



# Aetna Medicare FIDE (HMO D-SNP) | 2027 Summary of Benefits H6399-001

January 1, 2027 through December 31, 2027

**Your questions are important to us, and we're here to help**

**If you have questions**, please call

Aetna Medicare FIDE (HMO D-SNP) Member Services at [1-844-362-0934](tel:1-844-362-0934), (TTY: [711](tel:711))  
8 AM to 8 PM, 7 days a week.

The call is free.

**For more information**, visit [AetnaMedicare.com/NJDSNP](https://AetnaMedicare.com/NJDSNP).

2027-H6399.001.1

**Introduction:**

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

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## A. Disclaimers



This is a summary of health services covered by Aetna Medicare FIDE (HMO D-SNP) for 2027. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. You can find the *Evidence of Coverage* at [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP) or request a copy by calling Member Services at **1-844-362-0934 (TTY: 711)**.

- When joining this plan:
  1. You must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies.
  2. You will be enrolled automatically into Medicaid (NJ FamilyCare) coverage under our plan, and disenrolled from any Medicaid (NJ FamilyCare) plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers.
  3. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled.
  4. You must understand and follow our plan's rules on referrals.
- Aetna Medicare FIDE (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Medicare FIDE depends on contract renewal.
- See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- 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.
- If you speak a language other than English, free language assistance services are available. Visit our website at [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP) or call **1-844-362-0934 (TTY: 711)**, 8 AM to 8 PM, 7 days a week.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-844-362-0934 (TTY: 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.
- If you wish to make a request to receive materials in a language other than English or in an alternate format, you can call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 AM to 8 PM, E.S.T., 7 days a week. We will continue to send you these materials in the language and/or format you choose until you tell us otherwise (this is known as a standing request). If you want to change your standing request for a preferred



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language or format, call Member Services.

You can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or request a copy by calling 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)), 24 hours per day, 7 days a week. TTY users should call [1-877-486-2048](tel:1-877-486-2048).

## 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 'oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona 'oe 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 ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢၣ်ဘျုးလၢၣ်စ့ၤ လၢန့ၢ်ဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ်ဖဲလံာ်တီၢ်လံာ်မိအံၤ အဖီခိၣ်န့ၢ်တက့ၢ်. (Karen)

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

ເພື່ອ ຄົ້ນຄວາມບໍລິການພາສາໂດຍ ບໍ່ລາຄາ ກ່ຽວກັບ ພາສາໃດໆ, ໃຫ້ ໂທຫາ ບົດໂທໃນເອກະສານນີ້. (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)



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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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## B. Frequently asked questions

The following chart lists frequently asked questions.

| Frequently Asked Questions (FAQ)                                                                                  | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What's a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?</b>                                     | <p>A NJ Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ FIDE SNP covers all of your Medicare, NJ FamilyCare (Medicaid) and drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) Card, and no copays for medical services or drugs. A FIDE SNP coordinates all of your care.</p> <p>If you join a FIDE SNP, you don't lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services.</p> <p>To be eligible to enroll in a FIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan's "service area" (the counties where that plan is offered). The counties that make up the Aetna Medicare FIDE (HMO D-SNP) service area are listed in <b>Section B</b> of this document.</p> |
| <b>Will I get the same Medicare and NJ FamilyCare benefits in Aetna Medicare FIDE (HMO D-SNP) that I get now?</b> | <p>If you're coming to Aetna Medicare FIDE (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all of your covered Medicare and NJ FamilyCare benefits directly from Aetna Medicare FIDE (HMO D-SNP).</p> <p>When you enroll in Aetna Medicare FIDE (HMO D-SNP), you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Aetna Medicare FIDE (HMO D-SNP) doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for Aetna Medicare FIDE (HMO D-SNP) to cover your drug if medically necessary.</p>                                                                                                                                                                                                                                                                                |
| <b>Can I use the same health care providers I use now?</b>                                                        | <p>That's often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Aetna Medicare FIDE (HMO D-SNP) and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> <li>Providers with an agreement with us are "in-network." <b>You must use the providers in the Aetna Medicare FIDE (HMO D-SNP) network.</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

(continued on the next page)



