

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

January 1, 2026 – December 31, 2026

H9314-001

Introduction

This document is a brief summary of the benefits and services covered by Aetna Medicare HIDE (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 HIDE (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at [1-855-676-5772](tel:1-855-676-5772), (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit AetnaMedicare.com/MICHDSNP.
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A. Disclaimers



This is a summary of health services covered by Aetna Medicare HIDE (HMO D-SNP) for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can find the *Member Handbook* at [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP) or request a copy by calling Member Services at [1-855-676-5772](tel:1-855-676-5772) (TTY: [711](tel:711)).

- Aetna Medicare HIDE (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. Enrollment in our plan depends on contract renewal.
- See *Member Handbook* for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area.
- 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.
- 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.
- To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)) (TTY users should call [1-877-486-2048](tel: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.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([Medicare.gov](https://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 HIDE (HMO D-SNP), you can check the Michigan Medicaid website at www.michigan.gov/medicaid, the Beneficiary Help Line: [1-800-642-3195](tel:1-800-642-3195) or email at beneficiarysupport@michigan.gov, or the Michigan Healthcare Help Line: [1-855-789-5610](tel:1-855-789-5610) (TTY [1-866-501-5656](tel:1-866-501-5656)) from 8:00 AM to 7:00PM, Monday through Friday (except holidays) <https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/support> or contact MI Community, Home, and Health Ombudsman (MI CHHO) for free help. MI Community, Home, and Health Ombudsman (MI CHHO) can help you with questions about or problems with the MICH program or our plan. MI Community, Home, and Health Ombudsman (MI CHHO) is an independent program and isn't connected with this plan. The phone number is [1-888-746-6456](tel:1-888-746-6456). You can also visit MI Community, Home, and Health Ombudsman (MI CHHO)'s website at www.meji.org/mhlo.
- You can get this document for free in other formats, such as large print, braille, or audio. Call [1-855-676-5772](tel:1-855-676-5772) (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 Arabic.

يتوفر هذا المستند مجاناً بالعربية.

Aetna Medicare HIDE (HMO D-SNP) wants to make sure you understand your health plan information. If a different language or format works better for you, call Member Services at the number listed at the bottom of this page to request a change. (This is called a “standing request.”)



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at [1-855-676-5772](tel:1-855-676-5772), (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

- We will continue sending you mailings and other communications in your requested format.
- If you want to change your standing request for a preferred language or format, call Member Services.

We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at [1-855-676-5772](tel:1-855-676-5772) (TTY: [711](tel:711)). Someone that speaks Spanish, Arabic can help you. This is a free service.



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Notice of Availability (NOA)

TTY: [711](tel:711)

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

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(Arabic) صول على خدمات التلغمة مجاناً، اتصل بالرقم الموجود على بطاقة ائق عضويك خاص بك.

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼。 (Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa Waraqaa Eenyummeessaa (ID) keessan irra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro figurant sur votre carte d'identité. (French)

Pou w jwenn aksè ak sèvis lang gratis pou ou, rele nimewo ki sou kat idantite w la. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer auf Ihrem Ausweis an. (German)

Inā ake 'oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona 'oe i ka helu ma kou kāleka ID. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj nyob ntawm koj daim npav ID. (Hmong)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato sul tuo tesserino identificativo. (Italian)

無料の言語サービスをご利用いただくには、ご自身のIDカードに記載されている番号にお電話ください。 (Japanese)

လၢကမၤန့ၢ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢၣ်ဘျီလၢၣ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ်ဖဲန ID အဖီခိၣ်န န့ၣ်တက့ၢ်. (Karen)

무료로 언어 서비스를 이용하려면 ID 카드에 적힌 전화번호로 전화하세요. (Korean)

ເພື່ອຈຳລອງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາເບີທີຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)



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ដើម្បីទទួលបានសេវាដែលឥតគិតថ្លៃ ពីអ្នកស្ម័គ្រចិត្ត លេខដែលនៅលើកាតសម្រាប់សមាជិក (Mon-Khmer, Cambodian)

(Persian farsi) برائے ترسیب خدمت زبان بہ طور رایگان باشمارق یدشده روی کارشناس ایی خدمت اس بگيري

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany na karcie ID. (Polish)

Ligue para o número que está no seu cartão de identificação para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному на вашей идентификационной карте. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número que figura en su tarjeta de identificación. (Spanish)

Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tawagan ang numero sa iyong ID card. (Tagalog)

