

Annual Notice of Change for 2026

You're enrolled as a member of Aetna Medicare Advantage for MHBP Standard Option PSHB Program.

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

- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Schedule of Cost Sharing and Evidence of Coverage*. Get a copy at MHBPPostal.com/retiree or call Member Services at [1-866-241-0262](tel:1-866-241-0262) (TTY users call [711](tel:711)) to get a copy by mail.

More Resources

- This material is available for free in Spanish. Este material está disponible de forma gratuita en español.
- Call Member Services at [1-866-241-0262](tel:1-866-241-0262) (TTY users call [711](tel:711)) for more information. Hours are 8 AM to 8 PM ET, Monday through Friday. This call is free.
- This material may be available in other formats such as braille, large print or other alternate formats upon request.

About Aetna Medicare Advantage for MHBP Standard Option PSHB Program

- Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Aetna Medicare. When it says “plan” or “our plan,” it means Aetna Medicare Advantage for MHBP Standard Option PSHB Program.
- If you want to keep the same Aetna Medicare plan, your plan benefits administrator will give you instructions if there is any action you need to take to remain enrolled.
- You can change your coverage during your former employer/union/trust open enrollment period. Your plan benefits administrator will tell you what other plan choices might be available to you under your group retiree coverage.
- You can switch to an individual Medicare health plan or to Original Medicare; however, this would mean dropping your group retiree coverage. As a member of a group Medicare plan, you're eligible for a special enrollment period if you leave your former employer/union/trust plan. This means that you can enroll in an individual Medicare health plan or Original Medicare at any time.
- Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

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Annual Notice of Changes for 2026

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Deductible	No Deductible	No Deductible
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for your covered services. (See Section 1.2 for details.)	From network and out-of-network providers combined: \$0	From network and out-of-network providers combined: \$0
Primary care office visits	\$0 copay per visit	\$0 copay per visit
Specialist office visits	\$0 copay per visit	\$0 copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	\$0 per stay	\$0 per stay
Part D drug coverage deductible (Go to Section 1.6 for details)	No Deductible	No Deductible

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Section 1.6 for details, including yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.	Standard cost-sharing (30-day supply) during the Initial Coverage Stage: <i>Preferred Generic:</i> You pay \$2 <i>Generic:</i> You pay \$5 <i>Preferred Brand:</i> You pay \$35 <i>Non-Preferred Brand:</i> You pay \$40 <i>Specialty:</i> You pay 15%, but not more than \$200, for your drug Preferred cost-sharing (30-day supply) during the Initial Coverage Stage: <i>Preferred Generic:</i> You pay \$0 <i>Generic:</i> You pay \$5 <i>Preferred Brand:</i> You pay \$35 <i>Non-Preferred Brand:</i> You pay \$40 <i>Specialty:</i> You pay 15%, but not more than \$200, for your drug Catastrophic Coverage: • During this payment stage, you pay nothing for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our non-Part D supplemental benefit.	Standard cost-sharing (30-day supply) during the Initial Coverage Stage: <i>Preferred Generic:</i> You pay \$2 <i>Generic:</i> You pay \$5 <i>Preferred Brand:</i> You pay \$35 <i>Non-Preferred Brand:</i> You pay \$40 <i>Specialty:</i> You pay 15%, but not more than \$200, for your drug Preferred cost-sharing (30-day supply) during the Initial Coverage Stage: <i>Preferred Generic:</i> You pay \$0 <i>Generic:</i> You pay \$5 <i>Preferred Brand:</i> You pay \$35 <i>Non-Preferred Brand:</i> You pay \$40 <i>Specialty:</i> You pay 15%, but not more than \$200, for your drug Catastrophic Coverage: • During this payment stage, you pay nothing for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our non-Part D supplemental benefit.

SECTION 1

Changes to Benefits & Costs for Next Year

Section 1.1

Changes to the Monthly Premium

Your coverage is provided through . Refer to the Official Plan Brochure for the premiums.

	2025 (this year)	2026 (next year)
Part B premium reduction	\$75 per month	\$75 per month

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - You may also be required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that’s at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - You may qualify for Extra Help with your prescription drug costs. Go to Section 5 for more information about Extra Help from Medicare.

Section 1.2

Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

Cost	2025 (this year)	2026 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles, if applicable) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Our plan premium (if applicable) and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$0	\$0 Once you've paid \$0 out of pocket for covered services, you'll pay nothing for your covered services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3

Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [MHBPPostal.com/retiree](https://mhbppostal.com/retiree) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [MHBPPostal.com/retiree](https://mhbppostal.com/retiree).

