



2024 Summary of Benefits

Aetna Medicare Dual Preferred (HMO D-SNP)
H3239 - 002



Here's a summary of the services we cover from January 1, 2024 through December 31, 2024. Keep in mind: This is just a summary. Need a complete list of what we cover and any limitations? Just visit [AetnaMedicare.com/H3239-002](https://www.aetnamedicare.com/H3239-002) where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

We're here to help

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

Not a member yet?

Call 1-833-859-6031 (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

An Aetna® team member will answer your call.

Already a member?

Call 1-866-409-1221 (TTY: 711)

8 AM to 8 PM, 7 days a week

An Aetna team member will answer your call.

Are you eligible to enroll?

To join Aetna Medicare Dual Preferred (HMO D-SNP), you must:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:
Alabama: Bibb, Blount, Calhoun, Cherokee, Clay, Cleburne, Colbert, Coosa, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, Shelby, St. Clair, Sumter, Talladega, Tuscaloosa, Walker, Winston
- Be in a Medicare Savings Program (MSP) or qualify for State Medicaid benefits. See table below for additional MSP details.

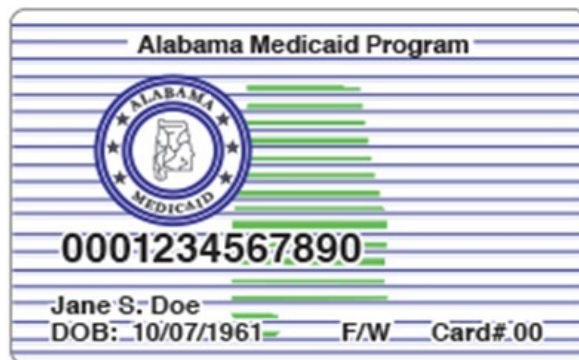
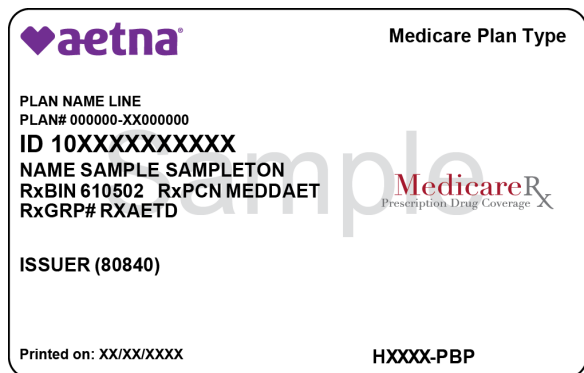
Better health is a team effort

With our Medicare Advantage Dual Eligible Special Needs Plan, or D-SNP, you'll have a care team in your corner, ready to help you reach your best health and make life easier.

- Your **nurse care manager** is a single point of contact to help coordinate your care.
- Your **social worker** will link you to programs in your community and help with questions you have about social services.
- Your **care coordinator** will help schedule doctor appointments, arrange rides and work with you to meet your personal needs.
- Your **member advocate** will assist you in accessing State Medicaid benefits.

| Medicare Savings Program | What it covers |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Qualified Medicare Beneficiary (QMB) | Helps pay Medicare Part A and Part B premiums, and other cost sharing (like deductibles, coinsurance, and copayments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).) |
| Qualified Medicare Beneficiary Plus (QMB Plus) | Helps pay Medicare Part A and B premiums, and other cost sharing (like deductibles, coinsurance, and copayments). You are also eligible for full Medicaid benefits from your state Medicaid program. |
| Specified Low-Income Medicare Beneficiary (SLMB) | Helps pay Part B premiums. (Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).) |
| Specified Low-Income Medicare Beneficiary Plus (SLMB Plus) | Medicaid may cover some of your Medicare premiums and cost sharing for medical services, depending on your state's Medicaid program. You are eligible for full Medicaid. |
| Full Benefit Dual Eligible (FBDE) | Medicaid may cover some of your Medicare cost sharing for medical services, depending on your state's Medicaid program. You are eligible for full Medicaid. |
| Qualified Disabled and Working Individual (QDWI) | Helps pay Medicare Part A premium. |
| Qualifying Individual (QI) | Helps pay Medicare Part B premium. |

Be sure to show your Aetna® member ID card **AND** your state Medicaid ID card when you visit the doctor or pharmacy.



