



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

Annual Notice of Change for 2027

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [AetnaMedicare.com/VADSNP](https://www.aetna.com/VADSNP). 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.
- This document is available for free in Chinese. 本文件免費提供中文版本。
- This document is available for free in Tagalog. Ang dokumentong ito ay makukuha nang libre sa Tagalog.
- This document is available for free in French. Ce document est disponible gratuitement en français.
- This document is available for free in Vietnamese. Tài liệu này có sẵn miễn phí bằng tiếng Việt.
- This document is available for free in Korean. 이 문서는 한국어로 무료 제공됩니다.
- This document is available for free in Russian. Этот документ доступен бесплатно на русском языке.
- This document is available for free in Arabic. يتوفر هذا المستند مجاناً بالعربية.
- This document is available for free in Hindi. यह दस्तावेज़ हिन्दी में निःशुल्क उपलब्ध है।
- This document is available for free in Amharic. ይህ ሰነድ በአማርኛ ቋንቋ በነጻ ይገኛል.
- This document is available for free in Urdu. یہ دستاویز اردو میں مفت دستیاب ہے۔
- This document is available for free in Farsi. این سند به صورت رایگان به زبان فارسی در دسترس است.
- This document is available for free in Telugu. ఈ డాక్యుమెంట్ తెలుగులో ఉచితంగా లభిస్తుంది.
- This document is available for free in Nepali. यो कागजात नेपाली भाषामा निःशुल्क उपलब्ध छ.



OMB Approval 0938-1444 (Expires: 05/31/2029)

If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933 (TTY: 711)**, 8 AM to 8 PM, 7 days a week. The call is free.

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

- This document is available for free in Bengali. এই নথিটি বাংলা ভাষায় বিনামূল্যে উপলব্ধ আছে.
- **You can get this *Annual Notice of Change* for free in other formats, such as large print, braille, or audio. Call [1-855-463-0933](tel:1-855-463-0933) (TTY users should call [711](tel:1-855-463-0933)). 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. (This is called a “standing request.”)
- We will continue sending you mailings and other communications in your requested format.
- If you want to change your standing request for a preferred language or format, call Member Services.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at [1-855-463-0933](tel:1-855-463-0933) (TTY: [711](tel:1-855-463-0933)). Someone that speaks Spanish, Arabic, Vietnamese can help you. This is a free service.



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Notice of Availability (NOA)

TTY: 711

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

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

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك 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)



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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 nomba no na kaadị ID gị. (Ibo)

निःशुल्क भाषा सेवाहरू पहुँच गर्न, आफ्नो परिचय पत्रमा रहेको नम्बरमा कल गर्नुहोस्। (Nepali)

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

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

H1610_2025_V1



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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 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.

B. Reviewing your Medicare and Cardinal Care Managed Care (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 D** 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 Cardinal Care Managed Care 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 E2**.
- Cardinal Care Managed Care options in **Section E2**.

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).

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 D1** 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? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
 - Review the changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**



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- 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 C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and drugs you use regularly?
 - 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 E2** 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 network providers and pharmacies

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2027.

Please review the 2027 *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/VADSNP-find-provider](https://www.aetna.com/medicare/vad-snp/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.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

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



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	2026 (this year)	2027 (next year)
Aetna Medicare Extra Benefits Card	With this plan, you get an Extra Benefits Card to help you pay for certain everyday expenses and support your overall health and wellness. Your plan includes an Over-the-Counter (OTC) Wallet with a \$280 monthly benefit amount (allowance). 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. Extra Supports Wallet spending categories include: • Healthy Foods • Over-the-counter (OTC) products • Transportation • Utilities • Personal care products See the <i>Evidence of Coverage</i> for more information and eligibility requirements.	With this plan, you get an Extra Benefits Card to help you pay for certain everyday expenses and support your overall health and wellness. Your plan includes an Over-the-Counter (OTC) Wallet with a \$295 monthly benefit amount (allowance). 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. Extra Supports Wallet spending categories include: • Healthy Foods • Over-the-counter (OTC) products • Transportation • Utilities • Personal care products Important: Keep your Extra Benefits Card. You won't receive a new card in the mail for the 2027 plan year. See the <i>Evidence of Coverage</i> for more information and eligibility requirements.

