

Aetna Medicare FIDE (HMO D-SNP) | 2026 Summary of Benefits

January 1, 2026 – December 31, 2026

H1610-001

Introduction

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

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If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).
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A. Disclaimers



This is a summary of health services covered by Aetna Medicare FIDE (HMO D-SNP) for 2026. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. You can find the *Evidence of Coverage* at [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp) or request a copy by calling Member Services at [1-855-463-0933](tel:1-855-463-0933) (TTY: [711](tel:711)).

- Aetna Medicare FIDE (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the Virginia Medicaid Program. Enrollment in Aetna Medicare FIDE depends on contract renewal.
- Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.
- You can get this document for free in other formats, such as large print, braille, or audio. Call [1-855-463-0933](tel:1-855-463-0933) (TTY: [711](tel:711)) 8 AM to 8 PM, 7 days a week. The call is free.
- This document is available for free in Spanish. Este documento está disponible de forma gratuita en español.
- This document is available for free in Vietnamese. Tài liệu này có sẵn miễn phí bằng tiếng Việt.
- This document is available for free in Arabic. يتوفر هذا المستند مجانًا بالعربية.
- If there is an additional language or alternate format you need, or you would like to change your preferred language, please call Member Services. Your preferred language will be stored, however if you want to change your selection for the future, you will need to call Member Services.
- For more information about **Medicare**, you can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)). TTY users should call [1-877-486-2048](tel:1-877-486-2048).
- For more information about Aetna Medicare FIDE (HMO D-SNP), you can check the Virginia Department of Medical Assistance Services website at dmas.virginia.gov. You can also call the Virginia Office of the State Long Term Care Ombudsman, which advocates for people who have both Medicare and Medicaid, at [1-800-552-5019](tel:1-800-552-5019) (or [711](tel:711) for Virginia Relay).



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Notice of Availability (NOA)**TTY: 711**

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

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للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على هذا المستند (Arabic)

如欲使用免費語言服務，請致電本文件上的電話號碼。 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro sur ce document. (French)

Pou jwenn sèvis lang gratis, rele nimewo ki sou dokiman sa a. (French Creole)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf diesem Dokument an. (German)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, इस दस्तावेज़ पर दिये नंबर पर कॉल करें। (Hindi)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero indicato su questo documento. (Italian)

言語サービスを無料でご利用いただくには、本書に記載の番号にお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 본 서류에 기재되어 있는 번호로 전화해 주십시오. (Korean)

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

Aby uzyskać dostęp do bezpłatnych usług językowych, proszę zadzwonoć numer telefonu w tym dokumencie. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta neste documento. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, номер которого приведен в этом документе. (Russian)

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



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

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

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên tài liệu này. (Vietnamese)

(Urdu) بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اس دستاویز پر درج نمبر پر بات کریں

(Dari) بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اس دستاویز پر درج نمبر پر بات کریں

మీకు ఎటువంటి ఖర్చు లేకుండా భాషా సేవలను పొందేందుకు, ఈ పత్రంలోని నంబర్‌కుల్ చేయండి. (Telugu)

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ nọmba no na dọkụment a. (Ibo)

निःशुल्क भाषा सेवाहरू प्राप्त गर्न, यस कागजातमा दिइएको नम्बरमा कल गर्नुहोस्। (Nepali)

বিনামূল্যে ভাষা পরিষেবা পেতে, এই নথিতে দেওয়া নম্বরে কল করুন। (Bengali)

(Pashto) د ژبې خدماتو ته د وړیا لاسرسۍ لپاره، پدې سند کې شمیرې ته زنگ ووهئ.

