

Annual Notice of Change for 2026

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 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 *Schedule of Cost Sharing and Evidence of Coverage*. Get a copy at SCEMAPlans.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 EST, 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 HMO, 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. 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 if you enroll in Medicare drug coverage in the future.
- 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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Annual Notice of Changes for 2026

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Summary of Important Costs for 2026

	2025 (this year)	2026 (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 your covered services. (See Section 1.2 for details.)	From network and out-of-network providers combined: \$3,000	From network and out-of-network providers combined: \$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 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.	\$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	2025 (this year)	2026 (next year)
Combined maximum out-of-pocket amount 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. Our plan premium (if applicable) doesn't count toward your maximum out-of-pocket amount.	\$3,000	\$3,000 Once you've paid \$3,000 out of pocket for covered services, you'll pay nothing for your covered services from in-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* [SCEMAPPlans.aetnamedicare.com](https://www.aetna.com/medicare/plans/scema) 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.aetna.com/medicare/plans/scema).
- 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.

Section 1.4 Changes to Benefits & Costs for Medical Services

Cost	2025 (this year)	2026 (next year)
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 <i>Schedule of Cost Sharing</i> for more information.	

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.

SECTION 3 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 2026, 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 Medicare drug coverage**, enroll in the new Medicare drug plan. 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](tel:1-833-943-5114) (TTY users call [711](tel:711)) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)) and ask to be disenrolled. TTY users can call [1-877-486-2048](tel: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 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), 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 3.1 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 3.2 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 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](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 5 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 EST, Monday through Friday. 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* 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** (TTY users call **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**)

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](https://www.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](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 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](https://www.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](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), [800-537-7697](tel: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>

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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, 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)

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(Arabic) صول على خدمات اللغة مجانًا، 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, lakkoofsa 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)

လၢကမၤန့ၣ်ကျိၣ်တၢ်မၤစၢၤတၢ်မၤလၢတလိၣ်လၢၣ်ဘျၣ်လၢၣ်စ့ၤလၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ်လၢအအိၣ်ဖဲန ID အဖီခိၣ်န့ၣ်တက့ၢ်. (Karen)

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

ເພື່ອ ອາໄດ້ ການບໍລິການພາສາໂດຍບ ເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາເບີທີ ຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

ដើម្បីទទួលបានសេវា ភាសាឥតគិតថ្លៃ ពីអ្នកសម្របសម្រួល លេខខ្សែស្រឡាយ នៃ លើកតម្កល់ លេខសម្គាល់អតិថិជន ។ (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)

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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 2026 documents are currently available on our website. To view/download your documents:

Material	Where to find 2026 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. 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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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 EST, 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 EST, Monday through Friday
WRITE	Aetna Medicare PO Box 7082 London, KY 40742
WEBSITE	SCEMAPlans.aetnamedicare.com