



# Aetna® Medicare member resources

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## Aetna Medicare member resources

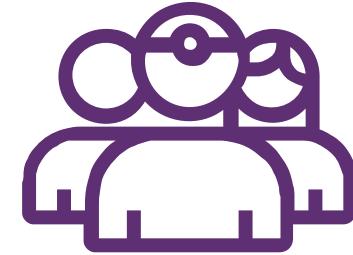
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## Aetna® resources

# Aetna® resources



## Member Services

Phone number on the back of the Member ID card

## Online personal health record

Comprehensive online health record populated from claims

## 24-Hour Nurse Line

Phone access to a registered nurse (RN) 24 hours a day, 7 days a week

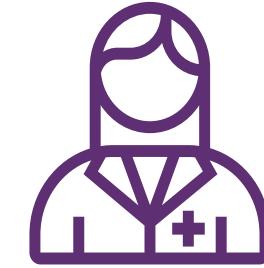
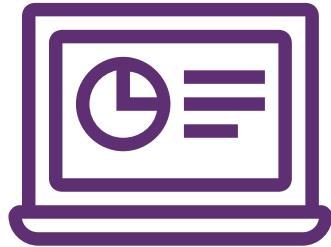
- Number on the back of the Member ID card
- **1-855-493-7019**

## Aetna member website

## Provider search

Online provider directory

# Aetna® resources



## Healthwise® Knowledgebase

Members have access to an online health library with 5,000 health topics.

## Aetna Compassionate Care<sup>SM</sup> program website

## Language line and TTY services

Interpreter services and TTY services

## Pharmacy formularies

## Preferred pharmacies

### **CVS Caremark® Mail Service Pharmacy:** [AetnaMedicare.com/RxDelivery](http://AetnaMedicare.com/RxDelivery)

**1-888-792-3862** (but best to use number on back of member card, if available)

## **Case management Referrals:\***

[MedicareCMDirectReferrals@Aetna.com](mailto:MedicareCMDirectReferrals@Aetna.com)

Include in the referral:

- Member ID
- First and last name
- Date of birth
- Referral reason

\*FOR CASE MANAGEMENT REFERRALS: Value-based care (VBC) providers can make referrals through their senior clinical strategists (SCS).

# Aetna® resources



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**[Aetna.com/health-care-professionals.html](https://www.aetna.com/health-care-professionals.html)**

## **For health care providers:**

- Aetna OfficeLink Updates™ (provider newsletter)
- COVID-19 FAQs

# Medicare care management



# Medicare care management

2025

Aetna® is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).



# Community Care

Community Care is a Medicare care management program. It focuses on improving the health of our members based on their goals with the understanding that psycho-social, environmental and behavioral health concerns must be addressed to overcome barriers to health.

Model:

- Optimizes the member experience and program results
- Enables our ability to impact members nationally
- Offers a community-focused, multi-disciplinary approach to care management with flexible levels of care
- Provides various resource intensity based on member needs
- Ensures level of support is continuously assessed
  - May also be triggered by event-based notifications



# Aetna® Community Care program (CC)

- Offers holistic community-based care management
- Addresses the needs of the highest risk members
- Provides a focused approach for multi-cultural members

## Readmission Avoidance program

Identified by daily predictive risk scoring of all inpatient (IP) admissions  
31-day program

## Standard Care Management

Risk-stratified high and medium members  
Transitions from Readmission Avoidance program  
Referrals with long-term management needs

## Aetna Compassionate Care<sup>SM</sup> program

Support for end-of-life care needs  
Identified by monthly predictive risk score

## Referral management

Inbound referrals from external sources: UM, BH, vendors  
Managed by engagement hub team

### Other population health programs

#### Healthy Aging Support™ Program (HASP)

Medicare group and individual. Identified as having one or more addressable chronic conditions  
Condition-agnostic group and individual coaching

#### Value-Based Insurance Design programs (VBID)

Healthy Heart Partnership focuses on members with congestive heart failure

#### Multi-Cultural Initiative (MCI)

Significantly reduces health care gaps in Black and Hispanic populations and fosters a culture of health equity

#### Ohio Retirement Systems (ORS)

A suite of benefits just for the State Teachers Retirement System of Ohio (STRS)  
and School Employees Retirement System of Ohio (SERS)

