Aetna Medicare Eagle Plus (PPO)
H3288 - 034 | $0 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 1-833-859-6031 (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 1-833-570-6670 (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/H3288-034** where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

2026-H3288.034.1

Are you eligible to enroll?

To join Aetna Medicare Eagle Plus (PPO), you must:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:
  Georgia: Appling, Baker, Baldwin, Banks, Barrow, Bartow, Bibb, Bryan, Burke, Butts, Camden, Carroll, Catoosa, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clay, Clayton, Cobb, Coffee, Colquitt, Columbia, Coweta, Crawford, Crisp, Dawson, DeKalb, Dooly, Dougherty, Douglas, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jefferson, Johnson, Jones, Lamar, Laurens, Lee, Liberty, Lincoln, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Monroe, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Spalding, Stephens, Stewart, Sumter, Talbot, Taliaferro, Tattnall, Taylor, Terrell, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, White, Wilkes, Wilkinson, Worth

What you should know

- **Plan type:** Aetna Medicare Eagle Plus (PPO) is a PPO plan. This is a Medicare Advantage plan that does not cover prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.
- **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 Eagle Plus (PPO) 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.
- **Helpful resources:** To find provider directories and other plan information, visit **AetnaMedicare.com/H3288-034**. 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 You must continue to pay your Medicare Part B premium.
Plan deductible	$0
MOOP	$8,900 for in-network services $13,900 for in- and out-of-network services combined Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium doesn'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 in-network costs	Your out-of-network costs
Inpatient (unlimited number of days)	$489 per day, days 1-5; $0 per day, days 6-90; $0 for additional days	50% per stay
Outpatient hospital observation services	$489 copay	40% coinsurance
Outpatient hospital	$50 - $489 copay $50 copay for outpatient hospital services other than surgery $489 copay for each outpatient hospital surgery	40% coinsurance
Ambulatory surgical center	$389 copay	40% coinsurance

Primary Care Provider (PCP) and specialist visits

Benefit	Your in-network costs	Your out-of-network costs
PCP	$0 copay	$25 copay
Specialist	$50 copay	$50 copay

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. Some covered services may have an associated cost.	$0 copay
Emergency and urgent care (inside the U.S.)	$115 copay for emergency care $40 copay for urgent care	$115 copay for emergency care $40 copay for urgent care
Emergency and urgent care, including emergency ambulance (outside the U.S.)	$115 copay for emergency care $115 copay for urgent care $250 copay for ambulance Maximum coverage: $250,000 (the most we'll pay for your worldwide emergency and urgent care combined, including emergency ambulance)	$115 copay for emergency care $115 copay for urgent care $250 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 - $95 copay $0 copay for services provided by your primary care provider in their office $95 copay for services performed by a provider other than your primary care provider $0 copay for certain Medicare-covered diagnostic tests and services including retinal fundus, spirometry, and peripheral arterial disease (PAD) testing	35% coinsurance
Lab services	$0 copay	35% coinsurance
Diagnostic radiology services, such as CT/CAT scan and MRI	$300 copay	35% coinsurance
Outpatient x-rays	$0 - $95 copay $0 copay for services provided by your primary care provider in their office $95 copay for services performed by a provider other than your primary care provider	35% coinsurance

Hearing services

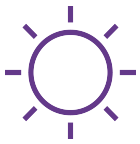
Benefit	Your in-network costs	Your out-of-network costs
Diagnostic hearing exam	$50 copay	$50 copay
Routine hearing exam	$0 copay You get one routine hearing exam every year. You can visit a provider in the NationsHearing® network or an out-of-network provider.	$50 copay
Hearing aids	You get an annual benefit amount (allowance) of $500 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 preventive services 20% - 50% coinsurance for comprehensive services	50% coinsurance for preventive services 50% - 70% coinsurance for comprehensive services
	You get an annual benefit amount (allowance) of $4,000 for covered comprehensive services. You are responsible for the cost of any comprehensive services over this amount. Covered comprehensive services include fillings, extractions, crowns, and more. Covered preventive services include oral exams, cleanings, and x-rays. There is no copay for these services when using an in-network provider. Covered preventive services do not count toward your annual benefit amount. 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.	

