



Aetna Medicare Signature (PPO) offered by AETNA LIFE INSURANCE COMPANY

Annual Notice of Change for 2026

You're enrolled as a member of Aetna Medicare Value (PPO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 — December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Aetna Medicare Signature (PPO).
- To change to a **different plan**, visit [Medicare.gov](https://www.medicare.gov) or review the list in the back of your *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at AetnaMedicare.com/H5521-085 or call Member Services at **1-833-570-6670**, (TTY users call **711**) to get a copy by mail.

More Resources

- This material is available for free in Spanish. Este material está disponible de forma gratuita en español.
- Call Member Services at **1-833-570-6670** (TTY users call **711**) for more information. Hours are 8 AM to 8 PM, 7 days a week. This call is free.
- This material is available in other formats such as braille, large print or other alternate formats upon request.

About Aetna Medicare Signature (PPO)

- Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our DSNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means AETNA LIFE INSURANCE COMPANY. When it says “plan” or “our plan,” it means Aetna Medicare Signature (PPO).
- On January 1, 2026, our plan name will change from Aetna Medicare Value (PPO) to Aetna Medicare Signature (PPO). We'll send you a new member ID card with our new name. From here on, our new name, Aetna Medicare Signature (PPO), will be on all materials.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Aetna Medicare Signature (PPO).** Starting January 1, 2026, you'll get your medical and drug coverage through Aetna Medicare Signature (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

Annual Notice of Change for 2026

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Summary of Important Costs for 2026

| | 2025 (this year) | 2026 (next year) |
|--|---|---|
| Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details. | \$0 | \$0 |
| Deductible | \$650 (applies to certain out-of-network services) except for insulin furnished through an item of durable medical equipment. | \$650 (applies to certain out-of-network services) except for insulin furnished through an item of durable medical equipment. |
| Maximum out-of-pocket amounts This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.) | From network providers: \$4,500 From network and out-of-network providers combined: \$8,950 | From network providers: \$6,750 From network and out-of-network providers combined: \$10,100 |
| Primary care office visits | <u>In-Network:</u> \$0 copay per visit <u>Out-of-Network:</u> 50% of the total cost per visit | <u>In-Network:</u> \$0 copay per visit <u>Out-of-Network:</u> 50% of the total cost per visit |
| Specialist office visits | <u>In-Network:</u> \$30 copay per visit <u>Out-of-Network:</u> 50% of the total cost per visit | <u>In-Network:</u> \$40 copay per visit <u>Out-of-Network:</u> 50% of the total cost per visit |
| Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day. | <u>In-Network:</u> \$275 per day, days 1-5; \$0 per day, days 6-90; \$0 copay for additional days for each medically necessary covered inpatient stay. <u>Out-of-Network:</u> 50% per stay | <u>In-Network:</u> \$310 per day, days 1-5; \$0 per day, days 6-90; \$0 copay for additional days for each medically necessary covered inpatient stay. <u>Out-of-Network:</u> 50% per stay |

| | 2025 (this year) | 2026 (next year) |
|--|--|---|
| Part D drug coverage deductible (Go to Section 1.7 for details) | \$250 (Tiers 3–5) except for covered insulin products and most adult Part D vaccines. | \$615 (Tiers 3–5) except for covered insulin products and most adult Part D vaccines. |
| Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Tier 1 – Preferred Generic: <i>Standard cost-sharing:</i> You pay \$2 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p>Tier 2 – Generic: <i>Standard cost-sharing:</i> You pay \$12 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$10 per prescription.</p> <p>Tier 3 – Preferred Brand: <i>Standard cost-sharing:</i> You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost-sharing:</i> You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 – Non-Preferred Drug: <i>Standard cost-sharing:</i> You pay 26% of the total cost.</p> <p><i>Preferred cost-sharing:</i> You pay 26% of the total cost.</p> | <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Tier 1 – Preferred Generic: <i>Standard cost-sharing:</i> You pay \$2 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p>Tier 2 – Generic: <i>Standard cost-sharing:</i> You pay \$12 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p>Tier 3 – Preferred Brand: <i>Standard cost-sharing:</i> You pay 24% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost-sharing:</i> You pay 24% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 – Non-Preferred Drug: <i>Standard cost-sharing:</i> You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost-sharing:</i> You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> |
| | Tier 5 – Specialty: | Tier 5 – Specialty: |