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| Frequently Asked Questions (FAQ)                                                                                | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Can I use the same health care providers I use now?</b><br>(continued from previous page)                    | <ul style="list-style-type: none"> <li>If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the Aetna Medicare FIDE (HMO D-SNP) network. Aetna Medicare FIDE (HMO D-SNP) covers urgent or emergency care worldwide.</li> </ul> <p>To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read the Aetna Medicare FIDE (HMO D-SNP) <i>Provider and Pharmacy Directory</i>. You can also visit our website at <a href="https://www.aetna.com/NJDSNP-find-provider">AetnaMedicare.com/NJDSNP-find-provider</a> for the most current listing.</p> <p>If Aetna Medicare FIDE (HMO D-SNP) is new for you, we'll work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.</p> |
| <b>What's a Care Manager?</b>                                                                                   | A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>What are Managed Long Term Services and Supports (MLTSS)?</b>                                                | Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>What happens if I need a service but no one in Aetna Medicare FIDE (HMO D-SNP)'s network can provide it?</b> | Most services will be provided by our network providers. If you need a service that can't be provided within our network, Aetna Medicare FIDE (HMO D-SNP) will cover services provided by an out-of-network provider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Where's Aetna Medicare FIDE (HMO D-SNP) available?</b>                                                       | <p>The service area for this plan includes: <b>New Jersey:</b> Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren</p> <p>You must live in one of these areas to join the plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>What's prior authorization?</b>                                                                              | Prior authorization means that you must get approval from Aetna Medicare FIDE (HMO D-SNP) before Aetna Medicare FIDE (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. Aetna Medicare FIDE (HMO D-SNP) may not cover the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>(continued on the next page)</b>                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| Frequently Asked Questions (FAQ)                                                                                                  | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What's prior authorization?</b><br>(continued from previous page)                                                              | <p>service, item or drug if you don't get prior approval. <b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</b> Aetna Medicare FIDE (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from Aetna Medicare FIDE (HMO D-SNP) before the service is provided.</p> <p>Refer to <b>Chapter 3</b> of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p> |
| <b>Do I pay a monthly amount (also called a premium) under Aetna Medicare FIDE (HMO D-SNP)?</b>                                   | <p>No. You won't pay any monthly premiums to Aetna Medicare FIDE (HMO D-SNP) for your health coverage.</p> <p>Additionally, Medicaid will pay your Medicare Part B premium for you.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Do I pay a deductible as a member of Aetna Medicare FIDE (HMO D-SNP)?</b>                                                      | No. You don't pay deductibles in Aetna Medicare FIDE (HMO D-SNP).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Aetna Medicare FIDE (HMO D-SNP)?</b> | There's no cost-sharing for medical services in Aetna Medicare FIDE (HMO D-SNP), so your annual out-of-pocket costs will be \$0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



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## C. Overview of services

The following chart is a quick overview of what services you may need 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)                                                                                                                                                                                |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need hospital care</b>                 | Inpatient hospital care                                                                         | \$0                                 | Except in an emergency, your health care provider must tell the plan of your hospital admission.<br><br>Prior authorization may be required.                                                                                                         |
|                                               | Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)          | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                 |
|                                               | Ambulatory surgical center (ASC) services                                                       | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                 |
| <b>You want to use a health care provider</b> | Doctor visits (including visits to Primary Care Providers and specialists)                      | \$0                                 |                                                                                                                                                                                                                                                      |
|                                               | Visits to treat an injury or illness                                                            | \$0                                 |                                                                                                                                                                                                                                                      |
|                                               | Preventive care (care to keep you from getting sick, such as flu shots and other immunizations) | \$0                                 |                                                                                                                                                                                                                                                      |
|                                               | Wellness visits, such as a physical                                                             | \$0                                 |                                                                                                                                                                                                                                                      |
|                                               | “Welcome to Medicare” preventive visit (one time only)                                          | \$0                                 |                                                                                                                                                                                                                                                      |
| <b>You need emergency care</b>                | Emergency room services                                                                         | \$0                                 | You may use any emergency room if you reasonably believe you need emergency care. You don’t need prior authorization and you don’t have to be in-network. Emergency room services are also covered outside of the U.S. Contact the plan for details. |
| <b>(continued on the next page)</b>           |                                                                                                 |                                     |                                                                                                                                                                                                                                                      |



