



Medicare Guidebook

**Have questions about Medicare?
We have answers.**



AetnaMedicare.com



I joined Aetna Medicare Advantage when I signed up for Medicare. I got to keep seeing all my doctors and dentists. It's been perfect for me.*

| Aetna Medicare member

Ready to learn about Medicare? Let's start with the basics.

Choosing your Medicare coverage is an important decision. We're here to make it simpler. In this guidebook, you'll find answers to common Medicare questions so you can better understand your coverage options. We want to help you get the health benefits and quality care you deserve, because **healthier happens together.®**

*Member feedback has been edited for length and clarity; member not pictured.





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Need help understanding a Medicare term?

Visit the “Helpful definitions” section on page 11 to better understand some Medicare terms.



What is Medicare?

Medicare is a health insurance program that has four basic parts: **Parts A, B, C and D**. Here's an overview of each part's coverage, benefits and services.



Part A

(Hospital insurance):

- Covers inpatient care in hospitals and rehabilitation facilities
- Covers skilled nursing facility, hospice and home health care
- Most people won't pay a premium for Part A



Part B

(Medical insurance):*

- Covers provider visits, hospital outpatient care, ambulance services and home health care
- Covers preventive services
- You pay a monthly premium (usually deducted from your Social Security check)
- Covers mental health services
- Covers durable medical equipment (DME)

*You'll have to confirm your provider accepts Medicare

Together, Parts A and B make up Original Medicare (provided by the federal government).



Part C

(Medicare Advantage plan):

- Covers Medicare Parts A and B, and often Part D
- May also offer additional benefits
- You may pay a monthly premium to a private plan
- You continue to pay a monthly premium to the federal government for Part B
- Caps your out-of-pocket spending to protect your finances
- May require you to see network providers or specialists



Part D

(Prescription drug plan):

- Only covers prescription drugs
- You may pay a monthly premium to a private plan
- A Part D plan can be purchased separately to go with Original Medicare
- Often included in a Medicare Advantage plan

Additional coverage (offered by private insurers).



What is Original Medicare (Parts A and B)?

Original Medicare makes up the first two parts of Medicare: Part A (hospital insurance) and Part B (medical insurance). Unlike Parts C and D, the federal government directly provides Original Medicare benefits. What you pay for services depends on factors such as whether or not your provider accepts Medicare, the type of care you need and how often you need it.



Am I eligible for Original Medicare?

You're eligible for Original Medicare (Parts A and B) if you:

- Are age 65 or older
- Are under age 65 and have certain disabilities
- Have end-stage renal (kidney) disease (called ESRD)

Original Medicare

Doesn't cover prescription drugs or cap your annual out-of-pocket spending for medical care. This means there's no limit to the expenses you may have to pay each year for medical services.



I didn't know that Original Medicare doesn't pay for everything. What can I do to help keep costs down?

There are options that can help:

You can purchase a Medicare Supplement plan. For a monthly premium, this additional insurance covers a portion of health care costs not covered by Original Medicare. Even deductibles and coinsurance payments.

OR

You can also choose a Medicare Advantage plan (Part C). Learn about Medicare Advantage plans on the next page.

How your health costs break down with Original Medicare

- Original Medicare covers a portion of your health care costs
- You pay the rest (no out-of-pocket cost maximum)



What is a Medicare Advantage plan (Part C)? How can it help me?

Medicare Advantage plans (Part C) combine Part A and Part B benefits, and usually Part D, in one plan. That's coverage for hospital and medical care, as well as prescription drug coverage. Private insurance companies offer Medicare Advantage plans. They have a contract with the federal government. You may find that a Medicare Advantage plan suits your budget and lifestyle better than Original Medicare alone.

When you choose Medicare Advantage, the plan will cover:

- Your Medicare Parts A and B
- All the same benefits as Original Medicare and often additional benefits, like vision or dental coverage
- Prescription drug coverage (Part D), with most plans

And you may pay less:

- An out-of-pocket cost maximum limits the expenses you may pay each year for medical services
- Medicare Advantage plans can have a \$0 or low monthly premium (but remember, you must continue to pay your Part B premium)

Important to note:

You must have Parts A and B before you can enroll in a Medicare Advantage plan. You can sign up for Parts A and B through Social Security at [SSA.gov](https://www.ssa.gov), by phone at **1-800-772-1213 (TTY: 711)** 8:00 a.m. – 7:00 p.m. local time, Monday through Friday or in person at your local Social Security office. To learn more, visit [Medicare.gov](https://www.Medicare.gov).





Is a Medicare Advantage plan right for me?

