Michigan HIDE
2027



Aetna® Medicare benefits and enrollment guide

MI D-SNP HIDE

PLANS:
Aetna Medicare HIDE (HMO D-SNP) - H9314-001

AetnaMedicare.com/MICHDSNP
H9314_8644457_2027_M

aetna®

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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 HIDE (HMO D-SNP) (H9314-001)



Michigan: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne

MP27-MIS01.1

For more information, see the **Summary of Benefits**.
Or call us at **1-844-509-6287 (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.

We've got your back every step of the way

So you can manage your Aetna® Medicare plan with confidence



Providers you trust

Our coverage helps connect you with the providers and hospitals you count on for care.



Added features

Our plans offer all of the benefits of Original Medicare, plus other benefits, programs and services.



And much more to help you feel your best

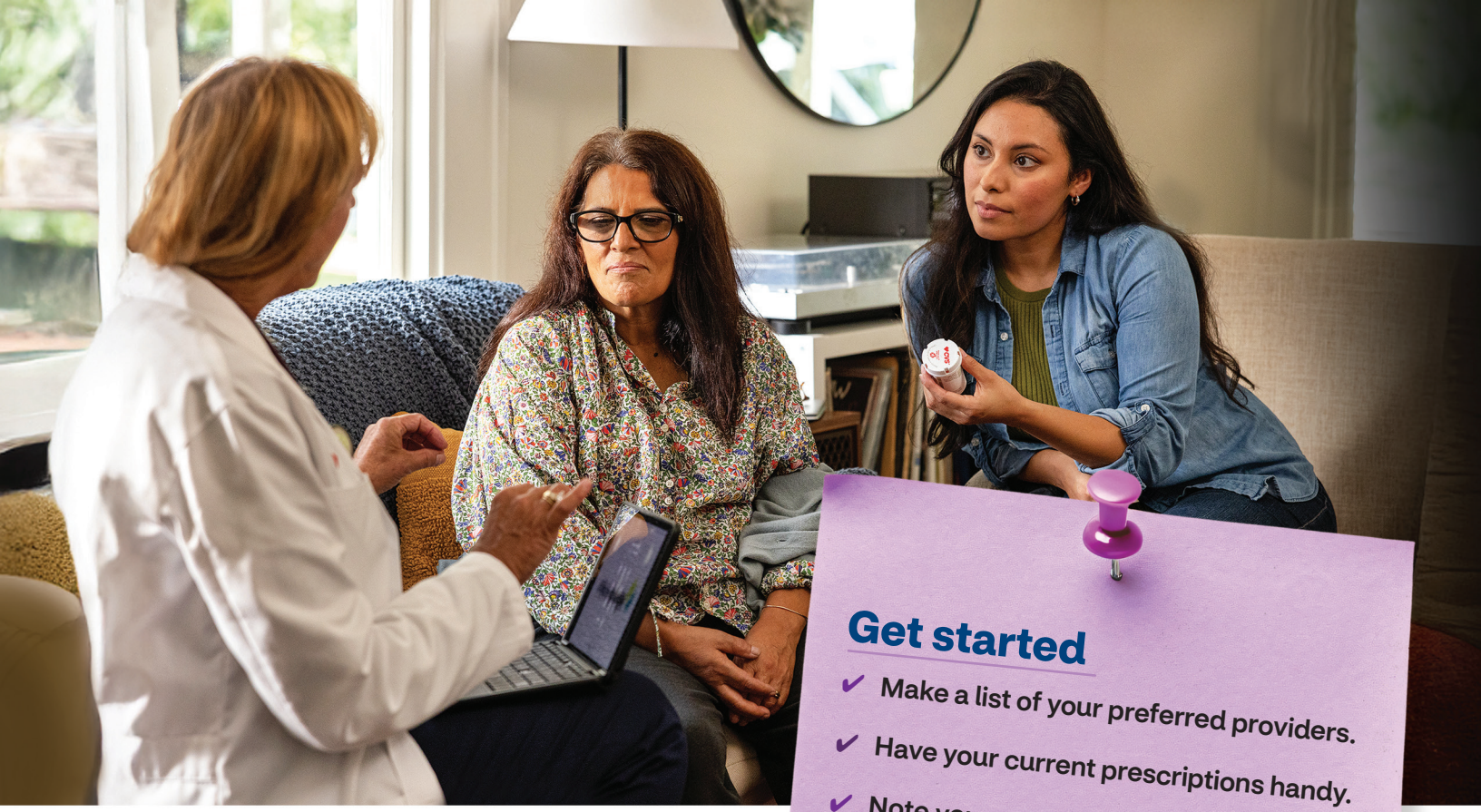
Read on to get the whole story.



2027-18.45.301.1-MI

Get started

What to consider before choosing your plan



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.

We're here to help you choose

Get the coverage you need, plus other benefits

To get the right coverage for you, there are a few things to consider.

Check out the plan's network.

- See if your providers are in the plan's network. In general, you'll pay $0 when you visit these providers. But if you have a copay, you'll pay less when you stay in network.
- 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.

Look at your prescriptions:

- **Find your medication in the plan's formulary (drug list).** This list includes common generic and brand-name drugs your plan covers.
- **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.

Keep in mind that the drug list has levels called "tiers." So it's good to know what tier your drugs are on and that drugs in each tier may have different costs.

- You'll have **a $0 copay for covered Part D prescription drugs on Tiers 1 and 2 when you use in-network pharmacies.**

Learn more about coverage for the services you use regularly, including any benefit amounts (allowances) your plan offers.

Examples include:

- Primary care visits
- Specialist visits
- Routine testing/imaging
- Dental, vision and hearing coverage
- Diabetic supplies
- Medical equipment

Find the resources you need



Plan benefits

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



Glossary

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



Providers

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



In-network pharmacy

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



Prescription drugs

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



We're here to help you

To speak with a licensed sales agent in your area, call us at **1-844-509-6287 (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.





Better health is a team effort

With an Aetna® Medicare Dual Eligible Special Needs Plan, or D-SNP, you'll have a personal care team in your corner, ready to help you feel your best.



Your care team is here to provide all-around support.

Count on them to:

- Work with you and your providers to meet your individual needs and coordinate your health care and services
- Help you schedule provider appointments and arrange transportation
- Link you to community programs and answer questions about social services or getting Medicaid benefits

Original Medicare plus so much more

Our Dual Eligible Special Needs Plan (D-SNP) covers everything Original Medicare does, plus other benefits, programs and services. These may include a fitness membership and vision, dental and hearing benefits. Call us or see the Summary of Benefits to find out more.