Aetna Medicare FIDE (HMO D-SNP) **H6399-001: 2027 Summary of Benefits**

| Health need or problem                                        | Services you may need                                                                                                                                              | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                             |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need emergency care (continued from previous page)</b> |                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                                                   |
|                                                               | Urgently needed services                                                                                                                                           | \$0                                 | Urgently needed services aren't emergency care. You don't need prior authorization and you don't 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. |
| <b>You need medical tests</b>                                 | Lab tests, such as blood work                                                                                                                                      | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                              |
|                                                               | X-rays or other pictures, such as CAT scans                                                                                                                        | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                              |
|                                                               | Screenings, such as tests to check for cancer                                                                                                                      | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                              |
| <b>You need hearing/auditory services</b>                     | Hearing screenings (including routine hearing exams)                                                                                                               | \$0                                 |                                                                                                                                                                                                                                                                   |
|                                                               | Hearing aids (as well as fittings and associated accessories and supplies)                                                                                         | \$0                                 |                                                                                                                                                                                                                                                                   |
| <b>You need dental care</b>                                   | Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care) | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                              |
| <b>You need eye care</b>                                      | Vision services (including annual eye exams)                                                                                                                       | \$0                                 |                                                                                                                                                                                                                                                                   |
|                                                               | Glasses or contact lenses                                                                                                                                          | \$0                                 |                                                                                                                                                                                                                                                                   |
| <b>(continued on the next page)</b>                           |                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                                                   |



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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)                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need eye care (continued from previous page)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                         | Other vision care (including diagnosis and treatment for diseases and conditions of the eye)                                                                                                                                                                                                                                                                                                                                                                    | \$0                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>You have a mental health condition</b>               | Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital)                                                                                                                                                                                                             | \$0                                 | All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.<br><br>Prior authorization may be required.                                                                                                                                                                                                                                     |
| <b>You need mental health services</b>                  | Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management)<br><br>( <b>Note:</b> This isn't a complete list of the plan's expanded outpatient mental health services. Call Member Services at the number listed at the bottom of the page or read the <i>Evidence of Coverage</i> for more information.) | \$0                                 | Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.<br><br>Prior authorization may be required. |



Aetna Medicare FIDE (HMO D-SNP) **H6399-001: 2027 Summary of Benefits**

| Health need or problem                                            | Services you may need                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                    |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You have a substance use disorder</b>                          | Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)<br><br>( <b>Note:</b> This isn't a complete list of the plan's expanded substance use disorder services. Call Member Services at the number listed at the bottom of the page or read the <i>Evidence of Coverage</i> for more information.) | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                     |
| <b>You need a place to live with people available to help you</b> | Skilled nursing care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                     |
|                                                                   | Nursing home care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                     |
|                                                                   | Custodial care (long-term care in a Nursing Facility)                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$0                                 | Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.<br><br>Prior authorization may be required. |
| <b>You need therapy after a stroke or accident</b>                | Occupational, physical, or speech therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$0                                 |                                                                                                                                                                                                                                                          |
| <b>You need help getting to health services</b>                   | Ambulance services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                     |
|                                                                   | Emergency transportation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$0                                 |                                                                                                                                                                                                                                                          |



**If you have questions**, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-844-362-0934**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

| 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 | Medicare Part B drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment) | \$0                                 | Read the <i>Evidence of Coverage</i> for more information on these drugs. Prior authorization may be required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                   | Medicare Part D drugs (generic and brand name drugs)                                                                                                            | \$0                                 | <p>There may be limitations on the types of drugs covered. Refer to the Aetna Medicare FIDE (HMO D-SNP) <i>List of Covered Drugs (Drug List)</i> at <a href="https://www.aetna.com/NJDSNP-drug-formulary">AetnaMedicare.com/NJDSNP-drug-formulary</a> for more information.</p> <p>Aetna Medicare FIDE (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Aetna Medicare FIDE (HMO D-SNP) for certain drugs.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that can't be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs (Drug List)</i>, and printed materials, as well as on the Medicare Drug Plan Finder on <a href="https://www.medicare.gov/plan-compare">www.medicare.gov/plan-compare</a>.</p> |

(continued on the next page)