You may want to consider a Medicare Advantage plan if:

- You want a cap on your annual out-of-pocket spending for medical care
- You like the idea of including your medical, hospital and prescription drug coverage under one plan
- You want an alternative to supplementing your Original Medicare coverage with more insurance
- You want additional benefits that Original Medicare doesn't cover, like vision or dental coverage

**Remember,
we're here to help**

To discuss how a Medicare Advantage plan may be the answer for you, call an Aetna® licensed agent today.

Does Aetna offer Medicare Advantage plans (Part C) that meet my needs?

Aetna Medicare Advantage plans may offer the following benefits:

- \$0 or low monthly premiums
- Medical (Parts A and B) and prescription drug coverage (Part D) in one plan
- Additional benefits and services, such as vision and dental coverage, gym memberships — and more

As you explore Medicare Advantage options in your area, you'll see that benefit details offered are unique to each plan. You choose the coverage that matters to you and works for your budget.

Ready to learn about our range of Aetna Medicare Advantage plans?

To find one that's right for you, call us today.

1-844-631-3591 (TTY: 711)

A licensed agent will answer your call.
8 AM to 8 PM, 7 days a week,
from October 1 to March 31.
8 AM to 8 PM, Monday to Friday,
from April 1 to September 30.



Or visit
[AetnaMedicare.com/MyGuide](https://www.aetna.com/MyGuide)



Do I need to apply for Medicare?

You don't need to apply for Medicare if you are already getting Social Security benefits.

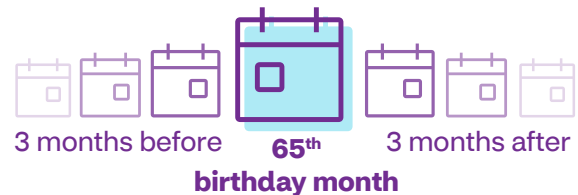
The Social Security Administration will automatically enroll you in Medicare Parts A and B. However, because you must pay a premium for Part B coverage, you can choose to turn it down. If you decide to enroll in Part B later on, you may have to pay a late enrollment penalty.

You do need to apply if you are not receiving Social Security benefits or railroad retirement checks.

You should contact Social Security about three months before your 65th birthday to sign up for Medicare. You can sign up for Medicare even if you don't plan to retire at 65.

Initial Enrollment Period

Your IEP is the seven-month period that begins three months before your 65th birthday, includes your birthday month and ends three months afterward. There is an exception if your birthday falls on the first of any month, your seven-month IEP begins and ends one month sooner.



Should I enroll in Part B?

If you don't enroll in Medicare Part B during your Initial Enrollment Period, you may have to pay a late enrollment penalty for as long as you have Part B coverage. You'll have to pay an extra 10 percent for each year you could have signed up for Part B, but didn't. But, if you have medical coverage through an employer based on current employment, you may not need to sign up for Medicare Part B at age 65. You may qualify for a Special Enrollment Period (SEP) that will let you sign up for Part B later.

Should I enroll in Part D?

If you don't enroll in Medicare Part D during your Initial Enrollment Period, you may have to pay a late enrollment penalty. This will last for as long as you have Medicare drug coverage. Currently, the late enrollment penalty is calculated by multiplying 1 percent of the "national base beneficiary premium" by the number of full, uncovered months that you were eligible but did not enroll in Medicare drug coverage and went without other creditable prescription drug coverage.

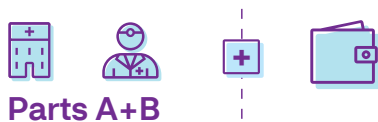


Can you sum up the Medicare options I have?

For the most part, you have four different options to get your Medicare coverage:

Option 1

Get Original Medicare (Parts A and B) from the federal government
and
Pay out of pocket for the costs not covered by Original Medicare



Parts A+B

Option 2

Get Original Medicare (Parts A and B) from the federal government
and
Purchase a Medicare Supplement plan from a private insurer
or
Purchase prescription drug coverage (Part D) from a private insurer



Parts A+B

Med Supp

Part D

Option 3

Get Original Medicare (Parts A and B) from the federal government
and
Purchase a Medicare Supplement plan from a private insurer
and
Purchase prescription drug coverage (Part D) from a private insurer



Parts A+B

Med Supp

Part D

Option 4

Get a Medicare Advantage plan (Part C) from a private insurer for Parts A, B, and usually D, all in one plan — plus, other benefits



Part C

Of course, there are other factors that should play into your final decision. But thinking of your choices in these broad terms may help.

Please refer to page 4 for details about these Medicare options.



Helpful definitions

Annual Enrollment Period (AEP)

This is a set time period for Medicare members. During this period you can change your health or drug plan. You can also change from a Medicare Advantage plan back to Original Medicare and vice versa. The AEP starts on **October 15** and ends on **December 7** each year.

