia, flu/influenza, hepatitis B, and COVID-19 vaccines 50% coinsurance for all other Medicare-covered preventive services  For a full list of preventive services available, see the EOC. Some covered services may have an associated cost.
Emergency and urgent care (inside the U.S.)	\$130 copay for emergency care \$35 copay for urgent care	\$130 copay for emergency care \$35 copay for urgent care
Emergency and urgent care, including emergency ambulance (outside the U.S.)	\$130 copay for emergency care \$130 copay for urgent care \$250 copay for ambulance  Maximum coverage: \$250,000 (the most we'll pay for your worldwide emergency and urgent care combined, including emergency ambulance)	\$130 copay for emergency care \$130 copay for urgent care \$250 copay for ambulance



### Diagnostic services, labs, imaging

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic tests and procedures	\$75 copay \$0 copay for certain Medicare-covered diagnostic tests and services including retinal fundus, spirometry, and peripheral arterial disease (PAD) testing	50% coinsurance
Lab services	\$0 copay	50% coinsurance
Diagnostic radiology services, such as CT/CAT scan and MRI	\$240 copay	50% coinsurance
Outpatient x-rays	\$15 copay	50% coinsurance



### Hearing services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic hearing exam	\$40 copay	50% coinsurance
Routine hearing exam	\$0 copay  You get one routine hearing exam every year. You can visit a provider in the NationsHearing® network or an out-of-network provider.	50% coinsurance
Hearing aids	You get an annual benefit amount (allowance) of \$750 per ear. If the cost is over the benefit amount, you pay the difference. Even though you can go out-of-network for your annual hearing exam, this benefit amount can only be used to purchase hearing aids through a NationsHearing network provider.	Not Covered



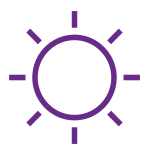
### Dental services

Benefit	Your in-network costs	Your out-of-network costs
Dental services (non-Medicare covered)	<p>\$0 copay for preventive services 20% - 50% coinsurance for comprehensive services</p> <p>You get an annual benefit amount (allowance) of \$1,250 for covered comprehensive services. You are responsible for the cost of any comprehensive services over this amount.</p> <p>Covered comprehensive services include fillings, extractions, crowns, and more.</p> <p>Covered preventive services include oral exams, cleanings, and x-rays. There is no copay for these services when using an in-network provider. Covered preventive services do not count toward your annual benefit amount.</p> <p>You can use a provider in or out of the Aetna Dental PPO Network, which is different from your medical network, for covered services. However, if you use a provider outside of the network, you may be required to pay in full for services and submit a request for reimbursement. See EOC for details on exclusions and limitations.</p>	<p>50% coinsurance for preventive services 50% - 70% coinsurance for comprehensive services</p>



### Vision services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic eye exam (includes diabetic eye exams)	<p>\$0 - \$40 copay</p> <p>\$0 copay for diabetic eye exams \$40 copay for all other Medicare-covered eye exams</p>	50% coinsurance
Glaucoma screening	\$0 copay	50% coinsurance
Routine eye exam (one exam every year)	\$0 copay with an EyeMed provider	0% coinsurance up to \$50. You will be responsible for any billed amount over \$50.
Contacts and eyeglasses	<p>You get an annual benefit amount (allowance) of \$125 for covered prescription eyewear.</p> <p>We have teamed up with EyeMed to provide this benefit. You can choose to use a provider outside of the EyeMed network, but you may be responsible for additional costs. Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll need to pay the difference.</p>	



### Mental health services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient psychiatric hospital stay	\$275 per day, days 1-6; \$0 per day, days 7-90 Our plan covers up to 190 days per benefit period.	50% per stay
Outpatient mental health therapy	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions
Outpatient psychiatric therapy	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions



### Skilled nursing facility (SNF) and therapy

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification. Note: Members must meet the Centers for Medicare & Medicaid Services (CMS) criteria for medically necessary skilled care to be covered.

Benefit	Your in-network costs	Your out-of-network costs
SNF care	\$10 per day, days 1-20; \$218 per day, days 21-100 Our plan covers up to 100 days per benefit period.	50% per stay
Physical and speech therapy	\$30 copay	50% coinsurance
Occupational therapy	\$30 copay	50% coinsurance



### Ambulance and routine transportation

Your provider needs approval from us before we cover non-emergency transportation by fixed wing aircraft. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Ambulance (ground or air, one-way trip)	\$250 copay for ground ambulance services 20% coinsurance for air ambulance services	\$250 copay for ground ambulance services 20% coinsurance for air ambulance services
Routine, non-emergency transportation	Not Covered	Not Covered

**Medicare Part B drugs**

Medicare Part B only covers a limited number of medicines under certain conditions. These medicines are often given to you in your provider's office. They can include things like vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment. Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Chemotherapy drugs	0% - 20% coinsurance  Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	50% coinsurance
Part B Insulin	\$35 copay	\$35 copay
Other Part B drugs	0% - 20% coinsurance  Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	50% coinsurance

## Medicare Part D drugs



Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes. Some drugs require **prior authorization**. This means you must get approval from us first before we'll cover them.

### Prescription drug costs (your costs may be lower if you qualify for "Extra Help")

Formulary name: B2 (you can use this when referencing our list of covered drugs).

### Deductible phase

You'll pay the plan's negotiated drug cost up to the deductible limit of \$615. The deductible applies to drugs on Tiers 3, 4, and 5.

### Initial coverage phase

The plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription filled. You will pay the lesser of the listed copay/coinsurance below or the negotiated cost of the drug. These cost shares may also apply to home infusion drugs when obtained through your Part D benefit. Costs may differ based on pharmacy type or status.

### One-month Supply

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail	Long-Term Care (LTC)
	30-day	30-day	30-day	30-day	31-day
Tier 1: Preferred Generic	\$0	\$2	\$0	\$2	\$2
Tier 2: Generic	\$0	\$12	\$0	\$12	\$12
Tier 3: Preferred Brand	24%	24%	24%	24%	24%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%
Tier 5: Specialty	25%	25%	25%	25%	25%

### Long-term Supply

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail
	100-day	100-day	100-day	100-day
Tier 1: Preferred Generic	\$0	\$6	\$0	\$6
Tier 2: Generic	\$0	\$36	\$0	\$36
Tier 3: Preferred Brand	24%	24%	24%	24%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%
Tier 5: Specialty	A long-term supply is not available for drugs on Tier 5.			

### Out-of-pocket threshold

\$2,100 is the maximum amount you will pay for your yearly Part D out-of-pocket costs.

### Catastrophic coverage phase

In this phase, the plan pays the full cost for your covered Part D drugs.

You'll pay \$0 for generic and brand name drugs in this phase.

**Insulins and vaccines**

Important message about what you pay for Part D insulins: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on or Part D phase you are in, even if you haven't paid your deductible.

Important message about what you pay for Part D vaccines: Our plan covers many vaccines at no cost to you, even if you haven't paid your deductible.

Check your formulary guide for a list of covered insulins and vaccines.

## Other covered benefits



### Alternative medicine

Benefit	Your in-network costs	Your out-of-network costs
Acupuncture	<p>\$40 copay for Medicare-covered acupuncture visits</p> <p>Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services are not covered.</p>	<p>50% coinsurance for Medicare-covered acupuncture visits</p>
Chiropractic services	<p>\$15 copay for Medicare-covered chiropractic visits</p> <p>Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services are not covered.</p>	<p>50% coinsurance for Medicare-covered chiropractic visits</p>



### Diabetic supplies

We exclusively cover **Accu-Chek/Roche and TRUE/Trividia** blood glucose meters and test strips as our preferred diabetic supplies.

Benefit	Your in-network costs	Your out-of-network costs
Diabetic supplies	<p>0% - 20% coinsurance</p> <p>0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies</p> <p>20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization</p>	<p>0% - 20% coinsurance</p> <p>0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies</p> <p>20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization</p>

**Fitness benefit**

Benefit	Your costs in our plan
Annual physical fitness membership	<p>\$0 copay</p> <p>You get a basic membership to any SilverSneakers® participating fitness facility. If you prefer to exercise at home, you may order one at-home fitness kit per year through SilverSneakers. If you do not reside near a participating facility, online fitness classes are available at no additional cost to you.</p>

**Foot care (podiatry services)**

Benefit	Your in-network costs	Your out-of-network costs
Foot exams and treatment	\$40 copay for Medicare-covered podiatry visits	50% coinsurance for Medicare-covered podiatry visits

**Home care and support**

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Home health care	\$0 copay	50% coinsurance

**Medical equipment and supplies**

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Durable medical equipment (DME), such as wheelchairs, crutches, oxygen equipment, and continuous glucose monitors (CGMs)	<p>0% - 20% coinsurance</p> <p>0% coinsurance for continuous glucose monitors</p> <p>20% coinsurance for all other Medicare-covered DME items</p>	50% coinsurance
Prosthetics, such as braces and artificial limbs	20% coinsurance	50% coinsurance



### Resources For Living®

#### Benefit

Resources For Living	Resources For Living helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities, and more.
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### Substance use disorder services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Outpatient substance use disorder services	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions



### Visitor/travel benefit

Plan rules continue to apply. **Prior authorizations** are required for certain services.

#### Benefit

Visitor/travel program: Explorer	<p>Allows you to remain in your plan for up to 12 months when you are outside our plan's service area.</p> <p>While traveling within the United States, you can see an Aetna Medicare participating provider and pay in-network cost shares. Not all providers participate in the multi-state network. In most cases, when you receive non-urgent/non-emergency care from an out-of-network provider, your share of the costs for your covered services may be higher. Contact us for help finding a participating provider in the area you're traveling to.</p>
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### 24-Hour Nurse Line

You can talk to a registered nurse anytime to discuss health-related questions. While only your doctor can diagnose, prescribe, or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.

Benefit	Your costs in our plan
24-Hour Nurse Line	\$0 copay

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Aetna Medicare Signature Extra (PPO)  
H5521 - 407 | \$0 Plan Premium



This is my plan.



