Your plan changes every year — here's a quick way to stay ahead

On **January 1**, parts of your Aetna® Medicare plan will change. But finding out what those changes are and what they mean for you can seem overwhelming.

That's where your plan's **Annual Notice of Change (ANOC)** comes in. It brings together the most important changes to your plan in one place.

Your ANOC is your guide to what's ahead

Reviewing it now can help you decide if your plan will fit your needs next year. Some things to look for include:

- Updates to what your plan covers
- Changes in your plan costs, like copays and coinsurance
- Ways to check if your doctor is in our network

We're here to help you each step of the way

If you have questions, just call us at the number on your member ID card.

On behalf of Aetna, thank you for being a member of our Medicare plan!

Learn how to review your ANOC

Scan the QR code to watch a short video.
Or visit **AetnaMedicare.com/myANOC**

Did you know? Starting **October 15, 2026**, you can view your ANOC online. You'll find it and other important documents on your plan web page at AetnaMedicare.com/H5521-286.

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

Aetna Medicare Eagle (PPO) offered by AETNA LIFE INSURANCE COMPANY

Annual Notice of Change for 2027

You're enrolled as a member of Aetna Medicare Eagle (PPO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 — December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Aetna Medicare Eagle (PPO).
- To change to a **different plan**, visit **Medicare.gov** or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at **AetnaMedicare.com/H5521-286** or call Member Services at **1-833-570-6670**, (TTY users call **711**) to get a copy by mail.

More Resources

- This material is available for free in Spanish. Este material está disponible de forma gratuita en español.
- Call Member Services at **1-833-570-6670** (TTY users call **711**) for more information. Hours are 8 AM to 8 PM, 7 days a week. This call is free.
- This material is available in other formats such as braille, large print or other alternate formats upon request.

About Aetna Medicare Eagle (PPO)

- Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our DSNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means AETNA LIFE INSURANCE COMPANY. When it says “plan” or “our plan,” it means Aetna Medicare Eagle (PPO).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in Aetna Medicare Eagle (PPO).** Starting January 1, 2027, you’ll get your medical coverage through Aetna Medicare Eagle (PPO). Go to Section 2 for more information about how to change plans and deadlines for making a change.
- This plan doesn’t include Medicare Part D drug coverage, and you can’t be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don’t have Medicare drug coverage, or creditable drug coverage (as good as Medicare’s), for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

Annual Notice of Change for 2027

Table of Contents

Summary of Important Costs for 2027 ..... **4**
SECTION 1 Changes to Benefits & Costs for Next Year **5**
Section 1.1 Changes to the Monthly Premium 5
Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts 5
Section 1.3 Changes to the Provider Network 5
Section 1.4 Changes to Benefits & Costs for Medical Services 7
SECTION 2 How to Change Plans **9**
Section 2.1 Deadlines for Changing Plans 10
Section 2.2 Are there other times of the year to make a change? 10
SECTION 3 Get Help Paying for Prescription Drugs **10**
SECTION 4 Questions? **11**
Get Help from Aetna Medicare Eagle (PPO) 11
Get Free Counseling about Medicare 12
Get Help from Medicare 12

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	$0
Deductible	$0	$0
Maximum out-of-pocket amounts This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	From network providers: $4,900 From network and out-of-network providers combined: $10,100	From network providers: $5,200 From network and out-of-network providers combined: $10,750
Primary care office visits	In-Network: $0 copay per visit Out-of-Network: 50% of the total cost per visit	In-Network: $0 copay per visit Out-of-Network: 50% of the total cost per visit
Specialist office visits	In-Network: $30 copay per visit Out-of-Network: 50% of the total cost per visit	In-Network: $40 copay per visit Out-of-Network: 50% of the total cost per visit
Inpatient hospital stays Includes various inpatient stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	In-Network: $300 per day, days 1-6; $0 per day, days 7-90; $0 copay for additional days for each medically necessary covered inpatient stay. Out-of-Network: 50% per stay	In-Network: $300 per day, days 1-6; $0 per day, days 7-90; $0 copay for additional days for each medically necessary covered inpatient stay. Out-of-Network: 50% per stay