D2. Changes to drug coverage

Changes to our Drug List

Our *List of Covered Drugs* is also called the *Formulary* or *Drug List*. A copy of our *Drug List* is posted online at [AetnaMedicare.com/VADSNP-drug-formulary](https://www.aetna.com/medicare/vad-snp-drug-formulary).

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 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 find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.



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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 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 Coordinator to ask for a *List of Covered Drugs* 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 coordinator.

- 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 in an outpatient setting and 31 days in a long-term care facility. (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.
 - If your prescription is written for fewer days, we'll allow multiple fills to provide up to a maximum of 30 days of medication in an outpatient setting and 31 days in a long-term care facility. You must fill the prescription at a network pharmacy.
 - Long-term care pharmacies may provide your prescription drug in small amounts at a time to prevent waste.
 - If you received a formulary exception for a drug you currently take, please refer to the letter that you received that gave permission for the exception. This letter will tell you if the exception continues after 2026. If it says your formulary exception will expire in or at the end of 2026, you will need to submit a new exception request for the drug for 2027 if its formulary status has not changed.



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- You may review the 2027 comprehensive formulary on our website at [AetnaMedicare.com/VADSNP-drug-formulary](https://www.aetna.com/medicare/vad-snp-drug-formulary) to see if the changes affect your drug. Please call Member Services at the numbers at the bottom of the page to request a formulary exception for 2027.

Changes to drug costs

Because you're eligible for Cardinal Care Managed Care, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. We sent you a separate insert, called the "*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*" (also known as the "*Low Income Subsidy Rider*" or the "*LIS Rider*"), which tells you about your drug coverage. If you don't have this insert, please call Member Services and ask for the "*LIS Rider*."

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on your level of Extra Help and which stage you're in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2027. You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches \$2,400. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Evidence of Coverage* for more information on how much you'll pay for drugs.

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.

D3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

We moved some of the drugs on our *Drug List* to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our *Drug List*.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our 5 drug tiers. These amounts apply **only** during the time when you're in the Initial



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Coverage Stage.

Most adult Part D vaccines are covered at no cost to you. For information about the costs for a long-term supply or for mail-order prescriptions go to **Chapter 6** of your *Evidence of Coverage*.

	2026 (this year)	2027 (next year)
Drugs in Tier 1 (Preferred Generic) Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 .	Your copay for a one-month (30-day) supply is \$0 .
Drugs in Tier 2 (Generic) Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 .	Your copay for a one-month (30-day) supply is \$0 .
Drugs in Tier 3 (Preferred Brand) Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	If you qualify for Extra Help from Medicare to help pay for your prescription drugs: Your copay for a one-month (30-day) supply of covered generic drugs (including brand drugs treated as generic) is either \$0 or \$1.60 or \$5.10. For all other drugs, your copay for a one-month (30-day) supply is either \$0 or \$4.90 or \$12.65.	If you have active Medicaid eligibility: Your copay for a one-month (30-day) supply is \$0. If you do not have active Medicaid eligibility, but qualify for Extra Help from Medicare to help pay for your prescription drugs: Your copay for a one-month (30-day) supply of covered generic drugs (including brand drugs treated as generic) is either \$0 or \$1.65 or \$5.80. For all other drugs, your copay for a one-month (30-day) supply is either \$0 or \$5.00 or \$14.40.



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	2026 (this year)	2027 (next year)
Drugs in Tier 4 (Non-Preferred Drug) Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy	If you qualify for Extra Help from Medicare to help pay for your prescription drugs: Your copay for a one-month (30-day) supply of covered generic drugs (including brand drugs treated as generic) is either \$0 or \$1.60 or \$5.10 . For all other drugs, your copay for a one-month (30-day) supply is either \$0 or \$4.90 or \$12.65 .	If you have active Medicaid eligibility: Your copay for a one-month (30-day) supply is \$0 . If you do not have active Medicaid eligibility, but qualify for Extra Help from Medicare to help pay for your prescription drugs: Your copay for a one-month (30-day) supply of covered generic drugs (including brand drugs treated as generic) is either \$0 or \$1.65 or \$5.80 . For all other drugs, your copay for a one-month (30-day) supply is either \$0 or \$5.00 or \$14.40 .
Drugs in Tier 5 (Specialty) Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	If you qualify for Extra Help from Medicare to help pay for your prescription drugs: Your copay for a one-month (30-day) supply of covered generic drugs (including brand drugs treated as generic) is either \$0 or \$1.60 or \$5.10 . For all other drugs, your copay for a one-month (30-day) supply is either \$0 or \$4.90 or \$12.65 .	If you have active Medicaid eligibility: Your copay for a one-month (30-day) supply is \$0 . If you do not have active Medicaid eligibility, but qualify for Extra Help from Medicare to help pay for your prescription drugs: Your copay for a one-month (30-day) supply of covered generic drugs (including brand drugs treated as generic) is either \$0 or \$1.65 or \$5.80 . For all other drugs, your copay for a one-month (30-day) supply is either \$0 or \$5.00 or \$14.40 .