# 2026 Summary of Benefits

## We're here to help

You may have questions as you read through this information. And that's OK — we're here to help.

### Not a member yet?

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October 1–March 31: 8 AM to 8 PM, 7 days a week

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An Aetna team member will answer your call.

## Keep in mind

This is a summary of the services we cover from January 1, 2026 through December 31, 2026.

Need a complete list of what we cover and any limitations? Just visit [AetnaMedicare.com/H5521-407](https://www.aetna.com/H5521-407) where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

## Are you eligible to enroll?

**To join Aetna Medicare Signature Extra (PPO), you must:**

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:  
**Michigan:** Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren

## What you should know

- **Plan type:** Aetna Medicare Signature Extra (PPO) is a PPO plan. This is a Medicare Advantage plan that covers prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.
- **Primary Care Provider (PCP):** You have the option to choose a PCP. We recommend choosing a PCP because when we know who your provider is we can better support your care.
- **Referrals:** Aetna Medicare Signature Extra (PPO) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your provider in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services or drugs.
- **Helpful resources:** To find provider directories, network pharmacies, and other plan information, visit [AetnaMedicare.com/H5521-407](https://AetnaMedicare.com/H5521-407). For coverage and costs of Original Medicare, look in the *Medicare & You* handbook. View it online at [medicare.gov/medicare-and-you](https://medicare.gov/medicare-and-you), or get a copy by calling 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)) (TTY: [1-877-486-2048](tel:1-877-486-2048)), 24 hours a day, 7 days a week.

## Plan premium, deductible, and maximum out-of-pocket (MOOP)



Out-of-pocket costs	
Monthly plan premium	\$0 You must continue to pay your Medicare Part B premium.
Plan deductible	\$0
MOOP	\$5,200 for in-network services \$10,100 for in- and out-of-network services combined  Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

## Medical and hospital benefits



### Hospital coverage

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient (unlimited number of days)	\$300 per day, days 1-8; \$0 per day, days 9-90; \$0 for additional days	50% per stay
Outpatient hospital observation services	\$300 copay	50% coinsurance
Outpatient hospital	\$35 - \$300 copay  \$35 copay for outpatient hospital services other than surgery \$300 copay for each outpatient hospital surgery	50% coinsurance
Ambulatory surgical center	\$250 copay	50% coinsurance



### Primary Care Provider (PCP) and specialist visits

Benefit	Your in-network costs	Your out-of-network costs
PCP	\$0 copay	50% coinsurance
Specialist	\$40 copay	50% coinsurance



### Preventive, emergency and urgent care

Benefit	Your in-network costs	Your out-of-network costs
Preventive care	\$0 copay	0% - 50% coinsurance  0% coinsurance for the pneumonia, flu/influenza, hepatitis B, and COVID-19 vaccines 50% coinsurance for all other Medicare-covered preventive services  For a full list of preventive services available, see the EOC. Some covered services may have an associated cost.
Emergency and urgent care (inside the U.S.)	\$130 copay for emergency care \$35 copay for urgent care	\$130 copay for emergency care \$35 copay for urgent care
Emergency and urgent care, including emergency ambulance (outside the U.S.)	\$130 copay for emergency care \$130 copay for urgent care \$285 copay for ambulance  Maximum coverage: \$250,000 (the most we'll pay for your worldwide emergency and urgent care combined, including emergency ambulance)	\$130 copay for emergency care \$130 copay for urgent care \$285 copay for ambulance



### Diagnostic services, labs, imaging

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic tests and procedures	\$100 copay \$0 copay for certain Medicare-covered diagnostic tests and services including retinal fundus, spirometry, and peripheral arterial disease (PAD) testing	50% coinsurance
Lab services	\$0 copay	50% coinsurance
Diagnostic radiology services, such as CT/CAT scan and MRI	\$300 copay	50% coinsurance
Outpatient x-rays	\$0 copay	50% coinsurance



### Hearing services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic hearing exam	\$40 copay	50% coinsurance
Routine hearing exam	\$0 copay  You get one routine hearing exam every year. You can visit a provider in the NationsHearing® network or an out-of-network provider.	50% coinsurance
Hearing aids	You get an annual benefit amount (allowance) of \$500 per ear. If the cost is over the benefit amount, you pay the difference. Even though you can go out-of-network for your annual hearing exam, this benefit amount can only be used to purchase hearing aids through a NationsHearing network provider.	Not Covered



### Dental services

Benefit	Your in-network costs	Your out-of-network costs
Dental services (non-Medicare covered)	<p>\$0 copay for preventive services 20% - 50% coinsurance for comprehensive services</p> <p>You get an annual benefit amount (allowance) of \$1,000 for covered comprehensive services. You are responsible for the cost of any comprehensive services over this amount.</p> <p>Covered comprehensive services include fillings, extractions, crowns, and more.</p> <p>Covered preventive services include oral exams, cleanings, and x-rays. There is no copay for these services when using an in-network provider. Covered preventive services do not count toward your annual benefit amount.</p> <p>You can use a provider in or out of the Aetna Dental PPO Network, which is different from your medical network, for covered services. However, if you use a provider outside of the network, you may be required to pay in full for services and submit a request for reimbursement. See EOC for details on exclusions and limitations.</p>	<p>50% coinsurance for preventive services 50% - 70% coinsurance for comprehensive services</p>



### Vision services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic eye exam (includes diabetic eye exams)	<p>\$0 - \$40 copay</p> <p>\$0 copay for diabetic eye exams \$40 copay for all other Medicare-covered eye exams</p>	50% coinsurance
Glaucoma screening	\$0 copay	50% coinsurance
Routine eye exam (one exam every year)	\$0 copay with an EyeMed provider	0% coinsurance up to \$50. You will be responsible for any billed amount over \$50.
Contacts and eyeglasses	<p>You get an annual benefit amount (allowance) of \$175 for covered prescription eyewear.</p> <p>We have teamed up with EyeMed to provide this benefit. You can choose to use a provider outside of the EyeMed network, but you may be responsible for additional costs. Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll need to pay the difference.</p>	



### Mental health services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient psychiatric hospital stay	\$300 per day, days 1-7; \$0 per day, days 8-90 Our plan covers up to 190 days per benefit period.	50% per stay
Outpatient mental health therapy	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions
Outpatient psychiatric therapy	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions



### Skilled nursing facility (SNF) and therapy

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification. Note: Members must meet the Centers for Medicare & Medicaid Services (CMS) criteria for medically necessary skilled care to be covered.

Benefit	Your in-network costs	Your out-of-network costs
SNF care	\$10 per day, days 1-20; \$218 per day, days 21-100 Our plan covers up to 100 days per benefit period.	50% per stay
Physical and speech therapy	\$30 copay	50% coinsurance
Occupational therapy	\$30 copay	50% coinsurance



### Ambulance and routine transportation

Your provider needs approval from us before we cover non-emergency transportation by fixed wing aircraft. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Ambulance (ground or air, one-way trip)	\$285 copay for ground ambulance services 20% coinsurance for air ambulance services	\$285 copay for ground ambulance services 20% coinsurance for air ambulance services
Routine, non-emergency transportation	Not Covered	Not Covered

**Medicare Part B drugs**

Medicare Part B only covers a limited number of medicines under certain conditions. These medicines are often given to you in your provider's office. They can include things like vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment. Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Chemotherapy drugs	0% - 20% coinsurance  Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	50% coinsurance
Part B Insulin	\$35 copay	\$35 copay
Other Part B drugs	0% - 20% coinsurance  Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	50% coinsurance

## Medicare Part D drugs



Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes. Some drugs require **prior authorization**. This means you must get approval from us first before we'll cover them.

### Prescription drug costs (your costs may be lower if you qualify for "Extra Help")

Formulary name: B2 (you can use this when referencing our list of covered drugs).

### Deductible phase

You'll pay the plan's negotiated drug cost up to the deductible limit of \$615. The deductible applies to drugs on Tiers 3, 4, and 5.

### Initial coverage phase

The plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription filled. You will pay the lesser of the listed copay/coinsurance below or the negotiated cost of the drug. These cost shares may also apply to home infusion drugs when obtained through your Part D benefit. Costs may differ based on pharmacy type or status.

### One-month Supply

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail	Long-Term Care (LTC)
	30-day	30-day	30-day	30-day	31-day
Tier 1: Preferred Generic	\$0	\$2	\$0	\$2	\$2
Tier 2: Generic	\$0	\$12	\$0	\$12	\$12
Tier 3: Preferred Brand	24%	24%	24%	24%	24%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%
Tier 5: Specialty	25%	25%	25%	25%	25%

### Long-term Supply

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail
	100-day	100-day	100-day	100-day
Tier 1: Preferred Generic	\$0	\$6	\$0	\$6
Tier 2: Generic	\$0	\$36	\$0	\$36
Tier 3: Preferred Brand	24%	24%	24%	24%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%
Tier 5: Specialty	A long-term supply is not available for drugs on Tier 5.			

### Out-of-pocket threshold

\$2,100 is the maximum amount you will pay for your yearly Part D out-of-pocket costs.

### Catastrophic coverage phase

In this phase, the plan pays the full cost for your covered Part D drugs.

You'll pay \$0 for generic and brand name drugs in this phase.

**Insulins and vaccines**

Important message about what you pay for Part D insulins: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on or Part D phase you are in, even if you haven't paid your deductible.

Important message about what you pay for Part D vaccines: Our plan covers many vaccines at no cost to you, even if you haven't paid your deductible.

Check your formulary guide for a list of covered insulins and vaccines.

## Other covered benefits



### Alternative medicine

Benefit	Your in-network costs	Your out-of-network costs
Acupuncture	<p>\$40 copay for Medicare-covered acupuncture visits</p> <p>Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services are not covered.</p>	<p>50% coinsurance for Medicare-covered acupuncture visits</p>
Chiropractic services	<p>\$15 copay for Medicare-covered chiropractic visits</p> <p>Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services are not covered.</p>	<p>50% coinsurance for Medicare-covered chiropractic visits</p>



### Diabetic supplies

We exclusively cover **Accu-Chek/Roche and TRUE/Trividia** blood glucose meters and test strips as our preferred diabetic supplies.

