Aetna Medicare Longevity (HMO I-SNP)
H0628 - 018 | $31.40 Plan Premium

2026 Summary of Benefits

We're here to help

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

Not a member yet?
Call 1-833-217-9081 (TTY: 711)
October 1–March 31: 8 AM to 8 PM, 7 days a week
April 1–September 30: 8 AM to 8 PM, Monday–Friday

Already a member?
Call 1-844-826-5291 (TTY: 711)
8 AM to 8 PM, 7 days a week
An Aetna team member will answer your call.

Keep in mind

This is a summary of the services we cover from January 1, 2026 through December 31, 2026.

Need a complete list of what we cover and any limitations? Just visit **AetnaMedicare.com/H0628-018** where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

2026-H0628.018.1

AetnaMedicare.com
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aetna | LONGEVITY HEALTH

Are you eligible to enroll?

To join Aetna Medicare Longevity (HMO I-SNP), you must:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:
  Ohio: Butler, Clermont, Clinton, Delaware, Franklin, Fulton, Hamilton, Lucas, Madison, Ottawa, Pickaway, Union, Warren, Wood
- Reside in or expect to reside in one of our participating nursing facilities for greater than 90 days

What you should know

- **Plan type:** Aetna Medicare Longevity (HMO I-SNP) is a specialized Medicare Advantage Plan (a Medicare Special Needs Plan), which means its benefits are designed for people with special health care needs. It is designed for people who live in an institution and/or live in the community but who need a level of care that is usually provided in a nursing home. This is a Medicare Advantage plan that covers prescription drugs.
- **Primary Care Provider (PCP):** A PCP is important to help coordinate your care. We require you to select a PCP. When you enroll, we'll ask who your PCP is. If you don't tell us, we'll assign one to you. You can change your PCP anytime by calling us or logging into your member portal.
- **Referrals:** Aetna Medicare Longevity (HMO I-SNP) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your provider in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services or drugs.
- **Helpful resources:** To find provider directories, network pharmacies, and other plan information, visit **AetnaMedicare.com/H0628-018**. For coverage and costs of Original Medicare, look in the *Medicare & You* handbook. View it online at **medicare.gov/medicare-and-you**, or get a copy by calling 1-800-MEDICARE (**1-800-633-4227**) (**TTY: 1-877-486-2048**), 24 hours a day, 7 days a week.

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

Out-of-pocket costs	
Monthly plan premium	$31.40 You must continue to pay your Medicare Part B premium.
Plan deductible	$0
Inpatient deductible	$1,676 deductible for inpatient hospital services $1,676 deductible for inpatient mental health services These are 2025 cost-sharing amounts and may change for 2026. Aetna Medicare Longevity (HMO I-SNP) will provide updated rates as soon as they are released.
MOOP	$9,250 This is the most you pay for copays, coinsurance, and other costs for medical services for the year. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

Medical and hospital benefits

Hospital coverage

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your costs in our plan
Inpatient	$1,676 inpatient deductible, then you pay $0 per day, days 1-60; $419 per day, days 61-90. $838 per day for 60 lifetime reserve days These are 2025 cost-sharing amounts and may change for 2026. Aetna Medicare Longevity (HMO I-SNP) will provide updated rates as soon as they are released. The plan covers 90 days each benefit period and up to 60 lifetime reserve days. Lifetime reserve days can only be used once.
Outpatient hospital observation services	20% coinsurance
Outpatient hospital	20% coinsurance
Ambulatory surgical center	20% coinsurance

Primary Care Provider (PCP) and specialist visits

Benefit	Your costs in our plan
PCP	$0 copay
Specialist	20% coinsurance

Preventive, emergency and urgent care

Benefit	Your costs in our plan
Preventive care	$0 copay For a full list of preventive services available, see the EOC. Some covered services may have an associated cost.
Emergency and urgent care (inside the U.S.)	$115 copay for emergency care $40 copay for urgent care

Diagnostic services, labs, imaging

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your costs in our plan
Diagnostic tests and procedures	20% coinsurance 0% coinsurance for certain Medicare-covered diagnostic tests and services including retinal fundus, spirometry, and peripheral arterial disease (PAD) testing
Lab services	$0 copay
Diagnostic radiology services, such as CT/CAT scan and MRI	20% coinsurance
Outpatient x-rays	20% coinsurance

Hearing services

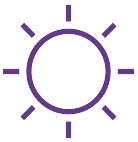
Benefit	Your costs in our plan
Diagnostic hearing exam	20% coinsurance
Routine hearing exam	$0 copay You get one routine hearing exam every year with a provider in the NationsHearing® network.
Hearing aids	You get an annual benefit amount (allowance) of $750 per ear. If the cost is over the benefit amount, you pay the difference. This benefit amount can only be used to purchase hearing aids through a NationsHearing network provider.

