



Aetna Medicare HIDE (HMO D-SNP) | 2027 Summary of Benefits H9314-001

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 HIDE (HMO D-SNP) Member Services at [1-855-676-5772](tel:1-855-676-5772), (TTY: [711](tel:711))

8 AM to 8 PM, 7 days a week.

The call is free.

For more information, visit AetnaMedicare.com/MICHDSNP.

2027-H9314.001.1

Introduction:

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

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A. Disclaimers



This is a summary of health services covered by Aetna Medicare HIDE (HMO D-SNP) for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can find the *Member Handbook* at [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP) or request a copy by calling Member Services at [1-855-676-5772](tel:1-855-676-5772) (TTY: [711](tel:711)).

- Aetna Medicare HIDE (HMO D-SNP) is a Highly Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment in Aetna Medicare HIDE depends on contract renewal.
- See *Member Handbook* for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.
- To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)) (TTY users should call [1-877-486-2048](tel:1-877-486-2048)), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([Medicare.gov](https://www.medicare.gov)) or by calling 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)), 24 hours a day, 7 days a week. TTY users should call [1-877-486-2048](tel:1-877-486-2048).
- For more information about Aetna Medicare HIDE (HMO D-SNP), you can check the Michigan Medicaid website at www.michigan.gov/medicaid, the Beneficiary Help Line: [1-800-642-3195](tel:1-800-642-3195) or email at beneficiarysupport@michigan.gov, or the Michigan Healthcare Help Line: [1-855-789-5610](tel:1-855-789-5610) (TTY [1-866-501-5656](tel:1-866-501-5656)) from 8 a.m. to 7 p.m., Monday through Friday (except holidays) <https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/support> or contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. The MI Community, Home, and Health Ombudsman (MI CHHO) can help you with questions about or problems with the MICH program or our plan. The MI Community, Home, and Health Ombudsman (MI CHHO) is an independent program and isn't connected with this plan. The phone number is [1-888-746-6456](tel:1-888-746-6456). You can also visit the MI Community, Home, and Health Ombudsman (MI CHHO)'s website at www.meji.org/mhlo.
- For questions about or problems with the MI Coordinated Health program or our plan, contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. MI CHHO is an independent program and isn't connected with this plan. Call [1-888-746-6456](tel:1-888-746-6456) or visit the MI CHHO website at [meji.org/michho/mhlo](https://www.meji.org/michho/mhlo). To schedule an appointment with a person-centered options counselor, please call MI Options at



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1-800-803-7174 8 a.m. to 8 p.m., Monday through Friday.

- Si tiene preguntas o problemas con el programa MI Coordinated Health o con nuestro plan, comuníquese con el Defensor del Pueblo de la Comunidad, el Hogar y la Salud de MI (CHHO de MI) para obtener ayuda gratuita. El CHHO de MI es un programa independiente y no está relacionado con este plan. Llame al **1-888-746-6456** o visite el sitio web del CHHO de MI en **meji.org/michho/mhlo**. Para programar una cita con un asesor de opciones centradas en la persona, llame a MI Options al **1-800-803-7174** de lunes a viernes, de 08:00 a. m. a 08:00 p. m.
- **You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-676-5772 (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.
- Aetna Medicare HIDE (HMO D-SNP) wants to make sure you understand your health plan information. If a different language or format works better for you, call Member Services at the number listed at the bottom of this page to request a change. (This is called a “standing request.”)
- We will continue sending you mailings and other communications in your requested format.
- If you want to change your standing request for a preferred language or format, call Member Services.

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

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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(Amharic)

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

(Chinese) 如欲使用免費語言服務，請致電本文件上的電話號碼。

Tajaajila afaanii bilisaan argachuuf, lakkoofsa dookumentii 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)

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

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

လၢကမၤန့ၢ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢကၤတၢ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ်ဖဲ လံာ်တီၢ်လံာ်မိအံၤအဖီခိၣ်န့ၣ်တက့ၢ်. (Karen)

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

ເພື່ອ ໄດ້ຂາດຖືງການ ບໍລິການພາສາໂດຍ ບວອຍຄ່າ ໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໂທໃນເອກະສານນີ້. (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

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

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

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

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



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

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 table lists frequently asked questions.

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

Can I use the same doctors I use now? (continued from previous page)

- Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Aetna Medicare HIDE (HMO D-SNP)’s network.** If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs.
- If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the Aetna Medicare HIDE (HMO D-SNP) plan. Aetna Medicare HIDE (HMO D-SNP) covers urgent or emergency care worldwide.