What you should know

- **Plan type:** Aetna Medicare Dual Preferred (HMO D-SNP) is a D-SNP plan. This is a Medicare Advantage plan that covers prescription drugs.
- **D-SNP information:** Our D-SNP is for people on Medicare who are also eligible for some level of Medicaid assistance. 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 that Original Medicare covers and we provide additional benefits and services too.
- **Primary Care Physician (PCP):** A PCP is important to help coordinate your care. We require you to select a PCP. When you enroll, we'll ask who your PCP is. If you don't tell us, we'll assign one to you. You can change your PCP anytime by calling us or logging into your member portal.
- **Referrals:** Aetna Medicare Dual Preferred (HMO D-SNP) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services or drugs.
- **Contact information:** To get more information about some benefits, please see the Contact quick reference chart at the end of this document.
- **Provider directory:** View your provider directory at [AetnaMedicare.com/H3239-002](https://www.aetna.com/H3239-002).

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



| Out-of-pocket costs | |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly premium | \$0 up to \$36.70, depending on your level of Extra Help. Keep in mind: You must keep paying your Medicare Part B premium, too. But your state’s Medicaid program may cover your Part B premium. |
| Plan deductible | \$0 - \$240 Your deductible is what you’ll pay before we begin to pay for services. |
| MOOP | \$8,850 Depending on your Medicaid “Medicare Savings Program” eligibility category, Medicaid may pay your cost shares until you reach the Maximum Out of Pocket. Once you reach the limit, we will pay the full cost for plan covered services for the rest of the year. |

Medical and hospital benefits

What you pay depends on what level of MSP you have (Medicaid eligibility). Those with **QMB or full Medicaid** pay \$0.



Hospital coverage

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your costs in our plan |
|------------------------------------------|-----------------------------------------------|
| Inpatient (unlimited number of days) | \$0 per stay - \$1,910 per stay |
| Outpatient hospital observation services | \$0 - 20% per stay after your plan deductible |
| Outpatient hospital | \$0 - 20% after your plan deductible |
| Ambulatory surgical center | \$0 - 20% after your plan deductible |



Doctor visits

| Benefit | Your costs in our plan |
|------------|------------------------|
| PCP | 0% |
| Specialist | \$0 - 20% |



Preventive, emergency and urgent care

| Benefit | Your costs in our plan |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Preventive care | \$0 For a full list of preventive services available, see the EOC. Some covered services may have an associated cost. |
| Emergency and urgent care (inside the U.S.) | \$0 - \$100 for emergency care \$0 - \$55 for urgent care |
| Emergency and urgent care, including ambulance (outside the U.S.) | \$0 for emergency care \$0 for urgent care \$0 for ambulance |
| Emergency allowance (outside the U.S.) | Maximum coverage: \$250,000 (the most we'll pay for your worldwide emergency and urgent care combined) |



Diagnostic services, labs, imaging

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your costs in our plan |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic tests and procedures | \$0 - 20% after your plan deductible |
| Lab services | <p>\$0 - 20% after your plan deductible</p> <p>You'll pay \$0 for certain lab services including hemoglobin A1c, urine protein, prothrombin (protime), urine albumin, fecal immunochemical test (FIT), kidney health evaluation for members with diabetes (KED) and COVID-19 testing</p> |
| Diagnostic radiology services, such as MRI | \$0 - 20% after your plan deductible |
| Outpatient x-rays | \$0 - 20% after your plan deductible |



Hearing services

| Benefit | Your costs in our plan |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic hearing exam | \$0 - 20% after your plan deductible |
| Routine hearing exam | <p>\$0</p> <p>You get one routine hearing exam every year with a provider in the NationsHearing network.</p> |
| Hearing aids | You get an annual benefit amount (allowance) up to a maximum amount of \$1,250 per ear, every year. This benefit amount can only be used to purchase hearing aids through a NationsHearing network provider. If the cost is over the benefit amount, you pay the difference. |