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Premium

	2026 (this year)	2027 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$70	$70

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket amount.	$4,900	$5,200 Once you've paid $5,200 out of pocket for covered services, you'll pay nothing for your covered services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount.	$10,100	$10,750 Once you've paid $10,750 out of pocket for covered services, you'll pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* **AetnaMedicare.com/findprovider** to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at **AetnaMedicare.com/findprovider**.
- Call Member Services at **1-833-570-6670**, (TTY users call **711**) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at **1-833-570-6670**, (TTY

users call **711**) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture for chronic low back pain	In-Network: You pay a $30 copay for each Medicare-covered service.	In-Network: You pay a $40 copay for each Medicare-covered service.
Cardiac rehabilitation services	In-Network: You pay a $20 copay for each Medicare-covered service.	In-Network: You pay a $15 copay for each Medicare-covered service.
Dental services	In-Network: You pay a $30 copay for each Medicare-covered service.	In-Network: You pay a $40 copay for each Medicare-covered service.
Diabetic monitors	Out-of-Network: You pay 20% of the total cost for continuous glucose monitors (CGM).	Out-of-Network: You pay 50% of the total cost for continuous glucose monitors (CGM).
Durable medical equipment (DME) and related supplies	Out-of-Network: You pay 20% of the total cost for each Medicare-covered item.	Out-of-Network: You pay 50% of the total cost for each Medicare-covered item.
Eye exams	In-Network: You pay a $0-$30 copay for each Medicare-covered service. The minimum cost share is for diabetic eye exams. The maximum cost share is for all other Medicare-covered eye exams.	In-Network: You pay a $0-$40 copay for each Medicare-covered service. The minimum cost share is for diabetic eye exams. The maximum cost share is for all other Medicare-covered eye exams.
Hearing aids	Hearing aid maximum benefit allowance: Plan pays $1,500 per ear for hearing aids every year.	Hearing aid maximum benefit allowance: Plan pays $1,250 per ear for hearing aids every year.
Hearing exams	In-Network: You pay a $30 copay for each Medicare-covered service.	In-Network: You pay a $40 copay for each Medicare-covered service.
Inpatient services in a psychiatric hospital	In-Network: You pay $300 per day, days 1-6; $0 per day, days 7-90 for each medically necessary covered inpatient stay.	In-Network: You pay $390 per day, days 1-6; $0 per day, days 7-90 for each medically necessary covered inpatient stay.
Intensive cardiac rehabilitation services	In-Network: You pay a $20 copay for each Medicare-covered service.	In-Network: You pay a $15 copay for each Medicare-covered service.
Intensive outpatient services	In-Network: You pay a $145 copay for each Medicare-covered service.	In-Network: You pay a $65 copay for each Medicare-covered service.
Occupational therapy services	In-Network: You pay a $30 copay for each Medicare-covered service.	In-Network: You pay a $40 copay for each Medicare-covered service.
Opioid treatment program services	In-Network: You pay a $40 copay for each Medicare-covered service.	In-Network: You pay a $0 copay for each Medicare-covered service.