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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Aetna Medicare FIDE (HMO D-SNP)?	<p>A Virginia Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is a managed health care option for Virginia Cardinal Care members with Medicare. A Virginia FIDE SNP covers all of your Medicare, Cardinal Care (Medicaid) and drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) Card, and no copays for medical services and \$0 copays on Tier 1 and Tier 2 prescription drugs. A FIDE SNP coordinates all of your care.</p> <p>If you join a FIDE SNP, you do not lose any of your Cardinal Care, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with Cardinal Care and Medicare is still available, along with access to some additional services.</p> <p>To be eligible to enroll in a FIDE SNP in Virginia, you must be entitled to Medicare Parts A and B and eligible for full Cardinal Care benefits.</p> <p>You must also live in the plan's "service area" (the counties where that plan is offered). The counties that make up the Aetna Medicare FIDE (HMO D-SNP) service area are listed on page 7 of this document.</p>
Will I get the same Medicare and Cardinal Care Medicaid benefits in Aetna Medicare FIDE (HMO D-SNP) that I get now?	<p>You'll get most of your covered Medicare and Cardinal Care Medicaid benefits directly from Aetna Medicare FIDE (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor care manager's or care coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now directly from a State or county agency, or regional center services.</p> <p>When you enroll in Aetna Medicare FIDE (HMO D-SNP), you and your Care Team will work together to develop an Individualized Care Plan (ICP) that addresses your health and support needs and reflects your personal preferences and goals.</p> <p>If you're taking any Medicare Part D drugs that Aetna Medicare FIDE (HMO D-SNP) doesn't normally cover, you can get a temporary supply. We'll help you to transition to another drug or get an exception for Aetna Medicare FIDE (HMO D-SNP) to cover your drug if medically necessary. Medicaid may cover drugs through Cardinal Care that aren't covered by Medicare. For more information, call Member Services at the numbers listed at the bottom of this page.</p>



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Frequently Asked Questions	Answers
Can I use the same health care providers I use now?	<p>That's often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Aetna Medicare FIDE (HMO D-SNP) and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in the Aetna Medicare FIDE (HMO D-SNP) network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the Aetna Medicare FIDE (HMO D-SNP) plan network. Aetna Medicare FIDE (HMO D-SNP) covers urgent or emergency care worldwide. If you're currently under treatment with a provider that's out of Aetna Medicare FIDE (HMO D-SNP)'s network, or have an established relationship with a provider that's out of Aetna Medicare FIDE (HMO D-SNP)'s network, you can stay connected with your existing provider for a period of time. Call Member Services to check about staying connected. <p>To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read the Aetna Medicare FIDE (HMO D-SNP) <i>Provider and Pharmacy Directory</i> on the plan's website at AetnaBetterHealth.com/Virginia-hmosnp/find-provider.</p> <ul style="list-style-type: none"> If Aetna Medicare FIDE (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.
What's an Aetna Medicare FIDE (HMO D-SNP) Care Coordinator or Care Manager?	An Aetna Medicare FIDE (HMO D-SNP) Care Coordinator or Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.
What are Long-Term Services and Supports (LTSS)?	Long-Term Services and Supports (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Aetna Medicare FIDE (HMO D-SNP) provides LTSS if you're found to be eligible through the LTSS screening process. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. In some cases, a county or other agency may provide these services, and your care team will work with that agency.



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Frequently Asked Questions	Answers
What happens if I need a service but no one in Aetna Medicare FIDE (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Aetna Medicare FIDE (HMO D-SNP) will cover services provided by an out-of-network provider.
Where's Aetna Medicare FIDE (HMO D-SNP) available?	<p>The service area for this plan includes: Virginia: Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York</p> <p>You must live in one of these areas to join the plan.</p>
What's prior authorization?	<p>Prior authorization means that you must get an approval from Aetna Medicare FIDE (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Aetna Medicare FIDE (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Aetna Medicare FIDE (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Aetna Medicare FIDE (HMO D-SNP) before the service is provided.</p>
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Frequently Asked Questions	Answers
What's prior authorization? (continued from previous page)	
	<p>Refer to Chapter 3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>
Do I pay a monthly amount (also called a premium) under Aetna Medicare FIDE (HMO D-SNP)?	No. Because you have Cardinal Care, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Aetna Medicare FIDE (HMO D-SNP)?	<p>No. You do not pay deductibles for medical services in Aetna Medicare FIDE (HMO D-SNP).</p> <p>If you don't qualify for "Extra Help" from Medicare to help pay for your prescription drugs, you pay a yearly deductible of \$615 on your Tier 3-5 drugs.</p>
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Aetna Medicare FIDE (HMO D-SNP)?	There's no cost sharing for medical services in Aetna Medicare FIDE (HMO D-SNP), so your annual out-of-pocket costs will be \$0. Members who get LTSS, including skilled and custodial nursing facility placement and CCC Plus Waiver Services, may have a monthly patient pay amount as determined by the Virginia Department of Social Services.