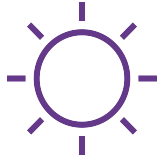
Dental services

| Benefit | Your costs in our plan |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dental services | <p>\$0 for preventive services including oral exams, bitewing x-rays and cleanings</p> <p>\$0 for comprehensive services including things like fillings, extractions, crowns, root canals, dentures, and implants</p> <p>\$3,000 annual benefit amount (allowance). This is the total amount that will be paid for covered preventive and comprehensive services combined. You are responsible for any costs over this amount. This benefit uses the Aetna Dental PPO Network, which is different from your medical network. If you choose a provider outside of the Aetna Dental PPO Network, services will not be covered. To find a provider and learn more about this benefit visit AetnaMedicare.com/H3239-002</p> |



Vision services

| Benefit | Your costs in our plan |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic eye exam (includes diabetic eye exams) | \$0 -20% after your plan deductible |
| Glaucoma screening | \$0 - 20% after your plan deductible |
| Routine eye exam | <p>\$0</p> <p>Our plan covers one exam every year when obtained from an in-network provider.</p> |
| Contacts and eyeglasses | <p>You get a vision eyewear benefit amount (allowance) up to \$425 every year for covered prescription eyewear. You can only use this benefit amount at an EyeMed provider. Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll need to pay the difference.</p> |



Mental health services

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your costs in our plan |
|-------------------------------------|--------------------------------------|
| Inpatient psychiatric hospital stay | \$0 - \$1,910 per stay |
| Outpatient mental health therapy | \$0 - 20% after your plan deductible |
| Outpatient psychiatric therapy | \$0 - 20% after your plan deductible |



Skilled nursing facility (SNF) and therapy

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

| Benefit | Your costs in our plan |
|-----------------------------|----------------------------------------------------------|
| SNF care | \$0 - \$0 per day, days 1-20; \$204 per day, days 21-100 |
| | Our plan covers up to 100 days per benefit period. |
| Physical and speech therapy | \$0 - 20% after your plan deductible |
| Occupational therapy | \$0 - 20% after your plan deductible |



Ambulance and routine transportation

Your doctor often needs approval from us before we cover non-emergency air ambulance. This is called **prior authorization** or pre-certification.

| Benefit | Your costs in our plan |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ambulance (ground or air, one-way trip) | \$0 - 20% after your plan deductible |
| Routine, non-emergency transportation | <p>\$0</p> <p>You get up to 60 one-way rides each year to and from plan approved locations (up to 100 miles each ride). This benefit is administered through Access2Care. Please call Access2Care at least two business days in advance to schedule a ride. Tip: Be sure to schedule a ride both to and from your destination. This will count as two one-way rides.</p> <p>Important:</p> <ol style="list-style-type: none"> 1. When scheduling the ride, let the representative know if you will require assistance getting to and from the vehicle. They can confirm if you will need to have an escort (family member or caregiver) ride with you. 2. Please be ready when the driver arrives. |



Medicare Part B drugs

Medicare Part B only covers certain medicines for certain conditions. These medicines are often given to you in your doctor’s office. They can include things like vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment. Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your costs in our plan |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chemotherapy drugs | <p>\$0 or 0% - 20% after your plan deductible</p> <p>\$0 for some members, based on your level of Medicaid eligibility</p> <p>Minimum cost share ensures member cost sharing does not exceed the adjusted Medicare coinsurance for Part B rebatable drugs</p> |
| Other Part B drugs | <p>\$0 or 0% - 20% after your plan deductible</p> <p>\$0 for some members, based on your level of Medicaid eligibility</p> <p>Minimum cost share ensures member cost sharing does not exceed the adjusted Medicare coinsurance for Part B rebatable drugs</p> |

Medicare Part D drugs



Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes.

| Benefit | Your costs in our plan |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deductible | \$0 |
| Initial Coverage | \$0 for all covered Part D drugs You can get a 30, 60 or 100-day supply of drugs. This includes home infusion drugs obtained through your Part D benefit. |
| Coverage Gap | \$0 for all covered Part D drugs |
| Catastrophic Coverage | \$0 for all covered Part D drugs |