| | 2025 (this year) | 2026 (next year) |
|--|--|--|
| | <p><i>Standard cost-sharing:</i> You pay 30% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost-sharing:</i> You pay 30% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage:</p> <ul style="list-style-type: none">• During this payment stage, you pay nothing for your covered Part D drugs. | <p><i>Standard cost-sharing:</i> You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost-sharing:</i> You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage:</p> <ul style="list-style-type: none">• During this payment stage, you pay nothing for your covered Part D drugs. |

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Premium

| | 2025 (this year) | 2026 (next year) |
|---|-------------------------|-------------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium.) | \$0 | \$0 |

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out of pocket for the year. These limits are called the maximum out of pocket amounts. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

| | 2025 (this year) | 2026 (next year) |
|--|-------------------------|--|
| In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount. | \$4,500 | \$6,750 Once you've paid \$6,750 out of pocket for covered services, you'll pay nothing for your covered services from network providers for the rest of the calendar year. |
| Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services. | \$8,950 | \$10,100 Once you've paid \$10,100 out of pocket for covered services, you'll pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year. |

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* AetnaMedicare.com/findprovider to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at AetnaMedicare.com/findprovider.
- Call Member Services at **1-833-570-6670**, (TTY users call **711**) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at **1-833-570-6670**, (TTY users call **711**) for help.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* AetnaMedicare.com/findpharmacy to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at AetnaMedicare.com/findpharmacy.
- Call Member Services at **1-833-570-6670**, (TTY users call **711**) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at **1-833-570-6670**, (TTY users call **711**) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

| | 2025 (this year) | 2026 (next year) |
|--|---|---|
| Acupuncture for chronic low back pain | In-Network: You pay a \$30 copay for each Medicare-covered service. | In-Network: You pay a \$40 copay for each Medicare-covered service. |
| Ambulance services (air) | In-Network: You pay a \$235 copay for each Medicare-covered service. | In-Network: You pay 20% of the total cost for each Medicare-covered service. |
| Ambulance services (air) | Out-of-Network: You pay a \$235 copay for each Medicare-covered service. | Out-of-Network: You pay 20% of the total cost for each Medicare-covered service. |
| Ambulance services (ground) | In-Network: You pay a \$235 copay for each Medicare-covered service. | In-Network: You pay a \$250 copay for each Medicare-covered service. |
| Ambulance services (ground) | Out-of-Network: You pay a \$235 copay for each Medicare-covered service. | Out-of-Network: You pay a \$250 copay for each Medicare-covered service. |
| Cardiac rehabilitation services | In-Network: You pay a \$15 copay for each Medicare-covered service. | In-Network: You pay a \$20 copay for each Medicare-covered service. |

