

aetna®

2027

Aetna® Medicare benefits and enrollment guide

SKIDMORE COLLEGE

Aetna Medicare℠ Plan (PPO)

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“It was good to know the health care that I had signed up for was there to assist me through every step.*”

| Joan, Aetna Medicare member

*Member feedback has been edited for length and clarity; member not pictured.

Your health, your choice

Let Aetna® Medicare help you get started

This guide covers the benefits, programs, and services available—everything you need
so you can better understand your Medicare plan features.

You'll be automatically enrolled for January 1, 2027
You don't have to take any action to join the plan.

To **opt out,** email Laura Goodwin at lgoodwin@skidmore.edu by **November 20, 2026**.

Questions about your new medical or pharmacy plans? Call 1-800-307-4830 (TTY:711) Monday-Friday 8 AM-9 PM ET.

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SilverScript®



Medicare 101

Understand how your plan works

18.00.5401-C3_H

About your plan



Aetna Medicare℠ Plan (PPO ESA)

The Aetna Medicare Advantage PPO Extended Service Area (ESA) plan stands out from other health care plans. You have access to in-network providers such as doctors, hospitals and labs. And you also have access to out-of-network providers — at no added cost — if the provider is:

- Eligible to receive payment under Medicare, and
- Agrees to bill and accept payment from Aetna®

Does your provider accept our plan? They most likely will. That's because more than **1.1 million network providers and specialists** and over **4,200 network hospitals** accept the Aetna Medicare plan.

With this plan, you'll have the option to choose a primary care provider (PCP). It's not required, but when we know who your provider is, we can better support your care.

To find out if your provider accepts the plan, just call us. We're available at **1-800-307-4830 TTY:711,** 8 a.m. to 9 p.m. EST, Monday through Friday.

We'll contact your provider to confirm. We can also help you find other nearby providers and hospitals who accept the plan.



Summary of Benefits

Take a look at your plan

18.00.106.1-ESA_A

Aetna Medicare℠ Plan (PPO ESA)

The **Summary of Benefits** shows expected costs for services and describes the benefits package. These details affect what you'll pay for your care. So be sure to review all the pages in this section.

More than one plan may be available to you.



Summary of Benefits 2027

SKIDMORE COLLEGE

Sponsored by Aetna Medicare Plan (PPO)
Medicare (S01) ESA PPO Plan

Important Information

This is a summary of the services we cover from January 1, 2027 through December 31, 2027. The complete list of services can be found in the *Schedule of Cost Sharing (SOC)/Evidence of Coverage* (EOC). To request a copy, contact:

Member Services
1-888-267-2637 (**TTY:** 711) Hours are 8 AM to 9 PM ET, Monday through Friday.

Are you eligible to enroll?

To join Aetna Medicare Plan (PPO), you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan's service area. A complete list of service areas can be found in the *Evidence of Coverage* (EOC).



What You Should Know

Primary Care Provider (PCP): You have the option to choose a PCP. When we know who your provider is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your provider in order to see you.

Prior Authorizations: Your provider will work with us to get approval before you receive certain services. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

Plan costs & information	Network & Out-of-network providers
Premium	Please contact your former employer/union/ trust for more information on your plan premium.
Annual Deductible	$300
	This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.
Services Exempt from Deductible	Deductible waived for Preventive Services, Part B Drugs - Insulin, Continuous Glucose Monitors (CGMs), Emergency Room Visits, Emergency Ambulance, Urgent Care, some Medicare-covered diagnostic tests and labs (Urine protein, Prothrombin testing, HBA1C, FIT Screening, Fundus Testing, gFOBT Testing and COVID lab tests), Teladoc, and Wigs.
Annual Maximum Out-of-Pocket	$1,500
	The maximum out-of-pocket (MOOP) is the **most you'll pay** for the medical services we cover each year. **It's in place to protect you**. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium doesn't count toward your MOOP.

