



Aetna Medicare FIDE (HMO D-SNP) | 2027 Summary of Benefits H9771-001

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 [1-866-600-2139](tel:1-866-600-2139), (TTY: [711](tel:711))

8 AM to 8 PM, 7 days a week.

The call is free.

For more information, visit AetnaMedicare.com/ILDSNP.

2027-H9771.001.1

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 *Member Handbook*.

Table of Contents

A. Disclaimers	3
B. Frequently asked questions	5
C. List of covered services	9
D. Benefits covered outside of Aetna Medicare FIDE (HMO D-SNP)	23
E. Services that Aetna Medicare FIDE (HMO D-SNP), Medicare, and Medicaid don't cover	23
F. Your rights as a member of the plan	24
G. How to file a complaint or appeal a denied service	25
H. What to do if you suspect fraud	26



A. Disclaimers



This is a summary of health services covered by Aetna Medicare FIDE (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/ILDSNP](https://www.aetna.com/ILDSNP) or request a copy by calling Member Services at **1-866-600-2139 (TTY: 711)**.

- Aetna Medicare FIDE (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the Illinois Medicaid program. Enrollment in Aetna Medicare FIDE 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**) (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.
- 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**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- For more information about Medicaid, you can check the state department of healthcare services website at hfs.illinois.gov/medicalclients.html.
- You can get this document for free in other languages and formats like large print, braille, or audio. Call **1-866-600-2139 (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 there is an additional language or alternate format you need, or you would like to change your preferred language, please call Member Services. Your preferred language will be stored, however if you want to change your selection for the future, you will need to call Member Services.



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-866-600-2139 (TTY: 711)**, 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/ILDSNP](https://www.aetna.com/ILDSNP).

Notice of Availability (NOA)

TTY: 711

To access language services at no cost to you, call the number on this document. (English)

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

如欲使用免費語言服務，請致電本文件上的電話號碼。 (Chinese)

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

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

Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό που αναγράφεται στο έγγραφο. (Greek)

તમારે કોઈ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, આ દસ્તાવેજ ઉપરના નંબરને કોલ કરો. (Gujarati)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, इस दस्तावेज़ पर दिये नम्बर पर कॉल करें। (Hindi)

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

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

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

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

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

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

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

(Urdu) بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اس دستاویز پر درج نمبر پر بات کریں

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 an Illinois FIDE SNP?	Illinois Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is Illinois' managed care program. This program is for seniors and persons with disabilities who have full Medicaid and Medicare benefits. The Illinois FIDE SNP covers all of your Medicare, Medicare Part D, and extra benefits, in one health plan, with one member identification (ID) card. Illinois FIDE SNPs have care coordinators to help you manage all your health care and long-term services and supports. If you join a FIDE SNP, you don't lose any of your Managed Long-Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with Medicaid and Medicare is still available, along with access to some additional services. To be eligible to enroll in a FIDE SNP in Illinois, you must be entitled to Medicare Part A, enrolled in Medicare Part B and eligible for full Medicaid benefits.
Will I get the same Medicare and Medicaid benefits in Aetna Medicare FIDE (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Aetna Medicare FIDE (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 FIDE (HMO D-SNP), you and your Care Coordinator will work together to develop an Individualized Care Plan 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. For more information, call Member Services at the numbers listed at the bottom of this page.
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 FIDE (HMO D-SNP) and have a contract with us, you can keep going to them.
(continued on the next page)	



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-866-600-2139**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/ILDSNP](https://www.aetna.com/ILDSNP).