Other covered benefits



Allowance cards

| Benefit | |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Extra Benefits Card</p> | <p>With this plan, you get an Extra Benefits Card to help you pay for everyday expenses. It will include:</p> <p>Extra Supports Wallet amount - \$175 monthly benefit amount (allowance) to pay for any of the following:</p> <ul style="list-style-type: none"> • Healthy food, over-the-counter (OTC) items, transportation, utilities, personal care items, pet supplies, rent or mortgage assistance <p>The monthly benefit amount will be available on the card the first day of each month. Be sure to use the full benefit amount each month, because any unused amount will not roll over into the next month. We have partnered with NationsBenefits to provide this benefit to you.</p> <p>For more information, you can contact NationsBenefits at 1-877-204-1817 (TTY: 711) or visit Aetna.NationsBenefits.com.</p> <p>Important: Plan not responsible for lost or stolen cards or fees associated with late utilities, rent, or mortgage payments.</p> |



Complementary and alternative medicine (CAM)

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your costs in our plan |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Acupuncture</p> | <p>\$0 - 20% for Medicare-covered care</p> <p>Medicare coverage is limited to services to treat chronic low back pain. Routine acupuncture care isn't covered.</p> |

Chiropractic care

\$0 - 20% for Medicare-covered care after your plan deductible
 \$0 for routine care after your plan deductible

Medicare coverage is limited to fixing a subluxation. This is when one or more of the bones in your spine move out of place. For routine services, we also cover up to twelve visits every year as necessary to meet your individual needs. WholeHealth Network (WHN), a division of Tivity Health will manage your chiropractic benefit.



Diabetic supplies

We cover blood glucose monitors and diabetic test strips from **OneTouch®/LifeScan**. **Keep in mind:** We **don't** cover other brands unless you get approval from us first. Your doctor may need approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your costs in our plan |
|-------------------|------------------------|
| Diabetic supplies | 0% |



Fitness program

| Benefit | Your costs in our plan |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical fitness | <p>\$0</p> <p>You're eligible for a basic membership at SilverSneakers participating facilities. If you prefer to exercise at home, you can also access online classes or get an at-home fitness kit. This membership also includes classes and workshops taught by instructors trained in senior fitness, workout videos, a mobile app, and online fitness nutrition tips. You will also have access to online enrichment classes to support your health and wellness, as well as your mental fitness.</p> |



Foot care (podiatry services)

| Benefit | Your costs in our plan |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Foot exams and treatment | \$0 - 20% for Medicare-covered care after your plan deductible \$0 for routine care For routine services, we cover up to twelve visits every year. |



Home care and support

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your costs in our plan |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Home health care | \$0 - \$0 after your plan deductible |
| Meals | \$0 Our plan covers up to 28 meals over 14 days after you're discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility. Upon discharge, you'll be contacted by NationsMarket to schedule delivery. |
| Personal emergency response system | \$0 Our plan covers a personal emergency response system from LifeStation to provide you with 24/7 access to help in the event of an emergency. |



Medical equipment and supplies

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your costs in our plan |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Durable medical equipment (DME), like CPAP* machines, wheelchairs and oxygen | \$0 - 20% |
| Prosthetics, such as braces and artificial limbs | \$0 - 20% |
| Fall prevention | Up to \$150 every year for certain clinically appropriate home and bathroom safety devices that can improve your ability to move around your home. |

*CPAP stands for "continuous positive airway pressure."



Substance abuse

Your doctor may need approval from us before we cover these services. This is called **prior authorization** or pre-certification.

| Benefit | Your costs in our plan |
|------------------------------------|--------------------------------------|
| Outpatient substance abuse therapy | \$0 - 20% after your plan deductible |



24-Hour Nurse Line

Talk to a registered nurse anytime, day or night.

| Benefit | Your costs in our plan |
|------------|------------------------|
| Nurse Line | \$0 |

(Full Benefit Group)

DESCRIPTION OF ADDITIONAL MEDICAID BENEFITS

Certain Medicare recipients qualify for Medicaid to pay their Medicare Part B (supplemental medical insurance) premiums and for some services not covered by Medicare. Some of these extra benefits include eye exams and eyeglasses, Home and Community Based services (if eligible), mental health services, prescription drugs that are not covered by Medicare Part D, and non-emergency transportation. In some cases, Medicaid may pay their Part A (hospital insurance) premium.

