# 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/H5521-214.

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 Signature (PPO) offered by AETNA LIFE INSURANCE COMPANY***

# Annual Notice of Change for 2027

You're enrolled as a member of Aetna Medicare Signature (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 Signature (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/H5521-214** 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 Signature (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 Signature (PPO).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in Aetna Medicare Signature (PPO).** Starting January 1, 2027, you’ll get your medical and drug coverage through Aetna Medicare Signature (PPO). Go to Section 2 for more information about how to change plans and deadlines for making a change.

# *Annual Notice of Change* for 2027

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## Summary of Important Costs for 2027

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Monthly plan premium*** <br>* 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** <br>This is the most you'll pay out of pocket for covered services. <br>(Go to Section 1.2 for details.) | From network providers: <br>$5,200 <br><br>From network and out-of-network providers combined: <br>$10,100 | From network providers: <br>$5,200 <br><br>From network and out-of-network providers combined: <br>$10,100 |
| **Primary care office visits** | In-Network: <br>$0 copay per visit <br><br>Out-of-Network: <br>50% of the total cost per visit | In-Network: <br>$0 copay per visit <br><br>Out-of-Network: <br>50% of the total cost per visit |
| **Specialist office visits** | In-Network: <br>$40 copay per visit <br><br>Out-of-Network: <br>50% of the total cost per visit | In-Network: <br>$40 copay per visit <br><br>Out-of-Network: <br>50% of the total cost per visit |
| **Inpatient hospital stays** <br><br>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: <br>$295 per day, days 1-7; $0 per day, days 8-90; $0 copay for additional days for each medically necessary covered inpatient stay. <br><br>Out-of-Network: <br>50% per stay | In-Network: <br>$295 per day, days 1-7; $0 per day, days 8-90; $0 copay for additional days for each medically necessary covered inpatient stay. <br><br>Out-of-Network: <br>50% per stay |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Part D drug coverage**<br>(Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | **Part D drug coverage deductible**<br>$615 (Tiers 3–5) except for covered insulin products and most adult Part D vaccines.<br><br>**Copayment/Coinsurance during the Initial Coverage Stage:**<br><br>**Tier 1 – Preferred Generic:**<br>*Standard cost-sharing:*<br>You pay $2 per prescription.<br><br>*Preferred cost-sharing:*<br>You pay $0 per prescription.<br>**Tier 2 – Generic:**<br>*Standard cost-sharing:*<br>You pay $12 per prescription.<br><br>*Preferred cost-sharing:*<br>You pay $0 per prescription.<br>**Tier 3 – Preferred Brand:**<br>*Standard cost-sharing:*<br>You pay 24% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>*Preferred cost-sharing:*<br>You pay 24% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br>**Tier 4 – Non-Preferred Drug:**<br>*Standard cost-sharing:*<br>You pay 25% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>*Preferred cost-sharing:*<br>You pay 25% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier. | **Part D drug coverage deductible**<br>$400 (Tiers 3–5) except for covered insulin products and most adult Part D vaccines.<br><br>**Copayment/Coinsurance during the Initial Coverage Stage:**<br><br>**Tier 1 – Preferred Generic:**<br>*Standard cost-sharing:*<br>You pay $5 per prescription.<br><br>*Preferred cost-sharing:*<br>You pay $0 per prescription.<br>**Tier 2 – Generic:**<br>*Standard cost-sharing:*<br>You pay $12 per prescription.<br><br>*Preferred cost-sharing:*<br>You pay $0 per prescription.<br>**Tier 3 – Preferred Brand:**<br>*Standard cost-sharing:*<br>You pay 13% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>*Preferred cost-sharing:*<br>You pay 13% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br>**Tier 4 – Non-Preferred Drug:**<br>*Standard cost-sharing:*<br>You pay 30% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>*Preferred cost-sharing:*<br>You pay 30% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier. |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | **Tier 5 – Specialty:**<br>*Standard cost-sharing:*<br>You pay 25% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>*Preferred cost-sharing:*<br>You pay 25% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>**Catastrophic Coverage Stage:**<br>• During this payment stage, you pay nothing for your covered Part D drugs. | **Tier 5 – Specialty:**<br>*Standard cost-sharing:*<br>You pay 29% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>*Preferred cost-sharing:*<br>You pay 29% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>**Catastrophic Coverage Stage:**<br>• During this payment stage, you pay nothing for your covered Part D drugs. |