	2026 (this year)	2027 (next year)
Outpatient hospital services	In-Network: You pay a $30-$300 copay for each Medicare-covered service. The minimum cost share applies to non-surgical services and the maximum cost share applies to surgical services delivered in an outpatient hospital setting that are not specifically described elsewhere in the *Evidence of Coverage*.	In-Network: You pay a $40-$300 copay for each Medicare-covered service. The minimum cost share applies to non-surgical services and the maximum cost share applies to surgical services delivered in an outpatient hospital setting that are not specifically described elsewhere in the *Evidence of Coverage*.
Outpatient mental health care (group sessions)	In-Network: You pay a $40 copay for each Medicare-covered service.	In-Network: You pay a $0 copay for each Medicare-covered service.
Outpatient mental health care (individual sessions)	In-Network: You pay a $40 copay for each Medicare-covered service.	In-Network: You pay a $0 copay for each Medicare-covered service.
Outpatient psychiatric services (group sessions)	In-Network: You pay a $40 copay for each Medicare-covered service.	In-Network: You pay a $0 copay for each Medicare-covered service.
Outpatient psychiatric services (individual sessions)	In-Network: You pay a $40 copay for each Medicare-covered service.	In-Network: You pay a $0 copay for each Medicare-covered service.
Outpatient substance use disorder services (group sessions)	In-Network: You pay a $40 copay for each Medicare-covered service.	In-Network: You pay a $0 copay for each Medicare-covered service.
Outpatient substance use disorder services (individual sessions)	In-Network: You pay a $40 copay for each Medicare-covered service.	In-Network: You pay a $0 copay for each Medicare-covered service.
Over-the-counter (OTC) benefit	With this plan, you get a $100 quarterly benefit amount (allowance) to help pay for certain over-the-counter (OTC) products. We have teamed up with CVS Flex Benefits to provide this benefit. See the *Evidence of Coverage* for more information.	With this plan, you get an Aetna Medicare Extra Benefits Card. It will include: • **CVS Over-the-Counter (OTC) Wallet** ◦ $100 quarterly benefit amount (allowance). Approved OTC products can be purchased at CVS retail locations (excluding locations inside other stores). **Important:** You will receive the Extra Benefits Card in the mail. You should receive the card before your plan starts. It will include instructions on how to activate and use the card. See the *Evidence of Coverage* for more information.
Physical therapy and speech therapy services	In-Network: You pay a $30 copay for each Medicare-covered service.	In-Network: You pay a $40 copay for each Medicare-covered service.
Physician specialist services	In-Network: You pay a $30 copay for each Medicare-covered service.	In-Network: You pay a $40 copay for each Medicare-covered service.

	2026 (this year)	2027 (next year)
Podiatry services	In-Network: You pay a $30 copay for each Medicare-covered service.	In-Network: You pay a $40 copay for each Medicare-covered service.
Skilled nursing facility (SNF) care	In-Network: You pay $0 per day, days 1-20; $218 per day, days 21-100.	In-Network: You pay $10 per day, days 1-20; $221 per day, days 21-100.
Telehealth additional services — mental health (group sessions)	You pay a $40 copay for each Medicare-covered service.	You pay a $0 copay for each Medicare-covered service.
Telehealth additional services — mental health (individual sessions)	You pay a $40 copay for each Medicare-covered service.	You pay a $0 copay for each Medicare-covered service.
Telehealth additional services — occupational therapy	You pay a $30 copay for each Medicare-covered service.	You pay a $40 copay for each Medicare-covered service.
Telehealth additional services — opioid treatment	You pay a $40 copay for each Medicare-covered service.	You pay a $0 copay for each Medicare-covered service.
Telehealth additional services — outpatient substance use disorder (group sessions)	You pay a $40 copay for each Medicare-covered service.	You pay a $0 copay for each Medicare-covered service.
Telehealth additional services — outpatient substance use disorder (individual sessions)	You pay a $40 copay for each Medicare-covered service.	You pay a $0 copay for each Medicare-covered service.
Telehealth additional services — physical therapy and speech therapy	You pay a $30 copay for each Medicare-covered service.	You pay a $40 copay for each Medicare-covered service.
Telehealth additional services — psychiatric (group sessions)	You pay a $40 copay for each Medicare-covered service.	You pay a $0 copay for each Medicare-covered service.
Telehealth additional services — psychiatric (individual sessions)	You pay a $40 copay for each Medicare-covered service.	You pay a $0 copay for each Medicare-covered service.
Telehealth additional services — physician specialist	You pay a $30 copay for each Medicare-covered service.	You pay a $40 copay for each Medicare-covered service.

SECTION 2 How to Change Plans

To stay in Aetna Medicare Eagle (PPO), you don’t need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Aetna Medicare Eagle (PPO).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Aetna Medicare Eagle (PPO). Remember, not all Medicare health plans cover

prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, enroll in the new Medicare drug plan. You'll automatically be disenrolled from Aetna Medicare Eagle (PPO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at **1-833-570-6670** (TTY users call **711**) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (**1-800-633-4227**) and ask to be disenrolled. TTY users can call **1-877-486-2048**. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit **Medicare.gov**, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (**1-800-633-4227**). TTY users can call **1-877-486-2048**.