The people in this group include:

- **QMB-Plus**
- **Full Benefit Dual Eligible or FBDE recipient**
- **SLMB-Plus**

Aetna Medicare Dual Preferred (HMO D-SNP) and Alabama Medicaid have agreed to work together to offer another choice for full Medicaid recipients who have Medicare Part A and Part B. If you join Aetna Medicare Dual Preferred (HMO D-SNP) you do not have to pay for deductibles, copayments or coinsurance for services that are covered by Medicare. You may also qualify for the benefits listed below.

Benefits Available to QMB-Plus, Full Benefit Dual Eligibles and SLMB-Plus

| Benefit Category | Alabama Medicaid | Aetna Medicare Dual Preferred (HMO D-SNP) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <p>Eye Care Services: Medicaid pays for eye exams and eyeglasses once every two calendar years. Contact lenses may be provided only under certain conditions and when approved ahead of time.</p> | <p>\$1.30 to \$3.90 for eye exams. NOTE: You must buy your glasses from a Medicaid-approved contract provider.</p> | <p>Covered</p> |
| <p>Home and Community Based Services: Programs that allow certain disabled clients to stay in their homes rather than live in a nursing home.</p> | <p>You must meet certain medical criteria to qualify for this service.</p> | <p>Not Covered</p> |
| <p>Intermediate Care Facility for Intellectual Disabilities (ICF-ID) ICF-ID facilities provide a protected residential setting and services to help individuals function.</p> | <p>You must meet certain medical criteria to qualify for this service.</p> | <p>Not Covered</p> |
| <p>Non-Emergency Transportation (NET) NET helps cover the costs of rides to and from medically necessary appointments if Medicaid recipients have no other way to get to their appointments.</p> | <p>You must call and get prior approval for this service.</p> | <p>Covered</p> |
| <p>Prescription Drugs</p> | <p>.65 to \$3.90 per prescription for</p> | <p>Covered</p> |

| Benefit Category | Alabama Medicaid | Aetna Medicare Dual Preferred (HMO D-SNP) |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| | Part D excluded drugs covered by Alabama Medicaid. Medicaid does not cover Part D covered drugs (defined by CMS) for dual eligibles. | |

Limited or Partial Benefit Group

DESCRIPTION OF ADDITIONAL MEDICAID BENEFITS

Certain Medicare recipients qualify for Medicaid to pay their Medicare Part A (hospital insurance) OR Part B (supplemental medical insurance) premiums. These recipients do not qualify for any additional Medicaid benefits.

This group includes:

- **Qualified Disabled and Working Individual or QDWI:** Medicaid pays Medicare Part A premiums.
- **Qualifying Individual or QI-1:** Medicaid pays Medicare Part B premiums.
- **Specific Low-Income Medicare Beneficiary or SLMB Only:** Medicaid pays Medicare Part B premiums.
- **Qualified Medicare Beneficiary, sometimes known as QMB Only** Medicaid pays Medicare Part B premiums, Medicare deductibles and coinsurance. In some cases, Medicaid may also pay their Part A premium.

If you join Aetna Medicare Dual Preferred (HMO D-SNP) you may not have to pay for deductibles, copayments or coinsurance for services that are covered by Medicare. You may have to pay a monthly premium or other costs to Aetna Medicare Dual Preferred (HMO D-SNP) for extra benefits listed below.

Benefits Available to QDWI, QI-1, SLMB-Only and QMB-Only

| Benefit Category | Alabama Medicaid | Aetna Medicare Dual Preferred (HMO D-SNP) |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <p>Premium Assistance Medicaid pays the Part A or Part B premium</p> | <p>No other benefits paid QDWI: pays Medicare Part A premiums QI-1: pays Medicare Part B premiums SLMB-Only: pays Medicare Part B premiums. QMB-Only: pays Medicare Part B premiums, Medicare deductibles and coinsurance. In some cases, Medicaid may also pay their Part A premium.</p> | <p>See Medicaid Premium Assistance</p> |