- Call Member Services at [1-866-241-0262](tel:1-866-241-0262) (TTY users call [711](tel:711)) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at [1-866-241-0262](tel:1-866-241-0262) (TTY users call [711](tel:711)) for help.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* MHBPPostal.com/retiree to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at MHBPPostal.com/retiree.
- Call Member Services at [1-866-241-0262](tel:1-866-241-0262) (TTY users call [711](tel:711)) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at [1-866-241-0262](tel:1-866-241-0262) (TTY users call [711](tel:711)) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

Cost	2025 (this year)	2026 (next year)
Healthy Lifestyle Coaching Program	Offered through Healthyroads® to provide members with ongoing support and coaching to make positive changes in their health. Healthy Lifestyle Coaching includes coaching sessions, online tools, and educational resources.	Offered through ASHCare™ to provide members with ongoing support and coaching to make positive changes in their health. Healthy Lifestyle Coaching includes coaching sessions, online tools, and educational resources.
Medicare Part B drugs	Our Part B step program categories and targeted drugs may change yearly. Please visit the following link to review our list of Medicare Part B drugs that may be subject to step therapy: Aetna.com/PartB-Step . See the <i>Schedule of Cost Sharing</i> for more information.	

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically. You can find the formulary name in the 2026 *Prescription Drug Schedule of Cost Sharing*.

We made changes to our Drug List, which could include removing or adding drugs, changing the

restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at [1-866-241-0262](tel:1-866-241-0262) (TTY users call [711](tel:711)) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by September 30th, call Member Services at [1-866-241-0262](tel:1-866-241-0262) (TTY users call [711](tel:711)) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

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

Drug costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

Your cost sharing in the Initial Coverage Stage may be changing from a copayment to coinsurance or coinsurance to a copayment. Go to the following table for the changes from 2025 to 2026. The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to the 2026 *Prescription Drug Schedule of Cost Sharing*.

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

	2025 (this year)	2026 (next year)
Stage 2: Initial Coverage Stage	Standard cost sharing	Standard cost sharing
We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.	<i>Preferred Generic</i> <u>Retail and Mail-order:</u> You pay \$2	<i>Preferred Generic</i> <u>Retail and Mail-order:</u> You pay \$2
	<i>Generic</i> <u>Retail and Mail-order:</u> You pay \$5	<i>Generic</i> <u>Retail and Mail-order:</u> You pay \$5
	<i>Preferred Brand</i> <u>Retail and Mail-order:</u> You pay \$35	<i>Preferred Brand</i> <u>Retail and Mail-order:</u> You pay \$35
	<i>Non-Preferred Brand</i> <u>Retail and Mail-order:</u> You pay \$40	<i>Non-Preferred Brand</i> <u>Retail and Mail-order:</u> You pay \$40
	<i>Specialty</i> <u>Retail and Mail-order:</u> You pay 15%, but not more than \$200, for your drug	<i>Specialty</i> <u>Retail and Mail-order:</u> You pay 15%, but not more than \$200, for your drug
	Preferred cost sharing	Preferred cost sharing
	<i>Preferred Generic</i> <u>Retail and Mail-order:</u> You pay \$0	<i>Preferred Generic</i> <u>Retail and Mail-order:</u> You pay \$0
	<i>Generic</i> <u>Retail and Mail-order:</u> You pay \$5	<i>Generic</i> <u>Retail and Mail-order:</u> You pay \$5
	<i>Preferred Brand</i> <u>Retail and Mail-order:</u> You pay \$35	<i>Preferred Brand</i> <u>Retail and Mail-order:</u> You pay \$35
	<i>Non-Preferred Brand</i> <u>Retail and Mail-order:</u> You pay \$40	<i>Non-Preferred Brand</i> <u>Retail and Mail-order:</u> You pay \$40
	<i>Specialty</i> <u>Retail and Mail-order:</u> You pay 15%, but not more than \$200, for your drug	<i>Specialty</i> <u>Retail and Mail-order:</u> You pay 15%, but not more than \$200, for your drug

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our non-Part D supplemental benefit.

For specific information about your costs in the Catastrophic Coverage Stage, go to your 2026 Prescription Drug Schedule of Cost Sharing.

Aetna Medicare Advantage for MHBP Standard Option PSHB Program Maximum Out-of-Pocket (MOOP)

	2025 (this year)	2026 (next year)
Maximum out-of-pocket (MOOP) – This amount represents the most you will pay out of pocket for all covered prescription drugs in the plan year. It is optional coverage provided by some former employers/unions/trusts.	\$2,000 Once this amount is reached, your cost share for all covered drugs is \$0.	\$2,000 Once this amount is reached, your cost share for all covered drugs is \$0.