PRIMARY BENEFITS	Your costs for in and out-of-network care
Hospital Care*	
Inpatient Hospital Care	$250 per stay The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Observation Stay	Your cost share for Observation Care is based upon the services you receive. Frequency: per stay
Outpatient Hospital Services and Surgery	$100
Ambulatory Surgery Center	$100
Primary Care Provider and Specialist Services	
Primary Care Provider Visits	$20 Includes the services of an internist, general physician or family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.
Specialist Visits	$40
Preventive Services	
Medicare-covered Preventive Services • Abdominal aortic aneurysm screenings • Alcohol misuse screenings and counseling • Annual Wellness visit • Bone mass measurements • Breast cancer screening: mammogram • Cardiovascular behavioral therapy • Cardiovascular disease screenings • Cervical and vaginal cancer screenings • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screenings • Diabetes screenings • HIV screenings • Lung cancer screenings and counseling • Medicare Diabetes Prevention Program • Medical nutrition therapy	$0

This continues on the next page

PRIMARY BENEFITS	Your costs for in and out-of-network care
Preventive Services (continued)	
• Obesity therapy • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling • Welcome to Medicare preventive visit	
Immunizations • Flu/Influenza • Hepatitis B • Pneumonia	$0
Additional Medicare Preventive Services • Diabetes self-management training • Digital rectal exam • EKG following welcome exam • Glaucoma screening	$0
Emergency and Urgent Medical Care	
Emergency Care	$75 (waived if admitted within 24 hours)
Emergency Care Worldwide	$75 (waived if admitted)
Urgent Care	$30 (waived if admitted within 24 hours)
Urgent Care Worldwide	$30
Diagnostic Procedures*	
Diagnostic Radiology (CT scans)	$0
Diagnostic Radiology (other than CT scans)	$0
Diagnostic Testing and Procedures	$0
Lab Services	$0
Outpatient X-rays	$0
Hearing Services	
Hearing Exam (routine)	$0 Coverage: 1 exam every 12 months
Hearing Exam (Medicare-covered)	$40

PRIMARY BENEFITS	Your costs for in and out-of-network care
Hearing Aid Benefit	Our plan pays $500 once every 36 months.
	Hearing aids should be purchased through our authorized vendor NationsHearing.
Dental Services*	
Dental Services	$40
	Medicare-covered benefits only
Vision Services	
Eye Exam (routine)	$0
	Coverage: one exam every year
Diabetic Eye Exam	$0
Eye Exam (Medicare-covered)	$40
Eyewear Reimbursement	$175 once every 12 months
Mental Health Services*	
Inpatient Mental Health Care	$250 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Mental Health Care	$20 (individual sessions)
	$20 (group sessions)
Partial Hospitalization Services	$15
Intensive Outpatient Service	$40
Inpatient Substance Use Disorder	$250 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Substance Use Disorder	$20 (individual sessions)
	$20 (group sessions)
Skilled Nursing Services*	
Skilled Nursing Facility (SNF) Care	$0 per day, days 1-100
	Limited to 100 days per Medicare benefit period. See the *Schedule of Cost Sharing* for details on the benefit periods.

PRIMARY BENEFITS	Your costs for in and out-of-network care
Outpatient Rehabilitation Services	
Occupational Therapy Rehabilitation Services	$40
Physical and Speech Therapy Rehabilitation Services	$40
Ambulance* and Transportation Services	
Ambulance Services	$50
	Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.
Transportation (non-emergency)	Covered
	Coverage: up to 24 one-way trips per year with 60 miles allowed per trip. Services should be scheduled through our authorized vendor, MTM Health.
Worldwide Emergency Transportation (non-Medicare covered)	$50
Medicare Part B Prescription Drugs*	
Medicare Part B Prescription Drugs	$0
Medicare Part B Prescription Drugs - Insulin	$0