About our plan

Aetna Medicare HIDE (HMO D-SNP)

You might qualify for our plan if:

You live in the plan's service area

You're eligible for Medicare Part A and Part B

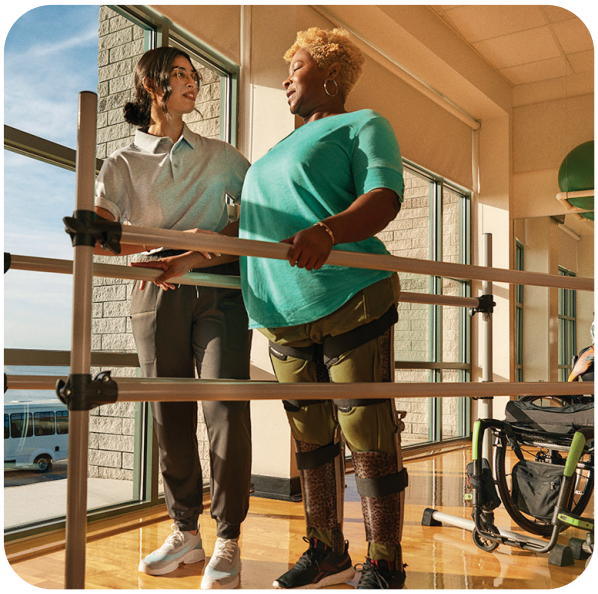
You get help with Medicare costs through the Medicare Savings Program

You qualify for Michigan Medicaid benefits

Learn more about D-SNP plans:

This **Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP)** is for people eligible for Medicare who have full Medicaid coverage. It replaces your Original Medicare coverage. You'll still have Medicare, but you'll get it through us, instead of the federal government.

We cover everything Original Medicare does, and offer other benefits, programs and services, too.



For more info on what this plan offers, see the Summary of Benefits.

2027-18.03.697.1-MI



GOOD TO KNOW

5 reasons to have a primary care provider (PCP)

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



2027-18.45.302.1-FIDE

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

	Original Medicare	Medicare Advantage (Part C) plan
Available providers and hospitals	You can go to any provider or hospital that accepts Medicare.	You may have to use a network of providers and hospitals.
Prescription drug coverage	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.
Total out-of-pocket costs	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 Part D Extra Help.

When can I enroll in a Medicare Part C or Part 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.

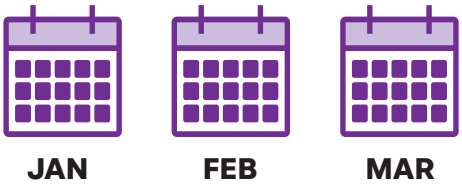
Annual Enrollment Period

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
- Move to a new service area
- Qualify for or lose full Medicaid eligibility
- 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.

Are your prescription drugs covered?

A formulary is a list of drugs your plan covers. Our formularies include many of the most commonly prescribed generic and brand-name drugs.



Visit us online for support

- Find the drugs you need on your plan's formulary, or ask your sales agent to help.
- Search for a network pharmacy near you.



Get your medicine delivered

If you sign up with the CVS Caremark® Mail Service Pharmacy, there's no extra cost for standard shipping.

Our pharmacists check all orders for accuracy, then mail your medicine quickly and securely to you.



Know more about Part D drugs

We understand that the cost of prescription drugs can be challenging.

You're eligible to receive covered Part D prescription drugs on Tiers 1 and 2 for a $0 copay at in-network pharmacies. Drugs on Tiers 3, 4 and 5 may have a copay.

Plus, you can get up to a 3-month supply of eligible Part D prescription drugs.

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Understanding Extra Help with your prescription drugs

Extra Help is a federal program that helps cover some to all of your out-of-pocket costs for your Part D prescription drug plan. Sometimes, it's called Low-Income Subsidy, or LIS.

Because you qualify for Aetna Medicare HIDE (HMO D-SNP), you're eligible for Extra Help.

You can visit **BenefitsCheckup.org** to find out if you're eligible for other benefits that can help with your health care.



To learn more about Extra Help, go to the **Summary of Benefits**. Or contact us or a licensed sales agent to help you apply.

Aetna Medicare HIDE (HMO D-SNP) | 2027 Summary of Benefits H9314-001

January 1, 2027 through December 31, 2027

Your questions are important to us, and we're here to help

If you have questions, please call
Aetna Medicare HIDE (HMO D-SNP) Member Services at 1-855-676-5772, (**TTY:** 711)
8 AM to 8 PM, 7 days a week.
The call is free.
For more information, visit AetnaMedicare.com/MICHDSNP.

2027-H9314.001.1

Introduction:

This document is a brief summary of the benefits and services covered by Aetna Medicare HIDE (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Aetna Medicare HIDE (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at 1-855-676-5772, (**TTY:** 711), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/MICHDSNP.

A. Disclaimers

This is a summary of health services covered by Aetna Medicare HIDE (HMO D-SNP) for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can find the *Member Handbook* at **AetnaMedicare.com/MICHDSNP** or request a copy by calling Member Services at **1-855-676-5772** (**TTY: 711**).

- Aetna Medicare HIDE (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment in Aetna Medicare HIDE depends on contract renewal.
- See *Member Handbook* for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- 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.
- 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.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (**Medicare.gov**) or by calling 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- For more information about Aetna Medicare HIDE (HMO D-SNP), you can check the Michigan Medicaid website at **www.michigan.gov/medicaid**, the Beneficiary Help Line: **1-800-642-3195** or email at **beneficiarysupport@michigan.gov**, or the Michigan Healthcare Help Line: **1-855-789-5610** (TTY **1-866-501-5656**) from 8 a.m. to 7 p.m., Monday through Friday (except holidays) **https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/support** or contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. The MI Community, Home, and Health Ombudsman (MI CHHO) can help you with questions about or problems with the MICH program or our plan. The MI Community, Home, and Health Ombudsman (MI CHHO) is an independent program and isn't connected with this plan. The phone number is **1-888-746-6456**. You can also visit the MI Community, Home, and Health Ombudsman (MI CHHO)'s website at **www.meji.org/mhlo**.
- For questions about or problems with the MI Coordinated Health program or our plan, contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. MI CHHO is an independent program and isn't connected with this plan. Call **1-888-746-6456** or visit the MI CHHO website at **meji.org/michho/mhlo**. To schedule an appointment with a person-centered options counselor, please call MI Options at

1-800-803-7174 8 a.m. to 8 p.m., Monday through Friday.

- Si tiene preguntas o problemas con el programa MI Coordinated Health o con nuestro plan, comuníquese con el Defensor del Pueblo de la Comunidad, el Hogar y la Salud de MI (CHHO de MI) para obtener ayuda gratuita. El CHHO de MI es un programa independiente y no está relacionado con este plan. Llame al 1-888-746-6456 o visite el sitio web del CHHO de MI en meji.org/michho/mhlo. Para programar una cita con un asesor de opciones centradas en la persona, llame a MI Options al 1-800-803-7174 de lunes a viernes, de 08:00 a. m. a 08:00 p. m.
- **You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-676-5772 (TTY: 711) 8 AM to 8 PM, 7 days a week. The call is free.**
- This document is available for free in Spanish. Este documento está disponible de forma gratuita en español.
- Aetna Medicare HIDE (HMO D-SNP) wants to make sure you understand your health plan information. If a different language or format works better for you, call Member Services at the number listed at the bottom of this page to request a change. (This is called a “standing request.”)
- We will continue sending you mailings and other communications in your requested format.
- If you want to change your standing request for a preferred language or format, call Member Services.

We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-855-676-5772 (**TTY**: 711). Someone that speaks Spanish can help you. This is a free service.