# 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**<br>(You must also continue to pay your Medicare Part B premium.) | $0 | $0 |

**Factors that could change your Part D Premium Amount**

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare drug coverage.

## 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**<br><br>Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. | $5,200 | $5,200<br><br>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**<br><br>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. Your costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services. | $10,100 | $10,100<br><br>Once you've paid $10,100 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 the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* **AetnaMedicare.com/findpharmacy** to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

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

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at **1-833-570-6670**, (TTY users call **711**) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Dental services (additional)** | There is no maximum benefit amount for the additional (non-Medicare covered) preventive dental services and a $1,750 every year maximum benefit for the additional (non-Medicare covered) comprehensive dental services covered by your plan.<br><br>In-Network:<br>Preventive dental services (non-Medicare covered):<br>• Oral exams: $0 copay<br>• X-rays: $0 copay | There is no maximum benefit amount for the additional (non-Medicare covered) preventive dental services and a $2,500 every year maximum benefit for the additional (non-Medicare covered) comprehensive dental services covered by your plan.<br><br>In-Network:<br>Preventive dental services (non-Medicare covered):<br>• Oral exams: $0 copay<br>• X-rays: $0 copay |
| *This service is continued on the next page* | | |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Dental services (additional)** (continued) | | |
| | • Other diagnostic dental services: Not covered<br>• Cleanings: $0 copay<br>• Fluoride treatments: Not covered<br>• Other preventive dental services: Not covered<br><br>Comprehensive dental services (non-Medicare covered):<br><br>• Restorative services: 20%-50% coinsurance<br>• Endodontics: 20% coinsurance<br>• Periodontics: 20%-50% coinsurance<br>• Prosthodontics, fixed: 50% coinsurance<br>• Prosthodontics, removable: 50% coinsurance<br>• Maxillofacial prosthetics: Not covered<br>• Oral and maxillofacial surgery: 20%-50% coinsurance<br>• Implant services: Not covered<br>• Orthodontics: Not covered<br>• Adjunctive general services: 20%-50% coinsurance<br><br>See the dental schedule in the *Evidence of Coverage* for additional details. | • Other diagnostic dental services: Not covered<br>• Cleanings: $0 copay<br>• Fluoride treatments: Not covered<br>• Other preventive dental services: Not covered<br><br>Comprehensive dental services (non-Medicare covered):<br><br>• Restorative services: 20%-50% coinsurance<br>• Endodontics: 20% coinsurance<br>• Periodontics: 20%-50% coinsurance<br>• Prosthodontics, fixed: 50% coinsurance<br>• Prosthodontics, removable: 50% coinsurance<br>• Maxillofacial prosthetics: Not covered<br>• Oral and maxillofacial surgery: 20%-50% coinsurance<br>• Implant services: Not covered<br>• Orthodontics: Not covered<br>• Adjunctive general services: 20%-50% coinsurance<br><br>See the dental schedule in the *Evidence of Coverage* for additional details. |
| **Eyewear — prescription (non-Medicare covered)** | Non-Medicare covered eyewear maximum benefit: Plan pays $225 every year for non-Medicare covered prescription eyewear. | Non-Medicare covered eyewear maximum benefit: Plan pays $175 every year for non-Medicare covered prescription eyewear. |
| **Hearing aids** | Hearing aid maximum benefit allowance: Plan pays $1,000 per ear for hearing aids every year. | Hearing aid maximum benefit allowance: Plan pays $1,500 per ear for hearing aids every year. |
| **Intensive outpatient services** | In-Network:<br>You pay a $145 copay for each Medicare-covered service. | In-Network:<br>You pay a $75 copay for each Medicare-covered service. |
| **Over-the-counter (OTC) benefit** | With this plan, you get an Aetna Medicare Extra Benefits Card. It will include:<br><br>• **Over-the-Counter (OTC) Wallet**<br>◦ $60 quarterly benefit amount (allowance). Approved OTC products can be purchased at participating locations including | With this plan, you get an Aetna Medicare Extra Benefits Card. It will include:<br><br>• **Over-the-Counter (OTC) Wallet**<br>◦ $75 quarterly benefit amount (allowance). Approved OTC products can be purchased at participating locations including |