SECTION 2 Administrative Changes

Description	2025 (this year)	2026 (next year)
Continuous glucose monitors and sensors	In 2025, Dexcom and FreeStyle Libre continuous glucose monitors and supplies are available at participating pharmacies. Your provider must obtain authorization for a continuous glucose monitor. Sensors can be obtained without prior authorization from the plan.	In 2026, Dexcom and FreeStyle Libre continuous glucose monitors and sensors are available without a prior authorization at network pharmacies with a history of insulin usage in the past 6 months. Prior authorization for monitors and sensors may apply as well as exception requests if exceeding quantity limits that align to Medicare coverage guidance.
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-866-241-0262 (TTY users call 711) or visit Medicare.gov .

SECTION 3 How to Change Plans

Your plan benefits administrator will tell you if you need to do anything to stay enrolled in your Aetna Medicare Plan.

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

- **To change to a different Medicare health plan**, contact your plan benefits administrator they will let you know what options are available to you under your group retiree coverage.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Aetna Medicare Advantage for MHBP Standard Option PSHB Program.

- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at [1-866-241-0262](tel:1-866-241-0262) (TTY users call [711](tel:711)) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)) and ask to be disenrolled. TTY users can call [1-877-486-2048](tel:1-877-486-2048). If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)). TTY users can call [1-877-486-2048](tel:1-877-486-2048).
- **It is important that you carefully consider your decision before changing your coverage. This is important because you may permanently lose benefits you currently receive under your former employer/union/trust retiree group coverage if you switch plans. Call your plan benefits administrator for information.**

Section 3.1 Deadlines for Changing Plans

You may be able to change to a different plan during your former employer/union/trust open enrollment period. Our plan may allow you to make changes at other times as well. Your plan benefits administrator will let you know what other plan options may be available to you.

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

As a member of a group Medicare plan, you're eligible for a special enrollment period if you leave your former employer/union/trust plan. This means that you can enroll in an individual Medicare health plan or Original Medicare at any time during the year.

It is important that you carefully consider your decision before changing your coverage. This is important because you may permanently lose benefits you currently receive under your former employer/union/trust retiree group coverage if you switch plans. Call your plan benefits administrator for information.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)). TTY users can call [1-877-486-2048](tel:1-877-486-2048), 24 hours a day, 7 days a week.
 - Social Security at [1-800-772-1213](tel:1-800-772-1213) between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call [1-800-325-0778](tel:1-800-325-0778).
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** Many states have a program called the State Pharmaceutical Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227))
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance

Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the ADAP for your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the ADAP for your state (the name and phone number for this organization is in **Appendix A** at the back of the *Evidence of Coverage*). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at [1-866-241-0262](tel:1-866-241-0262) (TTY users call [711](tel:711)) or visit [Medicare.gov](https://www.medicare.gov).

SECTION 5 Questions?

Get Help from Aetna Medicare Advantage for MHBP Standard Option PSHB Program

- **Call Member Services at [1-866-241-0262](tel:1-866-241-0262) (TTY users call [711](tel:711)).**

We're available for phone calls 8 AM to 8 PM ET, Monday through Friday. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* and *Schedule of Cost Sharing* for Aetna Medicare Advantage for MHBP Standard Option PSHB Program. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services. The *Schedule of Cost Sharing* lists out-of-pocket cost share for our plan. Get the *Evidence of Coverage* and *Schedule of Cost Sharing* on our website at [MHBPPostal.com/retiree](https://mhbppostal.com/retiree) or call Member Services at [1-866-241-0262](tel:1-866-241-0262) (TTY users call [711](tel:711)) to ask us to mail you a copy.

- **Visit [MHBPPostal.com/retiree](https://mhbppostal.com/retiree)**

Our website has the most up-to-date information about our provider network (*Provider Directory* /*Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

Call your state's SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. The name and phone numbers for this organization are in **Appendix A** at the back of the *Evidence of Coverage*.

Get Help from Medicare

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

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

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

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [Medicare.gov](https://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2026**

The *Medicare & You* 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)). TTY users can call [1-877-486-2048](tel:1-877-486-2048).

Discrimination is Against the Law

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

Aetna Inc.

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

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

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

Civil Rights Coordinator

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

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

Email: Coordinator1557@cvshealth.com

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

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

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Aetna Inc.'s website: <https://www.aetna.com/medicare>

Y0001_H6399_H1610_NDN_2025

How we guard your privacy

What personal information is — and what it isn't

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

How we get information about you

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

When information is wrong

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

How we use this information

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

When we need your permission

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

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

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

Notice of Availability (NOA)

TTY: 711

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

እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ በመታወቂያ ካርድዎ (ID) ላይ ወዳለው ቁጥር ይደውሉ። (Amharic)

(Arabic) صول على خدمات اللغة مجانًا، اتصل بالرقم الموجود على بطاقة العضوية الخاصة بك.