Notice of Availability (NOA)

TTY: 711

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

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للحصول على خدمات اللغة مجانًا، اتصل بالرقم المذكور في هذه الوثيقة. (Arabic)

如欲使用免費語言服務，請致電本文件上的電話號碼。 (Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa doookumentii kanarra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro indiqué sur ce document. (French)

Pou jwenn sèvis lang san ou pa peye anyen, rele nimewo ki sou dokiman sa a. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer in diesem Dokument an. (German)

Inā ake ʻoe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona ʻoe 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)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato in questo documento. (Italian)

無料の言語サービスをご利用いただくには、この書類に記載されている番号にお電話ください。 (Japanese)

လာကမၤန့ၣ် ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိာ်လာ်ဘူာ်လာ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီာ်ဂံၢ် လၢအအိာ်ဖဲလံာ်တီလံာ်မီအံၤအဖိခိာ်နၣ်တက့ၢ်. (Karen)

무료로 언어 서비스를 이용하려면 이 문서에 있는 전화번호로 전화하세요. (Korean)

ເພ່ ອ ້ ໍ ້ ຂາ ໍ ຖ ໍ ງ ການ ບ ໍ ວ ການ ພ າ ສ າ ໂ ດ ຍ ບ ເ ສ ຍ ຄ ່ າ ໃ ຊ ້ ຈ ່ າ ຍ ໃ ດ ໆ, ໃ ຫ ້ ໂ ທ ຫ າ ເ ບ ໍ ໂ ທ ໃ ນ ເ ອ ກ ະ ສ າ ນ ້ ໍ . (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរស័ព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

برای دسترسی به خدمات زبانی رایگان، با شماره مندرج در این سند تماس بگیرید. (Persian farsi)

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany w tym dokumencie. (Polish)

Ligue para o número indicado neste documento para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número que aparece en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tawagan ang numero sa dokumentong ito. (Tagalog)

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

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B. Frequently asked questions

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a highly integrated special needs plan called MI Coordinated Health (MICH)?	MI Coordinated Health (MICH) is a highly integrated dual eligible special needs plan (HIDE SNP) that provides benefits of both Medicare and Medicaid to enrollees. It's for people with both Medicare and Michigan Medicaid. A HIDE SNP Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage your providers and services. They all work together to provide the care you need.
Will I get the same Medicare and Michigan Medicaid benefits in Aetna Medicare HIDE (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Aetna Medicare HIDE (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services. When you enroll in Aetna Medicare HIDE (HMO D-SNP), you and your Care Coordinator will work together to develop an Integrated Care and Supports Plan (IICSP) to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Aetna Medicare HIDE (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Aetna Medicare HIDE (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page. If you're currently getting services for mental health, substance use, or intellectual/developmental disability needs, you'll continue to get these services the same way you do now. When you enroll in Aetna Medicare HIDE (HMO D-SNP), you and your care team will work together to develop a Care Plan to address your health and support needs.
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Aetna Medicare HIDE (HMO D-SNP) and have a contract with us, you can keep going to them.

(continued on the next page)

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	
	• Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Aetna Medicare HIDE (HMO D-SNP)'s network**. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the Aetna Medicare HIDE (HMO D-SNP) plan. Aetna Medicare HIDE (HMO D-SNP) covers urgent or emergency care worldwide. You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your Care Plan is being completed. If you're currently under treatment with a provider that's out of Aetna Medicare HIDE (HMO D-SNP)'s network, or have an established relationship with a provider that's out of Aetna Medicare HIDE (HMO D-SNP)'s network, call Member Services to check about staying connected. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Aetna Medicare HIDE (HMO D-SNP)'s *Provider and Pharmacy Directory* on the plan's website at AetnaMedicare.com/MICHDSNP. If Aetna Medicare HIDE (HMO D-SNP) is new for you, we'll work with you to develop an IICSP to address your needs.
What's an Aetna Medicare HIDE (HMO D-SNP) Care Coordinator?	A Care Coordinator is a health professional who will help you get care and services that affect your health and wellbeing. You're assigned a Care Coordinator when you enroll with Aetna Medicare HIDE (HMO D-SNP). Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you're getting from us, you can call your Care Coordinator. Your **Care Coordinator is your "go-to" person** for Aetna Medicare HIDE (HMO D-SNP). Our goal in Aetna Medicare HIDE (HMO D-SNP) is to meet your needs in a way that works for you. This is why we call our program "person-centered." The person-centered planning process is when you work with your Care Coordinator to create a care plan that's about **your** goals, choices, and abilities. When you create your care plan, you're welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at 1-855-676-5772, (**TTY:** 711), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/MICHDSNP.

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long term services and supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Care Coordinator or care team will work with that agency.
What happens if I need a service but no one in Aetna Medicare HIDE (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Aetna Medicare HIDE (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Aetna Medicare HIDE (HMO D-SNP) available?	The service area for this plan includes: **Michigan**: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne counties. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means an approval from Aetna Medicare HIDE (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Aetna Medicare HIDE (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Aetna Medicare HIDE (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Aetna Medicare HIDE (HMO D-SNP) before the service is provided. Refer to **Chapter 3** of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Member Handbook* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
Do I pay a monthly amount (also called a premium) under Aetna Medicare HIDE (HMO D-SNP)?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage. You'll be required to keep paying any monthly Freedom to Work program premium you have if applicable. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting **mdhhs.michigan.gov/CompositeDirPub/CountyCompositeDirectory.aspx**

Frequently Asked Questions	Answers
Do I pay a deductible as a member of Aetna Medicare HIDE (HMO D-SNP)?	No. You do not pay deductibles for medical services in Aetna Medicare HIDE (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Aetna Medicare HIDE (HMO D-SNP)?	There's no cost-sharing for medical services in Aetna Medicare HIDE (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization may be required.
	Outpatient hospital services, including observation	$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	$0	Prior authorization may be required.
	Doctor or surgeon care	$0	Prior authorization may be required.
You want a doctor	Visits to treat an injury or illness	$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	
	“Welcome to Medicare” preventive visit (one time only)	$0	
	Specialist Care	$0	Prior authorization may be required.
	Services to help manage your disease	$0	Prior authorization may be required.
You need emergency care	Emergency room services	$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network. Emergency room services are also covered outside of the U.S. Contact the plan for details.

(continued on the next page)

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued from previous page)			
			We cover emergency and urgent care worldwide. Maximum coverage: $250,000. This is the most we will pay for the combined cost of emergency care, urgent care, and emergency ambulance services received outside of the U.S.
	Urgent Care	$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed services are also covered outside the U.S. and its territories under limited circumstances. Contact the plan for details.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required.
	Screening tests, such as tests to check for cancer	$0	Prior authorization may be required.
You need hearing/ auditory services	Hearing screenings	$0	You get one routine hearing exam every year with a provider in the NationsHearing® network.
	Hearing aids evaluation and fitting	$0	You get one hearing aid fitting/ evaluation every year.
	Hearing aids	$0	You get an annual benefit amount (allowance) of $1,500 per ear. If the cost is over the benefit amount, you pay the difference. This benefit amount can only be used to

(continued on the next page)

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/ auditory services (continued from previous page)			
			purchase hearing aids through an authorized NationsHearing® network provider.
You need dental care	Dental check-ups and preventive care Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/ re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planing, and other periodontal maintenance	$0	You get a combined annual benefit amount (allowance) of $2,000 for certain Medicare covered preventive and comprehensive dental services. You are responsible for any costs over this amount. Covered Medicaid services do not count towards your annual allowance. Certain covered dental services may require prior authorization. We have teamed up with DentaQuest to provide your dental coverage. To locate a network provider, you may: 1. Call DentaQuest Member Services at **1-844-870-3976** (**TTY:** 711) OR 2. Visit **dentaquest.com** and search using your Medicare plan
	Restorative and emergency dental care	$0	
You need eye care	Eye exams	$0	Our plan covers one exam every year with an in-network provider.