Aetna Medicare FIDE (HMO D-SNP) **H6399-001: 2027 Summary of Benefits**

| Health need or problem                                                                  | Services you may need                                                                                                                                                                                                                                                                                                             | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                           |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need drugs to treat your illness or condition (continued from previous page)</b> |                                                                                                                                                                                                                                                                                                                                   |                                     | You can get a one-month, two-month, or 100-day supply of most of your drugs through network retail and mail-order pharmacies.                                                   |
|                                                                                         | Over-the-counter (OTC) drugs                                                                                                                                                                                                                                                                                                      | \$0                                 | There may be limitations on the types of drugs covered.<br><br>Please refer to Aetna Medicare FIDE (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. |
|                                                                                         | Diabetes medications                                                                                                                                                                                                                                                                                                              | \$0                                 |                                                                                                                                                                                 |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                 |
| <b>You need foot care</b>                                                               | Podiatry services (including routine exams)                                                                                                                                                                                                                                                                                       | \$0                                 |                                                                                                                                                                                 |
|                                                                                         | Orthotic services                                                                                                                                                                                                                                                                                                                 | \$0                                 | Prior authorization may be required.                                                                                                                                            |
| <b>You need durable medical equipment (DME) or supplies</b>                             | Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example<br><br><b>(Note:</b> This isn't a complete list of covered DME or supplies. Call Member Services at the number listed at the bottom of the page or read the <i>Evidence of Coverage</i> for more information.) | \$0                                 | Prior authorization may be required.                                                                                                                                            |
| <b>You need interpreter services</b>                                                    | Spoken language interpreter                                                                                                                                                                                                                                                                                                       | \$0                                 |                                                                                                                                                                                 |
|                                                                                         | Sign language interpreter                                                                                                                                                                                                                                                                                                         | \$0                                 |                                                                                                                                                                                 |



**If you have questions**, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-844-362-0934**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

| Health need or problem              | Services you may need                                                                                                                                                                                                                                                                                                                            | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                           |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Other covered services</b>       | Acupuncture                                                                                                                                                                                                                                                                                                                                      | \$0                                 |                                                                                                                                                                                                                                                                                                                 |
|                                     | Care management                                                                                                                                                                                                                                                                                                                                  | \$0                                 |                                                                                                                                                                                                                                                                                                                 |
|                                     | Chiropractic services                                                                                                                                                                                                                                                                                                                            | \$0                                 |                                                                                                                                                                                                                                                                                                                 |
|                                     | Diabetic supplies                                                                                                                                                                                                                                                                                                                                | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                                                                            |
|                                     | Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)                                                                                                               | \$0                                 | EPSDT is for members under 21 years of age.<br><br>Prior authorization may be required.                                                                                                                                                                                                                         |
|                                     | Family planning                                                                                                                                                                                                                                                                                                                                  | \$0                                 | Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.                                                                                                                                                                                                |
|                                     | Hospice care                                                                                                                                                                                                                                                                                                                                     | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                                                                            |
|                                     | Mammograms                                                                                                                                                                                                                                                                                                                                       | \$0                                 | Prior authorization may be required.                                                                                                                                                                                                                                                                            |
|                                     | Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); vehicle modifications; social adult day care; and non-medical | \$0                                 | MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting.<br><br>MLTSS is available to members who meet certain clinical requirements.<br><br>Prior authorization may be required. |
| <b>(continued on the next page)</b> |                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                 |



Aetna Medicare FIDE (HMO D-SNP) **H6399-001: 2027 Summary of Benefits**

| Health need or problem                                       | Services you may need                                                                                                                                                                                                                                            | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                            |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Other covered services (continued from previous page)</b> |                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                  |
|                                                              | transportation)                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                  |
|                                                              | Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)                                                                                                | \$0                                 | Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.<br><br>Prior authorization may be required. |
|                                                              | Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care) | \$0                                 | Prior authorization may be required.                                                                                                                                                             |
|                                                              | Prosthetic services                                                                                                                                                                                                                                              | \$0                                 | Prior authorization may be required.                                                                                                                                                             |
|                                                              | Services to help manage your disease                                                                                                                                                                                                                             | \$0                                 | Prior authorization may be required.                                                                                                                                                             |

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Aetna Medicare FIDE (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Aetna Medicare FIDE (HMO D-SNP) Member Services at the number listed at the bottom of the page.



