Aetna Medicare Full Dual (PPO D-SNP)
H1608 - 121

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 1-833-859-6031 (TTY: 711)
October 1–March 31: 8 AM to 8 PM, 7 days a week
April 1–September 30: 8 AM to 8 PM, Monday–Friday

Already a member?
Call 1-866-409-1221 (TTY: 711)
8 AM to 8 PM, 7 days a week
An Aetna team member will answer your call.

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/H1608-121** where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

2026-H1608.121.1

AetnaMedicare.com
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aetna®

Are you eligible to enroll?

To join Aetna Medicare Full Dual (PPO D-SNP), you must:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:
  South Dakota: Aurora, Beadle, Bon Homme, Brookings, Brule, Buffalo, Campbell, Charles Mix, Clark, Clay, Corson, Davison, Day, Deuel, Douglas, Gregory, Hamlin, Hanson, Hutchinson, Jerauld, Kingsbury, Lake, Lincoln, Marshall, McCook, Miner, Minnehaha, Moody, Sanborn, Spink, Turner, Union, Walworth, Yankton
- Be in a "Medicare Savings Program" (MSP) or qualify for State Medicaid benefits. See the table below for eligibility categories.

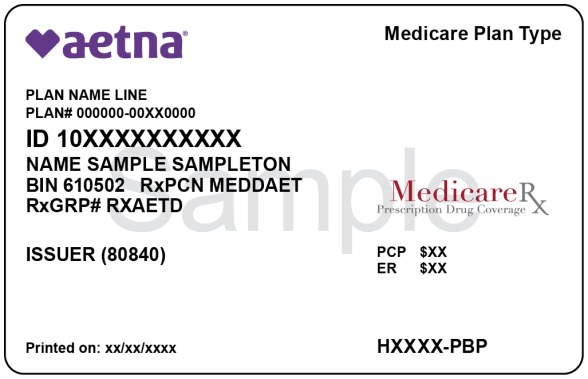
Better health is a team effort
With our Medicare Advantage Dual Eligible Special Needs Plan, or D-SNP, you'll have a care team in your corner, ready to help you reach your best health and make life easier.

- Your **nurse care manager** is a single point of contact to help coordinate your care.
- Your **social worker** will link you to programs in your community and help with questions you have about social services.
- Your **care coordinator** will help schedule provider appointments, arrange rides, and work with you to meet your personal needs.
- We have teamed up with BeneLynk to assist you with your state Medicaid benefits and Extra Help for prescription drug assistance.

Eligibility category	What it covers
Qualified Medicare Beneficiary Plus (QMB Plus)	Helps pay Medicare Part A and B premiums, and other cost sharing (like deductibles, coinsurance, and copayments). You are also eligible for full Medicaid benefits from your state Medicaid program.
Specified Low-Income Medicare Beneficiary Plus (SLMB Plus)	Helps pay Medicare Part B premiums and possibly Part A. Medicaid may cover some of your Medicare cost sharing for medical services, depending on your state's Medicaid program. You are eligible for full Medicaid.
Full Benefit Dual Eligible (FBDE)	Medicaid may cover some of your Medicare cost sharing for medical services, depending on your state's Medicaid program. You are eligible for full Medicaid.

IMPORTANT: If you receive assistance from Medicaid you may pay less than the cost-sharing amounts listed in this document. If your category of Medicaid eligibility changes, your cost share may increase or decrease. Please refer to the *Evidence of Coverage* for additional benefit details.

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



What you should know

- **Plan type:** Aetna Medicare Full Dual (PPO D-SNP) is a D-SNP plan. This is a Medicare Advantage plan that covers prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.
- **D-SNP information:** Our D-SNP is for people on Medicare who are also eligible for some level of Medicaid assistance. It replaces your Original Medicare coverage. You'll still have Medicare, but you'll get it through us, instead of the federal government. We cover everything that Original Medicare covers and we provide additional benefits and services too.
- **Primary Care 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 Full Dual (PPO D-SNP) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your 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/H1608-121**. 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	$0
Plan deductible	$0 - $257 **The annual plan deductible applies to certain out-of-network services.** Your deductible is what you'll pay before we begin to pay for services. These are 2025 cost-sharing amounts and may change for 2026. Aetna Medicare Full Dual (PPO D-SNP) will provide updated rates as soon as they are released.
MOOP	$9,250 for in-network services $13,900 for in- and out-of-network services combined Depending on your Medicaid "Medicare Savings Program" eligibility category, Medicaid may pay your cost shares until you reach the maximum out-of-pocket. Once you reach the limit, we will pay the full cost for plan-covered services for the rest of the year.

