

Annual Notice of Change for 2027

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

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

- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Schedule of Cost Sharing and Evidence of Coverage*. Get a copy at SCEMAPPlans.aetnamedicare.com or call Member Services at [1-833-943-5114](tel:1-833-943-5114) (TTY users call [711](tel: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 [1-833-943-5114](tel:1-833-943-5114) (TTY users call [711](tel:711)) for more information. Hours are 8 AM to 9 PM ET, Monday through Friday. This call is free.
- This material may be available in other formats such as braille, large print or other alternate formats upon request.

About Aetna Medicare Plan (PPO)

- Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Aetna Medicare. When it says “plan” or “our plan,” it means Aetna Medicare Plan (PPO).
- If you want to keep the same Aetna Medicare plan, your plan benefits administrator will give you instructions if there is any action you need to take to remain enrolled.
- You can change your coverage during your former employer/union/trust open enrollment period. Your plan benefits administrator will tell you what other plan choices might be available to you under your group retiree coverage.
- You can switch to an individual Medicare health plan or to Original Medicare; however, this would mean dropping your group retiree coverage. As a member of a group Medicare plan, you're eligible for a special enrollment period if you leave your former employer/union/trust plan. This means that you can enroll in an individual Medicare health plan or Original Medicare at any time.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Annual Notice of Changes for 2027

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Deductible	No Deductible	No Deductible
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	<u>From network and out-of-network providers combined:</u> \$3,000	<u>From network and out-of-network providers combined:</u> \$3,000
Primary care office visits	\$40 copay per visit	\$40 copay per visit
Specialist office visits	\$40 copay per visit	\$40 copay per visit
Inpatient hospital stays Includes various inpatient stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	\$250 per stay	\$250 per stay

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Premium

Your coverage is provided through a contract with your former employer/union/trust. Your plan benefits administrator will provide you with information about your plan premium (if applicable). If Aetna bills you directly for your total plan premium, we will mail you a monthly invoice detailing your premium amount. **You must also continue to pay your Medicare Part B premium.**

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

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.

Cost	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount	\$3,000	\$3,000
Your costs for covered medical services (such as copayments and deductibles, if applicable) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.		Once you've paid \$3,000 out of pocket for covered services, you'll pay nothing for your covered services from network providers for the rest of the calendar year.
Our plan premium (if applicable) doesn't count toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the *2027 Provider Directory* [SCEMAPPlans.aetnamedicare.com](https://www.sceMAPPlans.aetnamedicare.com) 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 [SCEMAPPlans.aetnamedicare.com](https://www.sceMAPPlans.aetnamedicare.com).
- Call Member Services at **1-833-943-5114** (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 **1-833-943-5114** (TTY users call **711**) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 There are no changes to your benefits or amounts you pay for medical services

Our benefits and what you pay for these covered medical services will be the same in 2027 as they are in 2026.

SECTION 2 How to Change Plans

Your plan benefits administrator will tell you if you need to do anything to stay enrolled in your Aetna Medicare Plan.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, contact your plan benefits administrator, they will let you know what options are available to you under your group retiree coverage.
- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll be automatically disenrolled from Aetna Medicare Plan (PPO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at **1-833-943-5114** (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.

- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)). TTY users can call [1-877-486-2048](tel:1-877-486-2048).
- **It is important that you carefully consider your decision before changing your coverage. This is important because you may permanently lose benefits you currently receive under your former employer/union/trust retiree group coverage if you switch plans. Call your plan benefits administrator for information.**

Section 2.1 Deadlines for Changing Plans

You may be able to change to a different plan during your former employer/union/trust open enrollment period. Our plan may allow you to make changes at other times as well. Your plan benefits administrator will let you know what other plan options may be available to you.

Section 2.2 Are there other times of the year to make a change?

As a member of a group Medicare plan, you're eligible for a special enrollment period if you leave your former employer/union/trust plan. This means that you can enroll in an individual Medicare health plan or Original Medicare at any time during the year.

It is important that you carefully consider your decision before changing your coverage. This is important because you may permanently lose benefits you currently receive under your former employer/union/trust retiree group coverage if you switch plans. Call your plan benefits administrator for information.

SECTION 3 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](tel:1-800-633-4227)). TTY users can call [1-877-486-2048](tel:1-877-486-2048), 24 hours a day, 7 days a week.
 - Social Security at [1-800-772-1213](tel: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](tel: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](tel:1-800-633-4227))

SECTION 4 Questions?