**If you have questions**, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-844-362-0934**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

## D. Additional services Aetna Medicare FIDE (HMO D-SNP) covers

This isn't a complete list. Call Member Services at the number listed at the bottom of the page or read the *Evidence of Coverage* to find out about other covered services.

| Additional services Aetna Medicare FIDE (HMO D-SNP) covers | Your costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>24-Hour Nurse Line</b>                                  | <p>\$0</p> <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Annual Physical Exam</b>                                | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Extra Supports Wallet</b>                               | <p><b>Special Supplemental Benefits</b></p> <p>Our plan offers additional benefits to members with qualifying chronic conditions. See the <i>Evidence of Coverage</i> for a full list of eligibility criteria. You can request a printed copy of your <i>Evidence of Coverage</i> by calling Member Services at the number listed at the bottom of this page or by viewing your plan information online by visiting: <a href="https://www.AetnaMedicare.com/NJDSNP">AetnaMedicare.com/NJDSNP</a>.</p> <hr/> <p><b>Eligibility requirements:</b></p> <p>If you are diagnosed with one or more of the chronic conditions listed in the EOC and meet all other 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> <hr/> <p><b>Benefits:</b></p> <p>After meeting all eligibility requirements, the \$260 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.</p> <p>Approved products can be purchased in-store at authorized participating locations including CVS® retail locations (excluding locations inside other stores). You can also use the CVS Flex Benefits™ app, go online at <a href="https://www.CVS.com/Aetna">CVS.com/Aetna</a>, or shop by phone.</p> <p>Important: If you qualify, this wallet will be added to your current Aetna®</p> |

(continued on the next page)



| Additional services<br>Aetna Medicare FIDE<br>(HMO D-SNP) covers    | Your costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Extra Supports Wallet<br/>(continued from<br/>previous page)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                     | <p>Medicare Extra Benefits Card.</p> <p>The benefit(s) mentioned are part of special supplemental benefits for the chronically ill (SSBCI). SSBCI conditions include but are not limited to: hypertension, hyperlipidemia, diabetes, cardiovascular disorders, and chronic lung disorders. Eligibility is determined by whether you have a chronic condition associated with the benefit(s) and you meet all other criteria. Even if you have a listed chronic condition, you may not necessarily receive the benefit because other eligibility and coverage criteria may apply. 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>                                                                                                                        |
| <b>Fitness: Basic SilverSneakers® membership</b>                    | <p>\$0</p> <p>You get a basic membership to any authorized participating SilverSneakers® fitness facility. Additionally, online classes and at-home fitness kits are available. You may order one fitness kit per year through SilverSneakers.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Meal benefit (post-discharge)</b>                                | <p>\$0</p> <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 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 our authorized vendor NationsMarket™ to provide this benefit.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Over-the-Counter (OTC) Wallet</b>                                | <p><b>Over-the-Counter (OTC) Wallet</b></p> <p>You get a \$260 monthly benefit amount (allowance) on the Aetna® Medicare Extra Benefits Card.</p> <p>You can use your Over-the-Counter (OTC) Wallet to help pay for certain OTC health and wellness products including allergy medicine, pain relievers, first aid supplies, and more. Approved products can be purchased in-store at authorized participating locations including CVS® retail locations (excluding locations inside other stores). You can also use the CVS Flex Benefits™ app, go online at <a href="https://www.cvs.com/Aetna">CVS.com/Aetna</a>, or shop by phone.</p> <p>Important:</p> <ul style="list-style-type: none"> <li>If you received an Aetna Medicare Extra Benefits Card in 2026 and have not changed plans, keep your card. You will not receive a new card in the mail for the 2027 plan year.</li> </ul> |
| <b>(continued on the next page)</b>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



**If you have questions**, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-844-362-0934**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP](https://www.AetnaMedicare.com/NJDSNP).

| Additional services<br>Aetna Medicare FIDE<br>(HMO D-SNP) covers                | Your costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Over-the-Counter<br/>(OTC)<br/>Wallet (continued from<br/>previous page)</b> | <ul style="list-style-type: none"> <li>If you are a new member or were not enrolled in a plan with an Aetna Medicare Extra Benefits Card in 2026, you should get a new card before your plan begins.</li> <li>If you enrolled in a plan with an Aetna Medicare Extra Benefits Card in 2026 and changed plans, you may receive a new card. Do not throw away your current card unless you get a new card.</li> </ul>                                                                                                                                                                                                                                       |
| <b>Personal emergency<br/>response system</b>                                   | <p><b>\$0</b><br/>Our plan covers a medical alert response system through our authorized vendor LifeStation to provide you with 24/7 access to help in the event of a fall or an emergency.</p> <p>LifeStation is our authorized vendor for this benefit. Members access this benefit through Aetna care management.</p>                                                                                                                                                                                                                                                                                                                                  |
| <b>Telehealth</b>                                                               | <p><b>\$0</b><br/>Members have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc or MinuteClinic Video Visit.</p> <p>Prior authorization may be required.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Wigs</b>                                                                     | <p><b>\$400 allowance every year.</b><br/>This benefit is offered for hair loss as a result of chemotherapy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Worldwide Emergency<br/>or Urgent Care</b>                                   | <p><b>\$0</b><br/>Maximum coverage: \$250,000. This is the most we will pay for the combined cost of emergency care, urgent care, and emergency ambulance services received outside of the U.S.<br/>We cover emergency and urgent care worldwide.</p> <p>You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network.</p> <p>Urgently needed care includes treatment for a health condition that is necessary within 24 hours to prevent the condition from getting worse. You do not need prior authorization and you do not have to be in-network.</p> |