Medical and hospital benefits

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a **$0 copayment amount**.

Hospital coverage

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

Benefit	Your in-network costs	Your out-of-network costs
Inpatient (unlimited number of days)	$0 copay	$0 copay - $2,230 per stay after your plan deductible is met
Outpatient hospital observation services	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met
Outpatient hospital	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met
Ambulatory surgical center	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met

Primary Care Provider (PCP) and specialist visits

Benefit	Your in-network costs	Your out-of-network costs
PCP	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met
Specialist	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met

Preventive, emergency and urgent care

Benefit	Your in-network costs	Your out-of-network costs
Preventive care	$0 copay For a full list of preventive services available, see the EOC.	$0 copay
Emergency and urgent care (inside the U.S.)	$0 copay for emergency care $0 copay for urgent care	$0 - $115 copay for emergency care $0 - $40 copay for urgent care
Emergency and urgent care, including emergency ambulance (outside the U.S.)	$0 copay for emergency care $0 copay for urgent care $0 copay for ambulance Maximum coverage: $250,000 (the most we'll pay for your worldwide emergency and urgent care combined, including emergency ambulance)	$0 copay for emergency care $0 copay for urgent care $0 copay for ambulance

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 in-network costs	Your out-of-network costs
Diagnostic tests and procedures	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met
Lab services	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met
Diagnostic radiology services, such as CT/CAT scan and MRI	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met
Outpatient x-rays	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met

Hearing services

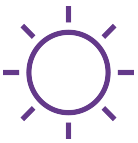
Benefit	Your in-network costs	Your out-of-network costs
Diagnostic hearing exam	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met
Routine hearing exam	$0 copay You get one routine hearing exam every year. You can visit a provider in the NationsHearing® network or an out-of-network provider.	$0 copay
Hearing aids	You get an annual benefit amount (allowance) of $2,000 per ear. If the cost is over the benefit amount, you pay the difference. Even though you can go out-of-network for your annual hearing exam, this benefit amount can only be used to purchase hearing aids through a NationsHearing network provider.	Not Covered

Dental services

Benefit	Your in-network costs	Your out-of-network costs
Dental services (non-Medicare covered)	$0 copay for covered services You get an annual benefit amount (allowance) of $1,900 for covered services. You are responsible for any costs over this amount. Covered services include oral exams, x-rays, cleanings, fillings, extractions, and more. You can use a provider in or out of the Aetna Dental PPO Network, which is different from your medical network, for covered services. However, if you use a provider outside of the network, you may be required to pay in full for services and submit a request for reimbursement. See EOC for details on exclusions and limitations.	$0 copay for covered services

Vision services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic eye exam (includes diabetic eye exams)	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met
Glaucoma screening	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met
Routine eye exam (one exam every year)	$0 copay with an EyeMed provider	$0 copay up to $50. You will be responsible for any billed amount over $50.
Contacts and eyeglasses	You get an annual benefit amount (allowance) of $325 for covered prescription eyewear. We have teamed up with EyeMed to provide this benefit. You can choose to use a provider outside of the EyeMed network, but you may be responsible for additional costs. 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 in-network costs	Your out-of-network costs
Inpatient psychiatric hospital stay	$0 copay Our plan covers up to 190 days per benefit period.	$0 copay - $2,080 per stay after your plan deductible is met
Outpatient mental health therapy	$0 copay for individual sessions $0 copay for group sessions	$0 copay - 30% coinsurance for individual sessions after your plan deductible is met $0 copay - 30% coinsurance for group sessions after your plan deductible is met
Outpatient psychiatric therapy	$0 copay for individual sessions $0 copay for group sessions	$0 copay - 30% coinsurance for individual sessions after your plan deductible is met $0 copay - 30% coinsurance for group sessions after your plan deductible is met