Vision services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic eye exam (includes diabetic eye exams)	$0 - $50 copay $0 copay for diabetic eye exams $50 copay for all other Medicare-covered eye exams	$50 copay
Glaucoma screening	$0 copay	$0 copay
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 $350 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	$407 per day, days 1-5; $0 per day, days 6-90 Our plan covers up to 190 days per benefit period.	50% per stay
Outpatient mental health therapy	$30 copay for individual sessions $30 copay for group sessions	$50 copay for individual sessions $50 copay for group sessions
Outpatient psychiatric therapy	$30 copay for individual sessions $30 copay for group sessions	$50 copay for individual sessions $50 copay for group sessions

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 per day, days 1-20; $218 per day, days 21-100 Our plan covers up to 100 days per benefit period.	50% per stay
Physical and speech therapy	$50 copay	$50 copay
Occupational therapy	$35 copay	$50 copay

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)	$250 copay for ground ambulance services 20% coinsurance for air ambulance services	$250 copay for ground ambulance services 20% coinsurance for air ambulance services
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% - 20% coinsurance Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	35% coinsurance
Part B Insulin	$35 copay	$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.	35% coinsurance

Other covered benefits

Aetna Medicare Extra Benefits Card

You get an **Aetna Medicare Extra Benefits Card** to help pay for certain everyday expenses. Qualifying members may be eligible for an additional wallet. See the **Special Supplemental Benefits** chart for more details.

Benefit	
Over-the-Counter (OTC) Wallet	You get a $105 quarterly benefit amount (allowance). 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

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
Acupuncture	$50 copay for Medicare-covered acupuncture visits	$50 copay 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. We have teamed up with American Specialty Health® (ASH) to provide your acupuncture coverage.	
Chiropractic services	$15 copay for Medicare-covered chiropractic visits	$15 copay for Medicare-covered chiropractic visits
	Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services are not covered. We have teamed up with American Specialty Health® (ASH) to provide your chiropractic coverage.	

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% - 20% coinsurance 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	0% - 20% coinsurance 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	$50 copay for Medicare-covered podiatry visits	35% coinsurance for Medicare-covered podiatry visits

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	35% coinsurance
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.	

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)	20% coinsurance	35% coinsurance
Prosthetics, such as braces and artificial limbs	20% coinsurance	35% coinsurance

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	$30 copay for individual sessions $30 copay for group sessions	$50 copay for individual sessions $50 copay for group sessions

Visitor/travel benefit

Plan rules continue to apply. You will need to choose a PCP where you are receiving care. **Prior authorizations** are required for certain services.

Benefit	
Visitor/travel program: Explorer	Allows you to remain in your plan for up to 12 months when you are outside our plan's service area. While traveling within the United States, you can see an Aetna Medicare participating provider and pay in-network cost shares. Not all providers participate in the multi-state network. In most cases, when you receive non-urgent/non-emergency care from an out-of-network provider, your share of the costs for your covered services may be higher. You must select a PCP in the visitor/travel area in order for services to be covered. Contact us for help finding a participating provider in the area you're traveling to.

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:

If you qualify, you get an **Extra Supports Wallet** with a $105 quarterly benefit amount (allowance).

You can use your Extra Supports Wallet to help pay for certain healthy foods, over-the-counter (OTC) health and wellness products, transportation, utilities, and personal care products. 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.

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.

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.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

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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.

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.
- ☐ 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.

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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)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato in questo documento. (Italian)

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 ကိုၢ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢ်ဘူၣ်လၢ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ်ဖဲလံာ်တီလံာ်မီအံၤ အဖီခိၣ်န့ၣ်တက့ၢ်. (Karen)

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

ເພື່ອເຂົ້າເຖິງການ ບໍລິການພາສາໂດຍ 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)

Ligue para o número indicado neste documento para receber assistência linguística gratuita. (Portuguese)

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

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

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

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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