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 FIDE (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 FIDE (HMO D-SNP) plan. Aetna Medicare FIDE (HMO D-SNP) covers urgent or emergency care worldwide. - You have a continuity of care period. When you first join the plan, you can continue using the providers you use now for 90 days from your eligibility date and 90 days if you’re coming from another FIDE SNP plan. Please call Member Services to see if additional consideration is required. 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 FIDE (HMO D-SNP)’s <i>Provider and Pharmacy Directory</i> on the plan’s website at AetnaBetterHealth.com/Illinois-dsnp/find-provider. If Aetna Medicare FIDE (HMO D-SNP) is new for you, we’ll work with you to develop an Individualized Care Plan to address your needs.
What is an Aetna Medicare FIDE (HMO D-SNP) Care Coordinator?	An Aetna Medicare FIDE (HMO D-SNP) care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
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 FIDE (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 FIDE (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where’s Aetna Medicare FIDE (HMO D-SNP) available?	The service area for this plan includes: Illinois: Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Champaign, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, De Witt, DeKalb, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette,
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Frequently Asked Questions	Answers
Where's Aetna Medicare FIDE (HMO D-SNP) available? (continued from previous page)	
	Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, Massac, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford counties. You must live in one of these areas to join the plan.
What's prior authorization (PA)?	Prior authorization means an approval from Aetna Medicare FIDE (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 FIDE (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 FIDE (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 FIDE (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 FIDE (HMO D-SNP)?	No. Because you have Medicaid you won't pay any Medicare Part B premium for your health coverage.
Do I pay a deductible as a member of Aetna Medicare FIDE (HMO D-SNP)?	No. You do not pay deductibles for medical services in Aetna Medicare FIDE (HMO D-SNP). If you don't qualify for "Extra Help" from Medicare to help pay for your prescription drugs, you pay a yearly deductible of \$700 on your Tier 3, 4, and 5 drugs.



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Frequently Asked Questions	Answers
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)?	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.
Do I have to pay extra to join this plan?	You don't have to pay extra to join this plan.
How does this plan coordinate my Medicare and Medicaid benefits?	You'll have a care team that you helped put together. Your care team may include doctors, nurses, counselors, or other health professionals who are there to help you get the care you need. You'll have a care coordinator. This is a person who works with you, with the plan, and with your care providers to make sure you get the care you need.
Can I direct my own care?	You'll be able to direct your own care with help from your care team and care coordinator. The care team and case manager will work with you to come up with a care plan specifically designed to meet your health needs. The care team will be in charge of coordinating the services you need. This means, for example: • Your care team will make sure your doctors know about all medicines you take so they can reduce any side effects. • Your care team will make sure your test results are shared with all your doctors and other providers.



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	Some procedures may require prior authorization.
	Doctor or surgeon care	\$0	Prior authorization may be required.
You want a doctor	Visits to treat an injury or illness	\$0	None
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Prior authorization may be required for certain preventive screenings.
	Wellness visits, such as a physical	\$0	None
	“Welcome to Medicare” preventive visit (one time only)	\$0	None
	Specialist Care	\$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. Prior authorization may be required.
	Hearing aids	\$0	You get an annual benefit amount (allowance) of \$1,000 per ear, for a total of \$2,000 annually. If the cost is over the benefit amount, you pay the difference. This benefit amount can only be used to purchase hearing aids through an authorized NationsHearing® network provider.



Aetna Medicare FIDE (HMO D-SNP) **H9771-001: 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 dental care	Dental check-ups and preventive care	\$0	You get an annual benefit amount (allowance) of \$3,000 for covered preventive and comprehensive dental services. You are responsible for any costs over this amount. Covered dental services include oral exams, x-rays, cleanings, fillings, extractions, crowns, and more. We have teamed up with DentaQuest to provide your dental coverage. To locate a network provider, you may: 1. Call DentaQuest Member Services at 1-800-416-9185 (TTY: 711) - OR 2. Visit dentaquest.com and search using your Medicare plan Prior authorization may be required.
	Restorative and emergency dental care	\$0	Prior authorization may be required.
You need eye care	Eye exams	\$0	Routine eye exam: one per year and as medically necessary.
	Glasses or contact lenses	\$0	You get an annual benefit amount (allowance) of \$200 for covered prescription eyewear. We have teamed up with March Vision to provide this benefit. You must visit a March Vision provider to use your benefit amount. Your benefit amount is applied at the time of purchase. If you choose
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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)			
			eyewear that costs more than your benefit amount, you'll need to pay the difference.
			Eyeglasses (frames and lenses): one every two years.
			Contact lenses: one every two years.
			Contacts and special lenses may require prior authorization.
	Other vision care	\$0	Prior authorization may be required.
You need behavioral health services	Behavioral health services	\$0	Prior authorization may be required.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	Prior authorization may be required.
You need substance use disorder services	Substance use disorder services	\$0	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		Prior authorization may be required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be required.
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.
			Ambulance services for emergencies don't require a referral or prior authorization.
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Aetna Medicare FIDE (HMO D-SNP) **H9771-001: 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 help getting to health services (continued from previous page)			
			Prior authorization is required for ambulance services in non-emergency situations.
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	Please contact Member Services at 1-866-600-2139 (TTY: 711) . Prior authorization may be required.
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.
	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 FIDE (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.
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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)			
	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. \$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	
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Aetna Medicare FIDE (HMO D-SNP) **H9771-001: 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 drugs to treat your illness or condition (continued from previous page)			
		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.	
	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 FIDE (HMO D-SNP) <i>List of Covered Drugs (Drug List)</i> for more information.