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C. List of covered services

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

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

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued from previous page)			care worldwide. Maximum coverage: \$250,000 (the most we'll pay for your worldwide emergency and urgent care combined, including emergency ambulance)
	Urgent care	\$0	Urgently needed services aren't emergency care. You don't need prior authorization and the urgent care center doesn't have to be in-network.
You need medical tests	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization may be required.
	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be required.
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	Covered for members under age 21. Please refer to your Medicaid Member Handbook for additional benefit information.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Please refer to your Medicaid Member Handbook for additional benefit information.
You need dental care	Dental check-ups and preventive care	\$0	Cardinal Care provides a full range of dental care for both children and adults through DentaQuest, its Medicaid Dental Benefits Administrator. Contact 888-912-3456 for information or visit dentaquest.com/en/members/virginia-medicaid-dental-coverage . Additional coverage is available
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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued from previous page)			
			<p>under your Medicare dental benefit. Please see the Evidence of Coverage for more details.</p> <p>Certain covered dental services may require prior authorization.</p>
	Restorative and emergency dental care	\$0	<p>Cardinal Care provides coverage for restorative and emergency dental care. Braces for adults over age 21 aren't covered. Contact DentaQuest at the number above for coverage information.</p> <p>In addition to your Medicaid dental benefit, you get a combined annual benefit amount (allowance) of \$3,000 for certain Medicare covered preventive and comprehensive dental services.</p> <p>You are responsible for any costs over this amount.</p> <p>Covered dental services include oral exams, x-rays, fillings, extractions, crowns, and more.</p> <p>This benefit is provided through DentaQuest. If you choose a provider outside of the network, services will not be covered.</p>
You need eye care	Eye exams	\$0	Your plan covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.
	Glasses or contact lenses	\$0	Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefit. Please refer to your Medicaid Member Handbook for additional benefit
(continued on the next page)			



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued from previous page)			
			information.
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	
You have a mental health condition	Mental Health Services	\$0	Your plan provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. Please see the next row for information on some of the specialty mental health services we provide. Prior authorization may be required.
	Inpatient and outpatient care and community-based services for people who need Mental Health Services	\$0	Your plan provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment. Prior authorization may be required.
You need a substance use disorder service	Substance use disorder services	\$0	Through the Cardinal Care Addiction and Recovery Treatment Services (ARTS) program, your plan provides coverage for a full range of addiction treatment services, including outpatient and intensive outpatient services, case management, residential and opioid treatment services. Prior authorization may be required.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	Your plan provides coverage for skilled and intermediate nursing facility care. Prior authorization may be required.
	Nursing home care	\$0	Prior authorization may be required.
	Adult Foster Care and Group Adult Foster Care	\$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	
You need help getting to health services	Ambulance services	\$0	Ambulance services for other cases (non-emergent) must be approved by us. In cases that aren't emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health. Prior authorization may be required.
	Emergency transportation	\$0	In emergency situations includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care.
	Transportation to medical appointments and services	\$0	Includes transportation to services covered by Medicare. Cardinal Care also provides coverage through Medicaid for Non Emergency Medical Transportation services. Please refer to your Medicaid Member Handbook for additional information.
You need drugs to treat your illness or condition	Medicare Part B drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			
			<p>medical equipment.</p> <p>Read the <i>Evidence of Coverage</i> for more information on these drugs.</p> <p>Prior authorization may be required.</p>
	Medicare Part D prescription Drugs		
	Tier 1: Preferred Generic	<p>Tier 1: \$0 for a 30-day supply</p> <p>\$0 for a month supply of insulin</p>	<p>You can get a one-month, two-month, or 100-day supply of most of your drugs through network retail and mail-order pharmacies. The cost-sharing amount for these extended-day supplies is the same as for a one-month supply.</p>
	Tier 2: Generic	<p>Tier 2: \$0 for a 30-day supply</p> <p>\$0 for a month supply of insulin</p>	<p>There may be limitations on the types of drugs covered. Please refer to your plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p>
	Tier 3: Preferred Brand	<p>Tier 3: 22% for a 30-day supply</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p>	<p>Once you or others on your behalf pay \$2,100 you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Evidence of Coverage</i> for more information on this stage.</p>
	Tier 4: Non-Preferred Drug	Tier 4: 25% for a 30-day supply	
(continued on the next page)			