You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your Care Plan is being completed. If you’re currently under treatment with a provider that’s out of Aetna Medicare HIDE (HMO D-SNP)’s network, or have an established relationship with a provider that’s out of Aetna Medicare HIDE (HMO D-SNP)’s network, call Member Services to check about staying connected.

To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read Aetna Medicare HIDE (HMO D-SNP)’s *Provider and Pharmacy Directory* on the plan’s website at [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP).

If Aetna Medicare HIDE (HMO D-SNP) is new for you, we’ll work with you to develop an IICSP to address your needs.

What’s an Aetna Medicare HIDE (HMO D-SNP) Care Coordinator?

A Care Coordinator is a health professional who will help you get care and services that affect your health and wellbeing. You’re assigned a Care Coordinator when you enroll with Aetna Medicare HIDE (HMO D-SNP). Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you’re getting from us, you can call your Care Coordinator. Your **Care Coordinator is your “go-to” person** for Aetna Medicare HIDE (HMO D-SNP).

Our goal in Aetna Medicare HIDE (HMO D-SNP) is to meet your needs in a way that works for you. This is why we call our program “person-centered.” The person-centered planning process is when you work with your Care Coordinator to create a care plan that’s about **your** goals, choices, and abilities. When you create your care plan, you’re welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.

Frequently Asked Questions Answers

What are Long-term Services and Supports (LTSS)?	Long term services and supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Care Coordinator or care team will work with that agency.
What happens if I need a service but no one in Aetna Medicare HIDE (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Aetna Medicare HIDE (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Aetna Medicare HIDE (HMO D-SNP) available?	The service area for this plan includes: Michigan: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne counties. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means an approval from Aetna Medicare HIDE (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Aetna Medicare HIDE (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Aetna Medicare HIDE (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Aetna Medicare HIDE (HMO D-SNP) before the service is provided. Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
Do I pay a monthly amount (also called a premium) under Aetna Medicare HIDE (HMO D-SNP)?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage. You'll be required to keep paying any monthly Freedom to Work program premium you have if applicable. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting mdhhs.michigan.gov/CompositeDirPub/CountyCompositeDirectory.aspx



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



C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization may be required.
	Outpatient hospital services, including observation	\$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required.
	Doctor or surgeon care	\$0	Prior authorization may be required.
You want a doctor	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
	Specialist Care	\$0	Prior authorization may be required.
	Services to help manage your disease	\$0	Prior authorization may be required.
You need emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network. Emergency room services are also covered outside of the U.S. Contact the plan for details.
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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued from previous page)			
			We cover emergency and urgent care worldwide. Maximum coverage: \$250,000. 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.
	Urgent Care	\$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed services are also covered outside the U.S. and its territories under limited circumstances. Contact the plan for details.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization may be required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be required.
You need hearing/auditory services	Hearing screenings	\$0	You get one routine hearing exam every year with a provider in the NationsHearing® network.
	Hearing aids evaluation and fitting	\$0	You get one hearing aid fitting/evaluation every year.
	Hearing aids	\$0	You get an annual benefit amount (allowance) of \$1,500 per ear. If the cost is over the benefit amount, you pay the difference. This benefit amount can only be used to
(continued on the next page)			



Aetna Medicare HIDE (HMO D-SNP) H9314-001: 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)
You need hearing/auditory services (continued from previous page)			
			purchase hearing aids through an authorized NationsHearing® network provider.
You need dental care	Dental check-ups and preventive care	\$0	You get a combined annual benefit amount (allowance) of \$2,000 for certain Medicare covered preventive and comprehensive dental services. You are responsible for any costs over this amount. Covered Medicaid services do not count towards your annual allowance. Certain covered dental services may require prior authorization. We have teamed up with DentaQuest to provide your dental coverage. To locate a network provider, you may: 1. Call DentaQuest Member Services at 1-844-870-3976 (TTY: 711) - OR 2. Visit dentaquest.com and search using your Medicare plan
	Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/ re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planing, and other periodontal maintenance		
	Restorative and emergency dental care	\$0	
You need eye care	Eye exams	\$0	Our plan covers one exam every year with an in-network provider.
(continued on the next page)			