# Community Care (CC) subprograms

Subprogram	Identification	Target group	Intervention description
Standard Care Management	Strategic stratification algorithm	Members with high clinical and financial risk	<ul style="list-style-type: none"><li>• Chronic care management program</li><li>• Disease education, resource linkage, individualized care plan to reach goals</li><li>• Length: two to six months</li></ul>
Readmission Avoidance program	Readmission Avoidance algorithm	Members at high risk of hospital readmission	<ul style="list-style-type: none"><li>• Ongoing care and transitional support</li><li>• Partner with member provider</li><li>• Review medications</li><li>• Length: 31 days</li></ul>
Aetna Compassionate Care <sup>SM</sup> program	Compassionate Care algorithm	Members with advanced illness or near the end of life	<ul style="list-style-type: none"><li>• Arrange for care and manage benefits</li><li>• Plan for advanced care, resource linkage</li><li>• Length: up to one year</li></ul>
Referral management	Multiple sources: BH, UM, in-home assessment vendors	Other members in need of care management	<ul style="list-style-type: none"><li>• Support to address targeted issues; cases may be converted to Readmission Avoidance or Aetna Compassionate Care program</li><li>• Length: up to 30 days</li></ul>



# Standard Care Management

- Medicare Advantage members who are identified as medium risk or high risk stratified based on acuity
- Program benefits
  - Personalized nurse care manager
    - Disease education
    - Personalized individual care plan to reach goals
  - Access to Interdisciplinary Care Team (ICT) support (registered dietitian, social worker, behavioral health, pharmacist, medical director)
  - Resource linkage
  - Care coordination with providers
  - No cost for the member
- Chronic care management program; members are identified via risk stratification score based on claims and member assessments

# Readmission Avoidance program

When a member is hospitalized, our Nurse Care Managers follow up to help reduce hospital readmissions.

- Member outreach begins during hospital stay
  - We provide care coordination and administrative support
- Nurse Care Managers outreach once member is discharged home and
  - Partner with member's provider, if needed
  - Review medication
  - Provide ongoing care and transitional support
  - Promote education and support services
  - Address social determinants of health to close gaps in care
  - Collaborate with interdisciplinary care team members





## Aetna Compassionate Care<sup>SM</sup> program

This program provides support for members, families and caregivers during difficult and sensitive times. It helps members with advanced or critical illness achieve optimal quality of life and make choices that are best for them.

Through the program, a Nurse Care Manager can:

- Arrange care and manage benefits
- Help plan for advanced care
- Promote coordination among providers
- Connect them to community resources
- Provide family support, including hospice, if necessary

# Aetna® Healthy Heart Partnership program

This program provides support for Value-Based Insurance Design (VBID) members in PA and WV. It helps those with Congestive Heart Failure (CHF) who've had any of the following in the last 18 months:

- Inpatient/outpatient visit
- ER visit
- Office visit
- Outpatient surgery

Through the program, a health coach can:

- Work closely with the member's primary Nurse Care Manager
- Help manage supplemental benefits include BMI weight scale, blood pressure cuff, pulse oximeter, electronic reminder system and more
- Promote cost-saving benefits including \$0 copay for in-network medical visits with certain providers and \$0 copay for certain heart-specific medications
- Advocate for members to be enrolled in this program for life, if necessary and ensure they remain in an eligible plan





## Healthy Aging Support™ Program (HASP)

HASP supports dedicated Medicare Group and select Medicare Individual members who are at an increasing risk for complications due to their chronic conditions. The program gives members tools to help them better self-manage these conditions.

How the program works:

- Members participate in a series of virtual sessions, either as a group or on an individual basis depending on needs
- Topics are geared towards the members developing a personal health action plan
- The members work with registered nurses, health coaches and care management associates
- Length of program is typically 5–6 weeks

# Multi-cultural initiative

The Medicare multi-cultural initiative brings services to where people are, from vaccine clinics to healthy cooking education. The program builds relationships between the Aetna® care team and our members to reduce or eliminate gaps in care and foster a culture of health equity.

A member's health habits are often influenced by their family. Chronic conditions also must be understood collectively, not individually. We've embedded these concepts in our guiding principles and target members with three or more chronic conditions.

Initiative goals:

- Boost community involvement
- Involve members' families and loved ones
- Alleviate barriers to care



# Ohio Retirement System (ORS)

## ORS highlights include:

- Members with a planned admission are contacted by their primary care manager prior to their procedure
- Post discharge outreach is conducted once the member is released from the facility to support transitions of care
- Members with emergency room visits are engaged by their primary care manager to complete an emergency department root cause assessment
- Members with Chronic Kidney Disease (CKD) are given extra support and education



# **Social work/field work**



# Social worker mission statement

The mission of an Aetna® social worker or field care manager is:

1. To improve member well-being through advocacy, support, guidance and navigation
2. To direct them to resources that can help achieve their identified needs

Our professionally licensed social work staff will help Aetna members across all Community Care programs achieve healthier days while promoting self-worth, dignity and self-determination.