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại trên thẻ ID của quý vị. (Vietnamese)

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B. Frequently asked questions

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a highly integrated special needs plan called MI Coordinated Health (MICH)?	MI Coordinated Health is a highly integrated dual eligible (HIDE) special needs plan (SNP) that provides benefits of both Medicare and Medicaid to enrollees. It's for people with both Medicare and Michigan Medicaid. A HIDE SNP Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage your providers and services. They all work together to provide the care you need.
Will I get the same Medicare and Michigan Medicaid benefits in Aetna Medicare HIDE (HMO D-SNP) that I get now?	<p>You'll get most of your covered Medicare and Medicaid benefits directly from Aetna Medicare HIDE (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 and care team 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, specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Aetna Medicare HIDE (HMO D-SNP), you and your Care Coordinator will work together to develop an Integrated Care and Supports Plan (IICSP) to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you're taking any Medicare Part D drugs that Aetna Medicare HIDE (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Aetna Medicare HIDE (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p> <p>If you're currently getting services for mental health, substance use, or intellectual/developmental disability needs, you'll continue to get these services the same way you do now.</p> <p>When you enroll in Aetna Medicare HIDE (HMO D-SNP), you and your care team will work together to develop a Care Plan to address your health and support needs.</p>



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Frequently Asked Questions	Answers
Can I use the same doctors I use now?	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Aetna Medicare HIDE (HMO D-SNP) and have a contract with us, you can keep going to 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 Aetna Medicare HIDE (HMO D-SNP)’s 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 HIDE (HMO D-SNP) plan. Aetna Medicare HIDE (HMO D-SNP) covers urgent or emergency care worldwide. • You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your Care Plan is being completed. If you’re currently under treatment with a provider that’s out of Aetna Medicare HIDE (HMO D-SNP)’s network, or have an established relationship with a provider that’s out of Aetna Medicare HIDE (HMO D-SNP)’s network, 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 Aetna Medicare HIDE (HMO D-SNP)’s <i>Provider and Pharmacy Directory</i> on the plan’s website at AetnaMedicare.com/MICHDSNP.</p> <p>If Aetna Medicare HIDE (HMO D-SNP) is new for you, we’ll work with you to develop an IICSP to address your needs.</p>
What’s an Aetna Medicare HIDE (HMO D-SNP) Care Coordinator?	<p>A Care Coordinator is a health professional who will help you get care and services that affect your health and wellbeing. You’re assigned a Care Coordinator when you enroll with Aetna Medicare HIDE (HMO D-SNP). Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you’re getting from us, you can call your Care Coordinator. Your Care Coordinator is your “go-to” person for Aetna Medicare HIDE (HMO D-SNP).</p> <p>Our goal in Aetna Medicare HIDE (HMO D-SNP) is to meet your needs in a way that works for you. This is why we call our program “person-centered.” The person-centered planning process is when you work with your Care Coordinator to create a care plan that’s about your goals, choices, and abilities. When you create your care plan, you’re welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.</p>



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Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long term services and supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Care Coordinator or care team will work with that agency.
What happens if I need a service but no one in Aetna Medicare HIDE (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 HIDE (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Aetna Medicare HIDE (HMO D-SNP) available?	The service area for this plan includes: Michigan: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne You must live in one of these areas to join the plan.
What is prior authorization?	<p>Prior authorization means an approval from Aetna Medicare HIDE (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 HIDE (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 HIDE (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 HIDE (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</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 HIDE (HMO D-SNP)?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage. You'll be required to keep paying any monthly Freedom to Work program premium you have if applicable. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00_ .



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Frequently Asked Questions	Answers
Do I pay a deductible as a member of Aetna Medicare HIDE (HMO D-SNP)?	No. You do not pay deductibles for medical services in Aetna Medicare HIDE (HMO D-SNP). 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.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Aetna Medicare HIDE (HMO D-SNP)?	There's no cost sharing for medical services in Aetna Medicare HIDE (HMO D-SNP), so your annual out-of-pocket costs will be \$0.