***These benefits may require prior authorization.**

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in and out-of-network care
Acupuncture Services	$40
	Medicare-covered benefits only
Allergy Shots	$0
Allergy Testing	$40
Blood	$0
	All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	$30
Chiropractic Services*	$20
	Medicare-covered benefits only
Continuous Glucose Monitor	$0
Continuous Glucose Supplies	$0
Diabetic Supplies*	$0
	Includes supplies to monitor your blood glucose from Accu-Chek/ Roche and TRUE/Trividia, or from a non-preferred provider when a prior authorization is received.
Durable Medical Equipment (DME)*	$0
Home Health Agency Care*	$0
Hospice Care	Covered by Original Medicare at a Medicare-certified hospice.
Intensive Cardiac Rehabilitation Services	$30
Medical Supplies*	Your cost share is based upon the provider of services
Outpatient Dialysis Treatments*	$30
Podiatry Services	$40
	Medicare-covered benefits only
Prosthetic Devices*	$0
Pulmonary Rehabilitation Services	$20
Supervised Exercise Therapy (SET) for PAD	$30
Radiation Therapy*	$20

***These benefits may require prior authorization.**

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Basic SilverSneakers® Program	You are covered for a basic membership to any SilverSneakers® authorized participating fitness facility. Additionally, online classes and at-home fitness kits are available. You may order one fitness kit per year through SilverSneakers.
Foot Orthotics*	$0
Maximum	$999
Frequency	every 12 months
Healthy Rewards	Covered
In-Home Support Services	In-Home Support Provides in home help for every day needs and activities of daily living.
Coverage Type	Post Discharge
Number of Hours	6 hours
Frequency	per discharge
Vendor	Services must be coordinated through our authorized vendor, The Helper Bees.
Meals	$0 After discharge from an inpatient stay to your home, you may be eligible to receive up to 28 home-delivered meals over a 14-day period.
Podiatry Services (non-Medicare covered)	$40
	Supplemental podiatry services are covered for up to 6 visits every year.
Resources for Living®	This program is offered to help you locate resources for everyday needs.
Routine Physical	$0
	A routine physical exam is offered once per calendar year.
Smoking and Tobacco Use Cessation Supplies	$0
Frequency	unlimited visits every year
Teladoc™	$0
	Telemedicine services with a Teladoc provider. State mandates may apply.
Telehealth PCP	$0

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Telehealth Specialist	$40
Telehealth Occupational Therapy Service	$40
Telehealth PT and ST Services	$40
Telehealth Other Health Care Providers	$40
Telehealth Individual Mental Health*	$20
Telehealth Group Mental Health*	$20
Telehealth Individual Psychiatric Services*	$20
Telehealth Group Psychiatric Services*	$20
Telehealth Individual Outpatient Substance Use Disorder*	$20
Telehealth Group Outpatient Substance Use Disorder*	$20
Telehealth Kidney Disease Education Services	$0
Telehealth Diabetes Self-Management Training	$0
Telehealth Opioid Treatment Program Services*	$0
Telehealth Urgent Care	$30
Wigs	$0
Maximum	$400
Frequency	every year
***These benefits may require prior authorization.**	

MEDICAL DISCLAIMERS

For more information about Aetna plans, go to **AetnaRetireePlans.com** or call Member Services toll-free at **1-888-267-2637** (**TTY: 711**). Hours are 8 AM to 9 PM ET, Monday through Friday.

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.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The complete list of services can be found in the *Evidence of Coverage* (EOC). You can request a copy of the EOC by contacting Member Services at **1-888-267-2637** (**TTY: 711**). Hours are 8 AM to 9 PM ET, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your *Evidence of Coverage*.
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Aetna will pay any non-contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare-covered services under the plan.

PLAN DISCLAIMERS

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna). 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.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

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Medicare rules don't allow earned rewards to be used for Medicare-covered goods or services, including medical or prescription drug out-of-pocket costs. Earned rewards may not be used to pay for medical copays, prescription costs, or any other Medicare covered good or services. Earned rewards may also not be used to pay for products such as on alcohol, tobacco, cannabis, firearms, lottery, gift cards or be converted to cash. Rewards earned may be considered taxable income. Please consult your tax adviser if you have any questions regarding the taxability of rewards. The 2027 Aetna Healthy Rewards program is only applicable to active members with eligible MA and/or MAPD plans. Qualifying participants who are eligible to perform the program activities may earn rewards by completing all or some of the program activities. Rewards will be distributed to participants and available to redeem on their Extra Benefits Card. The 2027 Aetna Healthy Rewards program is available to our members until the last day of the year. You will need to earn and redeem your reward by December 15, 2027 or the date you leave the plan, whichever comes first. Participants should check the terms of their Schedule of Cost Sharing (SOC) prior to participating in any program activities. Except as set forth in the SOC, Aetna shall not be responsible for any costs associated with, or arising from, a participant's performance of program activities. Your participation in Aetna Healthy Rewards program is voluntary and does not affect your benefits from your Aetna health plan. Eligibility is limited to the Aetna member that this communication was addressed to. Subject to benefits and eligibility verification.