## Social worker is part of the interdisciplinary care team

- Licensed clinical social workers (or equivalent individual state licensure)
- Nationwide coverage by phone
- Face-to-face coverage in multiple states
- Fully integrated into care management process, systems and documentation. Create and manage care plans.
- Referral-based, as well as stand-alone care management
- Social Determinants of Health experts

# Behavioral health

# Medicare behavioral health (BH) case management



## BH readmission avoidance program (RAP)

**Description:** Provides specialized support for the first 30 days after inpatient admission for mental health and/or substance use issues. Addresses needs such as medication assistance programs, financial and social resources.

**Purpose:** Provides member with direct discharge planning support to identify barriers to successful treatment and wellness post-discharge to ensure a seamless transition back to the community.

**Goal:** Determines personal, behavioral health goals and needs to prevent readmission to a mental health or substance abuse inpatient setting.



## BH complex case management (CCM)

**Description:** The BH CCM provides ongoing, longer-term support to members coping with complex mental health/substance use disorders, as well as co-occurring medical conditions such as diabetes, chronic obstructive pulmonary disease (COPD) or chronic pain.

**Purpose:** Designed to assess the member's health experience over time to identify barriers, causes and potential interventions to improve long-term health and well-being.

**Goal:** Empowers the member to take steps to improve their health and prevent any gaps in care or services.

The BH Case Management Program assessments are designed to:

- Determine personal, behavioral health goals and needs
- Identify problems and anticipate potential crises in order to prevent them
- Provide education about health conditions and medications
- Provide coaching to help navigate the provider's plan of care
- Aid in transitioning care from one provider if needed, and working with the member to prevent any gaps in care or services
- Coordinate care with Primary Care Physicians (PCPs) and other providers or specialists

For more information or to make a referral, please contact BH Case Management:

Phone: **1-866-326-7195 (TTY: 711)**

Hours of operation:  
Monday to Friday  
8 AM to 5 PM ET

# DSNP Care Management



# Healthier happens together®

## The Aetna® SNP Care Management Team

Presenters Name

Date



# Model of Care



# A better model of care

**Focused on maintaining an effective Model of Care (MOC) through successful outcomes, every Aetna SNP member is assigned a care manager.**



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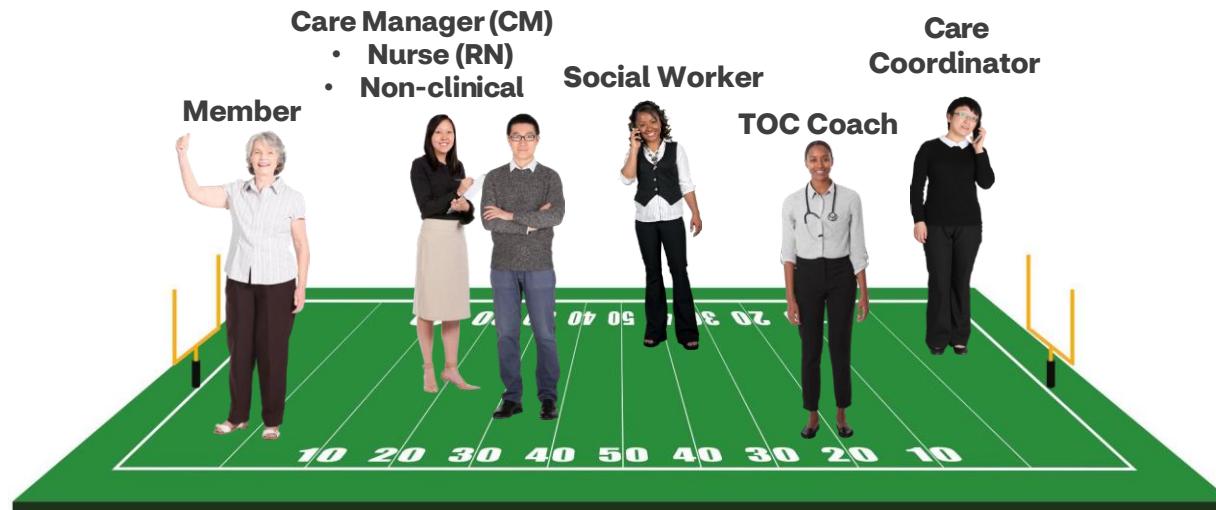
# Care Management: A Team Sport

The play may vary, the stratification may change, but the goal remains the same

The Care Manager (CM) acts as the quarterback for the member, driving plays (solutions) and scoring touchdowns (achieving better member health).

- Care Coordinators, Social Workers, Transition of Care (TOC) coaches and other staff are part of the Care Team who support CMs in helping members reach their health goals.
- Each team member has a role to play, contributing to the overall team goal: keeping the member healthy.
- The **Registered Nurse (RN) CMs** will be managing members stratified **high & medium risk**, while the **non-clinical CMs** will be managing the **low-risk members**
- This creates more consistency between the member and their care team.