| | 2025 (this year) | 2026 (next year) |
|-------------------------------------|---|---|
| Chiropractic services | In-Network: You pay a \$20 copay for each Medicare-covered service. | In-Network: You pay a \$15 copay for each Medicare-covered service. |
| Dental services | In-Network: You pay a \$0 copay for each Medicare-covered service. | In-Network: You pay a \$40 copay for each Medicare-covered service. |
| Dental services (additional) | <p>There is no maximum benefit amount for the additional (non-Medicare covered) preventive dental services and a \$3,500 every year maximum benefit for the additional (non-Medicare covered) comprehensive dental services covered by your plan.</p> <p>Preventive dental services (non-Medicare covered):</p> <ul style="list-style-type: none"> • Oral exams: \$0 copay • X-rays: \$0 copay • Other diagnostic dental services: Not covered • Cleanings: \$0 copay • Fluoride treatments: Not covered • Other preventive dental services: Not covered <p>Comprehensive dental services (non-Medicare covered):</p> <ul style="list-style-type: none"> • Restorative services: 20%-50% coinsurance • Endodontics: 20% coinsurance • Periodontics: 20%-50% coinsurance • Prosthodontics, fixed: 50% coinsurance • Prosthodontics, removable: 50% coinsurance • Maxillofacial prosthetics: Not covered • Oral and maxillofacial surgery: 20%-50% coinsurance • Implant services: Not covered • Orthodontics: Not covered • Adjunctive general services: 20%-50% coinsurance <p>See the dental schedule in the <i>Evidence of Coverage</i> for additional details.</p> | <p>There is no maximum benefit amount for the additional (non-Medicare covered) preventive dental services and a \$2,000 every year maximum benefit for the additional (non-Medicare covered) comprehensive dental services covered by your plan.</p> <p>Preventive dental services (non-Medicare covered):</p> <ul style="list-style-type: none"> • Oral exams: \$0 copay • X-rays: \$0 copay • Other diagnostic dental services: Not covered • Cleanings: \$0 copay • Fluoride treatments: Not covered • Other preventive dental services: Not covered <p>Comprehensive dental services (non-Medicare covered):</p> <ul style="list-style-type: none"> • Restorative services: 20%-50% coinsurance • Endodontics: 20% coinsurance • Periodontics: 20%-50% coinsurance • Prosthodontics, fixed: 50% coinsurance • Prosthodontics, removable: 50% coinsurance • Maxillofacial prosthetics: Not covered • Oral and maxillofacial surgery: 20%-50% coinsurance • Implant services: Not covered • Orthodontics: Not covered • Adjunctive general services: 20%-50% coinsurance <p>See the dental schedule in the <i>Evidence of Coverage</i> for additional details.</p> |

| | 2025 (this year) | 2026 (next year) |
|---|--|--|
| Diabetic supplies | <p>In-Network:</p> <p>You pay 0%-20% of the total cost for each Medicare-covered item. The minimum cost share is for OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices. The maximum cost share is for non-OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices (prior authorization may be required).</p> | <p>In-Network:</p> <p>You pay 0%-20% of the total cost for each Medicare-covered item. The minimum cost share is for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies. The maximum cost share is for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization.</p> |
| Diabetic supplies | <p>Out-of-Network:</p> <p>You pay 0%-20% of the total cost for each Medicare-covered item. The minimum cost share is for OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices. The maximum cost share is for non-OneTouch/LifeScan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices (prior authorization may be required).</p> | <p>Out-of-Network:</p> <p>You pay 0%-20% of the total cost for each Medicare-covered item. The minimum cost share is for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies. The maximum cost share is for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization.</p> |
| Emergency care | <p>In-Network:</p> <p>You pay a \$100 copay for each Medicare-covered service.</p> <p>Cost sharing is waived if admitted to the hospital.</p> | <p>In-Network:</p> <p>You pay a \$130 copay for each Medicare-covered service.</p> <p>Cost sharing is waived if admitted to the hospital within 24 hours.</p> |
| Emergency care | <p>Out-of-Network:</p> <p>You pay a \$100 copay for each Medicare-covered service.</p> <p>Cost sharing is waived if admitted to the hospital.</p> | <p>Out-of-Network:</p> <p>You pay a \$130 copay for each Medicare-covered service.</p> <p>Cost sharing is waived if admitted to the hospital within 24 hours.</p> |
| Emergency care (worldwide) | <p>You pay a \$100 copay for each non-Medicare covered service.</p> <p>There is no combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.</p> | <p>You pay a \$130 copay for each non-Medicare covered service.</p> <p>There is a \$250,000 combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.</p> |
| Emergency transportation (worldwide) | <p>You pay a \$235 copay for each non-Medicare covered service.</p> <p>There is no combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.</p> | <p>You pay a \$250 copay for each non-Medicare covered service.</p> <p>There is a \$250,000 combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.</p> |

