



CardinalCare

Virginia's Medicaid Program

Medicare and Medicaid Working Together

Aetna Medicare FIDE (HMO D-SNP) offered by COVENTRY HEALTH CARE OF VIRGINIA, INC.

Annual Notice of Change for 2026

You're enrolled as a member of Aetna Medicare Better Health (HMO D-SNP).

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

- **You have from October 15 — December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Aetna Medicare FIDE (HMO D-SNP).
- To change to a **different plan**, visit [Medicare.gov](https://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 *Evidence of Coverage*. Get a copy at [AetnaBetterHealth.com/Virginia-hmosnp](https://www.AetnaBetterHealth.com/Virginia-hmosnp) or call Member Services at [1-855-463-0933](tel:1-855-463-0933), (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.
- This material is available for free in Chinese. 本資料免費提供中文版本。
- This material is available for free in Tagalog. Magagamit nang libre ang materyal na ito sa wikang Tagalog.
- This material is available for free in French. Ce matériel est disponible gratuitement en français.
- This material is available for free in Vietnamese. Tài liệu này có sẵn miễn phí bằng tiếng Việt.
- This material is available for free in German. Dieses Material ist kostenlos auf Deutsch erhältlich.
- This material is available for free in Korean. 이 자료는 한국어로 무료로 제공됩니다.
- This material is available for free in Russian. Данный материал доступен бесплатно на русском языке.
- This material is available for free in Arabic. هذه المادة متاحة مجاناً باللغة العربية.
- This material is available for free in Hindi. यह सामग्री हिंदी में निःशुल्क उपलब्ध है।
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- This material is available for free in French Creole. Materyèl sa a disponib gratis an Kreyòl Fransè.
- This material is available for free in Polish. Ten materiał jest bezpłatnie dostępny w języku polskim.
- This material is available for free in Japanese. この資料は日本語で無料をご利用いただけます。
- This material is available for free in Hawaiian. Loa'a nō kēia palapala ma ka ōlelo Hawai'i pū manuahi.

- This material is available for free in Amharic. ይህ በአማርኛ በነጻ ይገኛል።
- This material is available for free in Urdu. یہ مواد اردو میں مفت دستیاب ہے۔
- This material is available for free in Farsi. این مطلب به صورت رایگان به زبان فارسی در دسترس است.
- This material is available for free in Dari. این مکتوب به لسان دری در دسترس است.
- This material is available for free in Pashto. دا مواد په پښتو ژبه کې وړیا شتون لري.
- This material is available for free in Telugu. ఈ మెటీరియల్ తెలుగు భాషలో ఉచితంగా అందుబాటులో ఉంది.
- This material is available for free in Nepali. यो सामग्री नेपालीमा निःशुल्क उपलब्ध छ।
- This material is available for free in Bengali. এই উপাদানটি বাংলা ভাষার জন্য বিনামূল্যে পাওয়া যাচ্ছে।
- This material is available for free in Igbo. Ihe a dị n'efu n'asụsụ Igbo.
- Call Member Services at [1-855-463-0933](tel:1-855-463-0933) (TTY users call [711](tel:711)) for more information. Hours are 8 AM to 8 PM, 7 days a week. This call is free.
- This material is available in other formats such as braille, large print or other alternate formats upon request.

About Aetna Medicare FIDE (HMO D-SNP)

- Aetna Medicare FIDE (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the Virginia Medicaid program. Enrollment in Aetna Medicare FIDE depends on contract renewal. Our plan also has a written agreement with the Virginia Medicaid program to coordinate your Medicaid Benefits.
- When this material says “we,” “us,” or “our,” it means COVENTRY HEALTH CARE OF VIRGINIA, INC. When it says “plan” or “our plan,” it means Aetna Medicare FIDE (HMO D-SNP).
- On January 1, 2026, our plan name will change from Aetna Medicare Better Health (HMO D-SNP) to Aetna Medicare FIDE (HMO D-SNP). We'll send you a new member ID card with our new name. From here on, our new name, Aetna Medicare FIDE (HMO D-SNP), will be on all materials.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Aetna Medicare FIDE (HMO D-SNP).** Starting January 1, 2026, you'll get your medical and drug coverage through Aetna Medicare FIDE (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- 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.