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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 help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment for home care	\$0	Prior authorization may be required.
	Dialysis services	\$0	Prior authorization may be required.
You need foot care	Podiatry services	\$0	For non-Medicare covered services, we cover up to six visits every year. Prior authorization may be required.
	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	Prior authorization may be required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	Contact your Care Coordinator for more information about whether you qualify for these services. Prior authorization may be required.
	Meals brought to your home	\$0	Contact your Care Coordinator for more information about whether you qualify for these services. Prior authorization may be required.
(continued on the next page)			



Aetna Medicare FIDE (HMO D-SNP) **H9771-001: 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 help living at home (continued from previous page)			
			required.
	Day habilitation services	\$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply. Contact your Care Coordinator for more information about whether you qualify for these services.
Additional covered services	Acupuncture	\$0	
	Chiropractic services, only manual manipulation of the spine consistent with Medicare coverage guidelines.	\$0	
	Diabetic supplies and services	\$0	Quantity limits may apply. Prior authorization may be required.
	Prosthetic services	\$0	Quantity limits may apply. Prior authorization may be required.
	Assisted living or other housing services	\$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Respite care	\$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
(continued on the next page)			



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-866-600-2139**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/ILDSNP](https://www.aetna.com/ILDSNP).

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)			
	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		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 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.
(continued on the next page)			



Aetna Medicare FIDE (HMO D-SNP) **H9771-001: 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)			
			Benefits:
			After meeting all eligibility requirements, the \$234 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.
			If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.
			The benefit(s) mentioned are part of special supplemental benefits for the chronically ill (SSBCI). SSBCI conditions include but are
(continued on the next page)			



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-866-600-2139**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit AetnaMedicare.com/ILDSNP.

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)			
			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 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.
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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)
Additional covered services (continued from previous page)			
	Over-the-Counter (OTC) Wallet		Over-the-Counter (OTC) Wallet You get a \$234 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. • 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.
(continued on the next page)			



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-866-600-2139**, (TTY: 711), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/ILDSNP](https://www.AetnaMedicare.com/ILDSNP).

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)			
	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 FIDE (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Aetna Medicare FIDE (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/ILDSNP](https://www.aetna.com/ILDSNP).



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

There are some services that you can get that aren't covered by Aetna Medicare FIDE (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
Certain hospice care services covered outside of Aetna Medicare FIDE (HMO D-SNP)	\$0
Certain Medicaid non-emergency ambulance transportation	Covered in the Illinois fee-for-service program. \$0

E. Services that Aetna Medicare FIDE (HMO D-SNP), Medicare, and 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 FIDE (HMO D-SNP), Medicare, or Medicaid	
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Full-time nursing care in your home.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that aren't generally accepted by the medical community.	Naturopath services (the use of natural or alternative treatments).
Cosmetic surgery or other cosmetic work, unless it's needed because of an accidental injury or to improve a part of the body that isn't shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Services considered not "reasonable and necessary," according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.
A private room in a hospital, except when it's medically necessary.	Private duty nurses.