| | 2025 (this year) | 2026 (next year) |
|--|---|---|
| Eye exams | In-Network: You pay a \$0-\$45 copay for each Medicare-covered service. The minimum cost share is for diabetic eye exams. The maximum cost share is for all other Medicare-covered eye exams. | In-Network: You pay a \$0-\$40 copay for each Medicare-covered service. The minimum cost share is for diabetic eye exams. The maximum cost share is for all other Medicare-covered eye exams. |
| Eye exams (non-Medicare covered) | In-Network: You pay a \$0 copay for each non-Medicare covered service (one exam every year) with any network provider. The number of visits includes services from both network and out-of-network providers. | In-Network: You pay a \$0 copay for each non-Medicare covered service (one exam every year) with an EyeMed provider. The number of visits includes services from both network and out-of-network providers. |
| Eye exams (non-Medicare covered) | Out-of-Network: You pay 50% of the total cost for each non-Medicare covered service (one exam every year). The number of visits includes services from both network and out-of-network providers. | Out-of-Network: You pay 0% of the total cost for each non-Medicare covered service (one exam every year) up to a \$50 benefit amount (allowance). The number of visits includes services from both network and out-of-network providers. |
| Eyewear — prescription (non-Medicare covered) | Non-Medicare covered eyewear maximum benefit: Plan pays \$180 every year for non-Medicare covered prescription eyewear. | Non-Medicare covered eyewear maximum benefit: Plan pays \$150 every year for non-Medicare covered prescription eyewear. |
| Hearing aids | Hearing aid maximum benefit allowance: Plan pays \$1,500 per ear for hearing aids every year. | Hearing aid maximum benefit allowance: Plan pays \$1,000 per ear for hearing aids every year. |
| Hearing exams | In-Network: You pay a \$45 copay for each Medicare-covered service. | In-Network: You pay a \$40 copay for each Medicare-covered service. |
| Inpatient hospital care | In-Network: You pay \$275 per day, days 1-5; \$0 per day, days 6-90 for each medically necessary covered inpatient stay. | In-Network: You pay \$310 per day, days 1-5; \$0 per day, days 6-90 for each medically necessary covered inpatient stay. |
| Inpatient services in a psychiatric hospital | In-Network: You pay \$275 per day, days 1-5; \$0 per day, days 6-90 for each medically necessary covered inpatient stay. | In-Network: You pay \$310 per day, days 1-5; \$0 per day, days 6-90 for each medically necessary covered inpatient stay. |
| Intensive cardiac rehabilitation services | In-Network: You pay a \$15 copay for each Medicare-covered service. | In-Network: You pay a \$20 copay for each Medicare-covered service. |
| Intensive outpatient services | In-Network: You pay a \$40 copay for each Medicare-covered service. | In-Network: You pay a \$145 copay for each Medicare-covered service. |
| Medicare Part B drugs | Our Part B step program categories and targeted drugs may change yearly. Please visit the following link to review our list of Medicare Part B drugs that may be subject to step therapy: Aetna.com/PartB-Step . See the Evidence of Coverage for more information. | |
| Outpatient hospital observation services | In-Network: You pay a \$275 copay for each Medicare-covered service. | In-Network: You pay a \$310 copay for each Medicare-covered service. |

| | 2025 (this year) | 2026 (next year) |
|--|--|--|
| Outpatient hospital services | In-Network: You pay a \$35-\$250 copay for each Medicare-covered service. The minimum cost share applies to non-surgical services and the maximum cost share applies to surgical services delivered in an outpatient hospital setting that are not specifically described elsewhere in the <i>Evidence of Coverage</i> . | In-Network: You pay a \$35-\$310 copay for each Medicare-covered service. The minimum cost share applies to non-surgical services and the maximum cost share applies to surgical services delivered in an outpatient hospital setting that are not specifically described elsewhere in the <i>Evidence of Coverage</i> . |
| Outpatient surgery provided at hospital outpatient facilities | In-Network: You pay a \$250 copay for each Medicare-covered service. | In-Network: You pay a \$310 copay for each Medicare-covered service. |
| Over-the-counter (OTC) benefit | With this plan, you get a \$100 <u>quarterly</u> benefit amount (allowance). We have teamed up with OTC Health Solutions to provide this benefit. See the <i>Evidence of Coverage</i> for more information. | With this plan, you get a \$70 <u>quarterly</u> benefit amount (allowance). We have teamed up with OTC Health Solutions to provide this benefit. See the <i>Evidence of Coverage</i> for more information. |
| Physician specialist services | In-Network: You pay a \$30 copay for each Medicare-covered service. | In-Network: You pay a \$40 copay for each Medicare-covered service. |
| Podiatry services | In-Network: You pay a \$45 copay for each Medicare-covered service. | In-Network: You pay a \$40 copay for each Medicare-covered service. |
| Podiatry services (additional) | In-Network: You pay a \$45 copay for each additional (non-Medicare covered) service (six visits every year). The number of visits includes services from both network and out-of-network providers. | In-Network: You pay a \$40 copay for each additional (non-Medicare covered) service (six visits every year). The number of visits includes services from both network and out-of-network providers. |
| Skilled nursing facility (SNF) care | In-Network: You pay \$0 per day, days 1-20; \$214 per day, days 21-100. | In-Network: You pay \$0 per day, days 1-20; \$218 per day, days 21-100. |
| Telehealth additional services — physician specialist | You pay a \$35 copay for each Medicare-covered service. | You pay a \$0-\$40 copay for each Medicare-covered service. The minimum cost share is for services in a nursing home. The maximum cost share is for services outside a nursing home. |
| Telehealth additional services — urgent care | You pay a \$40 copay for each Medicare-covered service. | You pay a \$50 copay for each Medicare-covered service. |
| Urgently needed services | In-Network: You pay a \$40 copay for each Medicare-covered service. | In-Network: You pay a \$50 copay for each Medicare-covered service. |
| Urgently needed services | Out-of-Network: You pay a \$40 copay for each Medicare-covered service. | Out-of-Network: You pay a \$50 copay for each Medicare-covered service. |