Annual Notice of Change for 2026

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium	\$0	\$0
Deductible	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	\$9,350 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$9,250 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
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 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.	\$0 copay per stay	\$0 copay per stay

	2025 (this year)	2026 (next year)
<p>Part D drug coverage deductible (Go to Section 1.7 for details)</p>	<p>\$0 deductible</p>	<p>If you qualify for Extra Help from Medicare to help pay for your prescription drugs, you pay:</p> <p>\$0</p> <p>If you don't qualify for Extra Help from Medicare to help pay for your prescription drugs, you pay:</p> <p>\$615 (Tiers 3–5) except for covered insulin products and most adult Part D vaccines.</p>
<p>Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>For covered generic drugs (including brand drugs treated as generic), \$0 per prescription.</p> <p>For all other covered drugs, \$0 per prescription.</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>If you qualify for Extra Help from Medicare to help pay for your prescription drugs, you pay:</p> <p>For covered generic drugs (including brand drugs treated as generic), either \$0 or \$1.60 or \$5.10 per prescription</p> <p>All other drugs: either \$0 or \$4.90 or \$12.65 per prescription</p> <p>If you don't qualify for Extra Help from Medicare to help pay for your prescription drugs, you pay:</p> <p>Tier 1 – Preferred Generic: You pay \$0 per prescription.</p> <p>Tier 2 – Generic: You pay \$0 per prescription.</p> <p>Tier 3 – Preferred Brand: You pay 22% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 – Non-Preferred Drug:</p>

	2025 (this year)	2026 (next year)
	<p>Catastrophic Coverage Stage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs. 	<p>You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 – Specialty: You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage:</p> <ul style="list-style-type: none"> • 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

	2025 (this year)	2026 (next year)
Monthly premium (Your Medicare Part B premium is paid for you by Medicaid.)	\$0	\$0

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. This limit is called the maximum out-of-pocket amount. 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)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.</p>	\$9,350	<p>\$9,250</p> <p>Once you've paid \$9,250 out of pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.</p>

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [AetnaBetterHealth.com/Virginia-hmosnp/find-provider](https://www.aetna.com/betterhealth/virginia-hmosnp/find-provider) 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 [AetnaBetterHealth.com/Virginia-hmosnp/find-provider](https://www.aetna.com/betterhealth/virginia-hmosnp/find-provider).
- Call Member Services at **1-855-463-0933**, (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 **1-855-463-0933**, (TTY users call **711**) for help. 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 2026 *Pharmacy Directory* [AetnaBetterHealth.com/Virginia-hmosnp/find-provider](https://www.aetna.com/betterhealth/virginia-hmosnp/find-provider) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [AetnaBetterHealth.com/Virginia-hmosnp/find-provider](https://www.aetna.com/betterhealth/virginia-hmosnp/find-provider).
- Call Member Services at **1-855-463-0933**, (TTY users call **711**) to get current pharmacy information or to ask us to mail you a *Pharmacy 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 **1-855-463-0933**, (TTY users call **711**) for help.

Section 1.5 Changes to Benefits for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
Aetna Medicare Extra Benefits Card	<p>With this plan, you get an Extra Benefits Card to help you pay for certain everyday expenses.</p> <p>Extra Supports Wallet \$350 monthly benefit amount (allowance).</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 \$280 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>