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued from previous page)			
	Glasses or contact lenses	\$0	You get an annual benefit amount (allowance) of \$250 for covered prescription eyewear. We have teamed up with VSP to provide this benefit. You must visit a VSP provider to use your benefit amount. Your benefit amount is applied at the time of purchase. If you choose eyewear that costs more than your benefit amount, you'll need to pay the difference.
	Other vision care	\$0	Prior authorization may be required.
You need behavioral health services	Behavioral health services	\$0	Behavioral health services are provided through the plan or by a program other than Aetna Medicare HIDE (HMO D-SNP). Your Aetna Medicare HIDE (HMO D-SNP) Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. Prior authorization may be required.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	Specialty behavioral health care services may be provided by a program other than Aetna Medicare HIDE (HMO D-SNP). Your Aetna Medicare HIDE (HMO D-SNP) Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs.
You need substance use disorder services	Substance use disorder services	\$0	Substance use disorder services may be provided by a program other than Aetna Medicare HIDE (HMO D-SNP). Your Aetna Medicare HIDE (HMO D-SNP) Care Coordinator can assist you in
(continued on the next page)			



Aetna Medicare HIDE (HMO D-SNP) H9314-001: 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)
You need substance use disorder services (continued from previous page)			
			obtaining those services and coordinate them with the rest of your health care needs. Prior authorization may be required.
You need a place to live with people available to help you	Skilled nursing care	\$0	Prior authorization may be required.
	Nursing home care	\$0	Prior authorization may be required.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization may be required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	
You need help getting to health services	Ambulance services	\$0	Ambulance services are also covered outside of the U.S. Contact the plan for details. Prior authorization may be required.
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	The plan will cover transportation for you to travel to or from your medical appointments and the pharmacy if it's a covered service. Types of non-emergency transportation include: • wheelchair equipped van • service car • taxicab
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Prior authorization may be required.
(continued on the next page)			



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			
	Medicare Part D drugs	Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to the Aetna Medicare HIDE (HMO D-SNP) <i>List of Covered Drugs (Drug List)</i> for more information. Once you or others on your behalf pay \$2,400 you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage. You can get a one-month, two-month, or 100-day supply of most of your drugs through network retail and mail-order pharmacies. The cost-sharing amount for these extended-day supplies is the same as for a one-month supply.
	If you qualify for "Extra Help" from Medicare to help pay for your prescription drugs, you pay:		
	Yearly Deductible	\$0	
	Covered generic drugs (including brand drugs treated as generic)	\$0, \$1.65, or \$5.80	
	For all other covered drugs	\$0, \$5.00, or \$14.40	
	Yearly Deductible	If you qualify for Extra Help, this payment stage does not apply to you.	

(continued on the next page)



Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			
		\$700 Deductible applies to Tiers 3, 4, and 5 except for covered insulin products and most adult Part D vaccines.	
	Insulins	Regardless of tier, you pay no more than \$35 per month supply of each covered insulin product.	
	Tier 1: Preferred Generic	\$0 for a 30-day supply in an outpatient setting and 31-day supply in a long-term facility.	
	Tier 2: Generic	\$0 for a 30-day supply in an outpatient setting and 31-day supply in a long-term facility.	
(continued on the next page)			



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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			
	Tier 3: Preferred Brand	9% for a 30-day supply in an outpatient setting and 31-day supply in a long-term facility.	
	Tier 4: Non-Preferred Drug	25% for a 30-day supply in an outpatient setting and 31-day supply in a long-term facility.	
	Tier 5: Specialty	25% for a 30-day supply in an outpatient setting and 31-day supply in a long-term care facility.	
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to the Aetna Medicare HIDE (HMO D-SNP) <i>List of Covered Drugs (Drug List)</i> for more information.
You need help getting better or have special health needs	Rehabilitation services	\$0	
	Medical equipment for home care	\$0	Prior authorization may be required.
	Dialysis services	\$0	Prior authorization may be required.



Aetna Medicare HIDE (HMO D-SNP) H9314-001: 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)
You need foot care	Podiatry services	\$0	For non-Medicare covered services, we cover up to six visits every year.
	Orthotic services	\$0	Prior authorization may be required.
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .	Wheelchairs, crutches and walkers	\$0	Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.
	Oxygen equipment and supplies	\$0	Prior authorization may be required.
You need help living at home	Home Health services	\$0	These services are provided by the plan. Prior authorization may be required.
	Activity of Daily Living (ADLs): Eating, toileting, bathing, grooming, dressing, mobility, and transferring and Instrumental Activity of Daily Living (IADLs): Personal laundry, light housekeeping, shopping, meal preparation and clean up, and medication administration.	\$0	In-home ADL and IADL services requiring hands-on assistance are provided by the plan through the MICH program. These services are called State Plan Personal Care Services. In-home ADL and IADL services requiring prompting, cueing, guiding, teaching, observing, or reminding to complete Activity of Daily Living (ADLs) are available to individuals who qualify and are enrolled in the MICH 1915(c) waiver. These services are called Expanded Community Living Supports. Contact your Care Coordinator for more information about whether you qualify for these services. Prior authorization may be required.