| | 2025 (this year) | 2026 (next year) |
|---|---|--|
| Urgently needed services (worldwide) | <p>You pay a \$100 copay for each non-Medicare covered service.</p> <p>There is no combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.</p> | <p>You pay a \$130 copay for each non-Medicare covered service.</p> <p>There is a \$250,000 combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.</p> |

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier.

Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at **[1-833-570-6670](#)** (TTY users call **[711](#)**) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you receive Extra Help and you don't get this material by September 30th, call Member Services at **[1-833-570-6670](#)**, (TTY users call **[711](#)**) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), Tier 5 (Specialty) drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,100.

- Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

| | 2025 (this year) | 2026 (next year) |
|--------------------------|---|--|
| Yearly Deductible | <p>\$250 (Tiers 3–5)</p> <p>During this stage, you pay:</p> <ul style="list-style-type: none"> • \$0 at preferred pharmacies or \$2 at standard pharmacies for drugs on Tier 1 (Preferred Generic) • \$10 at preferred pharmacies or \$12 at standard pharmacies for drugs on Tier 2 (Generic) <p>and the full cost of drugs on:</p> <ul style="list-style-type: none"> • Tier 3 (Preferred Brand) • Tier 4 (Non-Preferred Drug) • Tier 5 (Specialty) <p>until you've reached the yearly deductible.</p> | <p>\$615 (Tiers 3–5)</p> <p>During this stage, you pay:</p> <ul style="list-style-type: none"> • \$0 at preferred pharmacies or \$2 at standard pharmacies for drugs on Tier 1 (Preferred Generic) • \$0 at preferred pharmacies or \$12 at standard pharmacies for drugs on Tier 2 (Generic) <p>and the full cost of drugs on:</p> <ul style="list-style-type: none"> • Tier 3 (Preferred Brand) • Tier 4 (Non-Preferred Drug) • Tier 5 (Specialty) <p>until you've reached the yearly deductible.</p> |

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply, or at a network pharmacy that offers preferred cost sharing, or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

| | 2025 (this year) | 2026 (next year) |
|--|--|--|
| Tier 1 – Preferred Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. | <p><i>Standard cost-sharing:</i> You pay \$2 per prescription.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is \$2.</p> <p><i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is \$0.</p> | <p><i>Standard cost-sharing:</i> You pay \$2 per prescription.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is \$2.</p> <p><i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is \$0.</p> |
| Tier 2 – Generic: | <p><i>Standard cost-sharing:</i> You pay \$12 per prescription.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is \$12.</p> <p><i>Preferred cost-sharing:</i> You pay \$10 per prescription.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is \$10.</p> | <p><i>Standard cost-sharing:</i> You pay \$12 per prescription.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is \$12.</p> <p><i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is \$0.</p> |
| Tier 3 – Preferred Brand: | <p><i>Standard cost-sharing:</i> You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 25%.</p> <p><i>Preferred cost-sharing:</i> You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 25%.</p> | <p><i>Standard cost-sharing:</i> You pay 24% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 24%.</p> <p><i>Preferred cost-sharing:</i> You pay 24% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 24%.</p> |

