



Coverage you can count on

Your Aetna® retiree health insurance available through your Emeriti Retirement Healthcare Savings Plan



Emeriti and Aetna have teamed up to provide retiree health insurance options just for Emeriti retirees. These plans include Aetna Medicare Advantage, Medicare Part D prescription drug coverage and dental plans available to you.

Medicare Advantage plans are private medical plans that offer the same benefits as Original Medicare and programs that Original Medicare doesn't cover. In fact, you must have Original Medicare to be enrolled in a Medicare Advantage plan.

You have our commitment to provide you with coverage that supports your health needs. More than **3.2 million** retirees chose Aetna for their health care. Now we're here for you, too.

Open Enrollment is just around the corner: October 15 to December 7, 2023

If you're satisfied with your current Aetna coverage, you don't have to do anything. You'll be automatically enrolled in the same plans for 2024. If you'd like to opt out of your current coverage or switch plans, follow one of the two steps below by December 7, 2023.



1. Visit **MyEmeritiBenefits.org** to enroll online.

Or



2. Enroll by phone by calling the Emeriti Service Center at **1-866-EMERITI (1-866-363-7484)**, Monday to Friday, 8:00 AM to 5:30 PM ET.

Be sure to have the following information available:

- Your Social Security number
- Social Security number for your spouse or domestic partner, if applicable
- Medicare number and effective dates of coverage (on Medicare card)



Key information to note:

- If you select a medical plan, you must also select a prescription drug plan. You cannot select a medical plan only. However, you may select only the Rx Standard Plan as a standalone option and add medical coverage at a later date.
- If you are continuing enrollment in the Aetna retiree health insurance, do not sign up for another Medicare Part D drug plan offered by another source. If you sign up for another Part D plan outside of the Emeriti Plan, your Aetna retiree medical, prescription drug, and dental coverage will all be cancelled.

Emeriti.AetnaMedicare.com

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Flexibility and confidence to choose your doctors

Your Aetna® plan is a Preferred Provider Organization (PPO). This means you have the flexibility to see any licensed provider or hospital as long as the provider is:

- Eligible to receive payment under Medicare
- Willing to bill and accept payment from Aetna

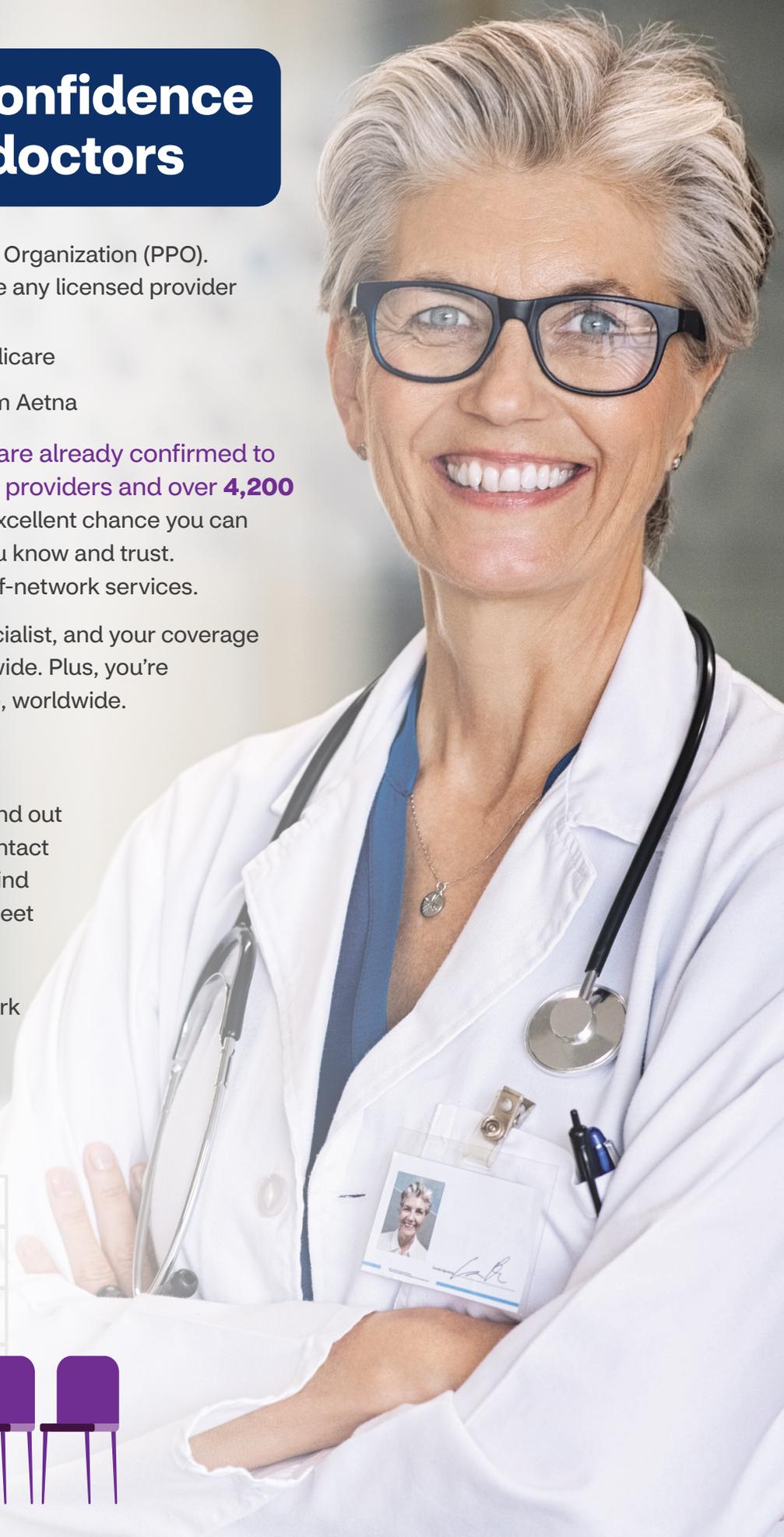
All Aetna Medicare network doctors are already confirmed to accept the plan. With over **1.1 million** providers and over **4,200** hospitals in our network,* there's an excellent chance you can keep using the health care providers you know and trust. Remember, you may pay more for out-of-network services.