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare**. People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (**1-800-633-4227**). TTY users can call **1-877-486-2048**, 24 hours a day, 7 days a week.
  - Social Security at **1-800-772-1213** between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call **1-800-325-0778**.
  - Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have a program called the State Pharmaceutical Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit **shiphelp.org**, or call 1-800-MEDICARE (**1-800-633-4227**).

	State Pharmaceutical Assistance Program (SPAP)
IN	**HoosierRx**, **Address:** 402 W. Washington, Room 372, Indianapolis, IN 46204, **Phone:** 1-866-267-4679, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 4:30 PM, **Website:** IN.gov/HoosierRx
WI	**SeniorCare**, **Address:** Senior Care, PO Box 6710, Madison, WI 53716-0710, **Phone:** 1-800-657-2038, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 6:00 PM, **Website:** dhs.wisconsin.gov/seniorcare/index.htm

SECTION 4 Questions?

Get Help from Aetna Medicare Eagle (PPO)

- **Call Member Services at 1-833-570-6670, (TTY users call 711).**

  We're available for phone calls 8 AM to 8 PM, 7 days a week. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Aetna Medicare Eagle (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at **AetnaMedicare.com/H5521-286** or call Member Services at **1-833-570-6670**, (TTY users call **711**) to ask us to mail you a copy.

- **Visit AetnaMedicare.com/H5521-286**

  Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

Call your state's SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIP at the phone number below.

	State Health Insurance Assistance Program (SHIP)
IL	**Senior Health Insurance Program (Illinois SHIP)**, **Address:** Department on Aging, One Natural Resources Way, Suite 100, Springfield, IL 62702-1271, **Phone:** 1-800-252-8966, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 5 PM, **Website:** ilaging.illinois.gov/ship
IN	**Indiana State Health Insurance Assistance Program**, **Address:** Department of Insurance, 311 W. Washington Street, Indianapolis, IN 46204, **Phone:** 1-800-452-4800, **TTY:** 1-866-846-0139 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** in.gov/ship/
MI	**MI Options**, **Address:** PO Box 30676, Lansing MI 48909, **Phone:** 1-800-803-7174, **TTY:** 1-888-263-5897 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 8:00 PM, **Website:** michigan.gov/MDHHSMIOptions
WI	**Wisconsin State Health Insurance Assistance Program (SHIP)**, **Address:** Department of Health Services, 1 W. Wilson Street, Madison, WI 53703, **Phone:** 1-800-242-1060, **TTY:** 711 or 262-347-3045 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at **Medicare.gov** or by calling 1-800-MEDICARE (**1-800-633-4227**). TTY users can call **1-877-486-2048**.

Discrimination is Against the Law

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact **1-833-220-0349** (**TTY: 711**).

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

1-833-220-0349 (**TTY: 711**)
Email: **Coordinator1557@cvshealth.com**

You can file a grievance in person or by mail, phone, or email. If you need help filing a grievance, the **Civil Rights Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, **1-800-537-7697** (**TDD**)

Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.
This notice is available at Aetna Inc.'s website: **https://www.aetna.com/medicare**

Y0001_H6399_H1610_NDN_2025

How we guard your privacy

What personal information is — and what it isn't
By "personal information," we mean information that can be used to identify you. It can include financial and health information. It doesn't include what the public can easily see. For example, anyone can look at what your plan covers.

How we get information about you
We get information about you from many sources, including you. We also get information from your employer, other insurers, or health care providers like doctors.

When information is wrong
Do you think there's something wrong or missing in your personal information? You can ask us to change it. The law says we must do this in a timely way. If we disagree with your change, you can file an appeal. Information on how to file an appeal is on our member website. Or you can call the toll-free number on your ID card.

How we use this information
When the law allows us, we use your personal information both inside and outside our company. The law says we don't need to get your OK when we do. We may use it for your health care or use it to run our plans. We also may use your information when we pay claims or work with other insurers to pay claims. We may use it to make plan decisions, to do audits, or to study the quality of our work. This means we may share your information with doctors, dentists, pharmacies, hospitals or other caregivers. We also may share it with other insurers, vendors, government offices, or third-party administrators. But by law, all these parties must keep your information private.