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			
	Tier 5: Specialty	<p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5: 25% for a 30-day supply</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p> <p>If you qualify for “Extra Help” from Medicare to help pay for your prescription drugs, you pay: \$0 Deductible</p>	
(continued on the next page)			



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			
		Covered generic drugs (including brand drugs treated as generic): \$0, \$1.60, or \$5.10. For all other covered drugs: \$0, \$4.90, or \$12.65.	
You need help getting better or have special health needs	Rehabilitation services	\$0	
	Medical equipment for home care	\$0	
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	For routine covered services, we cover up to six visits every year.
	Orthotic services	\$0	Prior authorization may be required.
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Evidence of Coverage</i> .	Wheelchairs, crutches, walkers, nebulizers, oxygen equipment and supplies	\$0	Your plan provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits. Prior authorization may be required.
You need help living at home	Home health services	\$0	Your plan covers home health services, including nursing care, rehabilitation therapies and home aide services. Additionally, the Commonwealth Coordinated Care Plus (CCC Plus) Waiver provides
(continued on the next page)			



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)			
			coverage for other long-term services and supports such as private-duty nursing services. Consult with your plan's care team to request a LTSS screening for the CCC Plus Waiver. Some members may qualify for Home and Community Based Waiver Services through the Cardinal Care Medicaid portion of the plan's benefits. This means you can receive care in your home and community instead of a nursing facility. You can choose to receive agency-directed or consumer-directed services, or both. To learn more or to find out if you are eligible, contact your care manager.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Home modifications may be covered by Cardinal Care through the CCC Plus Waiver. Modifications may be made to your primary residence or primary vehicle and must enable you to function with greater independence. Speak with your care team to learn more.
	Adult Day Health Services	\$0	Your plan provides these services if you're found to be eligible through the LTSS screening process.
	Day habilitation services	\$0	
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Health care services a member receives at home, including nursing care, home health aide services, rehabilitation therapies and other services. Medicaid Community Support resources may also be available. For more information, see Medicaid
(continued on the next page)			



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)			
			Community Supports in Section D of this document.
Additional services	24-Hour Nurse Line	\$0	You can talk to a registered nurse anytime to discuss health-related questions. *While only your doctor can diagnose, prescribe, or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.
	Acupuncture	\$0	Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services are not covered.
	Annual Physical Exam	\$0	
	Chiropractic services	\$0	Medicare coverage is limited to correcting a subluxation. Non-Medicare covered chiropractic services are not covered.
	Diabetes supplies and services	\$0	Prior authorization may be required.
	Extra Supports Wallet	\$0	Special Supplemental Benefits Our plan offers additional benefits to members with qualifying chronic conditions. See the <i>Evidence of Coverage</i> for a full list of eligibility criteria. Eligibility requirements: If you are diagnosed with one or more of the chronic conditions listed in the EOC and meet the eligibility criteria, you may be eligible for additional benefits under our plan to help manage your overall health and wellness. Enrollment in the plan does not guarantee eligibility. You will receive Special Supplemental
(continued on the next page)			