Dental services

Benefit	Your costs in our plan
Dental services (non-Medicare covered)	$0 copay for covered services You get an annual benefit amount (allowance) of $1,500 for covered services. You are responsible for any costs over this amount. Covered services include oral exams, x-rays, cleanings, fillings, extractions, and more. This benefit uses the Aetna Dental PPO Network, which is different from your medical network, for covered services. If you choose a provider outside of the Aetna Dental PPO Network, services will not be covered. See EOC for details on exclusions and limitations.

Vision services

Benefit	Your costs in our plan
Diagnostic eye exam (includes diabetic eye exams)	20% coinsurance
Glaucoma screening	$0 copay
Routine eye exam (one exam every year)	$0 copay with an EyeMed provider
Contacts and eyeglasses	You get an annual benefit amount (allowance) of $250 for covered prescription eyewear. You can only use this benefit amount at an EyeMed provider. Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll need to pay the difference.



Mental health services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your costs in our plan
Inpatient psychiatric hospital stay	$1,676 inpatient deductible, then you pay $0 per day, days 1-60; $419 per day, days 61-90. $838 per day for 60 lifetime reserve days These are 2025 cost-sharing amounts and may change for 2026. Aetna Medicare Longevity (HMO I-SNP) will provide updated rates as soon as they are released. Our plan covers up to 190 days per benefit period.
Outpatient mental health therapy	20% coinsurance for individual sessions 20% coinsurance for group sessions
Outpatient psychiatric therapy	20% coinsurance for individual sessions 20% coinsurance for group sessions

Skilled nursing facility (SNF) and therapy

Note: Members must meet the Centers for Medicare & Medicaid Services (CMS) criteria for medically necessary skilled care to be covered.

Benefit	Your costs in our plan
SNF care	$0 per stay Our plan covers up to 100 days per benefit period.
Physical and speech therapy	$0 copay
Occupational therapy	$0 copay

Ambulance and routine transportation

Your provider needs approval from us before we cover non-emergency transportation, including fixed-wing or rotary-wing aircraft and ground ambulance services. This is called **prior authorization** or precertification.

Benefit	Your costs in our plan
Ambulance (ground or air, one-way trip)	20% coinsurance
Routine, non-emergency transportation	Not Covered

Medicare Part B drugs

Medicare Part B only covers a limited number of medicines under certain conditions. These medicines are often given to you in your provider's office. They can include things like vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment. Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your costs in our plan
Chemotherapy drugs	0% - 20% coinsurance Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.
Part B Insulin	$35 copay
Other Part B drugs	0% - 20% coinsurance Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.

Medicare Part D drugs

Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes. Some drugs require **prior authorization**. This means you must get approval from us first before we'll cover them.

Prescription drug costs (your costs may be lower if you qualify for "Extra Help")

Formulary name: B2 (you can use this when referencing our list of covered drugs).

Deductible phase

You'll pay the plan's negotiated drug cost up to the deductible limit of $615.

Initial coverage phase

The plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription filled. You will pay the lesser of the listed copay/coinsurance below or the negotiated cost of the drug. These cost shares may also apply to home infusion drugs when obtained through your Part D benefit. Costs may differ based on pharmacy type or status.

One-month Supply

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Standard Retail	Standard Mail	Long-Term Care (LTC)
	30-day	30-day	31-day
Generic and brand name drugs	25%	25%	25%

Long-term Supply

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

	Standard Retail	Standard Mail
	100-day	100-day
Generic and brand name drugs	25%	25%

Out-of-pocket threshold

$2,100 is the maximum amount you will pay for your yearly Part D out-of-pocket costs.

Catastrophic coverage phase

In this phase, the plan pays the full cost for your covered Part D drugs.

You'll pay $0 for generic and brand name drugs in this phase.

Insulins and vaccines

Important message about what you pay for Part D insulins: You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible.

Important message about what you pay for Part D vaccines: Our plan covers many vaccines at no cost to you, even if you haven't paid your deductible.

Check your formulary guide for a list of covered insulins and vaccines.

Other covered benefits

Alternative medicine

Benefit	Your costs in our plan
Acupuncture	20% coinsurance for Medicare-covered acupuncture visits Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services are not covered.
Chiropractic services	20% coinsurance for Medicare-covered chiropractic visits Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services are not covered.