**No single play is right for every member!**



## How can my Aetna Care Team help members?

- Schedule doctor appointments
- Arrange transportation to and from their doctor appointments
- Coordinate with doctors, nurses, pharmacists and other health specialists
- Locate community services such as meal assistance or support groups
- Assist after a hospital stay, including arranging home-delivered meals
- Find and arrange caregiver relief
- Find and maintain eligibility in available government assistance programs
- Provide access to behavioral health resources to help with emotional well being



## A better model of care

Aetna is committed to supporting members at a higher standard, not just for their Medicare Plan needs but inclusive of their Medicaid needs.

With every member assigned to a personal care team. Aetna SNP members get proactive, comprehensive support according to their needs.

### All Aetna SNP personal care teams include:



Care Manager: Registered nurse & Non-Clinical CM



Care coordinator



Social worker



TOC Coach

**Regardless of risk level, 100% of Aetna SNP members are assigned a personal care manager**

1

**High Risk:** Our most vulnerable members: high utilization, multiple unmanaged chronic conditions

2

**Moderate Risk:** Members with multiple chronic conditions, some not managed

3

**Low Risk:** Our most stable SNP members



# Our game-changing member support

1

## Learn the member's needs and priorities

- Complete a Health Survey to understand the medical, functional, cognitive, psychosocial and mental health needs of each SNP member
  - Outreach completed by a non-clinical team generally within 30-90 days of the member's effective date
  - Caller area code will be "860" and the ID will say "Aetna"
- Learn any barriers preventing the member from taking care of their health
- Understand the member's health goals and priorities

2

## Help the member to proactively take care of their health

- Educate the member on recommended preventive care and how to manage their conditions
- Make medical appointments, arrange for transportation, and take other actions to facilitate care access
- Find resources to address social needs, such as food insecurity
- Answer the member's questions about their health condition(s) or doctors' instructions
- Help the member to re-certify Medicaid eligibility so they can remain in the D-SNP

3

## Serve as the member's advocate if they become sick

- Help the member get necessary information to make informed health care decisions
- Facilitate access to care and benefits
- Coordinate care across the member's providers

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# Care Management Process



## Initial health risk assessment (HRA)

- CM calls within 90 days from their effective date
- Reassess a member each year.
- This may lead to a systematic stratification of the member into high, medium or low risk. We may do more HRAs if a member's needs change.



The **Interdisciplinary Care Teams** review findings from the health risk assessment, the member's medical history, medications and current clinical diagnoses. They use these details to develop individualized care plans and may suggest changes to risk levels. The plan is collaborative and member-centric.

The **care plan** outlines the member needs, problems, goals and associated interventions. We review the plan with the member and/or caregiver to set final stratification and prioritize their goals.



## Healthy Home Visit program

**This program is offered annually conducted by a Nurse Practitioner or Physician (vendor) to help Aetna® work with the member's primary care provider (PCP) to manage their care, direct them to health programs and services they may need.**

During these 45-60 minutes in-person visits, members may:

- Receive helpful coronavirus/COVID-19 education and best practices to stay safe
- Ask any health care questions they have
- Review medicines and dosages
- Talk about getting the health resources they need
- Discuss how to set up a safe, healthy home by Directly observing the member's functional status and social environment
- Perform preventive test