Benefit	Your in-network costs	Your out-of-network costs
Diabetic supplies	<p>0% - 20% coinsurance</p> <p>0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies</p> <p>20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization</p>	<p>0% - 20% coinsurance</p> <p>0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies</p> <p>20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization</p>

**Fitness benefits**

Benefit	Your costs in our plan
Annual physical fitness membership	<p>\$0 copay</p> <p>You get a basic membership to any SilverSneakers® participating fitness facility. If you prefer to exercise at home, you may order one at-home fitness kit per year through SilverSneakers. If you do not reside near a participating facility, online fitness classes are available at no additional cost to you.</p>
Direct member reimbursement (DMR) allowance	<p>You get a direct member reimbursement (DMR) benefit amount (allowance) of \$90 each quarter. The reimbursement period starts the first day of each calendar quarter. Calendar quarters begin in January, April, July, and October. Any unused amount will not roll over into the following quarter. See your EOC for more information about this benefit.</p>

**Foot care (podiatry services)**

Benefit	Your in-network costs	Your out-of-network costs
Foot exams and treatment	\$40 copay for Medicare-covered podiatry visits	50% coinsurance for Medicare-covered podiatry visits

**Home care and support**

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Home health care	\$0 copay	50% coinsurance



### Medical equipment and supplies

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Durable medical equipment (DME), such as wheelchairs, crutches, oxygen equipment, and continuous glucose monitors (CGMs)	0% - 20% coinsurance  0% coinsurance for continuous glucose monitors 20% coinsurance for all other Medicare-covered DME items	50% coinsurance
Prosthetics, such as braces and artificial limbs	20% coinsurance	50% coinsurance



### Resources For Living®

Benefit	
Resources For Living	Resources For Living helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities, and more.



### Substance use disorder services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Outpatient substance use disorder services	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions



### Visitor/travel benefit

Plan rules continue to apply. **Prior authorizations** are required for certain services.

Benefit	
Visitor/travel program: Explorer	<p>Allows you to remain in your plan for up to 12 months when you are outside our plan's service area.</p> <p>While traveling within the United States, you can see an Aetna Medicare participating provider and pay in-network cost shares. Not all providers participate in the multi-state network. In most cases, when you receive non-urgent/non-emergency care from an out-of-network provider, your share of the costs for your covered services may be higher. Contact us for help finding a participating provider in the area you're traveling to.</p>

**24-Hour Nurse Line**

You can talk to a registered nurse anytime to discuss health-related questions. While only your doctor can diagnose, prescribe, or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.

Benefit	Your costs in our plan
24-Hour Nurse Line	\$0 copay



# 2026 Summary of Benefits

## We're here to help

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An Aetna team member will answer your call.

## Keep in mind

This is a summary of the services we cover from January 1, 2026 through December 31, 2026.

Need a complete list of what we cover and any limitations? Just visit [AetnaMedicare.com/H5521-607](https://www.aetna.com/H5521-607) where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

## Are you eligible to enroll?

**To join Aetna Medicare Enhanced (PPO), you must:**

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:  
**Michigan:** Barry, Branch, Calhoun, Clinton, Eaton, Genesee, Hillsdale, Ingham, Ionia, Jackson, Kalamazoo, Kent, Lake, Lenawee, Livingston, Macomb, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oakland, Osceola, Ottawa, Shiawassee, St. Clair, Van Buren, Washtenaw, Wayne

## What you should know

- **Plan type:** Aetna Medicare Enhanced (PPO) is a PPO plan. This is a Medicare Advantage plan that covers prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.
- **Primary Care Provider (PCP):** You have the option to choose a PCP. We recommend choosing a PCP because when we know who your provider is we can better support your care.
- **Referrals:** Aetna Medicare Enhanced (PPO) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your provider in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services or drugs.
- **Helpful resources:** To find provider directories, network pharmacies, and other plan information, visit [AetnaMedicare.com/H5521-607](https://www.aetna.com/medicare/H5521-607). For coverage and costs of Original Medicare, look in the *Medicare & You* handbook. View it online at [medicare.gov/medicare-and-you](https://www.medicare.gov/medicare-and-you), or get a copy by calling 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)) (TTY: [1-877-486-2048](tel:1-877-486-2048)), 24 hours a day, 7 days a week.

## Plan premium, deductible, and maximum out-of-pocket (MOOP)



Out-of-pocket costs	
Monthly plan premium	\$72 You must continue to pay your Medicare Part B premium.
Plan deductible	\$0
MOOP	\$5,900 for in-network services \$10,100 for in- and out-of-network services combined  Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

## Medical and hospital benefits



### Hospital coverage

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient (unlimited number of days)	\$325 per day, days 1-7; \$0 per day, days 8-90; \$0 for additional days	50% per stay
Outpatient hospital observation services	\$325 copay	50% coinsurance
Outpatient hospital	\$40 - \$325 copay  \$40 copay for outpatient hospital services other than surgery \$325 copay for each outpatient hospital surgery	50% coinsurance
Ambulatory surgical center	\$275 copay	50% coinsurance



### Primary Care Provider (PCP) and specialist visits

Benefit	Your in-network costs	Your out-of-network costs
PCP	\$0 copay	50% coinsurance
Specialist	\$40 copay	50% coinsurance



### Preventive, emergency and urgent care

Benefit	Your in-network costs	Your out-of-network costs
Preventive care	\$0 copay	0% - 50% coinsurance  0% coinsurance for the pneumonia, flu/influenza, hepatitis B, and COVID-19 vaccines 50% coinsurance for all other Medicare-covered preventive services  For a full list of preventive services available, see the EOC. Some covered services may have an associated cost.
Emergency and urgent care (inside the U.S.)	\$130 copay for emergency care \$35 copay for urgent care	\$130 copay for emergency care \$35 copay for urgent care
Emergency and urgent care, including emergency ambulance (outside the U.S.)	\$130 copay for emergency care \$130 copay for urgent care \$250 copay for ambulance  Maximum coverage: \$250,000 (the most we'll pay for your worldwide emergency and urgent care combined, including emergency ambulance)	\$130 copay for emergency care \$130 copay for urgent care \$250 copay for ambulance



### Diagnostic services, labs, imaging

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic tests and procedures	\$75 copay \$0 copay for certain Medicare-covered diagnostic tests and services including retinal fundus, spirometry, and peripheral arterial disease (PAD) testing	50% coinsurance
Lab services	\$0 copay	50% coinsurance
Diagnostic radiology services, such as CT/CAT scan and MRI	\$290 copay	50% coinsurance
Outpatient x-rays	\$0 copay	50% coinsurance



### Hearing services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic hearing exam	\$40 copay	50% coinsurance
Routine hearing exam	\$0 copay  You get one routine hearing exam every year. You can visit a provider in the NationsHearing® network or an out-of-network provider.	50% coinsurance
Hearing aids	You get an annual benefit amount (allowance) of \$1,000 per ear. If the cost is over the benefit amount, you pay the difference. Even though you can go out-of-network for your annual hearing exam, this benefit amount can only be used to purchase hearing aids through a NationsHearing network provider.	Not Covered



### Dental services

Benefit	Your in-network costs	Your out-of-network costs
Dental services (non-Medicare covered)	<p>\$0 copay for preventive services 20% - 50% coinsurance for comprehensive services</p> <p>You get an annual benefit amount (allowance) of \$2,500 for covered comprehensive services. You are responsible for the cost of any comprehensive services over this amount.</p> <p>Covered comprehensive services include fillings, extractions, crowns, and more.</p> <p>Covered preventive services include oral exams, cleanings, and x-rays. There is no copay for these services when using an in-network provider. Covered preventive services do not count toward your annual benefit amount.</p> <p>You can use a provider in or out of the Aetna Dental PPO Network, which is different from your medical network, for covered services. However, if you use a provider outside of the network, you may be required to pay in full for services and submit a request for reimbursement. See EOC for details on exclusions and limitations.</p>	<p>50% coinsurance for preventive services 50% - 70% coinsurance for comprehensive services</p>



### Vision services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic eye exam (includes diabetic eye exams)	<p>\$0 - \$40 copay</p> <p>\$0 copay for diabetic eye exams \$40 copay for all other Medicare-covered eye exams</p>	50% coinsurance
Glaucoma screening	\$0 copay	50% coinsurance
Routine eye exam (one exam every year)	\$0 copay with an EyeMed provider	0% coinsurance up to \$50. You will be responsible for any billed amount over \$50.
Contacts and eyeglasses	<p>You get an annual benefit amount (allowance) of \$250 for covered prescription eyewear.</p> <p>We have teamed up with EyeMed to provide this benefit. You can choose to use a provider outside of the EyeMed network, but you may be responsible for additional costs. Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll need to pay the difference.</p>	



### Mental health services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient psychiatric hospital stay	\$325 per day, days 1-7; \$0 per day, days 8-90 Our plan covers up to 190 days per benefit period.	50% per stay
Outpatient mental health therapy	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions
Outpatient psychiatric therapy	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions



### Skilled nursing facility (SNF) and therapy

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification. Note: Members must meet the Centers for Medicare & Medicaid Services (CMS) criteria for medically necessary skilled care to be covered.

Benefit	Your in-network costs	Your out-of-network costs
SNF care	\$0 per day, days 1-20; \$218 per day, days 21-100 Our plan covers up to 100 days per benefit period.	50% per stay
Physical and speech therapy	\$35 copay	50% coinsurance
Occupational therapy	\$35 copay	50% coinsurance



### Ambulance and routine transportation

Your provider needs approval from us before we cover non-emergency transportation by fixed wing aircraft. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Ambulance (ground or air, one-way trip)	\$250 copay for ground ambulance services 20% coinsurance for air ambulance services	\$250 copay for ground ambulance services 20% coinsurance for air ambulance services
Routine, non-emergency transportation	Not Covered	Not Covered

**Medicare Part B drugs**

Medicare Part B only covers a limited number of medicines under certain conditions. These medicines are often given to you in your provider's office. They can include things like vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment. Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Chemotherapy drugs	0% - 20% coinsurance  Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	50% coinsurance
Part B Insulin	\$35 copay	\$35 copay
Other Part B drugs	0% - 20% coinsurance  Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	50% coinsurance

## Medicare Part D drugs



Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes. Some drugs require **prior authorization**. This means you must get approval from us first before we'll cover them.