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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 problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of 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	Prior authorization may be required.
You want a doctor	Visits to treat an injury or illness	\$0	
	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	
	Services to help manage your disease	\$0	
You need emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network. Emergency room services are also covered outside of the U.S. Contact the plan for details.
(continued on the next page)			



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Health need or problem	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)			We cover emergency and urgent 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 are not emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed services are also covered outside the U.S. and its territories under limited circumstances. Contact the plan for details.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization may be required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be required.
You need hearing/auditory services	Hearing screenings	\$0	You get one routine hearing exam every year with a provider in the NationsHearing® network.
	Hearing aids evaluation and fitting	\$0	You get one hearing aid fitting/evaluation every year.
	Hearing aids	\$0	You get an annual benefit amount (allowance) of \$1,500 per ear. If the cost is over the benefit amount, you pay the difference. This benefit amount can only be used to purchase hearing aids through a NationsHearing network provider.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	\$0	<p>You get a combined annual benefit amount (allowance) of \$2,600 for certain Medicare covered preventive and comprehensive dental services. You are responsible for any costs over this amount.</p> <p>Covered Medicaid services do not count towards your annual allowance.</p> <p>Certain covered dental services may require prior authorization</p> <p>We have teamed up with DentaQuest to provide your dental coverage.</p> <p>To locate a network provider, you may:</p> <ol style="list-style-type: none"> 1. Call DentaQuest Member Services at 1-855-463-0933 (TTY: 711) OR 2. Visit dentaquest.com and search using your Medicare plan
	Restorative and emergency dental care	\$0	
You need eye care	Eye exams	\$0	Our plan covers one exam every year with an in-network provider.
	Glasses or contact lenses	\$0	<p>You get an annual benefit amount (allowance) of \$250 for covered prescription eyewear.</p> <p>We have teamed up with VSP to provide this benefit. You must visit a VSP provider to use your benefit amount. Your benefit amount is applied at the time of purchase. If you choose eyewear that costs more than your benefit amount, you'll need to pay the difference.</p>
	Other vision care	\$0	Prior authorization may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services	Behavioral health services	\$0	Some behavioral health services are available to Aetna Medicare HIDE (HMO D-SNP) members through the local Pre-paid Inpatient Health Plan (PIHP) provider network, while others are available through our plan. Behavioral services are coordinated through your Care Coordinator and the PIHP. If you need behavioral health services, talk to your Care Coordinator. Prior authorization may be required.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	Specialty behavioral health care services may be provided by a program other than Aetna Medicare HIDE (HMO D-SNP). Your Aetna Medicare HIDE (HMO D-SNP) Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs.
You need substance use disorder services	Substance use disorder services	\$0	Substance use disorder services may be provided by a program other than Aetna Medicare HIDE (HMO D-SNP). Your Aetna Medicare HIDE (HMO D-SNP) Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. Prior authorization may be required.
You need a place to live with people available to help you	Skilled nursing care	\$0	Prior authorization may be required.
	Nursing home care	\$0	Prior authorization may be required.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization may be required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services	Ambulance services	\$0	Ambulance services are also covered outside of the U.S. Contact the plan for details. Prior authorization may be required.
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	The plan will cover transportation for you to travel to or from your medical appointments and the pharmacy if it's a covered service. Types of non-emergency transportation include: <ul style="list-style-type: none"> • wheelchair equipped van • service car • taxicab
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Prior authorization may be required.
	Medicare Part D drugs Yearly Deductible <ul style="list-style-type: none"> • Tier 1: Preferred Generic • Tier 2: Generic • Tier 3: Preferred Brand • Tier 4: Non-Preferred Drug • Tier 5: Specialty 	Deductible (Applies to Tiers 3-5) except for covered insulin products and most adult Part D vaccines: \$615 <ul style="list-style-type: none"> • Tier 1: \$0 for a 30-day supply in an outpatient setting and 31-day supply in a long-term facility 	There may be limitations on the types of drugs covered. Please refer to the Aetna Medicare HIDE (HMO D-SNP) <i>List of Covered Drugs (Drug List)</i> for more information. 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>Member Handbook</i> for more information on this stage. 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.