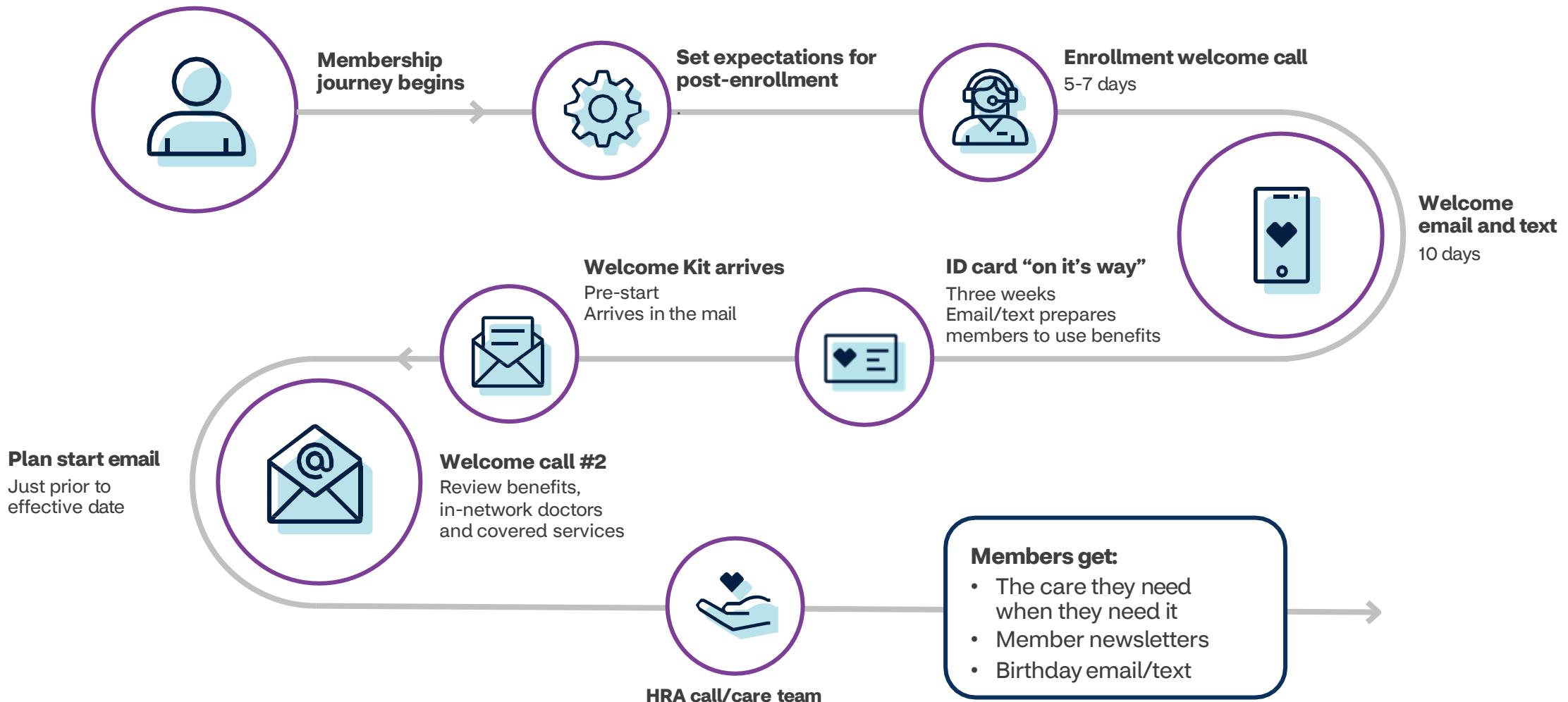
**Have questions about the program?**

Just call the number on your Aetna member ID card for more information.

# SNP Member Journey



# SNP member journey snapshot



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# Key Resources



# The right partner



## Care Management Team

**1-800-241-9379**

8:30 AM - 5 PM

Monday – Friday, local time



## D-SNP Member Services

**1-866-409-1221**

8 AM – 8 PM

7 days a week, local time

[AetnaMedicare.com/MyDSNP](http://AetnaMedicare.com/MyDSNP)



## C-SNP Member Services

**1-833-595-1008**

8 AM – 8 PM

7 days a week, local time



## 24 Hour Nurse Line

 **1-800-556-1555**

7 days a week, 24 hours

\*All member services are stateside.

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# Pharmacy resources



## CVS Caremark® mail service

### Options for getting started



Call Member Services toll-free, 24/7 at the number on member ID card. Member will need to provide Aetna® ID number. Recommended method for new mail-order users.



Log in to secure [member website](#). CVS Caremark will contact the prescriber to obtain a new prescription order.



Prescribers can submit an electronic prescription to CVS Caremark® Mail Service Pharmacy.



Mail in the CVS Caremark mail Service [Order Form](#).

*Mail order offers additional services — refill reminders, auto refill and auto renewal. When member registers, they can set their preferences (method of payment, method of communication, etc.).*

- Add CVS Caremark® Mail Service Pharmacy profile to your EMR using the following information:

#### CVS Caremark® Mail Service Pharmacy

Maintenance drugs delivered to your patients' homes

NCPDP ID: 0322038

NPI: 1326029232

One Great Valley Blvd  
Wilkes-Barre, PA 18706

Phone: **1-877-864-7744 (TTY: 711)** (e-subscribing number; best number for members to use is the one on their ID card)



Mail Order  
Brochure

- CVS Caremark **PHONE** number for new prescriptions: **1-800-378-5697 (TTY: 711)**
- CVS Caremark **FAX** number for new prescriptions: **1-800-378-0323 (TTY: 711)**

**Tip:** When renewing a prescription for a patient, update any dose/strength changes and request the old Rx be discontinued.