Skilled nursing facility (SNF) and therapy

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

Benefit	Your in-network costs	Your out-of-network costs
SNF care	$0 copay	$0 copay - $0 per day, days 1-20; $218 per day, days 21-100 after your plan deductible is met
	Our plan covers up to 100 days per benefit period.	
Physical and speech therapy	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met
Occupational therapy	$0 copay	$0 copay - 30% coinsurance after your plan deductible is met

Ambulance and routine transportation

Your provider needs approval from us before we cover non-emergency transportation by fixed wing aircraft. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Ambulance (ground or air, one-way trip)	$0 copay	$0 copay - 20% coinsurance after your plan deductible is met
Routine, non-emergency transportation	Not Covered	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 in-network costs	Your out-of-network costs
Chemotherapy drugs	$0 copay	$0 copay - 20% coinsurance after your plan deductible is met
Part B Insulin	$0 copay	$0 - $35 copay after your plan deductible is met
Other Part B drugs	$0 copay	$0 copay - 20% coinsurance after your plan deductible is met

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

Formulary Name

B2 (You can use this when referencing our list of covered drugs.)

If you qualify for "Extra Help" from Medicare to help pay for your prescription drugs, you pay:

Deductible

$0

Initial coverage phase

Low Income Subsidy (LIS) cost sharing during the Initial coverage phase (copayments or coinsurance may vary depending on your level of "Extra Help"):

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.

If you do not qualify for "Extra Help" from Medicare to help pay for your prescription drugs, you pay:

Deductible phase

You'll pay the plan's negotiated drug cost up to the deductible limit of $615. The deductible applies to drugs on Tiers 2, 3, 4, and 5.

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
Tier 1: Preferred Generic	$0	$0	$0
Tier 2: Generic	$10	$10	$10
Tier 3: Preferred Brand	22%	22%	22%
Tier 4: Non-Preferred Drug	25%	25%	25%
Tier 5: Specialty	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**
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$30	$30
Tier 3: Preferred Brand	22%	22%
Tier 4: Non-Preferred Drug	25%	25%
Tier 5: Specialty	A long-term supply is not available for drugs on Tier 5.	

You can get a 30, 60, or 100-day supply of most of your drugs through network retail and mail-order pharmacies. This includes home infusion drugs obtained through your Part D benefit. Note: Specialty drugs have a 30-day limit.

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, no matter what cost-sharing tier it's on or Part D phase you are in, 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

Aetna Medicare Extra Benefits Card

You get an **Aetna Medicare Extra Benefits Card** to help pay for certain everyday expenses.

Benefit	
Over-the-Counter (OTC) Wallet	You get a $150 monthly benefit amount (allowance) on the Aetna Medicare Extra Benefits Card. 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®. **Important:** • 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.

Alternative medicine

Benefit	Your in-network costs	Your out-of-network costs
Acupuncture	$0 copay for Medicare-covered acupuncture visits	$0 copay - 30% coinsurance for Medicare-covered acupuncture visits after your plan deductible is met
	Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services are not covered.	
Chiropractic services	$0 copay for Medicare-covered chiropractic visits	$0 copay - 30% coinsurance for Medicare-covered chiropractic visits after your plan deductible is met
	Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services are not covered.	

Diabetic supplies

We exclusively cover **Accu-Chek/Roche and TRUE/Trividia** blood glucose meters and test strips as our preferred diabetic supplies.

Benefit	Your in-network costs	Your out-of-network costs
Diabetic supplies	$0 copay	$0 copay or 0% - 20% coinsurance after your plan deductible is met 0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies 20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization

Fitness benefit

Benefit	Your costs in our plan
Annual physical fitness membership	$0 copay 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.

Foot care (podiatry services)

Benefit	Your in-network costs	Your out-of-network costs
Foot exams and treatment	$0 copay for Medicare-covered and non-Medicare covered podiatry visits	$0 copay - 30% coinsurance for Medicare-covered podiatry visits after your plan deductible is met $0 copay - 30% coinsurance for non-Medicare podiatry visits
	For non-Medicare covered services, we cover up to twelve 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 in-network costs	Your out-of-network costs
Home health care	$0 copay	0% coinsurance after your plan deductible is met
Meal benefit (post-discharge)	$0 copay for meals 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 14 freshly prepared meals for a 7-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.	
Personal emergency response system	$0 copay Our plan covers a medical alert response system from LifeStation to provide you with 24/7 access to help in the event of a fall or an emergency.	