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼。 (Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa Waraqaa Eenyummeessaa (ID) keessan irra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro figurant sur votre carte d'identité. (French)

Pou w jwenn aksè ak sèvis lang gratis pou ou, rele nimewo ki sou kat idantite w la. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer auf Ihrem Ausweis an. (German)

Inā ake 'oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona 'oe i ka helu ma kou kāleka ID. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj nyob ntawm koj daim npav ID. (Hmong)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato sul tuo tesserino identificativo. (Italian)

無料の言語サービスをご利用いただくには、ご自身のIDカードに記載されている番号にお電話ください。 (Japanese)

လၢကမၤန့ၢ်ကျိၣ်တၢ်မၤစၢၤတၢ်မၤလၢတလိၣ်လၢၣ်ဘျၣ်လၢၣ်စ့ၤလၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ်လၢအအိၣ်ဖဲန ID အဖီခိၣ်န့ၢ်တက့ၢ်. (Karen)

무료로 언어 서비스를 이용하려면 ID 카드에 적힌 전화번호로 전화하세요. (Korean)

ເພື່ອ ອາໄດ້ ການບໍລິການພາສາໂດຍບ ເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາເບີທີ ຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

ដើម្បីទទួលបានសេវាផ្ទៃក្នុង ឬ យមិនគិតថ្លៃ ពីអ្នកស្វ័យប្រវត្តិ ឬ លេខដល់សេវា លើកតាមលេខសម្គាល់អ្នក។ (Mon-Khmer, Cambodian)

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

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany na karcie ID. (Polish)

Ligue para o número que está no seu cartão de identificação para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному на вашей идентификационной карте. (Russian)

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

Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tawagan ang numero sa iyong ID card. (Tagalog)

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại trên thẻ ID của quý vị. (Vietnamese)

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Plan Document Notice

Did you know? Your essential plan documents are online at MHBPPostal.com/retiree. This includes your *Evidence of Coverage* (EOC), Schedule of Cost Sharing (SOC) and your plan's formulary, too. You can access them anytime, anywhere, from any device, no matter if it's your computer, tablet or smartphone.

Be sure you have the most up-to-date info. Your 2026 documents are currently available on our website. To view/download your documents:

Material	Where to find 2026 info	Call to request printed material
Your EOC name: ESA with Rx	MHBPPostal.com/retiree	1-866-325-5908 (TTY: 711)
Schedule of cost sharing (SOC)	MHBPPostal.com/retiree	1-866-325-5908 (TTY: 711)
Your formulary name: 2026 GRP Comprehensive Plus (5 tier) Formulary -MAPD	MHBPPostal.com/retiree	1-866-325-5908 (TTY: 711)
Pharmacy directory: Your retail pharmacy network: Medicare Group Part D P1 Network	MHBPPostal.com/retiree • Select "Find doctors & prescription drugs" • Follow the prescription drugs section to find a network pharmacy	Call the number on your ID card
Provider directory	MHBPPostal.com/retiree	Call the number on your ID card

We're here to help

For general questions about your plan, call us at the number on your member ID card.

Get to know your plan materials

Your EOC: a guide to what's covered

Your EOC is a complete description of coverage under your Medicare plan. It also outlines your costs, how to get services and your member rights.

Your SOC: a guide to your Medical and Prescription Drug Benefits Charts

Your SOC contains the Medical and Prescription Drug Benefits Charts, which include the health care and prescription drug benefits covered under your plan.

Your formulary: a list of prescription drugs your plan covers

Along with the drug name, the formulary has each drug's tier level, which can affect how much you'll pay for the drug. It also lists any special requirements, such as prior authorization, quantity limits or step therapy.

Your pharmacy directory: a road map for finding a network pharmacy

Our pharmacy network includes national chains as well as local options for your prescription drugs. You'll find a list of them in your pharmacy directory.

Your provider directory: the key to unlocking our provider network

In your provider directory, you'll find primary care physicians, specialists such as cardiologists and podiatrists, and other providers to help you reach your best health.

Disclaimers

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. 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. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

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Aetna Medicare Advantage for MHBP Standard Option PSHB Program Member Services

Method	Member Services – Contact Information
CALL	The number on your member ID card or 1-866-241-0262 (TTY users call 711) Calls to this number are free. Hours of operation are 8 AM to 8 PM ET, Monday through Friday 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 ET, Monday through Friday
WRITE	Aetna Medicare PO Box 7082 London, KY 40742
WEBSITE	MHBPPostal.com/retiree