This service is continued on the next page

	2025 (this year)	2026 (next year)
Aetna Medicare Extra Benefits Card (continued)		
		See the <i>Evidence of Coverage</i> for more information and eligibility requirements.
Dental services (additional)	<p>Preventive dental services (non-Medicare covered):</p> <ul style="list-style-type: none"> • Oral exams: Not covered • X-rays: \$0 copay • Other diagnostic dental services: \$0 copay • Cleanings: Not covered • Fluoride treatments: Not covered • Other preventive dental services: \$0 copay <p>Comprehensive dental services (non-Medicare covered):</p> <ul style="list-style-type: none"> • Restorative services: \$0 copay • Endodontics: \$0 copay • Periodontics: \$0 copay • Prosthodontics, fixed: \$0 copay • Prosthodontics, removable: \$0 copay • Maxillofacial prosthetics: Not covered • Oral and maxillofacial surgery: \$0 copay • Implant services: \$0 copay • Orthodontics: \$0 copay • Adjunctive general services: \$0 copay <p>See the dental schedule in the <i>Evidence of Coverage</i> for additional details.</p>	<p>Preventive dental services (non-Medicare covered):</p> <ul style="list-style-type: none"> • Oral exams: \$0 copay • X-rays: \$0 copay • Other diagnostic dental services: \$0 copay • Cleanings: Not covered • Fluoride treatments: \$0 copay • Other preventive dental services: \$0 copay <p>Comprehensive dental services (non-Medicare covered):</p> <ul style="list-style-type: none"> • Restorative services: \$0 copay • Endodontics: \$0 copay • Periodontics: \$0 copay • Prosthodontics, fixed: \$0 copay • Prosthodontics, removable: \$0 copay • Maxillofacial prosthetics: Not covered • Oral and maxillofacial surgery: \$0 copay • Implant services: Not covered • Orthodontics: Not covered • Adjunctive general services: \$0 copay <p>See the dental schedule in the <i>Evidence of Coverage</i> for additional details.</p>
Emergency care (worldwide)	<p>You pay a \$0 copay for each non-Medicare covered service.</p> <p>There is a \$50,000 combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.</p>	<p>You pay a \$0 copay 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>
Emergency transportation (worldwide)	<p>You pay a \$0 copay for each non-Medicare covered service.</p>	<p>You pay a \$0 copay for each non-Medicare covered service.</p>

This service is continued on the next page

	2025 (this year)	2026 (next year)
Emergency transportation (worldwide) (continued)		
	There is a \$50,000 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.
Fall prevention	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. See your <i>Evidence of Coverage</i> for more information.	Fall prevention services are <u>not</u> covered.
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: AetnaBetterHealth.com/Virginia-hmosnp/providers/hmo-snp-pr/snp-prescriptions . See the <i>Evidence of Coverage</i> for more information.	
Podiatry services (additional)	You pay a \$0 copay for each additional (non-Medicare covered) service (three visits every year).	You pay a \$0 copay for each additional (non-Medicare covered) service (six visits every year).
Urgently needed services (worldwide)	You pay a \$0 copay for each non-Medicare covered service. There is a \$50,000 combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.	You pay a \$0 copay for each non-Medicare covered service. There is a \$250,000 combined maximum benefit amount for worldwide emergency care, emergency transportation and urgently needed care.

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 provided electronically.

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 [1-855-463-0933](tel:1-855-463-0933) (TTY users call [711](tel: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 doesn't 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. Because you receive Extra Help if you don't get this material by September 30th, call Member Services at [1-855-463-0933](tel:1-855-463-0933), (TTY users call [711](tel: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. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), Tier 5 (Specialty) drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. 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 \$2,100.

- **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.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	<p>If you qualify for Extra Help from Medicare to help pay for your prescription drugs, you pay:</p> <p>\$0</p> <p>If you don't qualify for Extra Help from Medicare to help pay for your prescription drugs, you pay:</p> <p>\$615 (Tiers 3–5)</p> <p>During this stage, you pay:</p> <ul style="list-style-type: none"> • \$0 for drugs on Tier 1 (Preferred Generic) • \$0 for drugs on Tier 2 (Generic) <p>and the full cost of drugs on:</p> <ul style="list-style-type: none"> • Tier 3 (Preferred Brand) • Tier 4 (Non-Preferred Drug) • Tier 5 (Specialty) <p>until you've reached the yearly deductible.</p>