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$2,400. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Evidence of Coverage* for more information about how much you pay for drugs.

D4. Stage 2: "Catastrophic Coverage Stage"

When you reach the out-of-pocket limit **\$2,400** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933 (TTY: 711)**, 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit [AetnaMedicare.com/VADSNP](https://www.aetna.com/VADSNP).

the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6** of your *Evidence of Coverage*.

E. Choosing a plan

E1. 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 2027.

E2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Cardinal Care Managed Care you have some choices to end your membership in our plan including 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.

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, **or**
- your eligibility for Cardinal Care Managed Care 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. If you change plans to a non-DSNP Medicare Advantage plan or choose to enroll in Original Medicare, you can remain a member of our Cardinal Care Managed Care plan, or you can change your Cardinal Care Managed Care plan by visiting the Virginia Medicaid Managed Care website at: www.viriniamanagedcare.com or by calling **1-800-643-2273 (TTY: 1-800-817-6608)** Hours of operation: Monday - Friday, 8:30 a.m. - 6 p.m.

Your Medicare services

You have three 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 E2**. By choosing one of these options, you automatically end your membership in Aetna Medicare FIDE (HMO D-SNP). If you enroll in a dual eligible special needs plan (D-SNP), your Medicaid health plan assignment will automatically match your D-SNP choice. If you enroll in Original Medicare or in a non D-SNP Medicare Advantage plan, you can choose to remain in our Cardinal Care Managed Care Medicaid health plan or



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933 (TTY: 711)**, 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit AetnaMedicare.com/VADSNP.

enroll with any of the other four Cardinal Care Managed Care Medicaid health plans.

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 1-833-5CALLVA ([1-833-522-5582](tel:1-833-522-5582)) (TTY: [1-888-221-1529](tel:1-888-221-1529)).

If you need help or more information:

- Call the Virginia Insurance Counseling and Assistance Program (VICAP) at [1-804-662-9333](tel:1-804-662-9333) V/TTY or Toll Free: [1-800-552-3402](tel:1-800-552-3402) V/TTY. You can visit their website here: www.vda.virginia.gov/vicap.htm. For more information or to find a local VICAP office in your area, please visit www.vda.virginia.gov/vicap.htm.

OR

Enroll in a new integrated D-SNP.

You'll automatically be disenrolled from Aetna Medicare FIDE (HMO D-SNP) when your new plan's coverage begins. The Virginia Department of Medical Assistance Services (DMAS) will also disenroll you from our Cardinal Care Managed Care Medicaid health plan and enroll you into the Cardinal Care Managed Medicaid health plan aligned with your new integrated D-SNP.



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at [1-855-463-0933](tel:1-855-463-0933) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. For more information, visit AetnaMedicare.com/VADSNP.

2. You can change to: Original Medicare with a separate Medicare drug plan.	Here is what to do: Call Medicare a 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call the Virginia Insurance Counseling and Assistance Program (VICAP) at 1-804-662-9333 V/TTY or Toll Free: 1-800-552-3402 V/TTY. You can visit their website here: www.vda.virginia.gov/vicap.htm. For more information or to find a local VICAP office in your area, please visit www.vda.virginia.gov/vicap.htm. OR Enroll in a new Medicare drug plan. You'll automatically be disenrolled from Aetna Medicare FIDE (HMO D-SNP) when your Original Medicare coverage begins. If you choose to enroll in Original Medicare you can remain a member of our Cardinal Care Managed Care health plan, or you can change your Cardinal Care Managed Care plan by visiting Virginia Managed Care website at: www.virginiamanagedcare.com or by calling 1-800-643-2273 (TTY: 1-800-817-6608) Hours of operation: Monday - Friday, 8:30 a.m. - 6 p.m.
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If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at [1-855-463-0933](tel:1-855-463-0933) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit AetnaMedicare.com/VADSNP.