When we need your permission
There are times when we do need your permission to disclose personal information. This is explained in our Notice of Privacy Practices. This notice clarifies how we use or disclose your Protected Health Information (PHI):

- For workers' compensation purposes
- As required by law
- About people who have died
- For organ donation
- To fulfill our obligations for individual access and HIPAA compliance and enforcement

To get a copy of this notice, just visit our member website or call the toll-free number on your ID card.

Notice of Availability (NOA)

TTY: 711

To access language assistance services and appropriate auxiliary aids and services at no cost to you, call the number on your ID card. (English)

የቋንቋ እርዳታ አገልግሎቶችን እና ተገቢ የሆኑ ተጨማሪ አጋዥ ድጋፎችን እና አገልግሎቶችን ያለ ምንም ክፍያ ለማግኘት በመታወቂያ ካርድዎ ላይ ወዳለው ቁጥር ይደውሉ። (Amharic)

للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المساعدة المناسبة دون أي تكلفة عليك، اتصل بالرقم الموجود على بطاقة ID الخاصة بك. (Arabic)

如欲免費獲得語言輔助服務以及適當的輔助工具和服務，請撥打您的 ID 卡上的電話號碼。 (Chinese)

Pou w jwenn aksè a sèvis asistans lang ak èd ak sèvis oksilyè apwopriye san w pa peye anyen, rele nimewo ki sou kat idantite w la. (French Creole)

Pour accéder gratuitement aux services d’assistance linguistique et aux aides et services auxiliaires appropriés, veuillez appeler le numéro figurant sur votre carte d’identité. (French)

Um Sprachunterstützung sowie geeignete Hilfsmittel und Dienstleistungen kostenlos in Anspruch zu nehmen, rufen Sie bitte die auf Ihrem Ausweis angegebene Nummer an. (German)

Per accedere ai servizi di assistenza linguistica, agli ausili e ai servizi accessori pertinenti a titolo gratuito, chiama il numero riportato sulla tua tessera identificativa. (Italian)

તમારા માટે કોઈપણ ખર્ચ વિના ભાષાકીય સહાય સેવાઓ અને યોગ્ય સહાયક સહાય તથા સેવાઓ મેળવવા માટે, તમારા ID કાર્ડ પર આપેલા નંબર પર કૉલ કરો. (Gujarati)

No ke komo ʻana i nā lawelawe kōkua ʻōlelo a me nā mea kōkua kūpono me ka uku ʻole iā ʻoe, e kelepona i ka helu ma kāu kāleka ID. (Hawaiian)

Kom siv tau cov kev pab cuam txhais lus thiab cov khoom pab kom hnov lus thiab cov kev pab cuam yam tsis sau nqi ntawm koj, hu tus xov tooj nyob ntawm koj daim npav ID. (Hmong):

言語支援サービスや適切な補助補助具・サービスを無料で利用するには、IDカードに登録された番号にお電話ください。 (Japanese)

လာကမၤန့ၢ် ကိုဉ်အတၢ်ဆိဉ်ထွဲမၤစၢၤတၢ်မၤဒီး တၢ်နှၢ်ဟူ အပီးအလီ လၢအကြၢးအ ဘဉ်တဖဉ် ဒီးတၢ်မၤစၢၤတၢ်မၤ လၢအဘူးအလဲတအိဉ်ဘဉ်တဖဉ်အဂီၢ်, ကိးလီတဲစိ နီဉ်ဂံၢ်အံၤ ဖဲ နၤ ID ခးက့ဉအပူၤတက့ၢ်. (Karen)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하려면 ID 카드에 있는 번호로 전화하십시오. (Korean)

Deeggarsa afaanifi tajaajilawwanii akkasumas deeggarsaafi tajaajila dabalataa kaffaltiirraa bilisaa argachuuf lakkoofsa Waraqaa Eenyummaa keessanirra jirutti bilbilaa. (Oromo)

ເພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການ ທີ່ເໝາະສົມໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍຕ່າທ່ານ, ໃຫ້ໂທຫາເບີໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

ដើម្បីទទួលបានសេវាជំនួយផ្នែកភាសា ព្រមទាំងឧបករណ៍ និងសេវាជំនួយបន្ថែមសមរម្យដោយឥតគិតថ្លៃ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក។ (Khmer)

(Persian) برای دسترسی رایگان به خدمات کمک زبانی و مساعدتهای جانبی مناسب با شماره مندرج روی کارت ID خود تماس بگیرید.