| | 2025 (this year) | 2026 (next year) |
|-------------------------------------|--|---|
| Tier 4 – Non-Preferred Drug: | <p>Standard cost-sharing: You pay 26% of the total cost.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 26%.</p> <p>Preferred cost-sharing: You pay 26% of the total cost.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 26%.</p> | <p>Standard cost-sharing: You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Preferred cost-sharing: You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 25%.</p> |
| Tier 5 – Specialty: | <p>Standard cost-sharing: You pay 30% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 30%.</p> <p>Preferred cost-sharing: You pay 30% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 30%.</p> | <p>Standard cost-sharing: You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Preferred cost-sharing: You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 25%.</p> |

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6 Section 6 in your *Evidence of Coverage*.

SECTION 2

Administrative Changes

| Description | 2025 (this year) | 2026 (next year) |
|--|--|---|
| Blood glucose monitors and medical diabetic supplies | In 2025, the preferred manufacturer for blood glucose monitors and medical diabetic supplies is OneTouch/LifeScan. Prior authorization may be required for manufacturers other than OneTouch/LifeScan. | In 2026, the preferred manufacturer for blood glucose monitors and medical diabetic supplies is Accu-Chek/Roche and TRUE/Trividia. Prior authorization is required for manufacturers other than Accu-Chek/Roche or TRUE/Trividia. |
| Continuous glucose monitors and sensors | In 2025, Dexcom and FreeStyle Libre continuous glucose monitors and supplies are available at participating pharmacies. Your provider must obtain authorization for a continuous glucose monitor. Sensors can be obtained without prior authorization from the plan. | In 2026, Dexcom and FreeStyle Libre continuous glucose monitors and sensors are available without a prior authorization at network pharmacies with a history of insulin usage in the past 6 months. Prior authorization for monitors and sensors may apply as well as exception requests if exceeding quantity limits that align to Medicare coverage guidance. |
| In-network non-Medicare covered eye exam network change | In 2025, for in-network non-Medicare covered eye exams you can see any network provider. | In 2026, for in-network non-Medicare covered eye exams you must see an EyeMed provider. |
| Medicare Prescription Payment Plan | The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January–December). You may be participating in this payment option. | If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-833-570-6670 (TTY users call 711) or visit Medicare.gov |

SECTION 3 How to Change Plans

To stay in Aetna Medicare Signature (PPO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Aetna Medicare Signature (PPO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Aetna Medicare Signature (PPO).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Aetna Medicare Signature (PPO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at **1-833-570-6670** (TTY users call **711**) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (**1-800-633-4227**) and ask to be disenrolled. TTY users can call **1-877-486-2048**. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit

[Medicare.gov](#), check the *Medicare & You* 2026 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (**1-800-633-4227**). TTY users can call **1-877-486-2048**.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (**1-800-633-4227**). TTY users can call **1-877-486-2048**, 24 hours a day, 7 days a week.
 - Social Security at **1-800-772-1213** between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call **1-800-325-0778**.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** Many states have a program called the State Pharmaceutical Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit **shiphelp.org**, or call 1-800-MEDICARE (**1-800-633-4227**).

| State Pharmaceutical Assistance Program (SPAP) | |
|---|--|
| KY | Kentucky Prescription Assistance Program (KPAP), Address: 275 East Main Street, HS1W-B, Frankfort, KY 40621, Phone: 1-800-633-8100 , TTY: 711 , Hours: Monday–Friday 8:00 AM to 4:00 PM, Website: chfs.ky.gov/agencies/dph/dpqi/hcab/Pages/kpap.aspx |

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the ADAP for your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the ADAP for your state. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

| State AIDS Drug Assistance Programs (ADAP) | |
|---|---|
| KY | Kentucky AIDS Drug Assistance Program (KADAP), Address: Department of Public Health, 275 East Main Street, HS2E-C, Frankfort, KY 40621, Phone: 1-800-420-7431 , 502-564-6539 , TTY: 711 , Hours: Monday–Friday 8:00 AM to 5:00 PM, Website: chfs.ky.gov/agencies/dph/dehp/hab/pages/services.aspx |

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at [1-833-570-6670](tel:1-833-570-6670) (TTY: [711](tel:711)) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Aetna Medicare Signature (PPO)

- Call Member Services at **[1-833-570-6670](#)**, (TTY users call **[711](#)**).