Teladoc Health is not available to all members. Teladoc Health and Teladoc Health physicians are independent contractors and are not agents of Aetna. Visit **TeladocHealth.com/Aetna** for a complete description of the limitations of Teladoc Health services. Teladoc, Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc.

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** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

You can read the *Medicare & You 2027* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (**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**.

You can also visit our website at **AetnaRetireePlans.com**. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

*****This is the end of this plan benefit summary*****

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Notice of Availability (NOA)

TTY: 711

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

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للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المساندِة المناسبة دون أي تكلفة عليك، اتصل بالرقم الوارد في هذا المستند. (Arabic)

如欲獲得免費的語言輔助服務以及適當的輔助工具和服務，請撥打本文件上的電話號碼。 (Chinese)

Pou w jwenn aksè ak sèvis sipò lang gratis ansanm ak sèvis asistans ak sipò apwopriye, tanpri rele nimewo ki endike sou dokiman sa a. (French Creole)

Pour accéder aux services d’assistance linguistique et aux aides et services auxiliaires appropriés sans frais à votre charge, appelez le numéro indiqué dans ce document. (French)

Um Sprachunterstützung sowie geeignete Hilfsmittel und Dienstleistungen kostenlos in Anspruch zu nehmen, rufen Sie bitte die auf diesem Dokument angegebene Nummer an. (German)

તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો તથા સેવાઓ મેળવવા માટે, આ દસ્તાવેજ પર આપેલા નંબર પર કૉલ કરો. (Gujarati)

No ke komo ʻana i nā lawelawe kōkua ʻōlelo a me nā mea kōkua kūpono a me nā lawelawe me ka uku ʻole iā ʻoe, e kelepona i ka helu ma kēia palapala. (Hawaiian)

Kom siv tau cov kev pab cuam txhais lus thiab cov khoom pab kom hnov lus thiab cov kev pab cuam yam tsis sau nqi ntawm koj, hu tus npawb xov tooj ntawm daim ntawv thov no. (Hmong)

Contattare il numero nel presente documento per accedere, senza costi aggiuntivi, ai servizi di assistenza linguistica e ad idonei aiuti ausiliari. (Italian)

言語支援サービスや適切な補助具やサービスを無料で利用するには、こちらの文書の電話番号までお電話ください。 (Japanese)

လၢတၢ်ကမၤနှုၣ်သူကိုဉ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်ဒီးတၢ်မၤစၢၤလၢအကဲထိဉ်သ့လၢအဖိးမံတဖဉ်ဒီးတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်လၢတလိဉ်နဟ့ဉ်အပှၤအဂီၢ်နှဉ်,ကိးဘဉ်နီၢ်ဂံၢ်လၢလံာ်တဘ့ဉ်အံၤအလိၤတက့ၢ်. (Karen)

ដើម្បីទទួលបានសេវាកម្មជំនួយផ្នែកភាសា និងការគាំទ្រ និងសេវាកម្មបន្ថែមសមស្របដោយមិនគិតថ្លៃ សម្រាប់អ្នក សូមទូរសព្ទទៅលេខនៅលើឯកសារនេះ។ (Khmer)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하려면 본 문서에 나와 있는 번호로 전화해 주시기 바랍니다. (Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການອື່ນໆ ໂດຍທ່ານບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໃນເອກະສານນີ້. (Lao)

Tajaajilawwan gargaarsa afaanii fi tajaajilawwan gargaarsaa dabalataa mijaawaa ta'an kaffaltii tokko malee argachuuf, lakkoofsa sanada kana irra jirutti bilbilaa. (Oromo)

(Persian) برای دسترسی رایگان به خدمات کمک زبانی و وسایل و خدمات کمکی مناسب، با شماره درجشده در این سند تماس بگیرید.