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-866-600-2139**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/ILDSNP](https://www.aetna.com/ILDSNP).

Services not covered by Aetna Medicare FIDE (HMO D-SNP), Medicare, or Medicaid

Surgical treatment for morbid obesity, except when it's medically necessary and Medicare pays for it.	Radial keratotomy and LASIK surgery.
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F. Your rights as a member of the plan

As a member of Aetna Medicare FIDE (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 FIDE (HMO D-SNP) will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advanced 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 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 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.
 - File a complaint with State of Illinois Fraud Hotline at **1-844-453-7283**. You can call the number for free, 24 hours a day, seven (7) days a week. The Illinois website hfs.illinois.gov/oig/reportfraud.html has instructions available online.
 - Appeal certain decisions made by Illinois Medicaid or Aetna Medicare FIDE (HMO D-SNP)
 - 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 FIDE (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the Ombudsperson for people who have Medicare and Medicaid at **1-800-252-8966** (TTY: **1-888-206-1327**) This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking), Monday–Friday 8:30 AM to 5:00 PM.

G. 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 Member Services at the numbers 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 *Member Handbook*. You can also call Aetna Medicare FIDE (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

To file an **appeal** about medical care, call **1-866-600-2139** (TTY: **711**) or write to:
Aetna Duals Member Appeals
PO Box 14726
Lexington, KY 40512



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-866-600-2139**, (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/ILDSNP.

To file an **appeal** about prescription drugs, call [1-866-600-2139](tel:1-866-600-2139) (TTY: [711](tel:711)) or write to:

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

[1-866-600-2139](tel:1-866-600-2139) (TTY: [711](tel:711)) or write to:

Aetna Duals Grievances
PO Box 14725
Lexington, KY 40512

To file an **Independent Medical Review** complaint, call [1-866-600-2139](tel:1-866-600-2139) (TTY: [711](tel:711)) or write to:

Aetna Duals Member Appeals
PO Box 14726
Lexington, KY 40512

Other resources include:

- Illinois Department of Healthcare and Family Services Health Benefits Hotline for free help. The Illinois Health Benefits Hotline helps people enrolled in Medicaid with problems. The phone number is [1-800-226-0768](tel:1-800-226-0768) (TTY: [1-877-204-1012](tel:1-877-204-1012)), Monday through Friday, 8:00 AM to 4:30 PM.
- Senior HelpLine for free help. The Senior Helpline will help anyone at any age enrolled in this plan. The Senior HelpLine is an independent organization. It is not connected with this plan. The phone number is [1-800-252-8966](tel:1-800-252-8966) (TTY: [1-888-206-1327](tel:1-888-206-1327)), Monday through Friday from 8:30 AM to 5:00 PM.

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 FIDE (HMO D-SNP) Member Services at [1-866-600-2139](tel:1-866-600-2139), (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. This 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.
- If you suspect a Medicaid provider (e.g., doctor, hospital, nursing home, personal assistant) or a Managed Care Organization, Illinois Health Connect, First Transit, or DentaQuest of committing fraud, please call 1-844-ILFRAUD/[1-844-453-7283](tel:1-844-453-7283).



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:

1-866-600-2139, (TTY: 711)

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

Aetna Medicare FIDE (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 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:

1-866-600-2139, (TTY: 711)

Calls to this number are free. Registered nurses are available 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 Line:

1-866-600-2139, (TTY: 711)

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

Aetna Medicare FIDE (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 FIDE (HMO D-SNP) Member Services at **1-866-600-2139, (TTY: 711)**, 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/ILDSNP](https://www.aetna.com/ILDSNP).

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 **1-844-509-6321 (TTY: 711)**. From October 1 to March 31, you can call us 7 days a week from 8 AM to 8 PM local time. From April 1 to September 30, we're here Monday through Friday from 8 AM to 8 PM local time.

Understanding the benefits

- ☐ The *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/ILDSNP](https://www.aetna.com/ILDSNP) or call **1-844-509-6321 (TTY: 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.