We're available for phone calls 8 AM to 8 PM, 7 days a week. Calls to these numbers are free.

- Read your **2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Aetna Medicare Signature (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at **[AetnaMedicare.com/H5521-085](#)** or call Member Services at **[1-833-570-6670](#)**, (TTY users call **[711](#)**) to ask us to mail you a copy.

- Visit **[AetnaMedicare.com/findprovider](#)**/**[AetnaMedicare.com/findpharmacy](#)**

Our website has the most up-to-date information about our provider network (*Provider Directory /Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

Call your state's SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIP at the phone number below.

| State Health Insurance Assistance Program (SHIP) | |
|--|--|
| KY | Kentucky State Health Insurance Assistance Program, Address: Cabinet for Health and Family Services, 275 E. Main Street, 3E-E, Frankfort, KY 40601, Phone: 1-877-293-7447 (Option 2), 502-564-6930 , TTY: 711 , Hours: Monday–Friday 8:00 AM to 5:00 PM, Website: chfs.ky.gov/agencies/dail/Pages/ship.aspx |

Get Help from Medicare

- Call **1-800-MEDICARE ([1-800-633-4227](#))**

You can call 1-800-MEDICARE (**[1-800-633-4227](#)**), 24 hours a day, 7 days a week. TTY users can call **[1-877-486-2048](#)**.

- Chat live with **[Medicare.gov](#)**

You can chat live at **[www.Medicare.gov/talk-to-someone](#)**.

- Write to Medicare

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [Medicare.gov](#)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](#) or by calling 1-800-MEDICARE ([1-800-633-4227](#)). TTY users can call [1-877-486-2048](#).

Discrimination is Against the Law

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact **1-833-220-0349 (TTY: 711)**.

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator

Attn: 1557 Coordinator

CVS Pharmacy, Inc.

1 CVS Drive, MC 2332,

Woonsocket, RI 02895

1-833-220-0349 (TTY: 711)

Email: **Coordinator1557@cvshealth.com**

You can file a grievance in person or by mail, phone, or email. If you need help filing a grievance, the **Civil Rights Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.
This notice is available at Aetna Inc.'s website: **https://www.aetna.com/medicare**

Y0001_H6399_H1610_NDN_2025

How we guard your privacy

What personal information is — and what it isn't

By "personal information," we mean information that can be used to identify you. It can include financial and health information. It doesn't include what the public can easily see. For example, anyone can look at what your plan covers.

How we get information about you

We get information about you from many sources, including you. We also get information from your employer, other insurers, or health care providers like doctors.

When information is wrong

Do you think there's something wrong or missing in your personal information? You can ask us to change it. The law says we must do this in a timely way. If we disagree with your change, you can file an appeal. Information on how to file an appeal is on our member website. Or you can call the toll-free number on your ID card.

How we use this information

When the law allows us, we use your personal information both inside and outside our company. The law says we don't need to get your OK when we do. We may use it for your health care or use it to run our plans. We also may use your information when we pay claims or work with other insurers to pay claims. We may use it to make plan decisions, to do audits, or to study the quality of our work. This means we may share your information with doctors, dentists, pharmacies, hospitals or other caregivers. We also may share it with other insurers, vendors, government offices, or third-party administrators. But by law, all these parties must keep your information private.

When we need your permission

There are times when we do need your permission to disclose personal information. This is explained in our Notice of Privacy Practices, which took effect October 10, 2020. This notice clarifies how we use or disclose your Protected Health Information (PHI):

- For workers' compensation purposes
- As required by law
- About people who have died
- For organ donation
- To fulfill our obligations for individual access and HIPAA compliance and enforcement

To get a copy of this notice, just visit our member website or call the toll-free number on your ID card.