(continued on the next page)



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

Health need or problem	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>Insulins: Regardless of tier, you pay no more than \$35 per month supply of each covered insulin product.</p>	<ul style="list-style-type: none"> • Tier 2: \$0 for a 30-day supply in an outpatient setting and 31-day supply in a long-term facility • Tier 3: 22% for a 30-day supply in an outpatient setting and 31-day supply in a long-term facility • Tier 4: 25% for a 30 day supply in an outpatient setting and 31-day supply in a long-term facility • Tier 5: 25% for a 30-day supply in an outpatient setting and 31-day supply in a long-term care facility 	
(continued on the next page)			



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Health need or problem	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>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: Yearly deductible: \$0</p> <p>Covered generic drugs (including brand drugs treated as generic): \$0, \$1.60, or \$5.10.</p> <p>For all other covered drugs: \$0, \$4.90, or \$12.65.</p>	
(continued on the next page)			



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

Health need or problem	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)			
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to the Aetna Medicare HIDE (HMO D-SNP) <i>List of Covered Drugs (Drug List)</i> for more information.
You need help getting better or have special health needs	Rehabilitation services	\$0	
	Medical equipment for home care	\$0	
	Dialysis services	\$0	Prior authorization may be required.
You need foot care	Podiatry services	\$0	For non-Medicare 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>Member Handbook</i> .	Wheelchairs, crutches and walkers	\$0	Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.
	Oxygen equipment and supplies	\$0	Prior authorization may be required.
You need help living at home	Home Health services	\$0	Prior authorization may be required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	These services are provided by the plan and are only available to individuals on the MICH 1915(c) waiver. Prior authorization may be required.
(continued on the next page)			



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

Health need or problem	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)			
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	These services are provided by the plan and are only available to individuals on the MICH 1915(c) waiver. Contact your Care Coordinator for more information about whether you qualify for these services. Prior authorization may be required.
	Day habilitation services	\$0	Prior authorization may be required.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	These services are provided by the plan and are only available to individuals on the MICH 1915(c) waiver. Contact your Care Coordinator for more information about whether you qualify for these services. Prior authorization may be required.
Additional covered services	Acupuncture	\$0	
	Chiropractic services	\$0	Medicare coverage is limited to fixing a subluxation. For non-Medicare covered services, we also cover up to twelve visits every year. Your provider must determine medical necessity for non-Medicare covered services.
	Diabetic supplies and services	\$0	Prior authorization may be required.
	Prosthetic services	\$0	Prior authorization may be required.
	Radiation therapy	\$0	Prior authorization may be required.
	Services to help manage your disease	\$0	
	Hospice care	\$0	Prior authorization may be required.
	Mammograms	\$0	Prior authorization may be required.
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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued from previous page)			
	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.
	Annual Physical Exam	\$0	
	Extra Supports Wallet	\$0	<p>Special Supplemental Benefits</p> <p>Our plan offers additional benefits to members with qualifying chronic conditions. See the <i>Member Handbook</i> for a full list of eligibility criteria.</p> <p>Eligibility requirements: If you are diagnosed with one or more of the chronic conditions listed in the <i>Member Handbook</i> 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 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: After qualifying, the \$220 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.</p>
(continued on the next page)			



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued from previous page)			
			<p>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. The benefit(s) mentioned are part of special supplemental benefits for the chronically ill (SSBCI). SSBCI conditions include but are not limited to: hypertension, hyperlipidemia, diabetes, cardiovascular disorders, and chronic lung disorders. Eligibility is determined by whether you have a chronic condition associated with the benefit(s). 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.</p>
	Fall Prevention	\$0	You will receive a \$100 annual benefit amount (allowance) to purchase certain approved home and bathroom safety products.
	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.
(continued on the next page)			



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued from previous page)			
	In-Home Support - Personal Care Services	\$0	<p>Eligibility requirements: If your Care Coordinator or physician assesses that you have an inability (such as vision impairments, mobility problems, or other musculoskeletal challenges) to complete and need assistance with more than one Activities of Daily Living (ADL), and you meet the eligibility criteria, you may be eligible for this benefit under our plan. Enrollment in this plan does not guarantee eligibility. If you qualify, your Care Coordinator will work with you to set up the services.</p> <p>Benefits: The in-home support personal care services benefit provides up to 40 hours of in-home personal care services per year. This benefit can provide help with meal preparation, light housekeeping, medication reminders, and more.</p> <p>See the <i>Member Handbook</i> for a full list of eligibility criteria.</p>
	Meal benefit (post-discharge)	\$0	<p>After you are discharged from a qualifying Inpatient Acute Hospital, Inpatient Psychiatric Hospital, or Skilled Nursing Facility stay, you may be eligible to get up to 28 freshly prepared meals for a 14-day period. These meals are provided to help support your recovery or manage your health conditions. We have teamed up with NationsMarket™ to provide this benefit.</p>
(continued on the next page)			



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued from previous page)			
	Over-the-Counter (OTC) Wallet		<p>Over-the-Counter (OTC) Wallet You get a \$220 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.</p> <p>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> <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.
(continued on the next page)			