Diabetic supplies

Benefit	Your costs in our plan
Diabetic supplies	20% coinsurance

Foot care (podiatry services)

Benefit	Your costs in our plan
Foot exams and treatment	20% coinsurance for Medicare-covered podiatry visits $0 copay for non-Medicare covered podiatry visits For non-Medicare covered services, we cover up to six visits every year.

Home care and support

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your costs in our plan
Home health care	$0 copay

Medical equipment and supplies

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your costs in our plan
Durable medical equipment (DME), such as wheelchairs, crutches, oxygen equipment, and continuous glucose monitors (CGMs)	20% coinsurance
Prosthetics, such as braces and artificial limbs	20% coinsurance

Music therapy

Benefit	Your costs in our plan
Music therapy	$0 copay We cover up to 30 small group music listening sessions per year. Sessions are offered at the facility in which you reside with a certified curriculum. Your Aetna Longevity care team will support your access to this benefit. You must use an approved provider for services to be covered.

Over-the-counter (OTC) benefit

The OTC benefit provides select health and wellness products.

Benefit	
OTC benefit amount (allowance)	$220 quarterly benefit amount (allowance) You will receive a quarterly benefit amount (allowance) to purchase approved OTC health and wellness products like first aid supplies, cold and allergy medicine, pain relievers, and more. • The benefit amount is available the first day of each calendar quarter. Any unused amount will not roll over into the next quarter. • The benefit amount is not connected to a payment or debit card. • You can get OTC products online, by phone, or in freestanding CVS stores. • View the OTC catalog for a full product listing and details on how the benefit works at **AetnaMedicare.com/H0628-018**.

Substance use disorder services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your costs in our plan
Outpatient substance use disorder services	20% coinsurance for individual sessions 20% coinsurance for group sessions

Special Supplemental Benefits
Our plan offers additional benefits to qualifying members. See the EOC for a full list of eligibility criteria.

Companion Care

Eligibility requirements:
If you are diagnosed with one or more of the chronic conditions listed in the EOC and meet eligibility criteria, you may be eligible for this benefit under our plan. Enrollment in the plan does not guarantee eligibility. You cannot self-attest to a diagnosis for the chronic conditions listed in the EOC. You will be notified if you are determined to be eligible for this program.

Benefits:

For members who qualify, the Companion Care benefit will provide a credentialed companion to support members by helping them engage in activities that foster social connection and relationship building. Coverage is provided up to a limit of 250 hours per year for eligible members.

The benefit(s) mentioned are part of special supplemental benefits for the chronically ill (SSBCI). SSBCI conditions include but are not limited to: dementia, chronic heart failure, chronic lung disorders, chronic kidney disease, and chronic alcohol use disorder and other substance use disorders (SUDS). 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.

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

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our member services number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

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

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-844-826-5291** (**TTY: 711**) 8 AM to 8 PM, 7 days a week if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

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.

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.

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

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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 **1-833-217-9081** (**TTY: 711**). From October 1 to March 31, you can call us 7 days a week from 8 AM to 8 PM local time. From April 1 to September 30, we're here Monday through Friday from 8 AM to 8 PM local time.

Understanding the benefits

- ☐ The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **AetnaMedicare.com** or call **1-833-217-9081** (**TTY: 711**) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ 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 an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a skilled nursing facility, a nursing facility, an intermediate care facility for individuals with intellectual and developmental disabilities, a psychiatric hospital or unit, a rehabilitation hospital or unit, a long-term care hospital, a swing-bed hospital, or a facility approved by CMS that furnishes similar services.

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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 خدمات اللغة مجانًا، اتصل بالرقم المذكور في هذه الوثيقة. (Arabic)

如欲使用免費語言服務，請致電本文件上的電話號碼。 (Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa doookumentii kanarra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro indiqué sur ce document. (French)

Pou jwenn sèvis lang san ou pa peye anyen, rele nimewo ki sou dokiman sa a. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer in diesem Dokument an. (German)

Inā ake ʻoe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona ʻoe i ka helu ma kēia palapala. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj ntawm daim ntawv no. (Hmong)

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無料の言語サービスをご利用いただくには、この書類に記載されている番号にお電話ください。 (Japanese)

လၢကမၤန့ၢ် ကိုၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢာ်ဘူၣ်လၢာ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ်ဖဲလံာ်တီလံာ်မီအံၤ အဖီခိၣ်န့ၣ်တက့ၢ်. (Karen)

무료로 언어 서비스를 이용하려면 이 문서에 있는 전화번호로 전화하세요. (Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍ ບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໂທໃນເອກະສານນີ້. (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

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

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany w tym dokumencie. (Polish)

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Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному в этом документе. (Russian)

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Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

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