### Prescription drug costs (your costs may be lower if you qualify for "Extra Help")

Formulary name: B2 (you can use this when referencing our list of covered drugs).

### Deductible phase

You'll pay the plan's negotiated drug cost up to the deductible limit of \$615. The deductible applies to drugs on Tiers 3, 4, and 5.

### Initial coverage phase

The plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription filled. You will pay the lesser of the listed copay/coinsurance below or the negotiated cost of the drug. These cost shares may also apply to home infusion drugs when obtained through your Part D benefit. Costs may differ based on pharmacy type or status.

### One-month Supply

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail	Long-Term Care (LTC)
	30-day	30-day	30-day	30-day	31-day
Tier 1: Preferred Generic	\$0	\$2	\$0	\$2	\$2
Tier 2: Generic	\$0	\$12	\$0	\$12	\$12
Tier 3: Preferred Brand	24%	24%	24%	24%	24%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%
Tier 5: Specialty	25%	25%	25%	25%	25%

### Long-term Supply

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail
	100-day	100-day	100-day	100-day
Tier 1: Preferred Generic	\$0	\$6	\$0	\$6
Tier 2: Generic	\$0	\$36	\$0	\$36
Tier 3: Preferred Brand	24%	24%	24%	24%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%
Tier 5: Specialty	A long-term supply is not available for drugs on Tier 5.			

### Out-of-pocket threshold

\$2,100 is the maximum amount you will pay for your yearly Part D out-of-pocket costs.

### Catastrophic coverage phase

In this phase, the plan pays the full cost for your covered Part D drugs.

You'll pay \$0 for generic and brand name drugs in this phase.

**Insulins and vaccines**

Important message about what you pay for Part D insulins: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on or Part D phase you are in, even if you haven't paid your deductible.

Important message about what you pay for Part D vaccines: Our plan covers many vaccines at no cost to you, even if you haven't paid your deductible.

Check your formulary guide for a list of covered insulins and vaccines.

# Other covered benefits



**Aetna Medicare Extra Benefits Card**

You get an **Aetna Medicare Extra Benefits Card** to help pay for certain everyday expenses.

Benefit	
CVS Over-the-Counter (OTC) Wallet	<p>You get a \$60 quarterly benefit amount (allowance).</p> <p>You can use your CVS Over-the-Counter (OTC) Wallet to help pay for certain OTC health and wellness products including allergy medicine, pain relievers, first aid supplies, and more. Approved products can be purchased in-store at participating CVS® retail locations (excluding locations inside other stores), and online or by phone through CVS OTC Health Solutions®.</p> <p><b>Important:</b></p> <ul style="list-style-type: none"><li>• If you received an Extra Benefits Card in 2025 and have not changed plans, keep your card. You will not receive a new card in the mail for the 2026 plan year.</li><li>• If you are a new member or were not enrolled in a plan with an Extra Benefits Card in 2025, you should get a new card before your plan begins.</li><li>• If you changed plans, you may receive a new card. Do not throw away your current card unless you get a new card.</li></ul>



**Alternative medicine**

Benefit	Your in-network costs	Your out-of-network costs
Acupuncture	<p>\$40 copay for Medicare-covered acupuncture visits</p> <p>Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services are not covered.</p>	<p>50% coinsurance for Medicare-covered acupuncture visits</p>
Chiropractic services	<p>\$15 copay for Medicare-covered chiropractic visits</p> <p>Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services are not covered.</p>	<p>50% coinsurance for Medicare-covered chiropractic visits</p>



### Diabetic supplies

We exclusively cover **Accu-Chek/Roche and TRUE/Trividia** blood glucose meters and test strips as our preferred diabetic supplies.

Benefit	Your in-network costs	Your out-of-network costs
Diabetic supplies	0% - 20% coinsurance  0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies 20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization	0% - 20% coinsurance  0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies 20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization



### Fitness benefit

Benefit	Your costs in our plan
Annual physical fitness membership	\$0 copay  You get a basic membership to any SilverSneakers® participating fitness facility. If you prefer to exercise at home, you may order one at-home fitness kit per year through SilverSneakers. If you do not reside near a participating facility, online fitness classes are available at no additional cost to you.



### Foot care (podiatry services)

Benefit	Your in-network costs	Your out-of-network costs
Foot exams and treatment	\$40 copay for Medicare-covered podiatry visits	50% coinsurance for Medicare-covered podiatry visits



### Home care and support

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Home health care	\$0 copay	50% coinsurance
Meal benefit (post-discharge)	\$0 copay for meals  After you are discharged from a qualifying Inpatient Acute Hospital, Inpatient Psychiatric Hospital, or Skilled Nursing Facility stay, you may be eligible to get up to 14 freshly prepared meals for a 7-day period. These meals are provided to help support your recovery or manage your health conditions. We have teamed up with NationsMarket™ to provide this benefit.	



### Medical equipment and supplies

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Durable medical equipment (DME), such as wheelchairs, crutches, oxygen equipment, and continuous glucose monitors (CGMs)	0% - 20% coinsurance  0% coinsurance for continuous glucose monitors 20% coinsurance for all other Medicare-covered DME items	50% coinsurance
Prosthetics, such as braces and artificial limbs	20% coinsurance	50% coinsurance



### Resources For Living®

Benefit	
Resources For Living	Resources For Living helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities, and more.



### Substance use disorder services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Outpatient substance use disorder services	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions



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**Benefit**

Visitor/travel program:  
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Allows you to remain in your plan for up to 12 months when you are outside our plan’s service area.

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**24-Hour Nurse Line**

You can talk to a registered nurse anytime to discuss health-related questions. While only your doctor can diagnose, prescribe, or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.

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Need a complete list of what we cover and any limitations? Just visit [AetnaMedicare.com/H5521-286](https://www.aetna.com/H5521-286) where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

## Are you eligible to enroll?

### To join Aetna Medicare Eagle (PPO), you must:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:
  - Illinois:** Boone, Bureau, Cook, DeKalb, DuPage, Grundy, Henderson, Henry, Jo Daviess, Kane, Kankakee, Kendall, Lake, Lee, McHenry, Ogle, Rock Island, Stephenson, Whiteside, Will, Winnebago
  - Indiana:** Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clay, Daviess, De Kalb, Dubois, Elkhart, Floyd, Franklin, Fulton, Gibson, Greene, Hamilton, Hancock, Hendricks, Huntington, Jasper, Jay, Johnson, Knox, La Porte, Lake, Madison, Marion, Marshall, Martin, Miami, Montgomery, Newton, Orange, Parke, Pike, Posey, Pulaski, Putnam, Shelby, Spencer, St. Joseph, Starke, Sullivan, Wabash, Washington, Whitley
  - Michigan:** Alger, Antrim, Arenac, Baraga, Barry, Bay, Benzie, Branch, Calhoun, Charlevoix, Clinton, Crawford, Delta, Dickinson, Eaton, Emmet, Genesee, Grand Traverse, Gratiot, Hillsdale, Houghton, Ingham, Ionia, Iron, Jackson, Kalamazoo, Kalkaska, Kent, Keweenaw, Lake, Leelanau, Lenawee, Livingston, Luce, Macomb, Manistee, Marquette, Mason, Mecosta, Menominee, Missaukee, Montcalm, Muskegon, Newaygo, Oakland, Ontonagon, Osceola, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw, Wayne, Wexford
  - Wisconsin:** Adams, Brown, Columbia, Dane, Florence, Forest, Green, Iowa, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Manitowoc, Marinette, Marquette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Portage, Racine, Rock, Shawano, Sheboygan, Trempealeau, Vernon, Washington, Waukesha, Waushara, Winnebago

## What you should know

- **Plan type:** Aetna Medicare Eagle (PPO) is a PPO plan. This is a Medicare Advantage plan that does not cover prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.
- **Primary Care Provider (PCP):** You have the option to choose a PCP. We recommend choosing a PCP because when we know who your provider is we can better support your care.
- **Referrals:** Aetna Medicare Eagle (PPO) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your provider in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services.
- **Helpful resources:** To find provider directories and other plan information, visit [AetnaMedicare.com/H5521-286](https://AetnaMedicare.com/H5521-286). For coverage and costs of Original Medicare, look in the *Medicare & You* handbook. View it online at [medicare.gov/medicare-and-you](https://www.medicare.gov/medicare-and-you), or get a copy by calling 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)) (TTY: [1-877-486-2048](tel:1-877-486-2048)), 24 hours a day, 7 days a week.

## Plan premium, deductible, and maximum out-of-pocket (MOOP)



Out-of-pocket costs	
Monthly plan premium	\$0 You must continue to pay your Medicare Part B premium.
Part B premium reduction	With this plan, the monthly premium you pay to the Social Security Administration (SSA) is reduced by \$70.
Plan deductible	\$0
MOOP	\$4,900 for in-network services \$10,100 for in- and out-of-network services combined  Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium doesn't count toward your MOOP.