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued from previous page)			
	Personal Emergency System	\$0	LifeStation is a Medical Alert system that provides you with 24/7 access to help, in the event of a fall or other emergency. The Medical Alert device (or “the Alert system”) can be used to trigger medical support so help can be dispatched immediately.
	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. 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 HIDE (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Aetna Medicare HIDE (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

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

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

Other services covered by Medicare, Medicaid or a State Agency	Your Costs
Specialty behavioral health services may be provided by Michigan's Prepaid Insurance Health Plans (PIHPs). These include but aren't limited to inpatient behavioral health care, outpatient substance use disorder services and partial hospitalization services.	\$0
Community Transition Services (CTS) are provided through MDHHS	\$0
Certain hospice care services covered outside of Aetna Medicare HIDE (HMO D-SNP)	\$0

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

This isn't a complete list. Call Member Services to find out about other excluded services.

Services not covered by Aetna Medicare HIDE (HMO D-SNP), Medicare, or Michigan Medicaid	
A private room in a hospital or nursing facility, except when it is medically needed.	Private duty nurses except for those that qualify for this waiver service.
Services considered not "reasonable and necessary," according to the standards of Medicare and Michigan Medicaid, unless these services are listed by our plan as covered services.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically needed.
Naturopath services	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

F. Your rights as a member of the plan

As a member of Aetna Medicare HIDE (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 *Member Handbook*.

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're 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 HIDE (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 health care providers and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

- **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.
 - 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.
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied

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

You can also call the special Ombudsperson for people who have Medicare and Medicaid at 1-888-746-MHLO ([1-888-746-6456](tel:1-888-746-6456)) (TTY: [711](tel:1-888-746-6456)), Monday–Friday 9:00 AM to 5:00 PM.

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

If you have a complaint or think Aetna Medicare HIDE (HMO D-SNP) should cover something we denied, call Member Services at the number listed at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Member Handbook*. You can also call Aetna Medicare HIDE (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 [1-855-676-5772](tel:1-855-676-5772) (TTY: [711](tel:1-855-676-5772)) or write to: Appeals and Grievances
PO Box 818070
Cleveland, OH 44181

To file a complaint (also called **grievance**) about prescription drugs, call [1-855-676-5772](tel:1-855-676-5772) (TTY: [711](tel:1-855-676-5772)) or write to:
Appeals and Grievances
PO Box 818070
Cleveland, OH 44181

To file an **appeal** about prescription drugs, call [1-855-676-5772](tel:1-855-676-5772) (TTY: [711](tel:1-855-676-5772)) or write to: Part D
Appeals Pharmacy Department
4750 S 44th PI Suite 150
Phoenix, AZ 85040

To file an **Independent Medical Review** complaint, call [1-855-676-5772](tel:1-855-676-5772) (TTY: [711](tel:1-855-676-5772)) or write to: Appeals and Grievances
PO Box 818070
Cleveland, OH 44181



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at [1-855-676-5772](tel:1-855-676-5772), (TTY: [711](tel:1-855-676-5772)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

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, please contact us.

- Call us at Aetna Medicare HIDE (HMO D-SNP) Member Services. Phone numbers are on the cover of this summary
- Or, call the Medicaid Customer Service Center at [1-800-642-3195](tel:1-800-642-3195). TTY users may call [711](tel:711).
- 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.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE ([800-242-2873](tel:800-242-2873)), by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at secure.ag.state.mi.us/complaints/medicaid.aspx.



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) Member Services at [1-855-676-5772](tel:1-855-676-5772), (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/MICHDSNP.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Aetna Medicare HIDE (HMO D-SNP) Member Services:

1-855-676-5772, (TTY: **711**)

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

Aetna Medicare HIDE (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 HIDE (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 HIDE (HMO D-SNP)'s Nursing Hotline is:

1-855-676-5772, (TTY: **711**)

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

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

If you need immediate behavioral health care, call the Behavioral Health Line:

1-855-676-5772, (TTY: **711**)

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

Aetna Medicare HIDE (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 HIDE (HMO D-SNP) Member Services at **1-855-676-5772**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**.

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 [1-833-874-8529](tel:1-833-874-8529) (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 *Member Handbook* 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/MICHDSNP or call [1-833-874-8529](tel:1-833-874-8529) (TTY: [711](tel:711)) to view a copy of the *Member Handbook*.
- ☐ 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.