## 2025 Mail-order copay incentives

- CVS Caremark is the only preferred mail-order provider
- **All plans offer \$0 Tier 1 drugs for mail-order (up to 100-day supply)**

\*Individual MAPD

- **Some plans offer \$0 Tier 2 drugs for mail-order (up to 100-day supply)**
- **All remaining plans have no more than \$10 copay**



# Aetna® MAPD 100-day supply benefit for individual members

**For members in individual MAPD plans, the maximum day supply is up to 100 days**

- This is for medications on formulary Tiers 1, 2, 3 and 4
- This benefit does not apply for specialty-tier medications (Tier 5 continues to be up to 30 days)
- Aetna MAPD individual members can utilize this benefit at both local and mail-order pharmacies
- State laws vary; some may allow combining of refills up to 100-day supply, while other states may require a new prescription
- If member uses mail order, new 100-day supply prescriptions for maintenance medications **MUST** be written

**Best practice: Write a new 100-day supply prescription for maintenance medications for Aetna MAPD individual plan members.**

## What you should know:



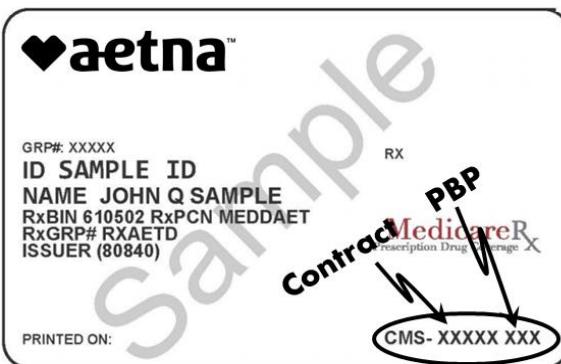
- **Not all medications can be dispensed as a 100-day supply**
  - Unbreakable packages, such as inhalers, vials or tubes, etc.
  - Some medications may be limited by "state and federal quantity limitations"
- **Short-term medications**
  - Antibiotics, pain medications, etc.
  - Extended day supply may not be appropriate

If a member continues to fill a 90-day supply, the claims will continue to adjudicate normally.

# Eligibility for 100-day supply benefit

## Eligible: Aetna® members in individual (IVL) MAPD plans nationally

To determine if the benefit applies to your patient, look at the bottom right corner of the Aetna member ID card for either an **H or R** contract and a plan benefit package (PBP) <800



## Not eligible: employer group MAPD plans\*

Employer group plans are Aetna plans provided by the member's employer

- Group members can be identified by having a PBP  $\geq 800$  on ID card
- Group members can also be identified as shown below in the Aetna Quality Report and the Evoke 360 Rx Quality Opp Report

PBG Ind	Group Ind	Chronically Non-Adherent	J	K	L
			PBG Indicator	Group Indicator	Member ID
Y	GRP	N	Y	IND	
Y	IND	N	Y	GRP	
Y	GRP	N	Y	IND	

- Group plan members may still fill **up to a 90-day supply** as allowed by state law for non-specialty tier medications

## Not eligible: standalone prescription drug plans (PDPs)\*

Individual or group; PDP contract plans will start with "S"

- PDP plan members may still fill **up to a 90-day supply** as allowed by state law for non-specialty tier medications

Plan	90-day supply	100-day supply
Individual MAPD	Yes	Yes
Group MAPD	Yes	No
Individual PDP	Yes	No
Group PDP	Yes	No

\*FOR NOT ELIGIBLE PLANS: If a prescription is written for a 100-day supply for one of these members, the pharmacy would get a reject code 76 "Plan Limitations Exceeded." The pharmacy can resubmit the claim for the 90-day supply.

# 2025 Diabetic supplies

- **OneTouch® by LifeScan** is the exclusive manufacturer for diabetic supplies for Aetna Medicare Advantage and Medicare Advantage Prescription Drug plans
- Members can obtain **one monitor per 365 days** from the manufacturer and **100 test strips per 30 days** without a prior authorization (PA) for \$0
- Available models: OneTouch Verio Flex® and OneTouch Verio Reflect
- Meters from other manufacturers will not be covered unless deemed medically necessary
  - Without PA, members pay 100% of the costs of all non-OneTouch diabetic supplies
- No prescription necessary to order new or replacement meter and starter kit if ordered directly from LifeScan

Members can contact LifeScan using this information:

[OneTouch.orderpoints.com](https://OneTouch.orderpoints.com)

and enter order code: 123AET200

**1-877-764-5390**, 24 hours a day,  
7 days a week, order code: 123AET200



Part B diabetic supplies	Part D diabetic supplies
Test strips	Syringes
Lancets	Alcohol swabs
Meters	2x2 gauze
Insulin pumps	Pens
Solutions	Pen fills