Coinsurance

This is the amount you may have to pay as your share of the cost of covered medical services, supplies or prescription drugs. Coinsurance is usually a percentage (for example, 20 percent). If applicable, you pay this amount after you reach your deductible.

Copayment (Copay)

The set amount you may have to pay as your share of the cost of covered medical services, supplies or prescription drugs (usually a dollar amount). If applicable, you pay this amount after you reach your deductible.

Deductible

The amount you must pay for covered health care services, equipment or prescription drugs. Your insurance plan starts to pay its share of costs after you reach your deductible amount.

Drug formulary

This is a list of prescription drugs covered by a health plan. You may also hear it referred to as a drug list.

Drug tiers

This is a group of drugs on a formulary. Each group — or tier — requires a different level of payment. You might see the groups listed as generic drugs, brand-name drugs or preferred brand-name drugs. Higher tiers usually have higher cost sharing. For example, a drug on Tier 2 generally will cost you more than a drug on Tier 1.

Evidence of Coverage (EOC)

This document gives you detailed information on your plan's coverage and costs. Typically, you can request this document after you sign up for a new plan or view it online.

Explanation of Benefits (EOB)

An insurance company sends this statement to covered individuals. It explains what medical treatments, prescription drugs and/or services the insurer paid for on their behalf. The EOB is commonly attached to a check or statement of electronic payment.

Extra Help/Low Income Subsidy (LIS)

This federal Medicare program helps individuals with limited income and resources pay for prescription drug costs.

Insurance claim

A bill for health services or prescription drugs that your health plan pays. Before the plan pays for covered services a member receives, you or your provider must file a claim. Providers file most claims as part of their billing services. Your insurance carrier will notify you if they deny a claim.

Network

This is a group of health care providers and pharmacies. It may include doctors, dentists and hospitals. A health care provider in a network signs a contract with a health plan to provide services. Usually, a network provider provides these services at a special rate. With some health plans, you may pay less when you get care from network providers.

Out-of-pocket costs

This term describes what you pay for your covered services. Out-of-pocket costs include any deductible amounts you pay along with any copay or coinsurance amounts you are responsible for.

Premium

This is the amount you pay for coverage. If you get coverage from an employer or group health plan, you and the employer might share the costs. You could also have multiple premiums depending on how many plans are part of your coverage.

Primary care provider (PCP)

A physician, such as a family practitioner or internist, you choose to provide continuous medical care. In some plans, the PCP must provide referrals to a specialist. Some health plans require you to choose a PCP.

Prior authorization

Some services or prescription drugs require approval in advance from the health plan. We call this prior authorization. Your doctor must first show a medical need for you to use the drug or service before the plan will cover it.

Referral

A referral is a type of preapproval from your primary care doctor to see a specialist. When your doctor issues a referral, they share the reason for the recommendation with the specialist. They also help coordinate your visit so you can get the proper care.

Specialist

A doctor who has completed advanced education and training in a specific field of medicine. Examples include a cardiologist, an oncologist or an orthopedic surgeon.

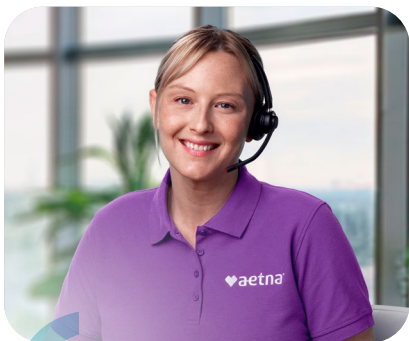
Step therapy

Step therapy requires you to try another drug to treat your medical condition. Your insurer will see if it works before they cover the drug that your doctor may have originally prescribed.

We hope this FAQ has been helpful

Learning about Medicare takes time. We encourage you to reach out to us with any questions or concerns. Like you, we want you to get the best coverage you can. To help make sure you do, our Aetna® licensed agents are on hand to be certain you understand your options — and know the specifics of any Aetna plan you may be considering.

Whether you choose Original Medicare or a Medicare Advantage plan, we're here to support you through your decision process. Give us a call today.



What I find rewarding about my work is I'm helping from the heart. And that's what I do on each and every call.”

| Aetna Medicare Member Services



Still have questions?

Call today to speak with an Aetna representative.

1-844-631-3591 (TTY: 711)

This number will take you to a licensed sales agent.

8 AM to 8 PM, 7 days a week, from October 1 to March 31.

8 AM to 8 PM, Monday to Friday, from April 1 to September 30.



Or visit **[AetnaMedicare.com/MyGuide](https://www.aetna.com/medicare/myguide)** to learn more

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our DSNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. Plan features and availability may vary by service area. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

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