Aetna Medicare Plan (PPO) offered by Aetna Medicare

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** 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 **StateofKansas-MAPD.AetnaMedicare.com** or call Member Services at **1-844-233-1939** (TTY users call **711**) to get a copy by mail.

More Resources

- This material is available for free in Spanish. Este material está disponible de forma gratuita en español.
- Call Member Services at **1-844-233-1939** (TTY users call **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 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.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Deductible	$150 except for insulin furnished through an item of durable medical equipment.	$150 except for insulin furnished through an item of durable medical equipment.
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	From network and out-of-network providers combined: $150	From network and out-of-network providers combined: $150
Primary care office visits	$0 copay per visit	$0 copay per visit
Specialist office visits	$0 copay per visit	$0 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.	$0 per stay	$0 per stay

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	**Part D drug coverage deductible** No Deductible **Standard cost-sharing** (30-day supply) during the Initial Coverage Stage: *Preferred Generic:* You pay $2 *Generic:* You pay $6 *Preferred Brand:* You pay $47 *Non-Preferred Drug:* You pay $100 *Specialty:* You pay 33% for your drug **Mail-order** (30-day supply) during the Initial Coverage Stage: *Preferred Generic:* You pay $2 *Generic:* You pay $6 *Preferred Brand:* You pay $47 *Non-Preferred Drug:* You pay $100 *Specialty:* You pay 33% for your drug **Insulin** You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.	**Part D drug coverage deductible** No Deductible **Standard cost-sharing** (30-day supply) during the Initial Coverage Stage: *Preferred Generic:* You pay $2 *Generic:* You pay $6 *Preferred Brand:* You pay $47 *Non-Preferred Drug:* You pay $100 *Specialty:* You pay 33% for your drug **Mail-order** (30-day supply) during the Initial Coverage Stage: *Preferred Generic:* You pay $2 *Generic:* You pay $6 *Preferred Brand:* You pay $47 *Non-Preferred Drug:* You pay $100 *Specialty:* You pay 33% for your drug **Insulin** You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

	2026 (this year)	2027 (next year)
	Catastrophic Coverage • During this payment stage, you pay nothing for your covered Part D drugs.	**Catastrophic Coverage** • During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Premium

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.**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium may be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium may be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

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 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) and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	**$150**	**$150** Once you've paid $150 out of pocket for covered services, you'll pay nothing for your covered services from 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 2027 *Provider Directory* **StateofKansas-MAPD.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 **StateofKansas-MAPD.AetnaMedicare.com**.
- Call Member Services at **1-844-233-1939** (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 **1-844-233-1939** (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 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at **StateofKansas-MAPD.AetnaMedicare.com**.
- Call Member Services at **1-844-233-1939** (TTY users call **711**) to get current pharmacy information or to ask us to mail you a P*harmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at **1-844-233-1939** (TTY users call **711**) for help.

Section 1.5 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 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is posted online at **StateofKansas-MAPD.AetnaMedicare.com**. You can find the formulary name in the 2027 *Prescription Drug Schedule of Cost Sharing*.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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

will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at **1-844-233-1939** (TTY users call **711**) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

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

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by September 30th, call Member Services at **1-844-233-1939** (TTY users call **711**) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

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

Drug costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

Your cost sharing in the Initial Coverage Stage may be changing from a copayment to coinsurance *or* coinsurance to a copayment. Go to the following table for the changes from 2026 to 2027.

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

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

look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to the 2027 *Prescription Drug Schedule of Cost Sharing*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	**2027 (next year)**
Tier 1 - Preferred Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay $2 *Mail-order cost sharing:* You pay $2	*Standard cost sharing:* You pay $2 *Mail-order cost sharing:* You pay $2
Tier 2 - Generic	*Standard cost sharing:* You pay $6 *Mail-order cost sharing:* You pay $6	*Standard cost sharing:* You pay $6 *Mail-order cost sharing:* You pay $6
Tier 3 - Preferred Brand	*Standard cost sharing:* You pay $47 *Mail-order cost sharing:* You pay $47	*Standard cost sharing:* You pay $47 *Mail-order cost sharing:* You pay $47
Tier 4 - Non-Preferred Drug	*Standard cost sharing:* You pay $100 *Mail-order cost sharing:* You pay $100	*Standard cost sharing:* You pay $100 *Mail-order cost sharing:* You pay $100
Tier 5 - Specialty	*Standard cost sharing:* You pay 33% for your drug *Mail-order cost sharing:* You pay 33% for your drug	*Standard cost sharing:* You pay 33% for your drug *Mail-order cost sharing:* You pay 33% for your drug
Insulin	**Insulin** You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.	**Insulin** You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

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 **1-844-233-1939** (TTY users call **711**) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (**1-800-633-4227**) and ask to be disenrolled. TTY users can call **1-877-486-2048**. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit **Medicare.gov**, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (**1-800-633-4227**). TTY users can call **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**). TTY users can call **1-877-486-2048**, 24 hours a day, 7 days a week.
    - Social Security at **1-800-772-1213** between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call **1-800-325-0778**.
    - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** Many states have a program called the State Pharmaceutical Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check

with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit **shiphelp.org**, or call 1-800-MEDICARE (**1-800-633-4227**)

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

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027; you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at **1-844-233-1939** (TTY users call **711**) or visit **Medicare.gov**.