(continued on the next page)

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued from previous page)			
	Glasses or contact lenses	$0	You get an annual benefit amount (allowance) of $250 for covered prescription eyewear. We have teamed up with VSP to provide this benefit. You must visit a VSP provider to use your benefit amount. Your benefit amount is applied at the time of purchase. If you choose eyewear that costs more than your benefit amount, you'll need to pay the difference.
	Other vision care	$0	Prior authorization may be required.
You need behavioral health services	Behavioral health services	$0	Behavioral health services are provided through the plan or by a program other than Aetna Medicare HIDE (HMO D-SNP). Your Aetna Medicare HIDE (HMO D-SNP) Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. Prior authorization may be required.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	Specialty behavioral health care services may be provided by a program other than Aetna Medicare HIDE (HMO D-SNP). Your Aetna Medicare HIDE (HMO D-SNP) Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs.
You need substance use disorder services	Substance use disorder services	$0	Substance use disorder services may be provided by a program other than Aetna Medicare HIDE (HMO D-SNP). Your Aetna Medicare HIDE (HMO D-SNP) Care Coordinator can assist you in

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If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at 1-855-676-5772, (**TTY:** 711), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/MICHDSNP.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services (continued from previous page)			
			obtaining those services and coordinate them with the rest of your health care needs. Prior authorization may be required.
You need a place to live with people available to help you	Skilled nursing care	$0	Prior authorization may be required.
	Nursing home care	$0	Prior authorization may be required.
	Adult Foster Care and Group Adult Foster Care	$0	Prior authorization may be required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	
You need help getting to health services	Ambulance services	$0	Ambulance services are also covered outside of the U.S. Contact the plan for details. Prior authorization may be required.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	The plan will cover transportation for you to travel to or from your medical appointments and the pharmacy if it's a covered service. Types of non-emergency transportation include: • wheelchair equipped van • service car • taxicab
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. Prior authorization may be required.

(continued on the next page)

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			
	Medicare Part D drugs	Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to the Aetna Medicare HIDE (HMO D-SNP) *List of Covered Drugs (Drug List)* for more information. Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Member Handbook* for more information on this stage. You can get a one-month, two-month, or 100-day supply of most of your drugs through network retail and mail-order pharmacies. The cost-sharing amount for these extended-day supplies is the same as for a one-month supply.
	If you qualify for "Extra Help" from Medicare to help pay for your prescription drugs, you pay:		
	Yearly Deductible	$0	
	Covered generic drugs (including brand drugs treated as generic)	$0, $1.65, or $5.80	
	For all other covered drugs	$0, $5.00, or $14.40	
	Yearly Deductible	**If you qualify for Extra Help, this payment stage does not apply to you.**	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			
		$700 Deductible applies to Tiers 3, 4, and 5 except for covered insulin products and most adult Part D vaccines.	
	Insulins	Regardless of tier, you pay no more than $35 per month supply of each covered insulin product.	
	Tier 1: Preferred Generic	$0 for a 30-day supply in an outpatient setting and 31-day supply in a long-term facility.	
	Tier 2: Generic	$0 for a 30-day supply in an outpatient setting and 31-day supply in a long-term facility.	
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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			
	Tier 3: Preferred Brand	9% for a 30-day supply in an outpatient setting and 31-day supply in a long-term facility.	
	Tier 4: Non-Preferred Drug	25% for a 30-day supply in an outpatient setting and 31-day supply in a long-term facility.	
	Tier 5: Specialty	25% for a 30-day supply in an outpatient setting and 31-day supply in a long-term care facility.	
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to the Aetna Medicare HIDE (HMO D-SNP) *List of Covered Drugs (Drug List)* for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	
	Medical equipment for home care	$0	Prior authorization may be required.
	Dialysis services	$0	Prior authorization may be required.



Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	$0	For non-Medicare covered services, we cover up to six visits every year.
	Orthotic services	$0	Prior authorization may be required.
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*.	Wheelchairs, crutches and walkers	$0	Prior authorization may be required.
	Nebulizers	$0	Prior authorization may be required.
	Oxygen equipment and supplies	$0	Prior authorization may be required.
You need help living at home	Home Health services	$0	These services are provided by the plan. Prior authorization may be required.
	Activity of Daily Living (ADLs): Eating, toileting, bathing, grooming, dressing, mobility, and transferring and Instrumental Activity of Daily Living (IADLs): Personal laundry, light housekeeping, shopping, meal preparation and clean up, and medication administration.	$0	In-home ADL and IADL services requiring hands-on assistance are provided by the plan through the MICH program. These services are called State Plan Personal Care Services. In-home ADL and IADL services requiring prompting, cueing, guiding, teaching, observing, or reminding to complete Activity of Daily Living (ADLs) are available to individuals who qualify and are enrolled in the MICH 1915(c) waiver. These services are called Expanded Community Living Supports. Contact your Care Coordinator for more information about whether you qualify for these services. Prior authorization may be required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)			
	1915(c) Waiver Home and Community Based Services: Adaptive Medical Equipment and Supplies Adult Day Program Assistive Technology Chore Services Environmental Modifications Expanded Community Living Supports Fiscal Intermediary Home Delivered Meals Individual Directed Goods and Services Non-Medical Transportation Preventive Nursing Private Duty Nursing Respite Vehicle Modifications	$0	These services are designed to help individuals remain in their homes as opposed to receiving nursing home care. They are provided by the plan and are only available to individuals who meet nursing facility level of care, who have qualifying service need, and who are enrolled in the MICH 1915 (c) waiver. Contact your Care Coordinator for more information about whether you qualify for these services. Prior authorization may be required.
	Acupuncture	$0	

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If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at 1-855-676-5772, (**TTY:** 711), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/MICHDSNP.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued from previous page)			
Additional covered services	Chiropractic services	$0	Medicare coverage is limited to fixing a subluxation. For non-Medicare covered services, we also cover up to twelve visits every year. Your provider must determine medical necessity for non-Medicare covered services.
	Diabetic supplies and services	$0	Quantity limits may apply. Prior authorization may be required.
	Prosthetic services	$0	Prior authorization may be required.
	Radiation therapy	$0	Prior authorization may be required.
	Services to help manage your disease	$0	Prior authorization may be required.
	Hospice care	$0	Prior authorization may be required.
	Mammograms	$0	Prior authorization may be required.
	24-Hour Nurse Line	$0	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.
	Annual Physical Exam	$0	
	Extra Supports Wallet	$0	**Special Supplemental Benefits** Our plan offers additional benefits to members with qualifying chronic conditions. See the *Member Handbook* for a full list of eligibility criteria.
			Eligibility requirements: If you are diagnosed with one or more of the chronic conditions listed in the *Member Handbook* and meet all other criteria, you may be eligible for additional benefits under our