## Medical and hospital benefits



### Hospital coverage

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient (unlimited number of days)	\$300 per day, days 1-6; \$0 per day, days 7-90; \$0 for additional days	50% per stay
Outpatient hospital observation services	\$300 copay	50% coinsurance
Outpatient hospital	\$30 - \$300 copay  \$30 copay for outpatient hospital services other than surgery \$300 copay for each outpatient hospital surgery	50% coinsurance
Ambulatory surgical center	\$250 copay	50% coinsurance



### Primary Care Provider (PCP) and specialist visits

Benefit	Your in-network costs	Your out-of-network costs
PCP	\$0 copay	50% coinsurance
Specialist	\$30 copay	50% coinsurance



### Preventive, emergency and urgent care

Benefit	Your in-network costs	Your out-of-network costs
Preventive care	\$0 copay	0% - 50% coinsurance  0% coinsurance for the pneumonia, flu/influenza, hepatitis B, and COVID-19 vaccines 50% coinsurance for all other Medicare-covered preventive services  For a full list of preventive services available, see the EOC. Some covered services may have an associated cost.
Emergency and urgent care (inside the U.S.)	\$130 copay for emergency care \$45 copay for urgent care	\$130 copay for emergency care \$45 copay for urgent care
Emergency and urgent care, including emergency ambulance (outside the U.S.)	\$130 copay for emergency care \$130 copay for urgent care \$290 copay for ambulance  Maximum coverage: \$250,000 (the most we'll pay for your worldwide emergency and urgent care combined, including emergency ambulance)	\$130 copay for emergency care \$130 copay for urgent care \$290 copay for ambulance



### Diagnostic services, labs, imaging

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic tests and procedures	\$75 copay \$0 copay for certain Medicare-covered diagnostic tests and services including retinal fundus, spirometry, and peripheral arterial disease (PAD) testing	50% coinsurance
Lab services	\$0 copay	50% coinsurance
Diagnostic radiology services, such as CT/CAT scan and MRI	\$250 copay	50% coinsurance
Outpatient x-rays	\$20 copay	50% coinsurance



### Hearing services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic hearing exam	\$30 copay	50% coinsurance
Routine hearing exam	\$0 copay  You get one routine hearing exam every year. You can visit a provider in the NationsHearing® network or an out-of-network provider.	50% coinsurance
Hearing aids	You get an annual benefit amount (allowance) of \$1,500 per ear. If the cost is over the benefit amount, you pay the difference. Even though you can go out-of-network for your annual hearing exam, this benefit amount can only be used to purchase hearing aids through a NationsHearing network provider.	Not Covered



### Dental services

Benefit	Your in-network costs	Your out-of-network costs
Dental services (non-Medicare covered)	<p>\$0 copay for covered services</p> <p>You get an annual benefit amount (allowance) of \$3,750 for covered services. You are responsible for any costs over this amount.</p> <p>Covered services include oral exams, x-rays, cleanings, fillings, extractions, and more.</p> <p>You can use a provider in or out of the Aetna Dental PPO Network, which is different from your medical network, for covered services. However, if you use a provider outside of the network, you may be required to pay in full for services and submit a request for reimbursement. See EOC for details on exclusions and limitations.</p>	<p>20% coinsurance for covered services</p>



### Vision services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic eye exam (includes diabetic eye exams)	<p>\$0 - \$30 copay</p> <p>\$0 copay for diabetic eye exams</p> <p>\$30 copay for all other Medicare-covered eye exams</p>	50% coinsurance
Glaucoma screening	\$0 copay	50% coinsurance
Routine eye exam (one exam every year)	\$0 copay with an EyeMed provider	0% coinsurance up to \$50. You will be responsible for any billed amount over \$50.
Contacts and eyeglasses	<p>You get an annual benefit amount (allowance) of \$300 for covered prescription eyewear.</p> <p>We have teamed up with EyeMed to provide this benefit. You can choose to use a provider outside of the EyeMed network, but you may be responsible for additional costs. Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll need to pay the difference.</p>	



### Mental health services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient psychiatric hospital stay	\$300 per day, days 1-6; \$0 per day, days 7-90 Our plan covers up to 190 days per benefit period.	50% per stay
Outpatient mental health therapy	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions
Outpatient psychiatric therapy	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions



### Skilled nursing facility (SNF) and therapy

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification. Note: Members must meet the Centers for Medicare & Medicaid Services (CMS) criteria for medically necessary skilled care to be covered.

Benefit	Your in-network costs	Your out-of-network costs
SNF care	\$0 per day, days 1-20; \$218 per day, days 21-100 Our plan covers up to 100 days per benefit period.	50% per stay
Physical and speech therapy	\$30 copay	50% coinsurance
Occupational therapy	\$30 copay	50% coinsurance



### Ambulance and routine transportation

Your provider needs approval from us before we cover non-emergency transportation by fixed wing aircraft. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Ambulance (ground or air, one-way trip)	\$290 copay for ground ambulance services 20% coinsurance for air ambulance services	\$290 copay for ground ambulance services 20% coinsurance for air ambulance services
Routine, non-emergency transportation	Not Covered	Not Covered



### Medicare Part B drugs

Medicare Part B only covers a limited number of medicines under certain conditions. These medicines are often given to you in your provider's office. They can include things like vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment. Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Chemotherapy drugs	0% - 20% coinsurance  Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	50% coinsurance
Part B Insulin	\$35 copay	\$35 copay
Other Part B drugs	0% - 20% coinsurance  Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	50% coinsurance

## Other covered benefits



### Alternative medicine

Benefit	Your in-network costs	Your out-of-network costs
Acupuncture	<p>\$30 copay for Medicare-covered acupuncture visits</p> <p>Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services are not covered.</p>	<p>50% coinsurance for Medicare-covered acupuncture visits</p>
Chiropractic services	<p>\$15 copay for Medicare-covered chiropractic visits</p> <p>Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services are not covered.</p>	<p>50% coinsurance for Medicare-covered chiropractic visits</p>



### Diabetic supplies

We exclusively cover **Accu-Chek/Roche and TRUE/Trividia** blood glucose meters and test strips as our preferred diabetic supplies.

Benefit	Your in-network costs	Your out-of-network costs
Diabetic supplies	<p>0% - 20% coinsurance</p> <p>0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies</p> <p>20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization</p>	<p>0% - 20% coinsurance</p> <p>0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies</p> <p>20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization</p>



### Fitness benefits

Benefit	Your costs in our plan
Annual physical fitness membership	<p>\$0 copay</p> <p>You get a basic membership to any SilverSneakers® participating fitness facility. If you prefer to exercise at home, you may order one at-home fitness kit per year through SilverSneakers. If you do not reside near a participating facility, online fitness classes are available at no additional cost to you.</p>
Direct member reimbursement (DMR) allowance	<p>You get a direct member reimbursement (DMR) benefit amount (allowance) of \$90 each quarter. The reimbursement period starts the first day of each calendar quarter. Calendar quarters begin in January, April, July, and October. Any unused amount will not roll over into the following quarter. See your EOC for more information about this benefit.</p>



### Foot care (podiatry services)

Benefit	Your in-network costs	Your out-of-network costs
Foot exams and treatment	\$30 copay for Medicare-covered podiatry visits	50% coinsurance for Medicare-covered podiatry visits



### Home care and support

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Home health care	\$0 copay	50% coinsurance
Meal benefit (post-discharge)	<p>\$0 copay for meals</p> <p>After you are discharged from a qualifying Inpatient Acute Hospital, Inpatient Psychiatric Hospital, or Skilled Nursing Facility stay, you may be eligible to get up to 14 freshly prepared meals for a 7-day period. These meals are provided to help support your recovery or manage your health conditions. We have teamed up with NationsMarket™ to provide this benefit.</p>	



### Medical equipment and supplies

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Durable medical equipment (DME), such as wheelchairs, crutches, oxygen equipment, and continuous glucose monitors (CGMs)	0% - 20% coinsurance  0% coinsurance for continuous glucose monitors 20% coinsurance for all other Medicare-covered DME items	20% coinsurance
Prosthetics, such as braces and artificial limbs	20% coinsurance	50% coinsurance



### Over-the-counter (OTC) benefit

The OTC benefit provides select health and wellness products.

Benefit	
OTC benefit amount (allowance)	<p>\$100 quarterly benefit amount (allowance)</p> <p>You will receive a quarterly benefit amount (allowance) to purchase approved OTC health and wellness products like first aid supplies, cold and allergy medicine, pain relievers, and more.</p> <ul style="list-style-type: none"> <li>The benefit amount is available the first day of each calendar quarter. Any unused amount will not roll over into the next quarter.</li> <li>The benefit amount is not connected to a payment or debit card.</li> <li>You can get OTC products online, by phone, or in freestanding CVS stores.</li> <li>View the OTC catalog for a full product listing and details on how the benefit works at <a href="https://www.aetna.com/medicare/H5521-286">AetnaMedicare.com/H5521-286</a>.</li> </ul>



### Resources For Living®

Benefit	
Resources For Living	Resources For Living helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities, and more.



**Substance use disorder services**

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Outpatient substance use disorder services	\$40 copay for individual sessions \$40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions



**Visitor/travel benefit**

Plan rules continue to apply. **Prior authorizations** are required for certain services.

Benefit	
Visitor/travel program: Explorer	<p>Allows you to remain in your plan for up to 12 months when you are outside our plan's service area.</p> <p>While traveling within the United States, you can see an Aetna Medicare participating provider and pay in-network cost shares. Not all providers participate in the multi-state network. In most cases, when you receive non-urgent/non-emergency care from an out-of-network provider, your share of the costs for your covered services may be higher. Contact us for help finding a participating provider in the area you're traveling to.</p>



**24-Hour Nurse Line**

You can talk to a registered nurse anytime to discuss health-related questions. While only your doctor can diagnose, prescribe, or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.

Benefit	Your costs in our plan
24-Hour Nurse Line	\$0 copay

# Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-833-859-6031 (TTY: 711)**. From October 1 to March 31, we're here 8 AM to 8 PM, 7 days a week. From April 1 to September 30, we're here 8 AM to 8 PM, Monday through Friday.

## Understanding the benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **AetnaMedicare.com** or call **1-833-859-6031 (TTY: 711)** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ **If you're enrolling in a plan with prescription drug coverage:** Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ **If you're enrolling in a plan with prescription drug coverage:** Review the formulary to make sure your drugs are covered.