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			
			<p>Benefits after it is determined that you meet the eligibility requirements. However, you will not receive benefits for any time period before your eligibility was determined.</p> <p>Benefits</p> <p>After qualifying, the \$280 monthly benefit amount in the Over-the-Counter (OTC) Wallet will change to the Extra Supports Wallet with additional spending categories. Qualified members can use this wallet to help pay for certain healthy foods, over-the-counter (OTC) health and wellness products, transportation, utilities, and personal care products. This will replace your OTC Wallet. You will not get any additional funds applied to your card. Approved products can be purchased in-store at participating locations including CVS® retail locations (excluding locations inside other stores), and online or by phone through CVS OTC Health Solutions®.</p> <p>Important: If you qualify, this wallet will be added to your current Extra Benefits Card.</p> <p>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,</p>
(continued on the next page)			



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			
			cardiovascular disorders, and chronic lung disorders. Eligibility is determined by whether you have a chronic condition associated with the benefit(s). 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.
	Fitness: Annual physical fitness membership	\$0	You get a basic membership to any SilverSneakers® participating fitness facility. If you prefer to exercise at home, you may order one at-home fitness kit per year through SilverSneakers. If you do not reside near a participating facility, online fitness classes are available at no additional cost to you.
	Over-the-Counter (OTC) Wallet	\$0	<p>Over-the-Counter (OTC) Wallet You get a \$280 monthly benefit amount (allowance) on the Aetna Medicare Extra Benefits Card.</p> <p>You can use your Over-the-Counter (OTC) Wallet to help pay for certain OTC health and wellness products including allergy medicine, pain relievers, first aid supplies, and more. Approved products can be purchased in-store at participating locations including CVS® retail locations (excluding locations inside other stores), and online or by phone through CVS OTC Health Solutions®.</p> <p>Important:</p>
(continued on the next page)			



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			
			<ul style="list-style-type: none"> If you received an Extra Benefits Card in 2025 and have not changed plans, keep your card. You will not receive a new card in the mail for the 2026 plan year. If you are a new member or were not enrolled in a plan with an Extra Benefits Card in 2025, you should get a new card before your plan begins. If you changed plans, you may receive a new card. Do not throw away your current card unless you get a new card.
	Prosthetic services	\$0	<p>Your plan provides coverage for medically necessary prosthetics for children under age 21 and for adults and children when recommended as part of an approved intensive rehabilitation program.</p> <p>Prior authorization may be required.</p>
	Radiation therapy	\$0	
	Services to help manage your disease	\$0	Care management or care coordination services are provided to all plan enrollees. Care management provides a more intensive level of service if your health requires it.
	Telehealth	\$0	Members have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc or MinuteClinic Video Visit.
(continued on the next page)			



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			
			Prior authorization may be required.
	Wigs	\$0	\$400 allowance every year. This benefit is offered for hair loss as a result of chemotherapy.

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

[AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

D. Benefits covered outside of Aetna Medicare FIDE (HMO D-SNP)

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

Other services covered directly by Medicare or Medicaid	Your Costs
Medicaid Community Supports	\$0
Developmental Disability waiver services managed through the Department of Behavioral Health and Developmental Services (DBHDS). Provides supports and services to member with developmental disabilities to help with successful living, learning, physical and behavioral health, employment, recreation, and community inclusion.	\$0
Developmental disability support coordination	\$0
Transportation to waiver services provided through the Building Independence (BI), Community Living (CL), and Family and Individual Supports (FIS) Medicaid waivers.	\$0

E. Services that Aetna Medicare FIDE (HMO D-SNP), Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the number listed at the bottom of this page to find out about other excluded services.

Services Aetna Medicare FIDE (HMO D-SNP), Medicare, and Medicaid don't cover
Services not considered "reasonable and necessary" according to standards of Medicare and Cardinal Care
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery
Nursing services provided in a Christian Science Sanatorium



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.AetnaBetterHealth.com/Virginia-hmosnp).

F. Your rights as a member of the plan

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

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

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Coordinators
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Aetna Medicare FIDE (HMO D-SNP) will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your healthcare providers and your health plan



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp](https://www.AetnaBetterHealth.com/Virginia-hmosnp).