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued from previous page)			
			plan to help manage your overall health and wellness. Enrollment in the plan does not guarantee eligibility. You will receive special supplemental benefits after it is determined that you meet the eligibility requirements. However, you will not receive benefits for any time period before your eligibility was determined.
			Benefits: After meeting all eligibility requirements, the $229 monthly benefit amount in the Over-the-Counter (OTC) Wallet will change to the Extra Supports Wallet with additional spending categories. Qualified members can use this wallet to help pay for certain healthy foods, over-the-counter (OTC) health and wellness products, transportation, utilities, and personal care products. This will replace your OTC Wallet. You will not get any additional funds applied to your card. Approved products can be purchased in-store at authorized participating locations including CVS® retail locations (excluding locations inside other stores). You can also use the CVS Flex Benefits™ app, go online at **CVS.com/Aetna**, or shop by phone. Important: If you qualify, this wallet will be added to your current Aetna® Medicare Extra Benefits Card.
(continued on the next page)			

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued from previous page)			
			The benefit(s) mentioned are part of special supplemental benefits for the chronically ill (SSBCI). SSBCI conditions include but are not limited to: hypertension, hyperlipidemia, diabetes, cardiovascular disorders, and chronic lung disorders. Eligibility is determined by whether you have a chronic condition associated with the benefit(s) and you meet all other criteria. Even if you have a listed chronic condition, you may not necessarily receive the benefit because other eligibility and coverage criteria may apply. 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.
	Fall Prevention	$0	You will receive a $100 annual benefit amount (allowance) to purchase certain approved home and bathroom safety products.
	Fitness: Basic SilverSneakers® membership	$0	You get a basic membership to any authorized participating SilverSneakers® fitness facility. Additionally, online classes and at-home fitness kits are available. You may order one fitness kit per year through SilverSneakers.
	Meal benefit (post-discharge)	$0	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 28

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued from previous page)			
			freshly prepared meals for a 14-day period. These meals are provided to help support your recovery or manage your health conditions. We have teamed up with our authorized vendor NationsMarket™ to provide this benefit.
	Over-the-Counter (OTC) Wallet		**Over-the-Counter (OTC) Wallet** You get a $229 monthly benefit amount (allowance) on the Aetna® Medicare Extra Benefits Card. You can use your 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 authorized participating locations including CVS® retail locations (excluding locations inside other stores). You can also use the CVS Flex Benefits™ app, go online at **CVS.com/Aetna**, or shop by phone. Important: • If you received an Aetna Medicare Extra Benefits Card in 2026 and have not changed plans, keep your card. You will not receive a new card in the mail for the 2027 plan year. • If you are a new member or were not enrolled in a plan with an Aetna Medicare Extra Benefits Card in 2026, you should get a new card before your plan begins.

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If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (**TTY:** **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/MICHDSNP**.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued from previous page)			
			• If you enrolled in a plan with an Aetna Medicare Extra Benefits Card in 2026 and changed plans, you may receive a new card. Do not throw away your current card unless you get a new card.
	Personal Emergency Response System	$0	Our plan covers a medical alert response system through our authorized vendor LifeStation to provide you with 24/7 access to help in the event of a fall or an emergency. LifeStation is our authorized vendor for this benefit. Members access this benefit through Aetna care management.
	Telehealth	$0	Members have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc or MinuteClinic Video Visit. Prior authorization may be required.
	Wigs	$0	$400 allowance every year. This benefit is offered for hair loss as a result of chemotherapy.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Aetna Medicare HIDE (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Aetna Medicare HIDE (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit **AetnaMedicare.com/MICHDSNP**.

D. Benefits covered outside of Aetna Medicare HIDE (HMO D–SNP)

There are some services that you can get that aren't covered by Aetna Medicare HIDE (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid or a State Agency	Your Costs
Specialty behavioral health services may be provided by Michigan's Prepaid Insurance Health Plans (PIHPs).	$0
Community Transition Services (CTS) are provided through MDHHS	$0
Certain hospice care services covered outside of Aetna Medicare HIDE (HMO D-SNP)	$0

E. Services that Aetna Medicare HIDE (HMO D–SNP), Medicare, and Michigan Medicaid don't cover

This isn't a complete list. Call Member Services to find out about other excluded services.

Services not covered by Aetna Medicare HIDE (HMO D-SNP), Medicare, or Michigan Medicaid	
A private room in a hospital or nursing facility, except when it is medically needed.	Private duty nurses except for those that qualify for this waiver service.
Services considered not "reasonable and necessary," according to the standards of Medicare and Michigan Medicaid, unless these services are listed by our plan as covered services.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically needed.
Naturopath services (the use of natural or alternative treatments).	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at 1-855-676-5772, (**TTY:** 711), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/MICHDSNP.

F. Your rights as a member of the plan

As a member of Aetna Medicare HIDE (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*.

Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion

- **You have the right to get information about your health care**. This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Coordinators

- **You have the right to make decisions about your care, including refusing treatment**. This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. Aetna Medicare HIDE (HMO D-SNP) will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive.

- **You have the right to timely access to care that doesn't have any communication or physical access barriers**. This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan.

- **You have the right to seek emergency and urgent care when you need it**. This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an

out-of-network urgent or emergency care provider, when necessary

- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private.
  - Have privacy during treatment.

- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Aetna Medicare HIDE (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsperson for people who have Medicare and Medicaid at 1-888-746-MHLO (1-888-746-6456) (**TTY:** 711), 9 a.m. - 5 p.m. Monday - Friday.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Aetna Medicare HIDE (HMO D-SNP) should cover something we denied, call Member Services at the number listed at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Member Handbook*. You can also call Aetna Medicare HIDE (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

To file an **appeal** about medical care, call 1-855-676-5772 (**TTY:** 711) or write to:
Aetna Duals Member Appeals
PO Box 14726
Lexington, KY 40512

To file an **appeal** about prescription drugs, call 1-855-676-5772 (**TTY:** 711) or write to:
Part D Appeals Pharmacy Department
4750 S 44th Pl Suite 150
Phoenix, AZ 85040

To file a complaint (also called **grievance**) about medical care or prescription drugs, call 1-855-676-5772 (**TTY:**711) or write to:
Aetna Duals Grievances
PO Box 14725
Lexington, KY 40512



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at 1-855-676-5772, (**TTY:** 711), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/MICHDSNP.

To file an **Independent Medical Review** complaint, call 1-855-676-5772 (**TTY:** 711) or write to:
Aetna Duals Member Appeals
PO Box 14726
Lexington, KY 40512

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Aetna Medicare HIDE (HMO D-SNP) Member Services. Phone numbers are on the cover of this summary
- Or, call the Medicaid Customer Service Center at 1-800-642-3195. TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE (800-242-2873), by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at secure.ag.state.mi.us/complaints/medicaid.aspx.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Aetna Medicare HIDE (HMO D-SNP) Member Services:

1-855-676-5772, (**TTY:** **711**)
Calls to this number are free. You can call 8 AM to 8 PM, 7 days a week.