- Test strips and meters require a prescription to fill at a Part D pharmacy

# 2025 Diabetic supplies: continuous glucose monitor (CGM)

- Covered under **Part B and requires prescription**
- **Prior authorization required** for ALL new and replacement monitors (readers/receivers) but not for supplies (sensors/transmitters)
  - Must be insulin-treated or history of hypoglycemic emergencies
- Cost-share is according to Part B DME benefits
  - In-network cost **\$0 to 20%**
- **Dexcom and FreeStyle Libre®**monitors and supplies can be purchased through participating retail/mail-order pharmacies or an approved durable medical equipment (DME) provider



## Brand examples

- Dexcom
- FreeStyle Libre
- Medtronic iPro®



## DME supplier examples

- Edgepark
- US Medical
- Advanced Diabetes Supply (ADS)



## Find DME suppliers

- [AetnaMedicare.com/provider](https://AetnaMedicare.com/provider)
- [DME National Provider Listing](https://DME.NationalProviderListing.com)

# Member resources

# Get connected with the Resources For Living® program

## Description:

Resources For Living consultants provide personalized referral and research services to Medicare members to help meet their specific needs.

## Purpose:

Provide members and caregivers with community resources and research support.

## Goals:

Save members time and frustration. Increase member awareness of local community resources and activities that can meet their needs.

## Aetna Medicare website:

[AetnaMedicare.com/en/live-well/resources-for-living.html](https://AetnaMedicare.com/en/live-well/resources-for-living.html)

Additional contact info:

- Phone **1-866-370-4842 (TTY: 711)**, Monday to Friday, 8 AM to 9 PM
- Call Member Services at the number on back of ID card



RFL Flyer



**An enhanced service delivery model that:**

1. Matches services to member needs
2. Connects members and their caregivers to services for:
  - Transportation
  - Adult living/adult daycare
  - Meal subsidies
  - Community activities

# Member resources

- Post-discharge meals
  - Nations Food
  - Individual Medicare
- Member Resources
- 2025 preferred pharmacies



Nations Benefit  
2025



Member  
Resources



N Preferred  
F Pharmacies  
2025

\*FOR RESOURCES FOR LIVING PROGRAM: This program is not available for members with Aetna® Part D (prescription only) plans, Dual Eligible Special Needs Plans (D-SNPs) or Medicare Supplement plans.



## Supplemental benefits

# Aetna Medicare 2025 supplemental benefits

## Individual and Group

Individual and Group	Group only
• 24-Hour Nurse Line	• Compression stockings
• Acupuncture	• Foot orthotics
• Chiropractic services	• Healthy Lifestyle Coaching
• Extra Benefits Card	• Personal Emergency Response System (PERS)
• Eyewear and vision	• Naturopathy
• Fall prevention and bath safety	• Personal items
• Fitness	• Private duty nursing
• Healthy Rewards	
• In-home support	
• Medical Nutrition Therapy (MNT)	
• OTC benefit	
• Post-discharge meal delivery	
• Telehealth and Teledoc services	
• Transportation	
• Wigs	

# Accessing member's landing page

**AetnaMedicare.com/Hxxxx-xxx**

Change out **xxxx** to contract number and PBP ID



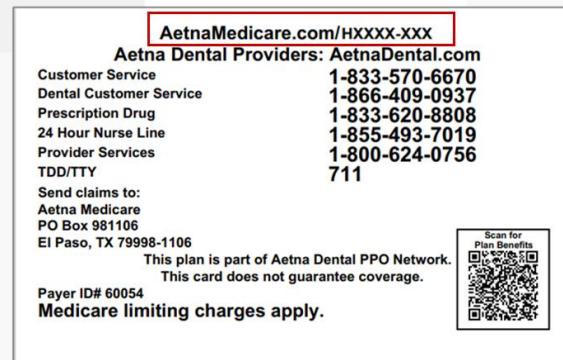
**Example: AetnaMedicare.com/H2663-005**



**Includes:** Summary of benefits, formulary, pharmacy finder, OTC catalog, etc.



This is a sample ID card image for illustrative purposes.



## 2025 Aetna Medicare Gold Advantage (HMO-POS) (H2663-005)

Looking for ways to get the most out of your plan? You've come to the right place.

Want to see a different plan? [Find other options here >](#)

### Your plan documents



#### Summary of Benefits

A summary of your plan's costs and coverage, in table format.

- [Summary of Benefits \(SB\)](#)
- [Summary of Benefits \(SB\) - Español](#)



#### Evidence of Coverage

A complete, more detailed description of your plan's costs and coverage.

- [Evidence of Coverage \(EOC\)](#)
- [Evidence of Coverage \(EOC\) - Español](#)



#### Formulary

A list of prescription drugs your plan covers.

- [Formulary \(drug list\)](#)
- [Formulary \(drug list\) - Español](#)



#### Annual Notice of Change

A yearly overview of changes to your plan.