Aby skorzystać z usług pomocy językowej oraz odpowiednich środków pomocniczych i usług bez ponoszenia żadnych kosztów, zadzwoń pod numer podany w niniejszym dokumencie. (Polish)

Para aceder, sem custos para si, a serviços de assistência linguística e a auxílios e serviços de apoio adequados, ligue para o número indicado neste documento. (Portuguese)

Чтобы бесплатно воспользоваться услугами языковой поддержки, а также соответствующими вспомогательными средствами и услугами, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para tener acceso a los servicios de asistencia en otros idiomas y a las ayudas y servicios auxiliares adecuados sin costo para usted, llame al número que figura en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa tulong sa wika at mga angkop na pantulong na kagamitan at serbisyo nang hindi ka gagastos, tawagan ang numero sa dokumentong ito. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษาและอุปกรณ์ช่วยเหลืออื่น ๆ ทีเหมาะสมโดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลขทีระบุในเอกสารนี (Thai)

Để tiếp cận các dịch vụ hỗ trợ ngôn ngữ, công cụ hỗ trợ và dịch vụ phụ trợ phù hợp miễn phí dành cho quý vị, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

Y0001_Y0130_2026_V3 NOA-Medicare-1557-10 (08-26)

Here's how Star Ratings work

The Centers for Medicare & Medicaid Services (CMS) uses information from member satisfaction surveys, plans and health care providers to rate Medicare plans and prescription drug plans (Part D).

Medicare plan ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from providers and hospitals that work with the plan

Each plan receives a rating from one star (lowest) to five stars (highest). Star Ratings are calculated each year and may change from one year to the next.

How to find your plan's Star Rating

1. Find the state you live in within the chart on the following page.
2. Note the contract number next to the name of your state.
3. Flip to the page in this section with the same contract number in the upper-left corner.
4. Review the overall rating for your plan.



If you have an Aetna® Medicare plan **without** drug coverage, review just the health plan rating. There's no need to review the plan's drug rating.

18.00.120.1-PPO_H

Aetna Medicare℠ Plan (PPO)

State	Contract number
Alabama	H5522
Alaska	H5522
Arizona	H5522
Arkansas	H1608, H5522
California	H5522
Colorado	H5522
Connecticut	H5522
Delaware	H5522
District of Columbia	H5522
Florida	H5522
Georgia	H1608, H3288, H5522
Hawaii	H5522
Idaho	H5522, H9431
Illinois	H1608, H5522, H7301
Indiana	H5522
Iowa	H1608, H5522
Kansas	H1608, H5522
Kentucky	H5522
Louisiana	H5522
Maine	H5522
Maryland	H5522
Massachusetts	H5522
Michigan	H5522
Minnesota	H5522
Mississippi	H5522

State	Contract number
Missouri	H1608, H5522
Montana	H5522
Nebraska	H1608, H5522
Nevada	H5522
New Hampshire	H5522, H9431
New Jersey	H5522
New Mexico	H5522, H9431
New York	H5522
North Carolina	H5522
North Dakota	H5522
Ohio	H1608, H5522
Oklahoma	H3288, H5522
Oregon	H5522, H9431
Pennsylvania	H5522
Rhode Island	H5522, H9431
South Carolina	H5522
South Dakota	H1608, H5522
Tennessee	H5522
Texas	H3288, H5522
Utah	H5522
Vermont	H5522
Virginia	H5522
Washington	H5522
West Virginia	H1608, H5522
Wisconsin	H5522
Wyoming	H5522

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Aetna Medicare - H1608

For 2026, Aetna Medicare - H1608 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	★★★½☆
Drug Services Rating:	★★★½☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

18.03.150.1_H

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H3288

For 2026, Aetna Medicare - H3288 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½☆
Health Services Rating:	★★★½☆
Drug Services Rating:	★★★½☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?
Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H5521

For 2026, Aetna Medicare - H5521 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
Health Services Rating:	★★★★½
Drug Services Rating:	★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?
Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

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IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H5522

