

Aetna Medicare FIDE (HMO D-SNP) offered by AETNA BETTER HEALTH INC. (NJ)

Annual Notice of Changes for 2026

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about benefits or rules please review the *Evidence of Coverage*, which is located on our website at [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP). Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

Additional resources

- This document is available for free in Spanish. Este documento está disponible de forma gratuita en español.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call [1-844-362-0934](tel:1-844-362-0934) (TTY users should call [711](tel:711)). Hours are 8 AM to 8 PM, 7 days a week. The call is free.
- Aetna Medicare FIDE (HMO D-SNP) wants to make sure you understand your health plan information. If a different language or format works better for you, call Member Services at the number listed at the bottom of this page to request a change.
- We will continue sending you mailings and other communications in your requested format. (This is called a “standing request.”)
- If you want to change your standing request for a preferred language or format, call Member Services.



OMB Approval 0938-1444 (Expires: June 30, 2026)

If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.

For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

Notice of Availability (NOA)

TTY: 711

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

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

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 dookumentii 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 ‘oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona ‘oe 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)

လၢကမၤန့ၢ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢၣ်ဘျၣ်လၢၣ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ်ဖဲလံာ်တီလံာ်မိအံၤအဖီခိၣ်န့ၢ်တက့ၢ်. (Karen)

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

ຜູ້ອາໄສເຮົາສາມາດໃຊ້ບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໂທໃນເອກະສານນີ້. (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

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

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)



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

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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A. Disclaimers

- Aetna Medicare FIDE (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal.
- See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- 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.

B. Reviewing your Medicare and NJ FamilyCare (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and NJ FamilyCare programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**
- NJ FamilyCare services in **Section G2**

B1. Information about Aetna Medicare FIDE (HMO D-SNP)

- Aetna Medicare FIDE (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means Aetna Medicare FIDE (HMO D-SNP).



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **[1-844-362-0934](tel:1-844-362-0934)** (TTY: **[711](tel:711)**), 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit **[AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP)**.

B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they'll work for you next year.
 - Refer to **Section E1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

If you decide to stay with Aetna Medicare FIDE (HMO D-SNP):

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Aetna Medicare FIDE (HMO D-SNP).

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our plan name

On January 1, 2026, our plan name will change from Aetna Assure Premier Plus (HMO D-SNP) to Aetna Medicare FIDE (HMO D-SNP). We will mail you a new ID card and the new plan name will appear on all of our plan documents and letters. Please begin using your new card starting January 1, 2026.

D. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 *Provider and Pharmacy Directory* to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [AetnaMedicare.com/NJDSNP-find-provider](https://www.aetnamedicare.com/NJDSNP-find-provider). You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Evidence of Coverage* or call Member Services at the number at the bottom of the page for help.



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetnamedicare.com/NJDSNP).

E. Changes to benefits for next year

E1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

Benefit	2025 (this year)	2026 (next year)
<p>Aetna Medicare Extra Benefits Card</p>	<p>With this plan, you get an Extra Benefits Card to help you pay for certain everyday expenses.</p> <p>Your plan includes an Over-the-Counter (OTC) Wallet with a \$240 monthly benefit amount (allowance).</p> <p>If you are eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI), your Over-the-Counter (OTC) Wallet will change to the Extra Supports Wallet with additional spending categories.</p> <p>Extra Supports Wallet spending categories include:</p> <ul style="list-style-type: none"> • Healthy Foods • Over-the-counter (OTC) products • Transportation • Utilities • Personal care products <p>See the <i>Evidence of Coverage</i> for more information and eligibility requirements.</p>	<p>With this plan, you get an Extra Benefits Card to help you pay for certain everyday expenses.</p> <p>Your plan includes an Over-the-Counter (OTC) Wallet with a \$255 monthly benefit amount (allowance).</p> <p>If you're eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI), your Over-the-Counter (OTC) Wallet will change to the Extra Supports Wallet with additional spending categories.</p> <p>Extra Supports Wallet spending categories include:</p> <ul style="list-style-type: none"> • Healthy Foods • Over-the-counter (OTC) products • Transportation • Utilities • Personal care products <p>Important: Keep your Extra Benefits Card. You won't receive a new card in the mail for the 2026 plan year.</p> <p>See the <i>Evidence of Coverage</i> for more information and eligibility requirements.</p>
<p>Emergency care (worldwide)</p>	<p>You pay 0% of the total cost for each non-Medicare covered service.</p> <p>There is no combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.</p>	<p>You pay 0% of the total cost for each non-Medicare covered service.</p> <p>There is a \$250,000 combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.</p>