- [Annual Notice of Change \(ANOC\)](#)
- [Annual Notice of Change \(ANOC\) - Español](#)



### Helpful resources



[Find a doctor >](#)



[Find a dentist >](#)



[Find a pharmacy >](#)



[Get your care checklist >](#)



[How to read your ANOC >](#)



[Review the Member FAQ >](#)

### Plan quick links

[2025 Member Good To Know Guide](#)

[Over-the-counter \(OTC\) catalog](#)

[Over-the-counter \(OTC\) catalog - Español](#)

[Star Ratings](#)

[Star Ratings - Español](#)

[Low-income subsidy \(LIS\) premium table](#)

[Low-income subsidy \(LIS\) premium table - Español](#)

[Drug list changes](#)

[Understand your dental coverage](#)

[Understand your vision coverage](#)

[Understand your hearing coverage](#)

# Medicare Group Landing Page

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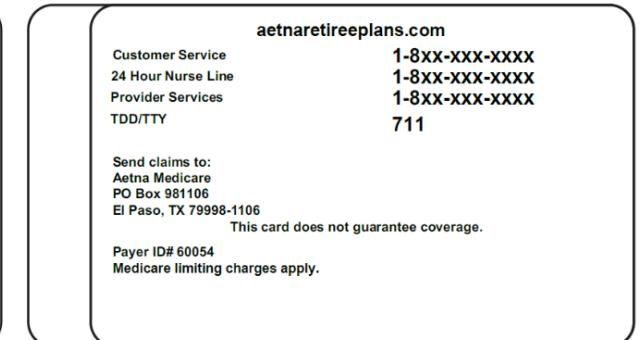
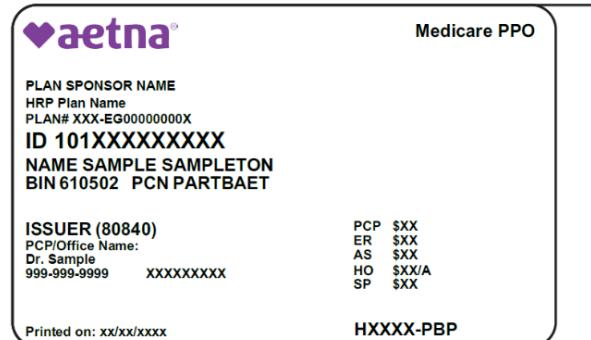
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## Have a Medicare Advantage plan with a former employer, union or trust?

This website provides you with tools and resources that can help you get the most value out of your group Medicare Advantage plan. Since retiree plans vary, it's important to review the information from your former employer or plan sponsor.

- Medicare Advantage plans can be medical only (MA) or include prescription drug coverage (MAPD). Be sure to check your plan documents to see if your plan includes prescription drug coverage or not.
- Medicare Advantage plans are an alternative to Original Medicare and can be either HMO or PPO type plans.
- Medicare Advantage plans also cover services such as a fitness benefit, vision, and/or hearing care. Review your plan documents to confirm which benefits and services are available to you.

[View](#) a series of videos to help you learn more about group Medicare Advantage plans – what they are and how they work.



This is a sample ID card image for illustrative purposes.

GO TO:

↓ Prescription drug list   ↓ Evidence of Coverage   ↓ Virtual care   ↓ Star Ratings

# Extra Benefits Card

## CVS.com/Aetna member website



### Welcome Aetna® members

Aetna is proud to partner with CVS Health® to give you easy access to your card benefits so you can use and manage your benefits all in one place.

[Access your card benefits >](#)

Powered by CVS Health.



### Three easy ways to activate your card

First, make sure you have created an account. Then, have your email address and Aetna Member ID card ready to activate it in one of three easy ways:

- Call **1-844-428-8147 (TTY: 711)** from 8 AM to 8 PM local time, 7 days a week, excluding federal holidays
- [Click here to activate online](#)
- Visit the [Apple App Store](#) or [Google Play](#) to download the CVS OTC Health Solutions® app on your mobile device

### Easily manage your card benefits

Sign in to learn about where and how you can use your [card benefits](#).\* There, you can:



#### Shop online

Enjoy the products you love!



#### Find products and retailers

Explore a range of approved products and stores.



#### Check your card balance

Keep track of your balance with up-to-date details.

### Still need help?

### Reach out to a representative for live support

We're here to help! Whether you're activating your account for the first time, have questions about your card benefits, or anything in between, you can contact one of our representatives at **1-844-428-8147 (TTY: 711)** for live support from 8 AM to 8 PM local time, 7 days a week, excluding federal holidays.



Aetna® Medicare  
Extra Benefits card