Notice of Availability (NOA)

TTY: 711

To access language services at no cost to you, call the number on your ID card. (English)

አድስቃ ወጪ አያዥበት የተዚቷ አገልግሎቶችን ለማድረሰ በመታወቂያ ካርድ (ID) ላይ ወደለው ቅጥር ይደውሉ:: (Amharic)

(Arabic) صول على خدمات اللغة مجاناً، اتصل بالرقم الموجود على بطاقة العضوية الخاصة بك.

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼。 (Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkooftsa Waraqaa Eenyummeessaa (ID) keessan irra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro figurant sur votre carte d'identité. (French)

Pou w jwenn aksè ak sèvis lang gratis pou ou, rele nimewo ki sou kat idantite w la. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer auf Ihrem Ausweis an. (German)

Inā ake ‘oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona ‘oe i ka helu ma kou kāleka ID. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj nyob ntawm koj daim npav ID. (Hmong)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato sul tuo tesserino identificativo. (Italian)

無料の言語サービスをご利用いただくには、ご自身のIDカードに記載されている番号 にお電話ください。 (Japanese)

လေကမန္ဒြာ ကျွဲ့တားမှစုံတားမှာ လေတလိုပ်လုပ်ဘူးလုပ်စွာ၊ လာနရိုးအဂိုင်၊ ကိုးနိုင်ငံ၊ လေအာအိုင် ဖဲန ID အဖိုးဝါယာ တက္ကား၏ (Karen)

무료로 언어 서비스를 이용하려면 ID 카드에 적힌 전화번호로 전화하세요. (Korean)

ເພື່ອຂໍ້ມູນບົວການແຈ້ງສາດາໄລပ ແລະ ພົມ ທີ່ ອຸປ່ານ ກໍາໄດ້ແລ້ວ ທີ່ ຖ້າ, ໄທ້ ຖ້າທາງ ເປີ້ຫຼື ຢິ່າ ປັດປະ ຈາຕົວຂອງທ. (Laotian)

ແຜີ້ ຂູ້ ໂດຍ ໂດຍ ໂດຍ ຕີ່ ດີ (Mon-Khmer, Cambodian)

(Persian farsi) برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany na karcie ID. (Polish)

Ligue para o número que está no seu cartão de identificação para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному на вашей идентификационной карте. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número que figura en su tarjeta de identificación. (Spanish)

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

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại trên thẻ ID của quý vị.
(Vietnamese)

Y0001_Y0130_H6399_2025_V1

You can view your 2026 plan benefit information online



This notice is to help you find important plan information. All information will be available online by October 15, 2025.

Where to look

View your plan information online by visiting:

AetnaMedicare.com/H5521-085

También puede ver este sitio web en español. Visite

es.AetnaMedicare.com/H5521-085

What to look for

You can learn more about your plan benefits, programs and services online.

| | |
|-----------------------------------|---|
| Evidence of Coverage (EOC) | A complete description of your plan's coverage. For a printed copy call 1-866-246-8031 (TTY: 711) |
| List of covered drugs (formulary) | A list of drugs your plan covers. It has the drug's tier level, as well as any special requirements, such as prior authorization, quantity limits or step therapy. For a printed copy call 1-866-246-8031 (TTY: 711) |
| Provider directory | You can find a doctor near you by using our online search directory. For a printed copy call 1-833-570-6670 (TTY: 711), 8 AM to 8 PM, 7 days a week |
| Pharmacy directory | You can find a pharmacy near you by using our online search directory. For a printed copy call 1-833-570-6670 (TTY: 711), 8 AM to 8 PM, 7 days a week |

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. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

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Y0001_3737453_2025_C
1107142-02-03

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20250820



Aetna Medicare Signature (PPO) Member Services

| Method | Member Services – Contact Information |
|----------------|--|
| CALL | <u>1-833-570-6670</u> Calls to this number are free. Hours of operation are 8 AM to 8 PM, 7 days a week. Member Services also has free language interpreter services available for non-English speakers. |
| TTY | <u>711</u> Calls to this number are free. Hours of operation are 8 AM to 8 PM, 7 days a week. |
| WRITE | Aetna Medicare PO Box 14088 Lexington, KY 40512 |
| WEBSITE | Go to <u>AetnaMedicare.com/H5521-085</u> or scan this code with your smartphone to visit our website.  |

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