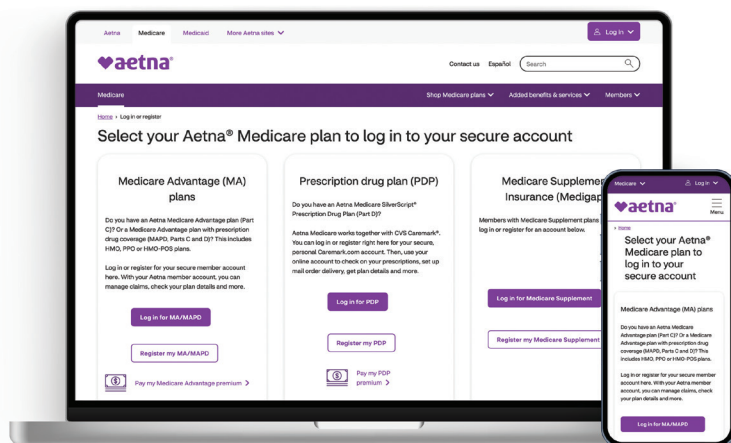
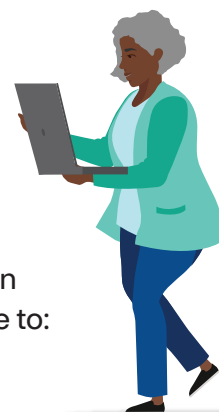
## Understanding important rules

- ☐ **Effect on current coverage:** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ **If you're enrolling in a plan with a monthly premium:** In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part B premium is covered for full-dual members.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2027.
- ☐ **If you're enrolling in an HMO plan:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ **If you're enrolling in a PPO plan or other plan that offers out-of-network coverage:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- ☐ **If you're enrolling in a C-SNP plan:** This plan is a Chronic Condition Special Needs Plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- ☐ **If you're enrolling in a D-SNP plan:** This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.
- ☐ **If you're enrolling in an I-SNP plan:** This plan is an Institutional Special Needs Plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a skilled nursing facility, a nursing facility, an intermediate care facility for individuals with intellectual and developmental disabilities, a psychiatric hospital or unit, a rehabilitation hospital or unit, a long-term care hospital, a swing-bed hospital, or a facility approved by CMS that furnishes similar services.

# Manage your plan online

Your secure member website and Aetna Health<sup>SM</sup> app help you understand and manage your benefits.

They're personalized to help you make the most of your plan. After receiving your plan confirmation and acceptance letter, you can register for your secure member website to:



- **View important plan documents and info**, including Summary of Benefits and Evidence of Coverage
- **See what's covered**, including wellness and support programs
- **Connect to care** — find in-network primary care doctors, specialists and other providers
- **Access your digital member ID card**, and much more

**Sign up:** Visit [aetna.com/EGMemberLogin](https://aetna.com/EGMemberLogin) and use your member ID card to sign up for your secure member website.



## Manage your plan anytime, on the go



Just visit [aetna.com/EGHealthApp](https://aetna.com/EGHealthApp) to get our app. It has the same great features as your secure member website.



Scan this secure code for more details.  
Or visit [AetnaMedicare.com](https://AetnaMedicare.com) to learn more.

## How to scan a QR code

It's easy as 1-2-3

1. **Open the camera app on your smartphone.**
2. **Point your camera at the QR code.** Your camera will automatically scan the code and show a link.
3. **Tap the link.** You'll be taken to our homepage where you can easily download the Aetna Health app.





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# Medicare Star Ratings

Plan ratings from  
members, providers  
and Medicare



## Here's how Star Ratings work

The federal government (the Centers for Medicare & Medicaid Services, also known as CMS) uses information from member satisfaction surveys, plans and health care providers to rate Medicare Advantage plans and prescription drug plans (Part D).

**Medicare Advantage plans are rated on how well they perform in these categories:**

- ★ **Staying healthy (screenings, tests and vaccines)**
- ★ **Managing chronic (long-term) conditions**
- ★ **Plan responsiveness and care**
- ★ **Member complaints, problems getting services and choosing to leave the plan**
- ★ **Health plan customer service**

Each plan receives a rating from one star (lowest) to five stars (highest). Star Ratings are calculated each year and may change from one year to the next.



## IMPORTANT INFORMATION:

### 2025 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



#### Aetna Medicare - H5521

For 2025, Aetna Medicare - H5521 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★★
Health Services Rating:	★★★★☆
Drug Services Rating:	★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

#### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact Aetna Medicare 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 833-859-6031 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 833-570-6670 (toll-free) or 711 (TTY).

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our DSNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

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The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

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# Sign up for your plan

## 3 ways to enroll:



### Online

Go to **AetnaMedicare.com** to enroll. You may also go to **Medicare.gov** to enroll in our plans through the Centers for Medicare & Medicaid Services website.



### By phone

Call us or a licensed sales agent to enroll over the phone or set up a meeting.

You can reach us at **1-833-859-6031 (TTY: 711)**. From October 1–March 31, we're here 8 AM–8 PM, 7 days a week. From April 1–September 30, we're here 8 AM–8 PM, Monday–Friday.



### By mail

Complete and mail the enrollment form in the back of this guide to the address on the form.

## Start your enrollment off right

When completing your form, don't forget to:



### Tell us who your primary care provider (PCP) is

- Most of our plans require that you choose a PCP. **Be sure to write your PCP's info on your enrollment form.** This helps us better support your care and promotes a smooth enrollment process. Your PCP will be listed on your member ID card.
- If your plan requires a PCP and you don't list one on your enrollment form, we'll assign one to you. You can change your PCP at any time on your secure member website. Or call us at the number on your member ID card for help.
- View in-network providers at **AetnaMedicare.com/findprovider**.



### Choose how to pay your premium

- **Electronic funds transfer (EFT).**  
This is the fastest way to pay. Once EFT is set up, we'll withdraw your premium from your bank account each month. It may take up to 30 days for you to see your first deduction. Until then, use your bill to pay.

#### You can also pay:

- **Online.** Pay by debit or credit card after your plan is active.
- **By mail.** Send us a check with your monthly payment slip.
- **In person.** Bring your bill to any retail CVS Pharmacy® and pay with cash, credit card or debit card.\*



### Sign and date it

**Let's work together to complete your enrollment** — be sure to sign and date your form. This will help avoid any delays.



\*Not available at CVS Pharmacy® locations inside Target® and Schnucks stores.



## What happens next?

You'll hear from us within about 14 days of your acceptance into the plan. If we have any questions about your enrollment form, we'll call you and send a letter with details.



### Plan confirmation and acceptance letter

This letter includes information to help you understand your plan's features. We'll send it to you once the Centers for Medicare & Medicaid Services approves your enrollment.

**You'll get your letter in the mail.**



### Member ID card

This card — not your Medicare card — should be used each time you visit a provider, hospital or pharmacy (if you have prescription drug coverage).

**You'll get your Aetna® Medicare member ID card in the mail.**



### Evidence of Coverage (EOC)

This is a complete description of coverage under your Medicare Advantage plan and your member rights.

**Your EOC and other important plan documents will be available on our website in October 2025.**



Use scissors to easily remove this page.

# Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services requires agents to document the scope of a personal marketing appointment at least 48 hours prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**Please mark the type of product(s) you want the agent to discuss.**

(Refer to page 2 for product type descriptions.)

- ☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**
- ☐ **Medicare Advantage Plans (Part C) and Cost Plans**
- ☐ **Dental/Vision/Hearing Products**
- ☐ **Supplemental Health Products**
- ☐ **Medicare Supplement (Medigap) Products**

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products marked above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. If you would like to discuss additional products not marked above, a new form must be completed. This scope of appointment is only valid for 12 months after your signature date. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you in a Medicare plan.

## Beneficiary or Authorized Representative Signature and Signature Date:

Signature:	Signature Date:
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## If you are the authorized representative, please sign above and print below:

Representative's Name:	Your Relationship to the Beneficiary:
------------------------	---------------------------------------

## To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:

Beneficiary Address:
----------------------

Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)
--

Agent's Signature:
--------------------

Plan(s) the agent represented during this meeting:	Date Appointment Completed:
--	-----------------------------

## Agent/Plan use only

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented at least 48 hours prior to meeting:

## Stand-alone Medicare Prescription Drug Plans (Part D)

**Medicare Prescription Drug Plan (PDP):** A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

## Medicare Advantage Plans (Part C) and Cost Plans

**Medicare Health Maintenance Organization (HMO):** A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan:** A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Private Fee-For-Service (PFFS) Plan:** A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You'll usually pay more to see out-of-network providers.

**Medicare Point of Service (POS) Plan:** A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**Medicare Special Needs Plan (SNP):** A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan:** MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan:** In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you'll be responsible for Medicare coinsurance and deductibles.

**Medicare Medicaid Plan (MMP):** An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.

## Dental/Vision/Hearing Products

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans aren't affiliated or connected to Medicare.

## Supplemental Health Products

Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans aren't affiliated or connected to Medicare.

## Medicare Supplement (Medigap) Products

Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that aren't covered by Medicare, like care outside of the country. These plans aren't affiliated or connected to Medicare.

Scope of Appointment documentation is subject to CMS record retention requirements.

Aetna Medicare is an HMO, PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. SilverScript is a Prescription Drug Plan with a Medicare contract marketed through Aetna Medicare. Enrollment in SilverScript depends on contract renewal.

Y0001\_NR\_35980\_2024\_C



**Aetna Medicare**  
**2026 Individual Enrollment Request Form**  
**Instructions**

**How to enroll**

OMB No. 0938-1378 Expires 12/31/2026

<b>Online at:</b> <b>AetnaMedicare.com</b> or through Medicare at <b>Medicare.gov</b>	<b>Call us at:</b> <b>1-833-859-6031</b> <b>(TTY: 711)</b>	<b>Through your agent:</b> Give them the completed form	<b>Fax to:</b> Attention: Enrollment Department Fax: <b>1-866-756-5514</b>	<b>Mail to:</b> Aetna Medicare PO Box 14088, Lexington, KY 40512
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**Get ready**

**Have the following handy:**

- Your red, white and blue Medicare insurance card
- Your health insurance information for any other insurance you have (including Medicaid)
- If you are an Aetna Medicare member now, or have been in the past, please have your Member ID number ready to include in the "Answer these important questions" section.
- Your primary care provider's information which is available online at **AetnaMedicare.com/findprovider**

**Questions?**

Call us at **1-833-859-6031 (TTY: 711)**. We're here 8 AM to 8 PM, seven days a week, from October 1 to March 31 and 8 AM to 8 PM, Monday through Friday, from April 1 to September 30.