Aetna Medicare HIDE (HMO D-SNP) also has free language interpreter services available for non-English speakers.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call the Aetna Medicare HIDE (HMO D-SNP) 24-Hour Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The number for the Aetna Medicare HIDE (HMO D-SNP)'s Nursing Hotline is **1-855-676-5772**, (**TTY:** **711**).

Calls to this number are free. Registered nurses are available 24 hours a day, 7 days a week.

Aetna Medicare HIDE (HMO D-SNP) also has free language interpreter services available for non-English speakers.

If you need immediate behavioral health care, call the Behavioral Health Line:

1-855-676-5772, (**TTY:** **711**)
Calls to this number are free. You can call 8 AM to 8 PM, 7 days a week.

Aetna Medicare HIDE (HMO D-SNP) also has free language interpreter services available for non-English speakers.

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If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (**TTY:** **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/MICHDSNP**.

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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 **1-844-509-6287 (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 Member Handbook 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/MICHDSNP** or call **1-844-509-6287 (TTY: 711)** to view a copy of the Member Handbook.
- ☐ 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.

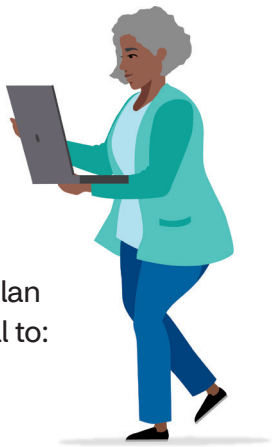
Understanding important rules

- ☐ **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, 2028.
- ☐ **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.

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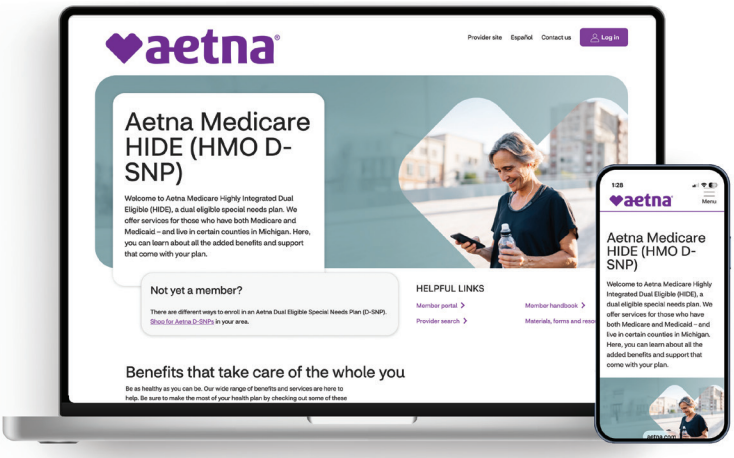
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Manage your plan online



Your secure member portal and Aetna Better Health® 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 portal to:



- **View important plan documents and info,** including Summary of Benefits and Member Handbook
- **See what's covered,** including medications on our formulary (drug list)
- **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 **AetnaMedicare.com/MICHDSNP** and use your member ID card to sign up for your secure member portal.

Manage your plan anytime, on the go

Just visit **aet.na/ABHmobileapp** to get our app. It has the same great features as your secure member portal.

Scan this secure code for more details.
Or visit **AetnaMedicare.com/MICHDSNP** 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.





2027-18.45.304.1-SNP

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:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Aetna Medicare HIDE - H9314

For 2026, Aetna Medicare HIDE - H9314 received the following Star Ratings from Medicare:

Overall Star Rating:	Plan too new to be measured
Health Services Rating:	Plan too new to be measured
Drug Services Rating:	Plan too new to be measured

**Some plans do not have enough data to rate performance.*

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.

The number of stars show how well a plan performs.

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

Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?
Contact Aetna Medicare HIDE 7 days a week from 8:00 a.m. to 8:00 p.m. local 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. local time. Current members please call 866-409-1221 (toll-free) or 711 (TTY).

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Sign up for your plan

By phone

Call us or a licensed sales agent to enroll over the phone or set up an in-person meeting. We're here to help you walk through your options. And help you find the plan that's right for you.

Online

Visit us online to enroll. You may also go to **Medicare.gov** to enroll in our plans through the Centers for Medicare & Medicaid Services website.

By fax

Complete and fax the enrollment form in the back of this guide to the number on the form.

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 enrollment 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 portal. Or call us at the number on your member ID card for help.
- Visit us online to view in-network providers.

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.

2027-18.45.305.1-MIL

What happens next?

You'll hear from us within about a week 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.

Welcome call

You may receive a call verifying your plan choice. We'll also make sure your providers and medicines are covered in our network.

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

Use this card each time you visit a provider, hospital or pharmacy. This is different from the Medicare card you receive from the federal government.

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

Welcome kit

This kit includes tips, tools and resources to help you get the most out of your plan.

You'll get your welcome kit in the mail.