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

Benefit	2025 (this year)	2026 (next year)
Emergency transportation (worldwide)	<p>You pay 0% of the total cost for each non-Medicare covered service.</p> <p>There is no combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.</p>	<p>You pay 0% of the total cost for each non-Medicare covered service.</p> <p>There is a \$250,000 combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.</p>
Fall prevention	<p>Our plan provides you with a \$150 annual allowance for purchasing certain clinically appropriate home and bathroom safety devices that can help you manage physical impairments and improve your ability to move safely around your home.</p> <p>See your <i>Evidence of Coverage</i> for more information.</p>	<p>Fall prevention services are <u>not</u> covered.</p>
Housing Supports	<p>Housing Supports <u>aren't</u> covered</p>	<p>Housing Supports are covered</p> <p>See the <i>Evidence of Coverage</i> for more information and eligibility requirements.</p>
Medicare Part B drugs	<p>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: AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary.html. See the <i>Evidence of Coverage</i> for more information.</p>	
Nutrition Supports	<p>Nutrition Supports <u>aren't</u> covered</p>	<p>Nutrition Supports are covered</p> <p>See the <i>Evidence of Coverage</i> for more information and eligibility requirements.</p>
Personal emergency response system	<p>Personal emergency response system <u>isn't</u> covered.</p>	<p>You pay a \$0 copay for each item.</p> <p>Personal emergency response system is provided by LifeStation.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p>
Urgently needed services (worldwide)	<p>You pay 0% of the total cost for each non-Medicare covered service.</p>	<p>You pay 0% of the total cost for each non-Medicare covered service.</p>

This service is continued on the next page



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: **711**), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

Benefit	2025 (this year)	2026 (next year)
Urgently needed services (worldwide) (continued)		
	There is no combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.	There is a \$250,000 combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.

E2. Changes to drug coverage

Changes to our List of Covered Drugs

An updated *List of Covered Drugs* is located on our website at [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/membership/medicare/fide/hmo-d-snp-drug-formulary). You can also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*. The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the *Drugs List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state 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 a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page or contact your Care Manager to ask for a *Drug List* that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
 - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Evidence of Coverage* or call Member Services at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact Member Services. Refer to **Chapters 2 and 3** of your *Evidence of Coverage* to learn more about how to contact your Care Manager.



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/membership/medicare/fide/hmo-d-snp).

- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Evidence of Coverage*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Current formulary exceptions will be covered until the end of the plan year and will not be covered next year unless a new formulary exception request is submitted and approved.



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F. 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.

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have NJ FamilyCare, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.



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There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for NJ FamilyCare or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.



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Your Medicare services

You have four options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.

1. You can change to:

Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.

Here is what to do:

Call Medicare at 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)). TTY users should call [1-877-486-2048](tel:1-877-486-2048).

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call [1-800-225-7223](tel:1-800-225-7223).

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at [1-800-792-8820](tel:1-800-792-8820) (TTY: [711](tel:711)). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/index.shtml. For more information or to find a local SHIP office in your area, please visit nj.gov/humanservices/doas/services/q-z/ship/index.shtml.

OR

Enroll in a new integrated D-SNP, or in a PACE plan.

You'll automatically be disenrolled from our plan when your new plan's coverage begins.

Your NJ FamilyCare (Medicaid) coverage will also be shifted to the new D-SNP or PACE plan, and will be covered through that new plan.



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/NJDSNP.

<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at nj.gov/humanservices/doas/services/qz/ship/index.shtml. For more information or to find a local SHIP office in your area, please visit nj.gov/humanservices/doas/services/qz/ship/index.shtml. <p>OR</p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your NJ FamilyCare (Medicaid) enrollment will automatically be changed to our NJ FamilyCare plan, Aetna Better Health of New Jersey. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at 1-800-701-0710 (TTY: 711).</p>
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If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit AetnaMedicare.com/NJDSNP.

3. You can change to:

Original Medicare without a separate Medicare drug plan

NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at [1-800-792-8820](tel:1-800-792-8820) (TTY: [711](tel:711)). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/index.shtml.

Here is what to do:

Call Medicare at 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)). TTY users should call [1-877-486-2048](tel:1-877-486-2048).

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at [1-800-792-8820](tel:1-800-792-8820) (TTY: [711](tel:711)). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/index.shtml.

You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your NJ FamilyCare (Medicaid) enrollment will automatically be changed to our NJ FamilyCare plan, Aetna Better Health of New Jersey. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at [1-800-701-0710](tel:1-800-701-0710) (TTY: [711](tel:711)).



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/NJDSNP.