SECTION 4 Questions?

Get Help from Aetna Medicare Plan (PPO)

- **Call Member Services at 1-844-233-1939 (TTY users call 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 **StateofKansas-MAPD.AetnaMedicare.com** or call Member Services at **1-844-233-1939** (TTY users call **711**) to ask us to mail you a copy.

- **Visit StateofKansas-MAPD.AetnaMedicare.com**

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

Get Free Counseling about Medicare

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

Call your state's SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. 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**

  You can chat live at **Medicare.gov/talk-to-someone**.

- **Write to Medicare**

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

- **Visit Medicare.gov**

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

- **Read *Medicare & You 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** or by calling 1-800-MEDICARE (**1-800-633-4227**). TTY users can call **1-877-486-2048**.

Discrimination is Against the Law

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

Aetna Inc.

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

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

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

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

1-833-220-0349 (**TTY: 711**)
Email: **Coordinator1557@cvshealth.com**

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, **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

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 በመታወቂያ ካርድዎ ላይ ወዳለው ቁጥር ይደውሉ። (Amharic)

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

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

No ke komo ʻana i nā lawelawe kōkua ʻōlelo a me nā mea kōkua kūpono me ka uku ʻole iā ʻoe, 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)

လာကမၤန့ၣ် ကိုဉ်အတၢ်ဆိဉ်ထွဲမၤစၢၤတၢ်မၤဒီး တၢ်နှၢ်ဟူ အပီးအလီ လၢအကြၢးအ ဘဉ်တဖဉ် ဒီးတၢ်မၤစၢၤတၢ်မၤ လၢအဘူးအလဲတအိဉ်ဘဉ်တဖဉ်အဂီၢ်, ကိးလီတဲစိ နီဉ်ဂံၢ်အံၤ ဖဲ နၢ ID ခးက့အပူၤတက့ၢ်. (Karen)

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

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

ເພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການ ທີ່ເໝາະສົມໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍຕ່ໍທ່ານ, ໃຫ້ໂທຫາເບີໃນບັດປະຈ່ໍາຕົວຂອງທ່ານ. (Laotian)

ដើម្បីទទួលបានសេវាជំនួយផ្នែកភាសា ព្រមទាំងឧបករណ៍ និងសេវាជំនួយបន្ថែមសមរម្យដោយឥតគិតថ្លៃ សូមទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក។ (Khmer)

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

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 aceder, 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 StateofKansas-MAPD.AetnaMedicare.com. This includes your *Evidence of Coverage* (EOC), Schedule of Cost Sharing (SOC) and your plan's formulary, too. 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 with RX**	StateofKansas-MAPD.AetnaMedicare.com	**1-866-325-5908** (TTY: **711**)
Schedule of cost sharing (SOC)	StateofKansas-MAPD.AetnaMedicare.com	**1-866-325-5908** (TTY: **711**)
Your formulary name: **2027 GRP Classic (5 Tier) Formulary -MAPD**	StateofKansas-MAPD.AetnaMedicare.com	**1-866-325-5908** (TTY: **711**)
Pharmacy directory: Your retail pharmacy network: **Medicare Group Part D S2 Network**	StateofKansas-MAPD.AetnaMedicare.com • Select "Find doctors & prescription drugs" • Follow the prescription drugs section to find a network pharmacy	Call the number on your ID card
Provider directory	StateofKansas-MAPD.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 and Prescription Drug Benefits Charts
Your SOC contains the Medical and Prescription Drug Benefits Charts, which include the health care and prescription drug benefits covered under your plan.

Your formulary: a list of prescription drugs your plan covers
Along with the drug name, the formulary has each drug's tier level, which can affect how much you'll pay for the drug. It also lists any special requirements, such as prior authorization, quantity limits or step therapy.

Your pharmacy directory: a road map for finding a network pharmacy

Our pharmacy network includes national chains as well as local options for your prescription drugs. You'll find a list of them in your pharmacy directory.

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 formulary and/or pharmacy 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 **1-844-233-1939** (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	**StateofKansas-MAPD.AetnaMedicare.com**