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)			
	1915(c) Waiver Home and Community Based Services: Adaptive Medical Equipment and Supplies Adult Day Program Assistive Technology Chore Services Environmental Modifications Expanded Community Living Supports Fiscal Intermediary Home Delivered Meals Individual Directed Goods and Services Non-Medical Transportation Preventive Nursing Private Duty Nursing Respite Vehicle Modifications	\$0	These services are designed to help individuals remain in their homes as opposed to receiving nursing home care. They are provided by the plan and are only available to individuals who meet nursing facility level of care, who have qualifying service need, and who are enrolled in the MICH 1915 (c) waiver. Contact your Care Coordinator for more information about whether you qualify for these services. Prior authorization may be required.
	Acupuncture	\$0	
(continued on the next page)			



Aetna Medicare HIDE (HMO D-SNP) H9314-001: 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)
Additional covered services (continued from previous page)			
Additional covered services	Chiropractic services	\$0	Medicare coverage is limited to fixing a subluxation. For non-Medicare covered services, we also cover up to twelve visits every year. Your provider must determine medical necessity for non-Medicare covered services.
	Diabetic supplies and services	\$0	Quantity limits may apply. Prior authorization may be required.
	Prosthetic services	\$0	Prior authorization may be required.
	Radiation therapy	\$0	Prior authorization may be required.
	Services to help manage your disease	\$0	Prior authorization may be required.
	Hospice care	\$0	Prior authorization may be required.
	Mammograms	\$0	Prior authorization may be required.
	24-Hour Nurse Line	\$0	You can talk to a registered nurse anytime to discuss health-related questions. While only your doctor can diagnose, prescribe, or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.
	Annual Physical Exam	\$0	
	Extra Supports Wallet	\$0	Special Supplemental Benefits Our plan offers additional benefits to members with qualifying chronic conditions. See the <i>Member Handbook</i> for a full list of eligibility criteria. Eligibility requirements: If you are diagnosed with one or more of the chronic conditions listed in the <i>Member Handbook</i> and meet all other criteria, you may be eligible for additional benefits under our
(continued on the next page)			



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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued from previous page)			plan to help manage your overall health and wellness. Enrollment in the plan does not guarantee eligibility. You will receive special supplemental benefits after it is determined that you meet the eligibility requirements. However, you will not receive benefits for any time period before your eligibility was determined. Benefits: After meeting all eligibility requirements, the \$229 monthly benefit amount in the Over-the-Counter (OTC) Wallet will change to the Extra Supports Wallet with additional spending categories. Qualified members can use this wallet to help pay for certain healthy foods, over-the-counter (OTC) health and wellness products, transportation, utilities, and personal care products. This will replace your OTC Wallet. You will not get any additional funds applied to your card. Approved products can be purchased in-store at authorized participating locations including CVS® retail locations (excluding locations inside other stores). You can also use the CVS Flex Benefits™ app, go online at CVS.com/Aetna, or shop by phone. Important: If you qualify, this wallet will be added to your current Aetna® Medicare Extra Benefits Card.
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Aetna Medicare HIDE (HMO D-SNP) H9314-001: 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)
Additional covered services (continued from previous page)			
			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.
	Fall Prevention	\$0	You will receive a \$100 annual benefit amount (allowance) to purchase certain approved home and bathroom safety products.
	Fitness: Basic SilverSneakers® membership	\$0	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.
	Meal benefit (post-discharge)	\$0	After you are discharged from a qualifying Inpatient Acute Hospital, Inpatient Psychiatric Hospital, or Skilled Nursing Facility stay, you may be eligible to get up to 28
(continued on the next page)			



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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued from previous page)			
			freshly prepared meals for a 14-day period. These meals are provided to help support your recovery or manage your health conditions. We have teamed up with our authorized vendor NationsMarket™ to provide this benefit.
	Over-the-Counter (OTC) Wallet		Over-the-Counter (OTC) Wallet You get a \$229 monthly benefit amount (allowance) on the Aetna® Medicare Extra Benefits Card. You can use your Over-the-Counter (OTC) Wallet to help pay for certain OTC health and wellness products including allergy medicine, pain relievers, first aid supplies, and more. Approved products can be purchased in-store at authorized participating locations including CVS® retail locations (excluding locations inside other stores). You can also use the CVS Flex Benefits™ app, go online at CVS.com/Aetna, or shop by phone. Important: • 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. • 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.
(continued on the next page)			