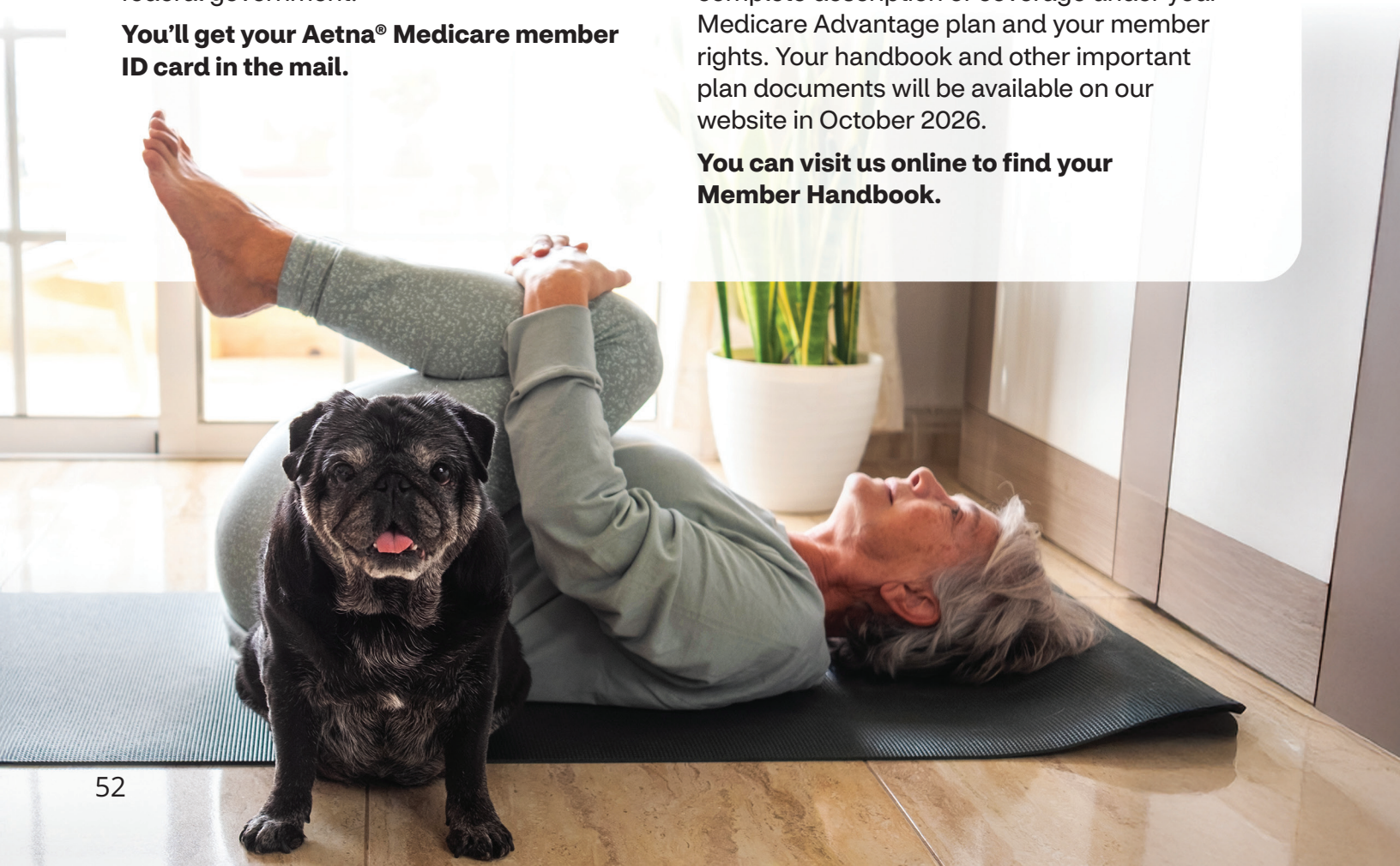
Health survey

A member of your care team will call you within 90 days to complete your health survey. This is important because it helps them design a personalized care plan just for you. Your plan will help you take advantage of Aetna® health and wellness benefits and services.

Member Handbook

Your Member Handbook provides a complete description of coverage under your Medicare Advantage plan and your member rights. Your handbook and other important plan documents will be available on our website in October 2026.

You can visit us online to find your Member Handbook.



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 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:
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.	

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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.

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Aetna® Medicare HIDE (HMO D-SNP)
2027 Individual Enrollment Request Form Instructions

How to enroll

OMB No. 0938-1378 Expires 02/28/2029

Online at:	**Call us** at:	**Through your agent:**	**Fax to:**	**Mail to:**
AetnaMedicare.com/MICHDSNP or through Medicare at **Medicare.gov**	**1-844-509-6287 (TTY: 711)**	Give them the completed form	Attention: Enrollment Department Fax: **1-844-984-0393**	Aetna Medicare PO Box 14066 Lexington, KY 40512

Who can use this form?

People with Medicare who want to join the Aetna Medicare HIDE (HMO D-SNP).

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S. and
- You must live in the plan's service area

Important: To join the Aetna Medicare HIDE (HMO D-SNP), you must also have both:

- Medicare Part A (Hospital Insurance) and
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15 to December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white and blue Medicare card)
- Your permanent address and phone number
- Your health insurance information for any other insurance you have (including Medicaid)

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Reminders

- Please don't photocopy a form for reuse.
- **Please print neatly**. **Complete all sections**. Don't forget to sign and date the form.
- 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, send certified mail).
- If you want to join a plan during fall open enrollment (October 15 to December 7), the plan must get your completed form by December 7.
- If you enroll outside the Annual Enrollment Period (AEP) timeframe, you must confirm your enrollment period (see next page).

How do I get help with this form?

Call us at **1-844-509-6287 (TTY: 711)**. We're here 8 AM to 8 PM, 7 days a week, from October 1 to March 31 and 8 AM to 8 PM, Monday through Friday, from April 1 to September 30.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
En español: Llame a Aetna al **1-844-509-6287 (TTY: 711)** o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an 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.

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

According to the Paperwork Reduction Act 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-NEW. 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 to send your completed form to the plan.

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Confirm your enrollment period

Typically, you may enroll in a Medicare Advantage Plan 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.

Read the following statements carefully and check the box if the statement applies to you. By checking a box you certify that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

Prospective member name		**Medicare number**
		__ __ __ __ - __ __ __ - __ __ __ __

Reason for Annual Enrollment Period Eligibility

☐ I'm enrolling between **10/15/26 and 12/7/26** 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 1/1/27 and 3/31/27:

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

Between 4/1/27 and 12/31/27:

☐ 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 (SEP) Eligibility

☐ 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)).

☐ I moved to a new address that's outside my current plan's service area, or I recently moved and this plan is a new option for 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).

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Prospective member name		Medicare number __ __ __ __ - __ __ __ - __ __ __ __

- ☐ 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 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 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 or it ended its contract with Medicare.
- ☐ 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 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.
- ☐ I lost my Special Needs Plan (SNP) because I no longer have a condition required for that plan. I was disenrolled from the SNP on __ __/__ __/__ __ (date).

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 **1-844-509-6287 (TTY: 711).** We're here 8 AM to 8 PM, 7 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/Producer/Broker Use Only:
Agent/producer/broker name: _____
NPN #: _____

To enroll in the Aetna Medicare HIDE (HMO D-SNP), please provide the following information:

☑ Aetna® Medicare HIDE (HMO D-SNP) (H9314-001) **$0.00** per month

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. Aetna cannot guarantee the effective date you've requested will be honored.

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 (optional)

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

Permanent residence address

Street address – including Apt/Suite/Unit

City	**County**	**State**	**ZIP Code**

Mailing address (if different from your permanent street address)

Mailing address – including Apt/Suite/Unit

City	**State**	**ZIP Code**

Choose a Primary Care Provider

Your plan requires you to choose an in-network Primary Care Provider (PCP). If you don't choose a PCP, we'll choose one for you. You can change your PCP to another in-network PCP at any time and for any reason.
Be sure to write in your PCP's **full name (first and last), Provider Group Name/Office Address** and **National Provider Identifier (NPI)** below. Visit our online provider directory at **AetnaMedicare.com/MICHDSNP** or call **1-844-509-6287 (TTY: 711)** to find an in-network PCP and their NPI.