| Benefit Category | Alabama Medicaid | Aetna Medicare Dual Preferred (HMO D-SNP) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------|
| Eye Care Services: Medicaid pays for eye exams and eyeglasses once every two calendar years. Contact lenses may be provided only under certain conditions and when approved ahead of time. | Not Covered | Covered |
| Home and Community Based Services: Programs that allow certain disabled clients to stay in their homes rather than live in a nursing home. | Not Covered | Not Covered |
| Intermediate Care Facility —Intellectual Disabilities (ICF-ID): ICF-ID facilities provide a protected residential setting, and services to help individuals function. | Not Covered | Not Covered |
| Non-Emergency Transportation NET helps cover the costs of rides to and from medically necessary appointments if Medicaid recipients have no other way to get to their appointments without obvious hardships. | Not Covered | Covered |
| Prescription Drugs | Not Covered | Covered |

Medicaid Appeals and Grievances

You may request a fair hearing from the Alabama Medicaid Agency if the Agency reduces or denies services based on medical criteria or when eligibility benefits are denied, terminated, or reduced. Your written request must be received by Medicaid within 60 days from the date the notice of action is mailed that a covered service or eligibility benefit has been reduced, denied, or terminated.

Mail requests to:
 Alabama Medicaid Agency
 Attention: Hearings Coordinator
 P.O. Box 5624

Montgomery, AL 36103

If you have questions, call the Alabama Medicaid Recipient Inquiry Hotline at 1-800-362-1504. The call is free. (For the hearing impaired, the TTY number is 1-800-253-0799. The call is free.) “All Medicaid services are made available in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. Complaints concerning these matters should be directed to the Civil Rights Coordinator, Alabama Medicaid Agency.”

Contact quick reference

| Contact name | Phone number (TTY: 711) | Website |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Aetna: Before you enroll | 1-833-859-6031 | AetnaMedicare.com |
| Aetna: After you enroll | Member Services: 1-866-409-1221 | AetnaMedicare.com/H3239-002 |
| Your agent/broker (use this space to write down your agent/broker's phone number) | | |
| Find a network doctor, hospital, or pharmacy | 1-866-409-1221 | AetnaMedicare.com/findprovider |
| 24-Hour Nurse Line | 1-855-493-7019 | Please call |
| Access2Care (transportation) | 1-855-814-1699 (TTY: 711) | Please call |
| Aetna (dental) | 1-866-409-1221 | AetnaMedicare.com/dental |
| EyeMed (vision) | 1-844-486-3485 (TTY: 711) | AetnaMedicareVision.com |
| LifeStation® | 1-855-798-9948 | Please call |
| Nations (Extra Benefits Card) | 1-877-204-1817 (TTY: 711) | Aetna.NationsBenefits.com |
| NationsHearing | 1-877-225-0137 (TTY: 711 for the hearing and speech impaired) | Aetna.NationsBenefits.com/Hearing |
| OneTouch/LifeScan | 1-877-764-5390 Brochure code: 123AET200 | OneTouch.orderpoints.com |
| SilverSneakers | 1-888-423-4632 (TTY/TDD: 711) | SilverSneakers.com |

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.

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

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.

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 *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

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 1-866-409-1221 (TTY: 711) 8 AM to 8 PM, 7 days a week if you do not receive your mail-order drugs within this timeframe. 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.

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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.

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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 **1-833-859-6031 (TTY: 711)**. From October 1 to March 31, you can call us 7 days a week from 8 AM to 8 PM local time. From April 1 to September 30, we're here Monday through Friday from 8 AM to 8 PM local time.

Understanding the benefits

- The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [AetnaMedicare.com](https://www.aetna.com/medicare) or call **1-833-859-6031 (TTY: 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- 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.
- 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 healthcare 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.
- 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/co-insurance may change on January 1, 2025.
- 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).
- 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.

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-409-1221. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-409-1221. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-409-1221。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-409-1221。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-409-1221. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-409-1221. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-409-1221. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-409-1221. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-409-1221. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-409-1221. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-409-1221. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-409-1221 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-409-1221. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-409-1221. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-409-1221. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-409-1221. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-409-1221. にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-866-409-1221. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

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Form CMS-10802
(Expires 12/31/25)

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have 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 our Grievance Department (write to the address listed in your *Evidence of Coverage*). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

傳統漢語(中文) **(CHINESE):** 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。