<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section G2.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For PACE inquiries, call 1-800-225-7223.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at nj.gov/humanservices/doas/services/qz/ship/index.shtml. <p>You'll automatically be disenrolled from our plan when your coverage with the new plan begins.</p> <p>Your NJ FamilyCare (Medicaid) enrollment will automatically be changed to our NJ FamilyCare plan, Aetna Better Health of New Jersey. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at 1-800-701-0710 (TTY: 711).</p>
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Your NJ FamilyCare services

For questions about how to get your NJ FamilyCare services after you leave our plan, contact NJ FamilyCare at [1-800-701-0710](tel:1-800-701-0710) (TTY: [711](tel:711)). Ask how joining another plan or returning to Original Medicare affects how you get your NJ FamilyCare coverage.

H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your Evidence of Coverage

Your *Evidence of Coverage* is a legal, detailed description of our plan's benefits. It has details about benefits for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Evidence of Coverage* for 2026 will be available by October 15. An up-to-date copy of the *Evidence of Coverage* is available on our website at AetnaMedicare.com/NJDSNP. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you an *Evidence of Coverage* for 2026.

Our website

You can visit our website at AetnaMedicare.com/NJDSNP. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs (Drug List)*.

H2. State Health Insurance Assistance Program (SHIP)



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/NJDSNP.

You can also call the SHIP. In New Jersey, the SHIP is called the State Health Insurance Assistance Program (SHIP). SHIP can help you understand your plan choices and answer questions about switching plans. SHIP isn't connected with us or with any insurance company or health plan. SHIP has trained counselors in every county, and services are free. The SHIP phone number is [1-800-792-8820](tel:1-800-792-8820), TTY: [711](tel:711). For more information or to find a local SHIP office in your area, please visit nj.gov/humanservices/doas/services/q-z/ship/index.shtml.

H3. Office of the Insurance Ombudsman

The Ombudsperson Program can help you if you have a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Office of the Insurance Ombudsman is [1-800-446-7467](tel:1-800-446-7467), [609-292-7272](tel:609-292-7272) (TTY: [711](tel:711)).

H4. Medicare

To get information directly from Medicare

- call 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)). TTY users should call [1-877-486-2048](tel:1-877-486-2048).
- chat live at Medicare.gov/talk-to-someone.
- write to PO Box 1270, Lawrence, KS 66044

Medicare's Website

You can visit the Medicare website (Medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to Medicare.gov and click on "Find plans.")

Medicare & You 2026

You can read the *Medicare & You 2026* 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. The handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (medicare.gov/medicare-and-you) or by calling 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)). TTY users should call [1-877-486-2048](tel:1-877-486-2048).

H5. NJ FamilyCare (Medicaid)

You're enrolled in both Medicare and Medicaid. The Medicaid program in New Jersey is also called **NJ FamilyCare**. If you have questions about your NJ FamilyCare (Medicaid) coverage, call the NJ Department of Human Services, Division of Medical Assistance & Health Services at [1-800-701-0710](tel:1-800-701-0710) (TTY: [711](tel:711)).



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit AetnaMedicare.com/NJDSNP.

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>

Y0001_H6399_H1610_NDN_2025

How we guard your privacy

What personal information is — and what it isn't

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

How we get information about you

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

When information is wrong

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

How we use this information

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

When we need your permission

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

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

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

Aetna Medicare FIDE (HMO D-SNP)

You can view your 2026 plan benefit information online



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

Where to look

View your plan information online by visiting:	AetnaMedicare.com/NJDSNP
También puede ver este sitio web en español. Visite	es.AetnaMedicare.com/NJDSNP

What to look for

You can learn more about your plan benefits, programs and services, your member rights and responsibilities, and how to file a complaint or appeal online. To request a printed copy of a document, call [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. You can also obtain language assistance by calling [1-844-362-0934](tel:1-844-362-0934) (TTY: [711](tel:711)).

Evidence of Coverage (EOC)	A complete description of your plan's coverage. AetnaMedicare.com/NJDSNP
List of Covered Drugs (Formulary)	A list of drugs your plan covers. It has the drug's tier level, as well as any special requirements, such as prior authorization, quantity limits or step therapy. AetnaMedicare.com/NJDSNP-drug-formulary
Provider and Pharmacy Directory	You can find a provider or pharmacy near you by using our online search directory. AetnaMedicare.com/NJDSNP-find-provider

Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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Aetna Medicare FIDE (HMO D-SNP) Member Services

Method	Member Services – Contact Information
CALL	1-844-362-0934 Calls to this number are free. Hours of operation are 8 AM to 8 PM, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Calls to this number are free. Hours of operation are 8 AM to 8 PM, 7 days a week.
WRITE	Aetna Medicare FIDE (HMO D-SNP) Aetna Duals COE Member Correspondence PO Box 982980 El Paso, TX 79998
WEBSITE	Go to AetnaMedicare.com/NJDSNP or scan this code with your smartphone to visit our website. 