Get Help from Aetna Medicare Plan (PPO)

- **Call Member Services at [1-833-943-5114](tel:1-833-943-5114) (TTY users call [711](tel:711)).**

We're available for phone calls 8 AM to 9 PM ET, Monday through Friday. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* and *Schedule of Cost Sharing* for Aetna Medicare Plan (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. The *Schedule of Cost Sharing* lists out-of-pocket cost share for our plan. Get the *Evidence of Coverage* and *Schedule of Cost Sharing* on our website at SCEMAPPlans.aetnamedicare.com or call Member Services at [1-833-943-5114](tel:1-833-943-5114) (TTY users call [711](tel:711)) to ask us to mail you a copy.

- **Visit SCEMAPPlans.aetnamedicare.com**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

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. The name and phone numbers for this organization are in **Appendix A** at the back of the *Evidence of Coverage*.

Get Help from Medicare

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

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

- **Chat live with [Medicare.gov](https://www.Medicare.gov)**

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

- **Write to Medicare**

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

- **Visit [Medicare.gov](https://www.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 2027***

The *Medicare & You 2027* 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](https://www.Medicare.gov) or by calling 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)). TTY users can call [1-877-486-2048](tel: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](tel:1-833-220-0349) (TTY: [711](tel: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](tel:1-833-220-0349) (TTY: [711](tel: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](tel:1-800-368-1019), [1-800-537-7697](tel:1-800-537-7697) (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Aetna Inc.'s website: <https://www.aetna.com/medicare>

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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. 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](tel:711)

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

የቋንቋ እርዳታ አገልግሎቶችን እና ተገቢ የሆኑ ተጨማሪ አጋዥ ድጋፎችን እና አገልግሎቶችን ያለ ምንም ክፍያ ለማግኘት በሙታወቂያ ካርድዎ ላይ ወዳለው ቁጥር ይደውሉ። (Amharic)

(Arabic) للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المساعدة المناسبة دون أي تكلفة عليك، اتصل بالرقم الموجود على بطاقة ID الخاصة بك.

如欲免費獲得語言輔助服務以及適當的輔助工具和服務，請撥打您的 ID 卡上的電話號碼。 (Chinese)

Pou w jwenn aksè a sèvis asistans lang ak èd ak sèvis oksilyè apwopriye san w pa peye anyen, rele nimewo ki sou kat idantite w la. (French Creole)

Pour accéder gratuitement aux services d'assistance linguistique et aux aides et services auxiliaires appropriés, veuillez appeler le numéro figurant sur votre carte d'identité. (French)

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

Per accedere ai servizi di assistenza linguistica, agli ausili e ai servizi accessori pertinenti a titolo gratuito, chiama il numero riportato sulla tua tessera identificativa. (Italian)

તમારા માટે કોઈપણ બર્થ વિના ભાષાકીય સહાય સેવાઓ અને યોગ્ય સહાયક સહાય તથા સેવાઓ મેળવવા માટે, તમારા ID કાર્ડ પર આપેલા નંબર પર કોલ કરો. (Gujarati)

No ke komo 'ana i nā lawelawe kōkua 'ōlelo a me nā mea kōkua kūpono me ka uku 'ole iā 'oe, e kelepona i ka helu ma kāu kāleka ID. (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 xov tooj nyob ntawm koj daim npav ID. (Hmong):

言語支援サービスや適切な補助補助具・サービスを無料で利用するには、IDカードに登録された番号にお電話ください。 (Japanese)

လၢကမၤန့ၢ် ကျိၣ်အတၢ်ဆိၣ်ထွဲမၤတၢ်မၤဒီး တၢ်န့ၢ်ဟူၣ် အပီးအလီၤ လၢအကြၢးအ ဘၣ်တဖၣ် ဒီးတၢ်မၤတၢ်မၤ လၢအဘျးအလဲတအိၣ်ဘၣ်တဖၣ်အဂီၢ်, ကိးလီတဲစိ နီၣ်ဂံၢ်အံၤ ဖဲ န ID ခးက့အပူၤတက့ၢ်. (Karen)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하려면 ID 카드에 있는 번호로 전화 하십시오. (Korean)