Aetna Medicare HIDE (HMO D-SNP) H9314-001: 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)
Additional covered services (continued from previous page)			
			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.
	Personal Emergency Response System	\$0	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. LifeStation is our authorized vendor for this benefit. Members access this benefit through Aetna care management.
	Telehealth	\$0	Members have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc or MinuteClinic Video Visit. Prior authorization may be required.
	Wigs	\$0	\$400 allowance every year. This benefit is offered for hair loss as a result of chemotherapy.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Aetna Medicare HIDE (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Aetna Medicare HIDE (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit [AetnaMedicare.com/MICHDSNP](https://www.aetnamedicare.com/MICHDSNP).



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

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

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

Other services covered by Medicare, Medicaid or a State Agency	Your Costs
Specialty behavioral health services may be provided by Michigan's Prepaid Insurance Health Plans (PIHPs).	\$0
Community Transition Services (CTS) are provided through MDHHS	\$0
Certain hospice care services covered outside of Aetna Medicare HIDE (HMO D-SNP)	\$0

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

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

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



F. Your rights as a member of the plan

As a member of Aetna Medicare HIDE (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*.

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

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Coordinators
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Aetna Medicare HIDE (HMO D-SNP) will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive.
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an



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

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.
 - Have privacy during treatment.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied

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

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

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

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

For questions about complaints and appeals, you can read Chapter 9 of the *Member Handbook*. You can also call Aetna Medicare HIDE (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

To file an **appeal** about medical care, call [1-855-676-5772](tel:1-855-676-5772) (TTY: [711](tel:1-855-676-5772)) or write to:

Aetna Duals Member Appeals
PO Box 14726
Lexington, KY 40512

To file an **appeal** about prescription drugs, call [1-855-676-5772](tel:1-855-676-5772) (TTY: [711](tel:1-855-676-5772)) or write to:

Part D Appeals Pharmacy Department
4750 S 44th PI Suite 150
Phoenix, AZ 85040

To file a complaint (also called **grievance**) about medical care or prescription drugs, call [1-855-676-5772](tel:1-855-676-5772) (TTY: [711](tel:1-855-676-5772)) or write to:

Aetna Duals Grievances
PO Box 14725
Lexington, KY 40512



To file an **Independent Medical Review** complaint, call [1-855-676-5772](tel:1-855-676-5772) (TTY: [711](tel:711)) or write to:
Aetna Duals Member Appeals
PO Box 14726
Lexington, KY 40512

H. What to do if you suspect fraud

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

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

- Call us at Aetna Medicare HIDE (HMO D-SNP) Member Services. Phone numbers are on the cover of this summary
- Or, call the Medicaid Customer Service Center at [1-800-642-3195](tel:1-800-642-3195). TTY users may call [711](tel:711).
- Or, call Medicare at 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)). TTY users may call [1-877-486-2048](tel:1-877-486-2048). You can call these numbers for free.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE ([800-242-2873](tel:800-242-2873)), by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at secure.ag.state.mi.us/complaints/medicaid.aspx.



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

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

[1-855-676-5772](tel:1-855-676-5772), (TTY: [711](tel:1-855-676-5772))

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

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

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call the Aetna Medicare HIDE (HMO D-SNP) 24-Hour Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The number for the Aetna Medicare HIDE (HMO D-SNP)'s Nursing Hotline is **[1-855-676-5772](tel:1-855-676-5772), (TTY: [711](tel:1-855-676-5772))**.

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

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

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

[1-855-676-5772](tel:1-855-676-5772), (TTY: [711](tel:1-855-676-5772))

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

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

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

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at [1-844-509-6287](tel:1-844-509-6287) (TTY: [711](tel:711)). From October 1 to March 31, you can call us 7 days a week from 8 AM to 8 PM local time. From April 1 to September 30, we're here Monday through Friday from 8 AM to 8 PM local time.

Understanding the benefits

- ☐ The *Member Handbook* provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP) or call [1-844-509-6287](tel:1-844-509-6287) (TTY: [711](tel:711)) to view a copy of the *Member Handbook*.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part B premium is covered for full-dual members.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.