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

This isn't a complete list. Call Member Services at the number listed at the bottom of this page to find out about other services not covered by Aetna Medicare FIDE (HMO D-SNP) but available through Medicaid fee-for-service.

| Other services covered directly by Medicaid fee-for-service                                                                                                                                                                                                                  | Your Costs |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage). | \$0        |
| Targeted case management (chronic mental illness)                                                                                                                                                                                                                            | \$0        |
| Behavioral Health Home (Care Management)                                                                                                                                                                                                                                     | \$0        |
| PACT (Program in Assertive Community Treatment)                                                                                                                                                                                                                              | \$0        |
| CSS (Community Support Services)                                                                                                                                                                                                                                             | \$0        |
| Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)                                                                                                                                                                                                     | \$0        |

## F. Services not covered by Aetna Medicare FIDE (HMO D-SNP) (exclusions)

The following services aren't covered by our plan. This isn't a complete list. Call Member Services at the number listed at the bottom of this page to find out about other excluded services.

| Services not covered by Aetna Medicare FIDE (HMO D-SNP) (exclusions)                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|
| Services not considered "reasonable and necessary" according to standards of Medicare and NJ FamilyCare                              |
| Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study |
| Surgical treatment for morbid obesity except when medically necessary                                                                |
| Elective or voluntary enhancement procedures                                                                                         |
| Cosmetic surgery or other cosmetic work unless required criteria are met                                                             |
| LASIK surgery                                                                                                                        |



**If you have questions**, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-844-362-0934**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/NJDSNP](https://www.AetnaMedicare.com/NJDSNP).

## G. Your rights and responsibilities as a member of the plan

As a member of Aetna Medicare FIDE (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you can't be refused medically necessary treatment. You can 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, read the *Evidence of Coverage*.

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

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex, age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
  - Be free from any form of physical restraint or seclusion
  - Not be billed by network providers
  - Have your questions and concerns answered completely and courteously
  - Apply your rights freely without any negative effect on the way Aetna Medicare FIDE (HMO D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - Aetna Medicare FIDE (HMO D-SNP)
  - The services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Managers
  - Your rights and responsibilities
- **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. You can call **1-844-362-0934 (TTY: 711)** if you want to change your PCP.
  - 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 as far as the law allows, 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 about any health care that your PCP or your Care Team advises you to have. Aetna Medicare FIDE (HMO D-SNP) will pay for the cost of your second opinion visit.



- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call **1-844-362-0934 (TTY: 711)** if you need help with this service
  - Have your *Evidence of Coverage* and any printed materials from Aetna Medicare FIDE (HMO D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
  - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to use emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow-up by Aetna Medicare FIDE (HMO D-SNP)
  - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
  - Ask for a State Fair Hearing
  - Get a detailed reason why services were denied

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

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
  - Treat your health care providers with dignity and respect
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible
  - Tell your health care provider about yourself and your health history
  - Tell your health care provider that you're an Aetna Medicare FIDE (HMO D-SNP) member
  - Talk to your PCP, Care Manager, or other appropriate person about using the services of a specialist before you go to a hospital (except in cases of emergency)



**If you have questions**, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-844-362-0934, (TTY: 711)**, 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP](https://www.AetnaMedicare.com/NJDSNP).

- Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
- Notify Aetna Medicare FIDE (HMO D-SNP) Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.**  
You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
  - Partner with your Care Team and work out treatment plans and goals together
  - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from Aetna Medicare FIDE (HMO D-SNP).**  
You should:
  - Get all your health care from Aetna Medicare FIDE (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Aetna Medicare FIDE (HMO D-SNP) provides a prior authorization for out-of-network care
  - Not allow anyone else to use your Aetna Medicare FIDE (HMO D-SNP) Member ID Card to obtain healthcare services
  - Notify Aetna Medicare FIDE (HMO D-SNP) when you believe that someone has purposely misused Aetna Medicare FIDE (HMO D-SNP) benefits or services

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

## H. How to file a complaint or appeal a denied service

If you have a complaint or think Aetna Medicare FIDE (HMO D-SNP) should cover something we denied, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: **711**). You can file a complaint or appeal our decision.

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

To file an **appeal** about medical care, call **1-844-362-0934** (TTY: **711**) or write to:  
Aetna Duals Member Appeals  
PO Box 14726  
Lexington, KY 40512



## Aetna Medicare FIDE (HMO D-SNP) H6399-001: 2027 Summary of Benefits

To file an **appeal** about prescription drugs, call [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)) or write to:  
Aetna Medicare FIDE (HMO D-SNP)  
Attn: Part D Appeals  
Pharmacy Department  
4750 S 44th Pl Suite 150  
Phoenix, AZ 85040

To file a complaint (also called **grievance**) about medical care or prescription drugs, call [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)) or write to:  
Aetna Duals Grievances  
PO Box 14725  
Lexington, KY 40512

## I. What to do if you suspect fraud

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

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

- Call us at Aetna Medicare FIDE (HMO D-SNP) Member Services. Phone numbers are [1-844-362-0934](tel:1-844-362-0934), (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.
- 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.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling [1-609-292-1272](tel:1-609-292-1272). Calls to this number are free.



**If you have questions**, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at [1-844-362-0934](tel:1-844-362-0934), (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/NJDSNP](https://AetnaMedicare.com/NJDSNP).

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

**[1-844-362-0934](tel:1-844-362-0934), (TTY: [711](tel:1-844-362-0934))**

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

Member Services also has free language interpreter services available for non-English speakers.

**If you have questions about your health:**

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call the Aetna Medicare FIDE (HMO D-SNP) 24-Hour Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The number for the Aetna Medicare FIDE (HMO D-SNP)'s Nursing Hotline is **[1-844-362-0934](tel:1-844-362-0934), (TTY: [711](tel:1-844-362-0934))**.

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

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

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

**[1-844-362-0934](tel:1-844-362-0934), (TTY: [711](tel:1-844-362-0934))**

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

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**If you have questions**, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **[1-844-362-0934](tel:1-844-362-0934), (TTY: [711](tel:1-844-362-0934))**, 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP)**.

# 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 Member Services representative at **1-833-874-8529 (TTY: 711)**. From October 1 to March 31, we're here 8 AM to 8 PM, 7 days a week. From April 1 to September 30, we're here 8 AM to 8 PM, Monday through Friday.

Aetna® Medicare FIDE (HMO D-SNP) will cover your Medicare benefits and also your NJ FamilyCare (Medicaid) benefits. When you enroll in this plan, you'll be automatically disenrolled from any Medicare Advantage, Medicare Part D and/or NJ FamilyCare (Medicaid) plans you may currently be enrolled in. **As of your effective date of enrollment, your NJ FamilyCare (Medicaid) coverage will be switched to Aetna® Medicare FIDE (HMO D-SNP).**

## Understanding the benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a provider for. Visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP) or call **1-833-874-8529 (TTY: 711)** to view a copy of the EOC.
- ☐ Review the Provider and Pharmacy Directory (or ask your Primary Care Provider) to make sure the providers you see now are in the network. A change in your Medicaid coverage may result in some of the providers you typically use no longer being in network. The plan only covers care provided by in-network providers.
- ☐ Review the Provider and Pharmacy Directory to make sure the pharmacy you use for any prescription medications is in the network. The plan only covers prescriptions filled at in-network pharmacies.

## Understanding important rules

- ☐ You do not have a monthly premium. Medicaid pays your Part B premium for you.
- ☐ Benefits may change on January 1, 2028.
- ☐ Except in emergency or urgent situations, we do not cover services performed by out-of-network providers (providers who are not listed in the Provider and Pharmacy Directory).
- ☐ This plan is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and full Medicaid benefits.
- ☐ Effect on current coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care 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.