**Tips for your enrollment request**

- Each applicant must complete their own enrollment. Please don't photocopy a form for reuse.
- **Please print neatly. Complete all sections.** Don't forget to sign and date the form.
- **For individuals experiencing homelessness:** If you want to join a plan but have no permanent residence, a Post Office Box, the address of a shelter or clinic, or the address where you receive mail (for example, Social Security checks) may be considered your permanent residence address.
- If you enroll outside the Annual Enrollment Period (AEP) timeframe, you must confirm your enrollment period (see next page).
- Make a copy of the completed application for your records.
- We recommend you confirm your form was received if you fax or mail it (for example, call us to confirm receipt or send certified mail).

**Thank you for choosing our plan. You'll hear from us within 10–14 days.**

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**Typically, you may enroll in a Medicare Advantage Plan only during the Annual Enrollment Period (AEP) from October 15 through December 7 of each year.** There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

**Please read the following statements carefully and check the box if the statement applies to you.**

By checking any of the following boxes, you are certifying, to the best of your knowledge, that you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

<b>Prospective member name</b>	<b>Medicare Number</b> ____ - ____ - ____
--------------------------------	--

**Reason for Annual Enrollment Period Eligibility**

- ☐ I'm enrolling **between 10/15/25 and 12/7/25** during the current Annual Enrollment Period.

**Reasons for Initial Enrollment Period Eligibility**

- ☐ I'm new to Medicare.
- ☐ I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. I was notified on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).
- ☐ I had Medicare prior to now, but I'm now turning 65.

**Reasons for Open Enrollment Period Eligibility**

**Between 1/1/26 and 3/31/26:**

- ☐ I'm in a Medicare Advantage plan and want to make a change.

**Between 4/1/26 and 12/31/26:**

- ☐ I'm in a Medicare Advantage plan and have had Medicare for less than 3 months. I want to make a change.

**Reasons for Special Enrollment Period Eligibility**

- ☐ I moved to a new address that's outside my current plan's service area, or I recently moved and have new options available to me. I moved on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).
- ☐ I was released from jail. I was released on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).
- ☐ I moved back to the United States after living outside the country. I returned to the U.S. on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).
- ☐ I recently got lawful presence status in the United States. I got this status on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).
- ☐ I have Medicare and get full Medicaid benefits. I want to join or switch to a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)). (continued on the next page)

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Prospective member name

Medicare Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Reasons for Special Enrollment Period Eligibility** *(continued)*

- ☐ I recently had a change in my Extra Help paying for my drug costs (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on \_\_/\_\_/\_\_ (date).
- ☐ I dropped my coverage in a PACE (Programs of All-Inclusive Care for the Elderly) plan on \_\_/\_\_/\_\_ (date).
- ☐ I live in a long-term care facility, like a nursing home or a rehabilitation hospital.
- ☐ I recently moved out of a long-term care facility, like a nursing home or rehabilitation hospital. I moved out of the facility on \_\_/\_\_/\_\_ (date).
- ☐ I lost other, non-Medicare drug coverage (creditable coverage), or my other non-Medicare coverage changed and is no longer considered creditable coverage. I lost my drug coverage on \_\_/\_\_/\_\_ (date).
- ☐ I left coverage from my employer or union (including COBRA coverage) on \_\_/\_\_/\_\_ (date).
- ☐ I'm in a qualified State Pharmaceutical Assistance Program, or I am losing help from a State Pharmaceutical Assistance Program.
- ☐ I lost my coverage because my plan no longer covers the area that I live.
- ☐ I lost my coverage because Medicare ended its contract with my plan. I got a letter from Medicare saying I could join another plan. I lost my coverage on \_\_/\_\_/\_\_ (date).
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on \_\_/\_\_/\_\_ (date).
- ☐ I lost my Special Needs Plan because I no longer have a condition required for that plan. I was disenrolled from the plan on \_\_/\_\_/\_\_ (date).
- ☐ I want to join a Special Needs Plan that tailors its benefits to my chronic condition.
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency, or by Federal, my state or my local government). One of the other statements applied to me, but I was unable to make my request because of the disaster.

If none of these statements above apply to you, but you feel you have a special circumstance which allows you to enroll, you can call us at **1-833-859-6031 (TTY: 711)**. We're here 8 AM to 8 PM, seven days a week, from October 1 to March 31 and 8 AM to 8 PM, Monday through Friday, from April 1 to September 30. We can help you to determine if you qualify for a Special Election Period.

Otherwise, note the reason for your Special Election period below. Aetna may contact you to determine if you're eligible.

☐ Other SEP Reason: \_\_\_\_\_

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## Enrollment Request Form

### Agent Use Only:

Agent Name:

NPN#:

To enroll in an Aetna plan, please provide the following information:

## Choose your plan

Check the plan you want to enroll in.

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Aetna Medicare Signature (PPO) (H5521-219)       | <b>\$0.00</b> per month  |
| <input type="checkbox"/> Aetna Medicare Enhanced (PPO) (H5521-194)        | <b>\$15.00</b> per month |
| <input type="checkbox"/> Aetna Medicare Signature Extra (PPO) (H5521-407) | <b>\$0.00</b> per month  |
| <input type="checkbox"/> Aetna Medicare Enhanced (PPO) (H5521-607)        | <b>\$72.00</b> per month |
| <input type="checkbox"/> Aetna Medicare Eagle (PPO) (H5521-286)           | <b>\$0.00</b> per month  |

*Note: Plans with an asterisk ( \* ) next to the plan name must have a Primary Care Provider (PCP) assigned. See the **Choose your Primary Care Provider (PCP)** information below.*

**Proposed effective date of coverage:** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Effective dates are based on the enrollment period you're using to enroll and the Centers for Medicare & Medicaid Services' regulations. Unless you are new to Medicare or are eligible for a Special Election Period (SEP), your effective date will be January 1. Aetna cannot guarantee the effective date you've requested will be honored.

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## Choose your Primary Care Provider (PCP)

Some of our plans coordinate your care through a PCP. We have noted these plans with an asterisk ( \* ) next to the plan name (Example: “\*Aetna Medicare Signature (HMO)”). If you selected a plan noted with an asterisk, and do not choose a PCP, we may not pay for your care and will assign a PCP to you. **Please note that a specialist is not considered a valid PCP selection.**

If the plan you have selected does NOT have an asterisk ( \* ) next to the plan name, you still have the option to choose a PCP. When we know who your doctor is, we can better support your care.

Write in the **name, Provider ID** and **Primary Care ID** of your primary care provider (PCP) below. Visit our online provider directory at **AetnaMedicare.com/findprovider** or call **1-833-859-6031 (TTY: 711)** to find provider information or a network PCP for your specific plan selection.

**Full name of your PCP** (first and last name)

**Are you a current patient?**

☐ Yes ☐ No

**Provider ID** (located in the provider directory)

--	--	--	--	--	--	--	--

**Primary Care ID** (located in the provider directory)

--	--	--	--	--	--	--	--

## Your information

**Last name**

**First name**

**Middle initial**

**Birth date**

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  
M M D D Y Y Y Y

**Sex**

☐ Male  
☐ Female

**Phone number** ( \_\_ \_\_ ) \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Is this a mobile number? ☐ Yes ☐ No

**Email address**

**Enter your permanent residence street address below - including Apt/Suite/Unit. Don't enter a PO Box unless you are experiencing homelessness.**

☐ Check here if you are currently experiencing homelessness

**Permanent residence street address**

**City**

**County**

**State**

**ZIP code**

**Mailing address - including Apt/Suite/Unit** (if different from your permanent street address)

**City**

**State**

**ZIP code**

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### Your Medicare information

This information is on your red, white and blue Medicare insurance card  
You must have Medicare Part A and Part B to join a Medicare Advantage plan.

<b>Medicare Number:</b> _____ - _____ - _____	Effective Date:
	<b>HOSPITAL (Part A)</b> ____/____/____
	<b>MEDICAL (Part B)</b> ____/____/____

### Answer these important questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1. <b>Will you have other <u>prescription</u> drug coverage in addition to Aetna Medicare?</b> Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or state pharmaceutical assistance programs. If "Yes," please list your other coverage and your identification (ID) number(s) for this coverage:</p> <p>Name of other coverage: _____</p> <p>ID # for this coverage: _____</p> <p>Group # for this coverage: _____</p>												
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>2. <b>Are you enrolled in your state's Medicaid program?</b> If "Yes," write in your Medicaid number: _____</p>												
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>3. <b>Are you a current or past Aetna Medicare member?</b> If "Yes," write in your Aetna Member ID number (12 digits beginning with "10"):</p> <table border="1"><tr><td>1</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	1	0										
1	0												

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## All questions below are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

---

Indicate your **preferred spoken language** (if not English):

☐ Spanish    ☐ Chinese    ☐ Other (please specify):

---

Indicate your **preferred written language** (if not English):

☐ Spanish    ☐ Chinese    ☐ Other (please specify):

---

**Select one if you want us to send you information in an accessible format:**

☐ Braille    ☐ Large print    ☐ Audio CD    ☐ Data CD

Please call us at **1-833-859-6031 (TTY: 711)** if you need information in an accessible format other than what's listed above. We're here 8 AM to 8 PM, seven days a week, from October 1 to March 31 and 8 AM to 8 PM, Monday through Friday, from April 1 to September 30.

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## Paying your plan premiums

Let us know how you want to pay your monthly plan premium (including any late enrollment penalty you may owe). Please select an option even if your plan has a \$0 premium. If you don't select a payment option, we'll automatically send you an invoice each month.