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 in-network costs	Your out-of-network costs
Durable medical equipment (DME), such as wheelchairs, crutches, oxygen equipment, and continuous glucose monitors (CGMs)	$0 copay	$0 copay - 20% coinsurance after your plan deductible is met
Prosthetics, such as braces and artificial limbs	$0 copay	$0 copay - 20% coinsurance after your plan deductible is met
Fall prevention	You will receive a $150 annual benefit amount (allowance) to purchase certain approved home and bathroom safety products.	

Resources For Living®

Benefit	
Resources For Living	Resources For Living helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities, and more.

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 in-network costs	Your out-of-network costs
Outpatient substance use disorder services	$0 copay	$0 copay - 30% coinsurance for individual sessions after your plan deductible is met $0 copay - 30% coinsurance for group sessions after your plan deductible is met

24-Hour Nurse Line

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.

Benefit	Your costs in our plan
24-Hour Nurse Line	$0 copay

Special Supplemental Benefits

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

Extra Supports Wallet

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 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.

Benefits:

After qualifying, the $150 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®.

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.

Summary of Medicaid Benefits

Here's a quick look at what's covered by Aetna Medicare Full Dual (PPO D-SNP) and your state Medicaid program.

Below is a summary of your Medicaid and Aetna Medicare Full Dual (PPO D-SNP) benefits. If you qualify for Medicare and Medicaid (or "Medical Assistance"), you're "dual eligible." This means you're eligible for benefits under both the federal Medicare program **and** the South Dakota Medicaid program.

What you pay for covered services may depend on your level of Medicaid eligibility. If you meet the state's requirements for **full** Medicaid coverage, you may also receive Medicaid services not covered by Medicare. If you have questions about your Medicaid eligibility and what benefits you're entitled to, or for a full list of your covered Medicaid benefits, just call your South Dakota Medicaid.

The table below gives you a summary of the benefits Medicaid covers. Aetna Medicare Full Dual (PPO D-SNP) covers the benefits we described earlier in the Medical and hospital benefits section. For each benefit listed below, you can see what Medicaid covers and what our plan covers. **Keep in mind:** Medicaid may cover additional benefits that are not listed below. There may be limits for some services. If you need a service that is only covered by Medicaid, the provider you pick needs to be enrolled with Medicaid.

Service	State Medicaid	Aetna Medicare Full Dual (PPO D-SNP)
Ambulance	✓	✓
Ambulatory surgical center (ASC) services	✓	✓
Dental services	✓	✓
Diagnostic services/labs/imaging (includes diagnostic tests and procedures, labs, diagnostic radiology, and x-rays)	✓	✓
Doctor visits (primary care providers & specialists)	✓	✓
Emergency care	✓	✓
Hearing services	✓	✓
Home health care	✓	✓
Hospice	✓	Limited (see EOC for coverage details)
Inpatient hospital coverage	✓	✓
Mental health services	✓	✓

Service	State Medicaid	Aetna Medicare Full Dual (PPO D-SNP)
Long-term nursing home care (i.e., custodial nursing home care)	Covered (limitations)	Not covered
Occupational therapy	✓	✓
Outpatient hospital coverage	✓	✓
Physical and speech therapy	✓	✓
Prescription drugs	✓	✓
Preventive care	✓	✓
Skilled nursing facility (SNF)	✓	✓
Transportation	✓	Not covered
Urgently needed services	✓	✓
Vision services	✓	✓

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 **1-866-409-1221** (**TTY: 711**) 8 AM to 8 PM, 7 days a week if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

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

Understanding the benefits

- ☐ The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **AetnaMedicare.com** or call **1-833-859-6031** (**TTY: 711**) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ 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.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- ☐ 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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እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ በዚህ ሰነድ ላይ ወዳለዉ ቁጥር ይደውሉ። (Amharic)

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

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

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ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

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