Drug Costs in Stage 2: Initial Coverage

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 Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Part D Drug Coverage	<p>For covered generic drugs (including brand drugs treated as generic), \$0 per prescription.</p> <p>For all other covered drugs, \$0 per prescription.</p>	<p>If you qualify for Extra Help from Medicare to help pay for your prescription drugs, you pay:</p> <p>For covered generic drugs (including brand drugs treated as generic), either \$0 or \$1.60 or \$5.10 per prescription</p> <p>All other drugs: either \$0 or \$4.90 or \$12.65 per prescription</p> <p>If you don't qualify for Extra Help from Medicare to help pay for your prescription drugs, you pay:</p>
<p>Tier 1 – Preferred Generic:</p> <p>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.</p>	This tier does not apply for 2025.	<p>You pay \$0 per prescription.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is \$0.</p>
Tier 2 – Generic:	This tier does not apply for 2025.	<p>You pay \$0 per prescription.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is \$0.</p>
Tier 3 – Preferred Brand:	This tier does not apply for 2025.	<p>You pay 22% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 22%.</p>
Tier 4 – Non-Preferred Drug:	This tier does not apply for 2025.	<p>You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 25%.</p>

	2025 (this year)	2026 (next year)
Tier 5 – Specialty:	This tier does not apply for 2025.	<p>You pay 25% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day supply) mail-order prescription is 25%.</p>

Changes to your VBID Part D Benefit

	2025 (this year)	2026 (next year)
Aetna Rx Cost Support Program	Because this plan participates in the Value-Based Insurance Design (VBID) model, your Part D cost-sharing will be \$0. You'll pay \$0 for Medicare-covered prescriptions, regardless of what level LIS you're in through the Aetna Rx Cost Support Program.	The Aetna Rx Cost Support Program is not offered.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6 Section 6 in your *Evidence of Coverage*.

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.

Description	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in 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 2026. To learn more about this payment option, call us at 1-855-463-0933 (TTY users call 711) or visit Medicare.gov

SECTION 3 How to Change Plans

To stay in Aetna Medicare FIDE (HMO D-SNP), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Aetna Medicare FIDE (HMO D-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Aetna Medicare FIDE (HMO D-SNP).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Aetna Medicare FIDE (HMO D-SNP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at [1-855-463-0933](tel:1-855-463-0933) (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 (go to Section 4).
- **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).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following

Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

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.
- **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. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

State AIDS Drug Assistance Programs (ADAP)	
Virginia	Virginia Medication Assistance Program (VA MAP), Address: Department of Health, 109 Governor Street, Richmond, VA 23219, Phone: 1-855-362-0658 , 1-800-533-4148 , TTY: 711 , Hours: Monday–Friday 8:00 AM to 5:00 PM, Website: vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/

- **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. **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. All members are

eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at [1-855-463-0933](tel:1-855-463-0933) (TTY: [711](tel:711)) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 5 Questions?

Get Help from Aetna Medicare FIDE (HMO D-SNP)

- **Call Member Services at [1-855-463-0933](tel:1-855-463-0933), (TTY users call [711](tel:711)).**

We're available for phone calls 8 AM to 8 PM, 7 days a week. 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* for Aetna Medicare FIDE (HMO D-SNP). 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 and prescription drugs. Get the *Evidence of Coverage* on our website at [AetnaBetterHealth.com/Virginia-hmosnp](https://www.AetnaBetterHealth.com/Virginia-hmosnp) or call Member Services at [1-855-463-0933](tel:1-855-463-0933), (TTY users call [711](tel:711)) to ask us to mail you a copy.

- **Visit [AetnaBetterHealth.com/Virginia-hmosnp/find-provider](https://www.AetnaBetterHealth.com/Virginia-hmosnp/find-provider)**

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 and Medicaid plan choices and answer questions about switching plans. You can call SHIP at the phone number below.

State Health Insurance Assistance Program (SHIP)	
Virginia	Virginia Insurance Counseling and Assistance Program (VICAP), Address: Division for Aging Services, 1610 Forest Ave., Suite 100, Henrico, VA 23229, Phone: 1-800-552-3402 , TTY: 711 , Hours: Monday–Friday 8:30 AM to 5:00 PM, Website: www.vda.virginia.gov/vicap.htm

Get Help from Medicare

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

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

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

You can chat live at 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](tel:1-800-633-4227)). TTY users can call [1-877-486-2048](tel:1-877-486-2048).