Deeggarsa afaanifi tajaajilawwanii akkasumas deeggarsaafi tajaajila dabalataa kaffaltiirraa bilisaa argachuuf lakkoofsa Waraqaa Eenyummaa keessanirra jirutti bilbilaa. (Oromo)

ເພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການ ທີ່ເໝາະສົມໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍຕ່າງໆ, ໃຫ້ໃບຫາເບີໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

ដើម្បីទទួលបានសេវាជំនួយផ្នែកភាសា ព្រមទាំងឧបករណ៍ និងសេវាជំនួយបន្ថែមសមរម្យដោយឥតគិតថ្លៃ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក។ (Khmer)

(Persian) برای دسترسی رایگان به خدمات کمک زبانی و مساعدتهای جانبی مناسب با شماره مندرج روی کارت ID خود تماس بگیرید.

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

Para acceder, sem qualquer custo para si, a serviços de assistência linguística e a ajudas e serviços auxiliares adequados, ligue para o número indicado no seu cartão de identificação. (Portuguese)

Чтобы получить бесплатный доступ к услугам языковой поддержки и соответствующим вспомогательным средствам и услугам, позвоните по номеру, указанному на вашей идентификационной карте. (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 su tarjeta de identificación. (Spanish)

Para ma-access ang mga serbisyo ng tulong sa wika at mga naaangkop na karagdagang tulong at serbisyo nang walang bayad, tawagan ang numerong nasa iyong ID card. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษา รวมถึงอุปกรณ์และบริการช่วยเหลือพิเศษที่เหมาะสมโดยไม่มีค่าใช้จ่าย โปรดโทรติดต่อหมายเลขที่ระบุบนบัตรประจำตัวของคุณ (Thai)

Để được sử dụng miễn phí các dịch vụ hỗ trợ ngôn ngữ cùng các phương tiện và dịch vụ hỗ trợ phù hợp, vui lòng gọi đến số điện thoại ghi trên thẻ ID của quý vị. (Vietnamese)

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Plan Document Notice

Did you know? Your essential plan documents are online at SCEMAPPlans.aetnamedicare.com. This includes your *Evidence of Coverage* (EOC) and Schedule of Cost Sharing (SOC). You can access them anytime, anywhere, from any device, no matter if it's your computer, tablet or smartphone.

Be sure you have the most up-to-date info. Your 2027 documents are currently available on our website. To view/download your documents:

Material	Where to find 2027 info	Call to request printed material
Your EOC name: ESA	SCEMAPPlans.aetnamedicare.com	1-866-325-5908 (TTY: 711)
Schedule of cost sharing (SOC)	SCEMAPPlans.aetnamedicare.com	1-866-325-5908 (TTY: 711)
Provider directory	SCEMAPPlans.aetnamedicare.com	Call the number on your ID card

We're here to help

For general questions about your plan, call us at the number on your member ID card.

Get to know your plan materials

Your EOC: a guide to what's covered

Your EOC is a complete description of coverage under your Medicare plan. It also outlines your costs, how to get services and your member rights.

Your SOC: a guide to your Medical Benefits Chart

Your SOC contains the Medical Benefits Chart, which includes the health care benefits covered under your plan.

Your provider directory: the key to unlocking our provider network

In your provider directory, you'll find primary care physicians, specialists such as cardiologists and podiatrists, and other providers to help you reach your best health.

Disclaimers

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. 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 network may change at any time. You will receive notice when necessary.

For assistance in utilizing the portal, or for additional information, please call the number on the back of your ID card.

A new law allows you to choose to share your health information between health plans. When you do, your providers can view your health history and records. This may help your provider make informed decisions about your care. Visit health.aetna.com/login to check your eligibility and opt in. Sharing your information is your choice. You can opt in, opt out or change your decision at any time.

A new law allows Aetna healthcare providers to securely access and share patient information. Sharing of

patient information may allow you to receive timely and personalized healthcare services. If you do not want your providers obtaining your information, please visit health.aetna.com/login.

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Aetna Medicare Plan (PPO) Member Services

Method	Member Services – Contact Information
CALL	The number on your member ID card or 1-833-943-5114 (TTY users call 711) Calls to this number are free. Hours of operation are 8 AM to 9 PM ET, Monday through Friday Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Calls to this number are free. Hours of operation are 8 AM to 9 PM ET, Monday through Friday
WRITE	Aetna Medicare PO Box 7082 London, KY 40742
WEBSITE	SCEMAPlans.aetnamedicare.com