☐ **Electronic Funds Transfer (EFT) from checking or savings account**

- You won't need to remember to send in a check each month.
- The money is automatically taken from your account on the 10<sup>th</sup> of each month (or the following business day).
- We will withdraw the total amount due on your account. This includes your current monthly premium payment, as well as any past due payments at the time of the monthly draft.

**Please complete the following:**

Account holder name: \_\_\_\_\_

(Print the name as it appears on the account to be debited.)

Bank name: \_\_\_\_\_

ROUTING NUMBER

--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account type:

☐ Checking

☐ Savings

Signature of account holder: (if different than enrollee) \_\_\_\_\_

I agree that this authorization will remain in effect until I provide written notification terminating this service.

☐ **Automatic deduction from my Social Security Administration (SSA) or Railroad Retirement Board (RRB) benefit check.**

I get monthly benefits from: ☐ Social Security ☐ RRB

• **Do not select this option if:**

- Another program (such as an Employer Group or State Pharmaceutical Assistance Program (SPAP)) is paying part of your premium.
- You are enrolling in a plan with a \$0 premium and you do not owe a late enrollment penalty.
- You are enrolling in a Dual-Eligible Special Needs Plan (D-SNP) or an Institutional Special Needs Plan (ISNP).
- SSA/RRB will tell us when your premium deduction will start coming out of your SSA/RRB check (this could take up to 3 months). While we wait for your request to process, we'll send you an invoice to pay your premium.
- Sometimes SSA/RRB may not accept the request for deductions from your SSA/RRB check. If this happens, we'll send you an invoice to pay your monthly premium.

☐ **Monthly payments by invoice**

- You can mail us a check with your payment slip each month.
- You can go online and pay by debit or credit card after your enrollment in the plan is active.
- You can bring your invoice to any CVS Pharmacy<sup>®</sup> and pay with cash, credit card, or debit card. (This service is not available at CVS Pharmacy at Target<sup>®</sup> or Schnucks Pharmacy locations.)

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## Additional notes about payment and options

- Social Security will contact you if you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA). You'll have to pay this extra amount as well as your plan premium. You will either have the amount withheld from your SSA or RRB benefit check, or be billed directly by Medicare or the RRB. **Do not send your Part D-IRMAA payment to us.**
- Written EFT terminations must be received before the 1<sup>st</sup> of the month of the EFT transaction. EFT transactions will occur on the 10<sup>th</sup> of the month in the amount of the balance due.
- If you owe a late enrollment penalty, you can pay the penalty by EFT, mail or have it taken out of your SSA or RRB benefit check.
- People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at **1-800-772-1213 (TTY: 1-800-325-0778)**. You can also apply for Extra Help online at **ssa.gov/medicare/part-d-extra-help**.
- If you qualify for Extra Help with your Medicare prescription drug costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

## Read this important information and sign below

- **If you currently have health coverage from an employer or union, joining Aetna Medicare could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Aetna Medicare.** Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.
- I must keep both Hospital (Part A) and Medical (Part B) to stay in Aetna Medicare.
- By joining this Medicare Advantage plan, I acknowledge that Aetna Medicare will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement on the next page).

## PRIVACY ACT STATEMENT

- The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)," System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time - and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA Private Fee-For-Service (PFFS), MA Medical Savings Account (MSA) plans).

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- **MA-only plans:** I understand that when my Aetna Medicare coverage begins, I must get all of my medical benefits from Aetna Medicare. **MA-PD plans:** I understand that when my Aetna Medicare coverage begins, I must get all of my medical and prescription drug benefits from Aetna Medicare. **All plans:** Benefits and services provided by Aetna Medicare and contained in my Aetna Medicare “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Aetna Medicare will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that:

- 1) this person is authorized under State law to complete this enrollment, and
- 2) documentation of this authority is available upon request from Medicare.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. Plan features and availability may vary by service area. Aetna® and CVS Pharmacy® are a part of the CVS Health® family of companies.

<b>Signature</b>	<b>Today's date</b> ____/____/____
------------------	---------------------------------------

If you're an **authorized representative (such as a power of attorney)** filling out this form on behalf of the enrollee, you must sign above and provide the following information. **Note: Broker or agent may not sign for enrollee.**

Name	Address
Phone number (____) ____ - ____	Relationship to enrollee

#### For individuals helping an enrollee with completing this form

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping someone fill out this form (but not authorized to make decisions on behalf of the enrollee).

Name	Relationship to enrollee
Signature	National Producer Number (NPN) (Agents/Brokers only)

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According to the Paperwork Reduction Act (PRA) of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**IMPORTANT:** Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "How to enroll" on the first page of this form to send your completed form to the plan.

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## AGENT USE ONLY

**Agent/producer/broker/representative must complete this section**

Applicant's name

**If you are the agent/producer/broker/employed sales representative, you must provide the following information and submit it with the completed application.**

☐ Yes ☐ No Was the Scope of Appointment (SOA) completed? (The SOA must be agreed to by the Medicare beneficiary prior to any personal individual marketing appointment.)

If "No," why not? :

\_\_\_\_\_

☐ Yes ☐ No Was the SOA captured electronically or by telephone?

If "Yes," please provide the confirmation/ID number:

\_\_\_\_\_

Attach the SOA or indicate why it's not available:

\_\_\_\_\_

Name of agent/producer/broker/sales rep:

Phone number:

National Producer Number (NPN):

☐ Check box if application received at a retail kiosk.

**NOTE: If the agent/producer/broker/employed sales representative takes receipt of this application, a signature and date are REQUIRED below. Your signature indicates you understand that this application must be submitted within two calendar days of this date.**

Signature of agent/producer/broker/sales rep:

Date agent received the Individual Enrollment Request Form:

**Copy and keep this completed form for your records. The completed election period checklist on page 1 must be included with the form.**

Fax or mail the completed form to:  
**Aetna Medicare**  
**PO Box 14088, Lexington, KY 40512**  
**Fax: 1-866-756-5514**

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## Medicare Advantage Plan Enrollment Receipt

**Agent/Broker: Complete and leave with enrollee.**

Keep this as proof of your enrollment request until Medicare has confirmed your enrollment and you receive your member materials. This receipt is not a guarantee of enrollment.

**This receipt is for your records only. No further action is necessary.**

### Applicant

Name:

Today's Date:

Proposed Effective Date:

### Call your Agent/Broker if you have any questions

Agent/Broker Name:

Agent/Broker Phone Number:

Agent/Broker ID:

If you would like a complete copy of your enrollment form, call us at **1-800-562-6315 (TTY: 711)**, 8 AM to 8 PM, seven days a week, from October 1 to March 31 and 8 AM to 8 PM, Monday through Friday, from April 1 to September 30. Please allow at least 3 business days for us to process your application.

**You'll need to provide your application tracking number, located at the bottom of this page.**

**Reminder** - Your enrollment request is for a **Medicare Advantage plan (Part C)**. These plans:

- Replace Original Medicare that's provided by the federal government.
- Cover all your Part A and Part B benefits.
- Don't supplement your Original Medicare coverage like Medicare Supplement or Medigap plans.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Our D-SNPs also have contracts with State Medicaid programs. Plan features and availability may vary by service area. Aetna® and CVS Pharmacy® are a part of the CVS Health® family of companies.

**Application Tracking Number:**

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Aetna®, CVS Caremark® and CVS Pharmacy® are a part of the CVS Health® family of companies.

Aetna Medicare is an HMO, PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Every year, Medicare evaluates plans based on a 5-Star rating system.

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call the phone number on your member ID card if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in: Suburban Arizona, Urban Kansas, Rural Michigan, Urban Missouri, Rural Nebraska, Rural North Dakota, Suburban West Virginia and Suburban Puerto Rico. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call **1-833-859-6031 (TTY: 711)** or consult the online pharmacy directory at **[AetnaMedicare.com/pharmacyhelp](https://www.aetna.com/pharmacyhelp)**.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Note: If you obtain covered services from an out-of-network physician or provider who does not accept Medicare assignment, you will be responsible for the cost sharing shown above, plus any difference between the amount we pay the provider and the Medicare limiting charge. If you obtain durable medical equipment from an out-of-network supplier who does not accept Medicare assignment, the plan will pay based on the billed amount and you will be responsible for the cost sharing shown above.

Other pharmacies/physicians/providers are available in our network.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

This material is for informational purposes only and is not medical advice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Contact a health care professional with any questions or concerns about specific health care needs. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to our website.

The benefit(s) mentioned are part of special supplemental benefits for the chronically ill (SSBCI). SSBCI conditions include but are not limited to: dementia, chronic heart failure, chronic lung disorders, chronic kidney disease, and chronic alcohol use disorder and other substance use disorders (SUDS). Eligibility is determined by whether you have a chronic condition associated with the benefit(s). Standards and conditions vary for each benefit. Contact us to confirm the specific SSBCI condition requirements for the benefit(s) for this plan and determine your eligibility.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call **1-800-MEDICARE (1-800-633-4227)** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

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Due to legislation in Arkansas, effective January 1, 2026, you will not be able to utilize the following services within the state of Arkansas: CVS Retail, CVS Caremark Mail Service Pharmacy, CVS Specialty, and Omnicare long term pharmacies.

Notice of Availability (NOA)

TTY: 711

To access language services at no cost to you, call the number on this document. (English)

እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ በዚህ ሰነድ ላይ ወዳለዉ ቁጥር ይደውሉ። (Amharic)

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Inā ake ‘oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona ‘oe i ka helu ma kēia palapala. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj ntawm daim ntawv no. (Hmong)

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ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໂທໃນເອກະສານນີ້. (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

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Here's to your  
best health!





## We're so glad you're here

**We created this guide to make it easier to connect with your Aetna® Medicare plan.**  
In these pages, you'll have the info you need, right at your fingertips.

**You'll learn how to:**

- Enroll in the plan that's right for you
- Access your plan details
- Sign up for your secure member website
- Get the Aetna Health<sup>SM</sup> app
- Find the answers you need, when you need them, and much more

**Want to learn more?**

Just flip this guide over  
to get the whole story.