3. You can change to:

Original Medicare without a separate Medicare drug plan if you have a valid disenrollment reason.

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 Virginia Insurance Counseling and Assistance Program (VICAP) at **1-804-662-9333 V/TTY** or Toll Free: **1-800-552-3402 V/TTY**. You can visit their website here: www.vda.virginia.gov/vicap.htm.

Here is what to do:

Call Medicare at 1-800-MEDICARE (**1-800-633-4227**). TTY users should call **1-877-486-2048**.

If you need help or more information:

- Call the Virginia Insurance Counseling and Assistance Program (VICAP) at **1-804-662-9333 V/TTY** or Toll Free: **1-800-552-3402 V/TTY**. You can visit their website here: www.vda.virginia.gov/vicap.htm.

You'll automatically be disenrolled from Aetna Medicare FIDE (HMO D-SNP) when your Original Medicare coverage begins. If you choose to enroll in Original Medicare without a separate Medicare drug plan, you can remain a member of our Cardinal Care Managed Care plan or change your Cardinal Care Managed Care plan by visiting Virginia Medicaid Managed Care website at: www.virginiamanagedcare.com or by calling **1-800-643-2273 (TTY: 1-800-817-6608)** Hours of operation: Monday - Friday, 8:30 a.m. - 6 p.m.



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933 (TTY: 711)**, 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/VADSNP.

4. You can change to: 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 E2.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-833-5CALLVA (1-833-522-5582) (TTY: 1-888-221-1529). If you need help or more information: • Call the Virginia Insurance Counseling and Assistance Program (VICAP) at 1-804-662-9333V/TTY or Toll Free: 1-800-552-3402 V/TTY. You can visit their website here: www.vda.virginia.gov/vicap.htm. OR Enroll in a new Medicare Plan. You're automatically disenrolled from Aetna Medicare FIDE (HMO D-SNP) when your new plan's coverage begins. If you choose to enroll in a non-D-SNP Medicare health plan, you can change your Cardinal Care Managed Care plan by visiting Virginia Managed Care website at: www.virginiamanagedcare.com or by calling 1-800-643-2273 (TTY: 1-800-817-6608) Hours of operation: Monday - Friday, 8:30 a.m. - 6 p.m. If you choose to enroll in a different D-SNP, your Cardinal Care Managed Care coverage will automatically be switched to match your D-SNP choice.
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Your Cardinal Care Managed Care services

For questions about how to get your Cardinal Care Managed Care services after you leave our plan, contact the Virginia Managed Care Helpline by calling Toll-free: **1-800-643-2273 (TTY: 1-800-817-6608)** or visiting our website at www.virginiamanagedcare.com. Hours of operation: Monday - Friday, 8:30 a.m. - 6 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your Cardinal Care Managed Care coverage.

F. Getting help

F1. 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



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933 (TTY: 711)**, 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit AetnaMedicare.com/VADSNP.

benefits and costs for 2027. It explains your rights and the rules to follow to get services and drugs we cover.

The *Evidence of Coverage* for 2027 will be available by October 15. An up-to-date copy of the *Evidence of Coverage* is available on our website at [AetnaMedicare.com/VADSNP](https://www.AetnaMedicare.com/VADSNP). 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 2027.

Our website

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

F2. Virginia Insurance Counseling and Assistance Program (VICAP)

You can also call the state health insurance program (SHIP). In Virginia the SHIP is called the Virginia Insurance Counseling and Assistance Program (VICAP). VICAP can help you understand your plan choices and answer questions about switching plans. VICAP isn't connected with us or with any insurance company or health plan. VICAP has trained counselors in every locality and services are free. VICAP phone number is **1-804-662-9333 V/TTY** or Toll Free: **1-800-552-3402 V/TTY**. For more information or to find a local VICAP office in your area, please visit dars.virginia.gov/aging/home-community/medicare-counseling.