Get Help from Medicaid

To get information from Cardinal Care, you can call Cardinal Care (the name and phone numbers for this organization are below).

State Medicaid Office	
Virginia	<p>Virginia Medicaid, Address: Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, Virginia 23219, Phone: 1-855-242-8282, 804-786-7933 (Customer Service); 1-833-522-5582 (Enrollment), TTY: 1-888-221-1590 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, Hours: Monday–Friday 8:00 AM to 7:00 PM and Saturday 9:00 AM to 12:00 PM, Website: dmas.virginia.gov/</p> <p>For questions about your Cardinal Care Managed Care Medicaid coverage, visit www.virginiamanagedcare.com or contact the Virginia Medicaid Member HelpLine at 1-800-643-2273 (TTY: 1-800-817-6608).</p> <p>Questions can also be submitted online at ask.vamedicaid.dmas.virginia.gov/ask-va-medicaid/#/. This is Virginia Medicaid’s online request portal. That website also provides answers to frequently asked questions about Virginia Medicaid.</p>

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.

Notice of Availability (NOA)

TTY: [711](tel:711)

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

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎ ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقةك الشخصية (Arabic)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Pou jwenn sèvis lang gratis, rele nimewo telefòn ki sou kat idantite ou a. (French Creole)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिये नंबर पर कॉल करें। (Hindi)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa. (Italian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。
。(Japanese)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
(Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید (Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua identidade. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, указанному на вашей карточке участника плана. (Russian)

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)

(Urdu) بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اپنے شناختی کارڈ پر درج نمبر پر بات کریں

(Dari) برای دسترسی به خدمات زبان بدون هیچ هزینه ای برای شما، با شماره کارت شناسایی خود تماس بگیرید

మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, మీ ID కార్డుపై ఉన్ననంబరుకు కాల్ చేయండి. (Telugu)

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ nọmba no na kaadị ID gị. (Ibo)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नं.मा टिलफोन गर्नरुहोस् । (Nepali)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

(Pashto) د ژبې خدمتو ته د لاسرسی لپاره پرته له کوم لګښت څخه تاسو ته اړیکه ونیسئ

H1610_2025_V1



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:	AetnaBetterHealth.com/Virginia-hmosnp
También puede ver este sitio web en español. Visite	es.Virginia-hmosnp.AetnaBetterHealth.com/Virginia-hmosnp

What to look for

You can learn more about your plan benefits, programs and services online. To request a printed copy of a document, call the phone number listed.

Evidence of Coverage (EOC)	A complete description of your plan's coverage. AetnaBetterHealth.com/Virginia-hmosnp 1-855-463-0933 (TTY: 711), 8 AM to 8 PM, 7 days a week
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. AetnaBetterHealth.com/Virginia-hmosnp/formulary 1-855-463-0933 (TTY: 711), 8 AM to 8 PM, 7 days a week
Provider directory	You can find a doctor near you by using our online search directory. AetnaBetterHealth.com/Virginia-hmosnp/find-provider 1-855-463-0933 (TTY: 711), 8 AM to 8 PM, 7 days a week
Pharmacy directory	You can find a pharmacy near you by using our online search directory. AetnaBetterHealth.com/Virginia-hmosnp/find-provider 1-855-463-0933 (TTY: 711), 8 AM to 8 PM, 7 days a week

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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CardinalCare

Virginia's Medicaid Program

Medicare and Medicaid Working Together

Aetna Medicare FIDE (HMO D-SNP) Member Services

Method	Member Services – Contact Information
CALL	<p>1-855-463-0933 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.</p>
TTY	<p>711 Calls to this number are free. Hours of operation are 8 AM to 8 PM, 7 days a week.</p>
WRITE	<p>Aetna Better Health of Virginia Aetna Duals COE Member Correspondence PO Box 982980 El Paso, TX 79998</p>
WEBSITE	<p>Go to AetnaBetterHealth.com/Virginia-hmosnp or scan this code with your smartphone to visit our website.</p> 