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior authorization
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
 - File a complaint with the Virginia Department of Medical Assistance Services' Member Helpline at **1-800-643-2273** (TTY: **1-800-817-6608**). Complaints and concerns can also be submitted online at the Department's website at <https://dmas.virginia.gov/about-us/contact-information/agency-contacts/>. The Aetna Medicare FIDE (HMO D-SNP) website AetnaBetterHealth.com/Virginia-hmosnp has instructions available online.
 - Ask for an IMR of Medicaid services or items that are medical in nature.
 - Ask for a State Fair Hearing
 - Get a detailed reason for why services were denied

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

You can also call the Virginia Office of the State Long Term Care Ombudsman for assistance. An “ombudsman” is an advocate who can assist you to resolve problems with plan coverage, plan benefits, health care, behavioral health care and long-term care services and supports. You can contact the Ombudsman at **1-800-552-5019** (TTY users call Virginia Relay at **711**).



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaBetterHealth.com/Virginia-hmosnp.

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

If you have a complaint or think Aetna Medicare FIDE (HMO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You can file a complaint or appeal our decision.

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

To file a complaint (also called **grievance**) or an **appeal** about medical care, call [1-855-463-0933](tel:1-855-463-0933) (TTY: [711](tel:711)) or write to:

Appeals and Grievances
PO Box 818070
Cleveland, OH 44181

To file a complaint (also called **grievance**) about prescription drugs, call [1-855-463-0933](tel:1-855-463-0933) (TTY: [711](tel:711)) or write to:

Appeals and Grievances
PO Box 818070
Cleveland, OH 44181

To file an **appeal** about prescription drugs, call [1-855-463-0933](tel:1-855-463-0933) (TTY: [711](tel:711)) or write to:

Part D Appeals Pharmacy Department
4750 S 44th Pl Suite 150
Phoenix, AZ 85040

H. What to do if you suspect fraud

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

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

- Call us at Aetna Medicare FIDE (HMO D-SNP) Member Services. Phone numbers are [1-855-463-0933](tel:1-855-463-0933), (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.
- Or, call Virginia Medicaid Managed Care Helpline at [1-800-643-2273](tel:1-800-643-2273). TTY users may call [1-800-817-6608](tel:1-800-817-6608).
- Call Virginia's Medicaid Fraud Control Unit at [1-800-371-0824](tel:1-800-371-0824) or [1-804-371-0779](tel:1-804-371-0779) (TTY users dial [711](tel:711) for Virginia Relay) or by email at MFCU_mail@oag.state.va.us.
- Or, call Medicare at 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)). TTY users may call [1-877-486-2048](tel:1-877-486-2048). You can call these numbers for free.



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at [1-855-463-0933](tel:1-855-463-0933), (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit AetnaBetterHealth.com/Virginia-hmosnp.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Aetna Medicare FIDE (HMO D-SNP) Member Services:**[1-855-463-0933](tel:1-855-463-0933), (TTY: [711](tel:711))**

Calls to this number are free. You can call 8 AM to 8 PM, 7 days a week.

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

If you have questions about your health:

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

[1-855-463-0933](tel:1-855-463-0933), (TTY: [711](tel:711))

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

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

If you need immediate behavioral health care, please call the Behavioral Health Line:**[1-855-463-0933](tel:1-855-463-0933), (TTY: [711](tel:711))**

Calls to this number are free. You can call 8 AM to 8 PM, 7 days a week.

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

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If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **[1-855-463-0933](tel:1-855-463-0933), (TTY: [711](tel:711))**, 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Virginia-hmosnp**.

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at [1-844-934-3324](tel:1-844-934-3324) (TTY: [711](tel: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* provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit AetnaBetterHealth.com/Virginia-hmosnp or call [1-844-934-3324](tel:1-844-934-3324) (TTY: [711](tel:711)) to view a copy of the *Evidence of Coverage*.
- ☐ 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.
- ☐ 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, 2027.
- ☐ 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.

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