Plan Guide 2027

MI-DSNP-HIDE
Aetna Medicare HIDE (HMO D-SNP) H9314-001

This is an at-a-glance view of plan costs and coverage to help you explore your options. It is not a complete list. For full details, refer to the *Summary of Benefits* or Member Handbook at AetnaMedicare.com/MICHDSNP or call us to request a copy.

What you'll find inside

- Service areas
- In-network benefits for selected services
- In-network costs for selected services
- Additional benefits
- Prescription drugs

When joining a plan

Review the following pages for in-network costs for some of our Medicare benefits. The amount that a member pays for premiums, deductibles, copayments and/or coinsurance may vary based on the level of Medicaid eligibility and "Extra Help" a member receives.

Your questions are important to us

1-844-509-6287 (**TTY**: 711)
October 1–March 31: 8 AM to 8 PM, 7 days a week
April 1–September 30: 8 AM to 8 PM, Monday–Friday
Your call may be answered by a licensed agent.

Service area

Plan name	Contract PBP	Plan service area
Aetna Medicare HIDE (HMO D-SNP)	H9314-001	**Michigan**: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne

Medical and hospital benefits

Benefits listed are for services received in-network and per visit unless otherwise stated.

Benefits	H9314-001 Aetna Medicare HIDE (HMO D-SNP)
Monthly plan premium	$0
Dual Eligibles	FBDE QMB+ SLMB+
Plan deductible	$0

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Benefits	H9314-001 Aetna Medicare HIDE (HMO D-SNP)
Annual maximum out-of-pocket amount (does not include premium or prescription drug costs)	$9,850 So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.
Hospital coverage	
Inpatient hospital care	$0 copay
Outpatient hospital	$0 copay
Ambulatory surgery center (ASC)	$0 copay
Skilled nursing facility	$0 per stay Our plan covers up to 100 days per benefit period.
Provider services	
Annual routine physical	$0 copay for an annual routine physical exam.
Primary care provider (PCP)	$0 copay In-network PCP selection is required.
PCP referrals	This plan doesn't require a referral to see a specialist.
Specialist	$0 copay
Emergency and urgent care	
Emergency care	$0 copay
Urgently needed services	$0 copay
Worldwide coverage (i.e., outside of the United States)	$0 copay for emergency and urgent services worldwide. $250,000 maximum coverage.
Diagnostic testing	
X-rays and diagnostic radiology (e.g., CT scan, MRI)	$0 copay
Lab services	$0 copay
Dental, vision and hearing (non-Medicare covered)	
Dental services	Our plan pays $2,000 every year for preventive and comprehensive dental services combined. You must use the DentaQuest network.
Routine eye exam	$0 copay (one exam every year)
Contacts and eyeglasses	Our plan pays $250 every year for prescription eyewear. You must use the VSP network.

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Benefits	H9314-001 Aetna Medicare HIDE (HMO D-SNP)
Routine hearing exam	$0 copay (one exam every year) Appointments must be scheduled through NationsHearing®.
Hearing aids	Our plan pays $1,500 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing®.
Therapy	
Physical and speech therapy	$0 copay
Occupational therapy	$0 copay
Outpatient mental health therapy (individual)	$0 copay
Ambulance	
Ground ambulance (one-way trip)	$0 copay
Air ambulance (one-way trip)	$0 copay
Equipment	
Durable medical equipment	$0 copay

Additional benefits

Benefits	H9314-001 Aetna Medicare HIDE (HMO D-SNP)
24-Hour Nurse Line	$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.§
Aetna® Medicare Extra Benefits Card	**Over-the-Counter (OTC) Wallet** $229 benefit amount (allowance) monthly on the Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.
Chiropractic services (additional)	$0 copay (up to twelve visits every year)
Fitness	Physical fitness program: Basic SilverSneakers® membership.
Foot care (additional)	$0 copay (up to six visits every year)
Meals	Up to 28 home-delivered meals over a 14-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility.
Over-the-counter (OTC) items	See **Aetna Medicare Extra Benefits Card** for the OTC Wallet.
Personal emergency response system	Members are eligible for an alert system through LifeStation.

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Special supplemental benefits

Benefits	H9314-001 Aetna Medicare HIDE (HMO D-SNP)
Aetna Extra Supports Wallet (ESW)‡	Members with a qualifying chronic condition who meet all other criteria may be eligible. $229 This will replace your OTC allowance on your Extra Benefits Card. You will not get any additional funds applied to your card.

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Prescription drugs

Pharmacy	H9314-001 Aetna Medicare HIDE (HMO D-SNP)
Rx formulary	B2
If you qualify for "Extra Help" from Medicare to help pay for your prescription drugs, you pay:	
Rx deductible	$0
LIS cost shares	Low Income Subsidy (LIS) copayments or coinsurance may vary depending on your level of "Extra Help" Generic drugs (including brand drugs treated as generic): either $0, $1.65, or $5.80 per prescription All other drugs: either $0, $5.00, or $14.40 per prescription
If you do not qualify for "Extra Help" from Medicare to help pay for your prescription drugs, you pay:	
Rx plan type	Enhanced Alternative
Rx formulary	B2
Rx deductible	$700 Does not apply to Tier 1, Tier 2 drugs.
Out-of-pocket threshold	$2,400
Catastrophic coverage for generic and brand name drugs	$0

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Tier drug coverage

Benefits	H9314-001 Aetna Medicare HIDE (HMO D-SNP)	
Supply in days	30	100
Tier 1		
Retail Preferred	N/A	N/A
Retail Standard	$0	$0
Mail-order Preferred	N/A	N/A
Mail-order Standard	$0	$0
Tier 2		
Retail Preferred	N/A	N/A
Retail Standard	$0	$0
Mail-order Preferred	N/A	N/A
Mail-order Standard	$0	$0
Tier 3		
Retail Preferred	N/A	N/A
Retail Standard	9%	9%
Mail-order Preferred	N/A	N/A
Mail-order Standard	9%	9%
Tier 4		
Retail Preferred	N/A	N/A
Retail Standard	25%	25%
Mail-order Preferred	N/A	N/A
Mail-order Standard	25%	25%
Tier 5		
Retail Preferred	N/A	N/A
Retail Standard	25%	N/A

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§ While only your doctor can diagnose, prescribe or give medical advice, the [care management nurses/24-Hour Nurse Line] can provide information on a variety of health topics.

‡ 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.

Disclaimers
Your Extra Benefits Card, administered by CVS Flex Benefits Solutions®.

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 (HMO D-SNP) depends on contract renewal.

The formulary may change at any time. You will receive notice when necessary.

Aetna is part of the CVS Health® family of companies.

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

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

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

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.

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ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-855-676-5772** (**TTY: 711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-676-5772** (**TTY: 711**).**Required disclaimer**
If a TPMO does not sell for all MA organizations in the service area the disclaimer consists of the statement:

We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact **Medicare.gov**, 1-800-MEDICARE (**1-800-633-4227**), to get information on all of your options.

If the TPMO sells for all MA organizations in the service area the disclaimer consists of the statement:
Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact **Medicare.gov**, 1-800-MEDICARE (**1-800-633-4227**), for help with plan choices.

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