Aby skorzystać z usług pomocy językowej oraz odpowiednich środków pomocniczych i usług bez ponoszenia żadnych kosztów, zadzwoń pod numer podany na karcie identyfikacyjnej. (Polish)

Para aceder, sem qualquer custo para si, a serviços de assistência linguística e a ajudas e serviços auxiliares adequados, ligue para o número indicado no seu cartão de identificação. (Portuguese)

Чтобы получить бесплатный доступ к услугам языковой поддержки и соответствующим вспомогательным средствам и услугам, позвоните по номеру, указанному на вашей идентификационной карте. (Russian)

Para tener acceso a los servicios de asistencia en otros idiomas y a las ayudas y servicios auxiliares adecuados sin costo para usted, llame al número que figura en su tarjeta de identificación. (Spanish)

Para ma-access ang mga serbisyo ng tulong sa wika at mga naaangkop na karagdagang tulong at serbisyo nang walang bayad, tawagan ang numerong nasa iyong ID card. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษา รวมถึงอุปกรณ์และบริการช่วยเหลือพิเศษที่เหมาะสมโดยไม่มีค่าใช้จ่าย โปรดโทรติดต่อหมายเลขที่ระบุบนบัตรประจำตัวของคุณ (Thai)

Để được sử dụng miễn phí các dịch vụ hỗ trợ ngôn ngữ cùng các phương tiện và dịch vụ hỗ trợ phù hợp, vui lòng gọi đến số điện thoại ghi trên thẻ ID của quý vị. (Vietnamese)

Y0001_Y0130_2026_V1

Aetna Medicare Eagle (PPO)

You can view your 2027 plan benefit information online



This notice is to help you find important plan information. All information will be available online by October 15, 2026.

Where to look

View your plan information online by visiting:	**AetnaMedicare.com/H5521-286**
También puede ver este sitio web en español. Visite	**es.AetnaMedicare.com/H5521-286**

What to look for

You can learn more about your plan benefits, programs and services online.

Evidence of Coverage (EOC)	A complete description of your plan's coverage. For a printed copy call **1-866-246-8031** (**TTY: 711**), 8 AM to 8 PM, 7 days a week
Provider Directory	You can find a doctor near you by using our online search directory. For a printed copy call **1-833-570-6670** (**TTY: 711**), 8 AM to 8 PM, 7 days a week

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.

For assistance in utilizing the portal, or for additional information, please call the number on the back of your ID card.

A new law allows you to choose to share your health information between health plans. When you do, your providers can view your health history and records. This may help your provider make informed decisions about your care. Visit **health.aetna.com/login** to check your eligibility and opt in. Sharing your information is your choice. You can opt in, opt out or change your decision at any time.

A new law allows Aetna healthcare providers to securely access and share patient information. Sharing of patient information may allow you to receive timely and personalized healthcare services. If you do not want your providers obtaining your information, please visit **health.aetna.com/login**.

Y0001_H5521_286_PA11_PDN2027_C
Y0001_3737453_2025_C
1107142-06-03

© 2026 Aetna Inc.
20260821

Aetna Medicare Eagle (PPO) Member Services

Method	Member Services – Contact Information
CALL	1-833-570-6670 Calls to this number are free. Hours of operation are 8 AM to 8 PM, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Calls to this number are free. Hours of operation are 8 AM to 8 PM, 7 days a week.
WRITE	Aetna Medicare PO Box 14088 Lexington, KY 40512
WEBSITE	Go to AetnaMedicare.com/H5521-286 or scan this code with your smartphone to visit our website.

20260821