For 2026, Aetna Medicare - H5522 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
Health Services Rating:	★★★★½
Drug Services Rating:	★★★★½

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?
Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

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IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H7301

For 2026, Aetna Medicare - H7301 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½☆
Health Services Rating:	★★★★½☆
Drug Services Rating:	★★★★½☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?
Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

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IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H9431

For 2026, Aetna Medicare - H9431 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★☆☆
Health Services Rating:	★★★☆☆
Drug Services Rating:	★★★☆☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?
Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

Y0001_2026_H9431V1_M



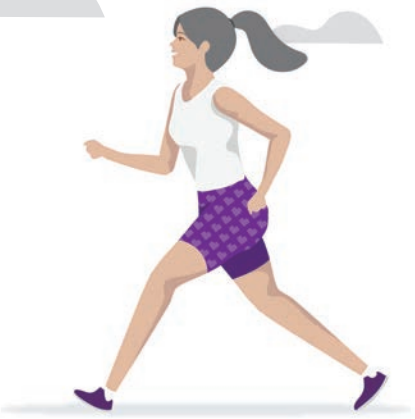
After enrollment

See what happens next

18.00.130.1-MAONLY_H

What happens next

You'll receive more info from us within about 30 days after you enroll in the plan. Here's what you can expect:



Plan confirmation and acceptance letter

This includes info about your plan's features. We'll send it to you once the Centers for Medicare & Medicaid Services (CMS) approves your enrollment. **You'll get your letter by mail.**

Plan member ID card

Use this card — not your red, white and blue Medicare card — each time you visit a provider, hospital or pharmacy. **You'll get your member ID card by mail. You can also find it online.**

Evidence of Coverage (EOC)

This is a complete description of your Medicare plan coverage and your member rights. **You'll get instructions by mail to find your EOC online.**

Schedule of Cost Sharing (SOC)

This outlines costs that you pay out of your own pocket. This can include deductibles, coinsurance, copayments or similar charges. **Depending on your plan, you'll either get your SOC in the mail or receive instructions to find it online.**

Healthy Home Visit

We'll call you to schedule a Healthy Home Visit. A licensed provider through Signify Health® will see you at your home or virtually (online). They can discuss any health concerns, complete a fall risk assessment, recommend screenings and create a personalized care plan. It's included with your plan each year at no added cost.

Quick tip: Once you receive your plan member ID card, be sure to register for your secure member website. There, you can provide your email address and opt in to get important updates from us right in your inbox.

Aetna and Signify Health® are part of the CVS Health® family of companies.

Aetna Medicare is an HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Every year, Medicare evaluates plans based on a 5-star rating system.

Out-of-network/non-contracted providers are under no obligation to treat Aetna® members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Plan features and availability may vary by service area.

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.

Other providers are available in our network.

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** (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.

Important information about your enrollment in a Medicare plan

As an Aetna Medicare member, you agree to the following:
Aetna Medicare is a Medicare plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B and continue to pay my Part B premium. I can only be in one Medicare plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform Aetna of any prescription drug coverage that I have or may get in the future.

I understand that if I don't have Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.

Enrollment in this plan is generally for the (entire) year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (for example, during the Annual Enrollment Period, which is October 15 through December 7 of every year), or under certain special circumstances.

18.28.3271_H

The Aetna Medicare plan serves a specific service area. If I move out of the area that the Aetna Medicare plan serves, I need to notify the plan and my former employer/union/trust so I can disenroll and find a new plan in my new area. Once I am a member of the Aetna Medicare plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from the Aetna Medicare plan when I get it to know which rules I must follow to get coverage with this Medicare plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

HMO plans: I understand that beginning on the date Aetna Medicare plan coverage begins, I must get all my health care from the Aetna Medicare plan, except for emergency or urgently needed services or out of area dialysis services.

Services authorized by the Aetna Medicare plan and other services contained in my Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES**.