Please choose an in-network PCP and write their full name below	**Are you a current patient?** ☐ Yes ☐ No

Write the Primary Provider Group Name/Office Address

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Provide your Medicare insurance 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

Effective Date:

HOSPITAL (Part A) __ __/__ __/__ __ __ __

Medicare Number: __ __ __ __ - __ __ __ - __ __ __ __

MEDICAL (Part B) __ __/__ __/__ __ __ __

Please read and answer these important questions

☐ Yes ☐ No

1. **Will you have other <u>prescription</u> drug coverage in addition to Aetna® Medicare HIDE (HMO D-SNP)?** 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) numbers (s) for this coverage:

   Name of other coverage: _____

   ID # for this coverage: _____ Group # for this coverage: _____

☐ Yes ☐ No

2. **Are you enrolled in your state's Medicaid program?**
   If "Yes," write in your ***Medicaid*** number (please note, this is ***not*** your Social Security number): _____

All questions below are optional

Indicate your preferred **spoken language** (if not English): ☐ Spanish ☐ Other _____

Indicate your preferred **written language** (if not English): ☐ Spanish ☐ Other _____

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

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

Please contact Aetna® Medicare HIDE (HMO D-SNP) at **1-844-509-6287 (TTY: 711)** if you need information in an accessible format other than what is listed above. Our office hours are 8 AM to 8 PM, 7 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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IMPORTANT: Please read and sign below

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Aetna Medicare HIDE (HMO D-SNP).
- By joining this Medicare Advantage Plan, I acknowledge that Aetna Medicare HIDE (HMO D-SNP) 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 below).Your response on 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 PFFS, MA MSA plans).
- I understand that when my Aetna Medicare HIDE (HMO D-SNP) coverage begins, I must get all of my medical and prescription drug benefits from Aetna Medicare HIDE (HMO D-SNP). Benefits and services provided by Aetna Medicare HIDE (HMO D-SNP) and contained in my Aetna Medicare HIDE (HMO D-SNP) "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Aetna Medicare HIDE (HMO D-SNP) will pay for benefits or services that are not covered. I understand that I will be enrolled into prescription drug coverage under the plan, and will be automatically disenrolled from any other Medicare prescription drug or creditable coverage plan in which I am currently enrolled. I will also be enrolled into Medicaid coverage under the plan, and will be disenrolled from any other Medicaid plan in which I am currently enrolled. Referrals are not required under the plan.
- 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) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 by Medicare.

Signature	**Today's date** __ __ / __ __ / __ __ __ __

If you're an **authorized representative**, 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 only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

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

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Aetna Medicare HIDE (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment in Aetna Medicare HIDE depends on contract renewal.

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.

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AGENT USE ONLY
Agent/producer/broker/employed sales 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.

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

If "No," why not? _____

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

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

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

Agent/producer/broker/employed sales representative information

Name of agent/producer/broker/sales rep: _____

Phone number: _____ National Producer Number (NPN): _____

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: _____

Agent/producer/broker/employed sales representative: 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 14066
Lexington, KY 40512
Fax: 1-844-984-0393

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Aetna Medicare HIDE (HMO D-SNP) 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, 7 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 three business days for us to process your application. **You'll need to provide your application tracking number, located at the bottom of this page.**

Aetna Medicare HIDE (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment in Aetna Medicare HIDE depends on contract renewal.

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This is a summary of health services covered by Aetna Medicare HIDE (HMO D-SNP) for 2027. This is only a summary. Please read the Member Handbook for the full list of benefits. You can find the Member Handbook at **AetnaMedicare.com/MICHDSNP** or request a copy by calling Member Services at **1-844-509-6287 (TTY: 711)**.

Aetna Medicare HIDE (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment in Aetna Medicare HIDE depends on contract renewal.

If you have questions about enrollment or disenrollment in MI Health Link, please call Michigan ENROLLS toll-free at **1-800-975-7630**. Persons with hearing and speech disabilities may call the TTY number at **1-888-263-5897**. The office hours are Monday through Friday, 8 AM to 7 PM.

Under Aetna Medicare HIDE (HMO D-SNP) you can get your Medicare and Michigan Medicaid services in one health plan. An Aetna Medicare HIDE (HMO D-SNP) Care Coordinator will help manage your health care needs.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Aetna Medicare HIDE (HMO D-SNP) Member Handbook.

See Member Handbook for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your Member Handbook for more information.

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

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 **1-844-509-6287 (TTY: 711)** 8 AM–8 PM Monday–Friday from April 1–September 30, or 8 AM–8 PM 7 days a week from October 1–March 31 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.

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.

Other providers are available in our network.

Aetna, CVS Pharmacy® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies.

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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** (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.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call Aetna Member Services at the number listed at the bottom of this page. The call is free.

2027-18.28.315.1-MI

To get information from us in a way that works for you (in languages other than English, in braille, in large print, or other formats), call Member Services at the number listed at the bottom of this page. The call is free. We have people and free interpreter services available to answer questions from disabled and non-English speaking members.

You can also get this document for free in other formats, such as large print, braille, or audio. Call **1-844-509-6287 (TTY: 711)** 8 AM–8 PM Monday–Friday from April 1–September 30, or 8 AM–8 PM 7 days a week from October 1–March 31. The call is free.

This document is available for free in Spanish and Chinese.

If there is an additional language or alternate format you need, or you would like to change your preferred language, please call Member Services. Your preferred language will be stored, however if you want to change your selection for the future, you will need to call Member Services.

The benefit(s) mentioned are part of special supplemental benefits for the chronically ill (SSBCI). SSBCI conditions include but are not limited to: hypertension, hyperlipidemia, diabetes, cardiovascular disorders and chronic lung disorders. Eligibility is determined by whether you have a chronic condition associated with the benefit(s) and you meet all other criteria. Even if you have a listed chronic condition, you may not necessarily receive the benefit because other eligibility and coverage criteria may apply. 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.

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)

للحصول على خدمات اللغة مجانًا، اتصل بالرقم المذكور في هذه الوثيقة. (Arabic)

如欲使用免費語言服務，請致電本文件上的電話號碼。(Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa doookumentii kanarra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro indiqué sur ce document. (French)

Pou jwenn sèvis lang san ou pa peye anyen, rele nimewo ki sou dokiman sa a. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer in diesem Dokument an. (German)

Inā ake ʻoe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona ʻoe 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)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato in questo documento. (Italian)

無料の言語サービスをご利用いただくには、この書類に記載されている番号にお電話ください。(Japanese)

လၢကမၤန့ၢ် ကျိာတၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လာ်ဘူၣ်လာ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ်ဖဲလံာ်တီလံာ်မီအံၤအဖိခိၣ်နၣ်တက့ၢ်. (Karen)

무료로 언어 서비스를 이용하려면 이 문서에 있는 전화번호로 전화하세요. (Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໂທໃນເອກະສານນີ້. (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

برای دسترسی به خدمات زبانی رایگان، با شماره مندرج در این سند تماس بگیرید. (Persian)

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany w tym dokumencie. (Polish)

Ligue para o número indicado neste documento para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número que aparece en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tawagan ang numero sa dokumentong ito. (Tagalog)

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

Y0001_Y0130_H6399_2025_V3



GOOD TO KNOW

Lean on all resources for help

Talk to your care team, family, friends, insurance agent and us. We're all here to help find the plan that's right for you.

2027-18.99.102.1-DSNP

Important contacts

Primary care provider

Name: _____

Phone: _____

Specialists

Name: _____

Phone: _____

Name: _____

Phone: _____

Other health care professionals

Name: _____

Phone: _____

Emergency contacts

Name: _____

Phone: _____

Name: _____

Phone: _____

Pharmacy

Name: _____

Phone: _____

Address: _____

Hospital

Name: _____

Phone: _____

Address: _____

Notes:

_____

_____

_____

_____

_____

_____

In case of emergency, call 911.


Here's to your
best health!

aetna®

We're so glad you're here!

We created this guide to make it easier to connect with your Aetna® Medicare HIDE (HMO D-SNP) 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 portal
- Get the Aetna Better Health® 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.



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2027-18.39.605.1-MI (8/26)