F3. Office of the State Long-Term Care Ombudsman

Ombudsmen advocate for older adults and persons with disabilities receiving long term care services, whether the care is provided in a nursing home or assisted living facility, or through community-based services to assist persons still living at home. Ombudsmen provide older Virginians, their families and the public with information, advocacy, and assistance to help resolve care problems.

The Ombudsman Program can help you if you have a problem with our plan. The Ombudsman's services are free and available in all languages. The Ombudsman 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 Ombudsman Program is **1-804-565-1600**, Toll Free: **1-800-552-5019**, **TTY: 711**.

F4. Medicare

To get information directly from Medicare:

- Call 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week. **TTY** users should call **1-877-486-2048**.
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at **1-855-463-0933 (TTY: 711)**, 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit [AetnaMedicare.com/VADSNP](https://www.AetnaMedicare.com/VADSNP).

Medicare's Website

You can visit the Medicare website ([Medicare.gov](https://www.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 the Medicare Plan Finder on Medicare's website. (For information about plans, refer to [Medicare.gov](https://www.Medicare.gov) and click on "Find plans.")

Medicare & You 2027

You can read the *Medicare & You 2027* 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. This 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](https://www.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).

F5. Cardinal Care Managed Care

You can receive general information about the Cardinal Care Managed Care program by visiting our website (www.dmas.virginia.gov/).

You can learn about health care coverage, learn how to apply for Medicaid, and get more information by visiting the Cover Virginia website (coverva.dmas.virginia.gov/) or by calling 1-833-5CALLVA ([1-833-522-5582](tel:1-833-522-5582)) (TTY: [1-888-221-1590](tel:1-888-221-1590)). Cover Virginia Call Center operates Monday through Friday 8 a.m. to 7 p.m. and Saturday 9 a.m. to 12 p.m.

If you wish to learn more about your health plan choices or change your health plan you can visit the Managed Care HelpLine website (www.virginiamanagedcare.com) or by calling [1-800-643-2273](tel:1-800-643-2273) (TTY: [1-800-817-6608](tel:1-800-817-6608)). The HelpLine operates Monday - Friday, 8:30 a.m. - 6 p.m.

F6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. 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, you don't need to do anything to continue participating in 2027. This payment option might help you manage your expenses, but it doesn't save you money or lower your total out-of-pocket drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this program please contact us at the phone number at the bottom of this page or visit [Medicare.gov](https://www.Medicare.gov).



If you have questions, please call Aetna Medicare FIDE (HMO D-SNP) at [1-855-463-0933](tel:1-855-463-0933) (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit AetnaMedicare.com/VADSNP.

Discrimination is Against the Law

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

Aetna Inc.

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

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

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

Civil Rights Coordinator

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

[1-833-220-0349](tel:1-833-220-0349) (TTY: [711](tel:711))

Email: Coordinator1557@cvshealth.com

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

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
[1-800-368-1019](tel:1-800-368-1019), [800-537-7697](tel:800-537-7697) (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
This notice is available at Aetna Inc.'s website: <https://www.aetna.com/medicare>

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How we guard your privacy

What personal information is — and what it isn't

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

How we get information about you

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

When information is wrong

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

How we use this information

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

When we need your permission

There are times when we do need your permission to disclose personal information. This is explained in our Notice of Privacy Practices. 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 2027 plan benefit information online



This notice is to help you find important plan information. All information will be available online by October 15, 2026. If you are currently enrolled, please review this information at that time. If you are newly enrolled, this information applies to you once your coverage becomes effective after this date.

Where to look

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

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. AetnaMedicare.com/VADSNP 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. AetnaMedicare.com/VADSNP-drug-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. AetnaMedicare.com/VADSNP-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. AetnaMedicare.com/VADSNP-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.

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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	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.
TTY	711 Calls to this number are free. Hours of operation are 8 AM to 8 PM, 7 days a week.
WRITE	AETNA MEDICARE Aetna Duals COE Member Correspondence PO Box 982980 El Paso, TX 79998
WEBSITE	Go to AetnaMedicare.com/VADSNP or scan this code with your smartphone to visit our website. 

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