PPO plans: I understand that beginning on the date Aetna Medicare plan coverage begins, using services in network can cost less than using services out of network, except for emergency or urgently needed services or out-of-area dialysis services. I understand I can go to doctors, specialists or hospitals in or out of network. I understand that providers must be licensed and eligible to receive payment under the federal Medicare program and agree to accept the PPO plan. I also understand I may have to pay more for services I receive out of network. Services authorized by the Aetna Medicare plan and other services contained in my Aetna Medicare plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization when required by the plan, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES.**

I understand that beginning on the date the Aetna Medicare plan coverage begins, I must get all of my health care from Aetna Medicare, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by the Aetna Medicare plan and other services contained in my Aetna Medicare Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with the Aetna Medicare plan, he/she may be paid based on my enrollment in the Aetna Medicare plan.

Release of information

By joining this Medicare health plan, I acknowledge that the Aetna Medicare plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that the Aetna Medicare plan will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information, I will be disenrolled from the plan.

Notice of Availability (NOA)

TTY: 711

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

እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ በዚህ ሰነድ ላይ ወዳለዉ ቁጥር ይደውሉ። (Amharic)

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

如欲使用免費語言服務，請致電本文件上的電話號碼。(Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa doookumentii kanarra jiru irratti bilbilaa. (Cushite)

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

Pou jwenn sèvis lang san ou pa peye anyen, rele nimewo ki sou dokiman sa a. (French Creole)

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

Inā ake ʻoe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona ʻoe i ka helu ma kēia palapala. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj ntawm daim ntawv no. (Hmong)

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

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

လာကမာနှ့် ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိာ်လာ်ဘူဉ်လာ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီဉ်ဂံၢ် လၢအအိဉ်ဖဲလံာ်တီလံာ်မိအံၤအဖိခိဉ်နှဉ်တက့ၢ်. (Karen)

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

ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໂທໃນເອກະສານນີ້. (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

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

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

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

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

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

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

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

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GOOD TO KNOW

Avoid late enrollment fees

It's important to sign up for Medicare coverage during your **Initial Enrollment Period**. If you don't, the federal government may charge you an extra amount (late enrollment penalty).

These penalties aren't just a one-time late fee. They're added to your monthly premium for as long as you have coverage.

For details about how to avoid late fees, be sure to visit:
Medicare.gov/basics/costs/medicare-costs/avoid-penalties

Important contacts

Primary care provider

Name: _____

Phone: _____

Specialists

Name: _____

Phone: _____

Name: _____

Phone: _____

Other health care professionals

Name: _____

Phone: _____

Emergency contacts

Name: _____

Phone: _____

Name: _____

Phone: _____

Pharmacy

Name: _____

Phone: _____

Address: _____

Hospital

Name: _____

Phone: _____

Address: _____

Notes:

_____

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_____

In case of emergency, call 911.



Notes



Notes



Notes



Notes

Helpful resources

Keep these handy so you can refer back to them at any time.

Call us

We're available at **1-800-307-4830 TTY:711**.
We're here 8 a.m. to 9 p.m. EST, Monday through Friday.



Get info online

- Want more details about the plan and additional wellness programs? Looking for a provider or hospital?

Visit your plan website to find all that and more.
http://AetnaRetireePlans.com

← Or just scan the QR code.

- Visit **Medicare.gov** for more information about how Medicare works.

How to scan a QR code

It's easy as 1-2-3

1. **Open the camera app on your smartphone.**
2. **Point your camera at the QR code.**
   Your camera will automatically scan the code and show a link.
3. **Tap the link.**
   You'll be taken to your plan info.



Download the Aetna Health℠ app

Manage your plan the easy way with the Aetna Health app.

- View claims
- Track spending
- Access your digital member ID card, and much more

Don't have the app? Get it today:

GET IT ON Google Play

Download on the App Store

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Google Play is a trademark of Google LLC.

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We're so glad you're here!

We created this guide to make it easier to connect with your Aetna® Medicare plan.
In these pages, you'll have the info you need, right at your fingertips.

You'll learn how to:

- Access your plan details
- Sign up for your secure member website
- Get the Aetna Health℠ app
- Register online to opt in for emails to stay up to date and to receive info from us
- Find the answers you need, when you need them, and much more

Want to learn more?
Just flip this guide over to get the whole story.

SKIDMORE COLLEGE

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