*This service is continued on the next page*

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Over-the-counter (OTC) benefit** (continued) | | |
| | CVS retail locations (excluding locations inside other stores).<br><br>See the *Evidence of Coverage* for more information. | CVS retail locations (excluding locations inside other stores).<br><br>**Important:** Keep your Extra Benefits Card. You won't receive a new card in the mail for the 2027 plan year.<br><br>See the *Evidence of Coverage* for more information. |
| **Skilled nursing facility (SNF) care** | In-Network:<br>You pay $0 per day, days 1-20; $218 per day, days 21-100. | In-Network:<br>You pay $0 per day, days 1-20; $221 per day, days 21-100. |

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is posted online at **AetnaMedicare.com/formulary**.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at **1-833-570-6670** (TTY users call **711**) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you receive Extra Help and you don't get this material by September 30th, call Member Services at **1-833-570-6670**, (TTY users call **711**) and ask for the *LIS Rider*.

### Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), Tier 5 (Specialty) drugs until you've reached the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

**Drug Costs in Stage 1: Yearly Deductible**

The table shows your cost per prescription during this stage.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Yearly Deductible** | $615 (Tiers 3–5)<br><br>During this stage, you pay:<br><br>• $0 at preferred pharmacies or $2 at standard pharmacies for drugs on Tier 1 (Preferred Generic)<br>• $0 at preferred pharmacies or $12 at standard pharmacies for drugs on Tier 2 (Generic)<br><br>and the full cost of drugs on:<br><br>• Tier 3 (Preferred Brand)<br>• Tier 4 (Non-Preferred Drug)<br>• Tier 5 (Specialty)<br><br>until you've reached the yearly deductible. | $400 (Tiers 3–5)<br><br>During this stage, you pay:<br><br>• $0 at preferred pharmacies or $5 at standard pharmacies for drugs on Tier 1 (Preferred Generic)<br>• $0 at preferred pharmacies or $12 at standard pharmacies for drugs on Tier 2 (Generic)<br><br>and the full cost of drugs on:<br><br>• Tier 3 (Preferred Brand)<br>• Tier 4 (Non-Preferred Drug)<br>• Tier 5 (Specialty)<br><br>until you've reached the yearly deductible. |

**Drug Costs in Stage 2: Initial Coverage**

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply, or at a network pharmacy that offers preferred cost sharing, or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Tier 1 – Preferred Generic:**<br><br>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. | *Standard cost-sharing:*<br>You pay $2 per prescription.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is $2.<br><br>*Preferred cost-sharing:*<br>You pay $0 per prescription.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is $0. | *Standard cost-sharing:*<br>You pay $5 per prescription.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is $5.<br><br>*Preferred cost-sharing:*<br>You pay $0 per prescription.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is $0. |
| **Tier 2 – Generic:** | *Standard cost-sharing:*<br>You pay $12 per prescription.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is $12.<br><br>*Preferred cost-sharing:*<br>You pay $0 per prescription.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is $0. | *Standard cost-sharing:*<br>You pay $12 per prescription.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is $12.<br><br>*Preferred cost-sharing:*<br>You pay $0 per prescription.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is $0. |
| **Tier 3 – Preferred Brand:** | *Standard cost-sharing:*<br>You pay 24% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is 24%.<br><br>*Preferred cost-sharing:*<br>You pay 24% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is 24%. | *Standard cost-sharing:*<br>You pay 13% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is 13%.<br><br>*Preferred cost-sharing:*<br>You pay 13% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is 13%. |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Tier 4 – Non-Preferred Drug:** | *Standard cost-sharing:*<br>You pay 25% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is 25%.<br><br>*Preferred cost-sharing:*<br>You pay 25% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is 25%. | *Standard cost-sharing:*<br>You pay 30% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is 30%.<br><br>*Preferred cost-sharing:*<br>You pay 30% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is 30%. |
| **Tier 5 – Specialty:** | *Standard cost-sharing:*<br>You pay 25% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is 25%.<br><br>*Preferred cost-sharing:*<br>You pay 25% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is 25%. | *Standard cost-sharing:*<br>You pay 29% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is 29%.<br><br>*Preferred cost-sharing:*<br>You pay 29% of the total cost.<br><br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br><br>Your cost for a one-month (30-day supply) mail-order prescription is 29%. |

## SECTION 2 How to Change Plans

**To stay in Aetna Medicare Signature (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 Signature (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 Signature (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**, you can enroll in a Part D plan, and you'll automatically be disenrolled from Aetna Medicare Signature (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 (go to Section 1.1).
- **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.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the ADAP for your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the ADAP for your state. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

| | State AIDS Drug Assistance Programs (ADAP) |
|---|---|
| **MI** | **Michigan Drug Assistance Program (MIDAP)**, **Address:** Department of Health and Human Services, PO Box 30727 Lansing, MI 48909, **Phone:** 1-888-826-6565, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, **Website:** michigan.gov/dap |

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027; you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at **1-833-570-6670** (TTY: 711) or visit **Medicare.gov**.

## SECTION 4 Questions?

### Get Help from Aetna Medicare Signature (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 Signature (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/H5521-214** or call Member Services at **1-833-570-6670**, (TTY users call 711) to ask us to mail you a copy.

- **Visit AetnaMedicare.com/H5521-214**

  Our website has the most up-to-date information about our provider network (*Provider Directory / Pharmacy Directory)* and our *List of Covered Drugs* (formulary/Drug List).

## 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) |
|---|---|
| **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 |

## 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)

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Aetna Medicare Signature (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/H5521-214** |
| También puede ver este sitio web en español. Visite | **es.AetnaMedicare.com/H5521-214** |

## 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.<br><br>For a printed copy call **1-866-246-8031** (**TTY: 711**), 8 AM to 8 PM, 7 days a week |
| **List of Covered Drugs (Formulary)** | A list of drugs your plan covers. It has the drug's tier level, as well as any special requirements, such as prior authorization, quantity limits or step therapy.<br><br>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.<br><br>For a printed copy call **1-833-570-6670** (**TTY: 711**), 8 AM to 8 PM, 7 days a week |
| **Pharmacy Directory** | You can find a pharmacy near you by using our online search directory.<br><br>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. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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**.

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# Aetna Medicare Signature (PPO) Member Services

| Method | Member Services – Contact Information |
|---|---|
| **CALL** | 1-833-570-6670<br>Calls to this number are free.<br>Hours of operation are 8 AM to 8 PM, 7 days a week.<br>Member Services also has free language interpreter services available for non-English speakers. |
| **TTY** | 711<br>Calls to this number are free.<br>Hours of operation are 8 AM to 8 PM, 7 days a week. |
| **WRITE** | Aetna Medicare<br>PO Box 14088<br>Lexington, KY 40512 |
| **WEBSITE** | Go to AetnaMedicare.com/H5521-214 or scan this code with your smartphone to visit our website. |

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