You'll never need a referral to see a specialist, and your coverage follows you wherever you travel, nationwide. Plus, you're covered for urgent and emergency care, worldwide.

We're here to help

Call us at **1-855-212-5666 (TTY:711)**, Monday to Friday, 8 AM to 8 PM ET, to find out if your doctor accepts the plan. We'll contact them to confirm. We can also help you find other nearby doctors and hospitals to meet your needs.

*Aetna Medicare Advantage PPO network as of January 2023.



Plan at a glance

Enjoy the comprehensive coverage you get today, plus benefits and cost savings. The charts below compare your options and show what you can expect to pay with each plan. Premium rates are based on your zip code and can be calculated online at [EmeritiHealth.org](https://www.emeritihealth.org).

Your 2024 Aetna retiree health plan options



Three Medicare Advantage PPO plans



Three Medicare Part D prescription drug plans



One optional dental plan

Aetna Medicare Advantage plan options	Medicare Advantage PPO Premium Plan	Medicare Advantage PPO Plus Plan	Medicare Advantage PPO Standard Plan
Annual deductible	\$0	\$0	\$0
Annual maximum out-of-pocket	\$2,000	\$2,750 (in network) \$5,450 (out of network)	\$7,550 (in network) \$11,300 (out of network)
Preventive care	\$0 copay	\$0 copay (in network) 25% coinsurance (out of network)	\$0 copay (in network) 30% coinsurance (out of network)
Primary care physician visits	\$15 copay	15% coinsurance (in network) 25% coinsurance (out of network)	\$15 copay (in network) 30% coinsurance (out of network)
Physician specialist visits	\$15 copay	15% coinsurance (in network) 25% coinsurance (out of network)	\$40 copay (in network) 30% coinsurance (out of network)
Inpatient hospital	\$0 copay per stay	\$500 copay per stay (in network) 25% coinsurance per stay (out of network)	\$200 copay per day, days 1-7 (in network) 30% coinsurance per stay (out of network)
Outpatient services and surgery	\$0 copay	15% coinsurance (in network) 25% coinsurance (out of network)	\$185 copay (in network) 30% coinsurance (out of network)
Emergency care worldwide (waived if admitted)	\$50 copay	\$50 copay	\$75 copay
Urgent care worldwide	\$15 copay	\$35 copay	\$50 copay
Hearing and vision exams	\$0 copay	0% coinsurance (in network) 25% coinsurance (out of network)	\$0 copay (in network) 30% coinsurance (out of network)

Aetna Medicare Part D prescription drug plan options offered by SilverScript	Rx Premium Plan	Rx Plus Plan	Rx Standard Plan
Annual deductible	\$100	\$200	\$545
Pharmacy network*	P1	P1	P1
Formulary (drug list)	Comprehensive+	Comprehensive+	Classic
Initial Coverage Limit: \$5,030. (Applies to retail, up to a 30- and 90-day supply, and mail-order supply)			
30-day supply through retail			
Tier 1 – Generic	10% coinsurance preferred pharmacy 15% coinsurance standard pharmacy	10% coinsurance preferred pharmacy 15% coinsurance standard pharmacy	10% coinsurance preferred pharmacy 15% coinsurance standard pharmacy
Tier 2 – Preferred brand	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3 – Non-preferred brand	40% coinsurance	50% coinsurance	25% coinsurance
Coverage Gap Phase begins after you reach Initial Coverage Limit of \$5,030 and until you reach \$8,000 in prescription drug expenses. Applies to retail, up to a 30- and 90-day supply, and mail-order supply.			
30-day supply through retail			
Tier 1 – Generic	10% coinsurance preferred pharmacy 15% coinsurance standard pharmacy	10% coinsurance preferred pharmacy 15% coinsurance standard pharmacy	25% coinsurance
Tier 2 – Preferred brand	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3 – Non-preferred brand	25% coinsurance	25% coinsurance	25% coinsurance
Catastrophic Coverage Phase			
Catastrophic Coverage benefits start once \$8,000 in true out-of-pocket costs are incurred.	You pay \$0	You pay \$0	You pay \$0

*Visit **Emeriti.AetnaMedicare.com** to find a network pharmacy.

Aetna Dental® plan option	What you pay:
Deductible (basic and major services)	You pay \$100
Preventive services	100% covered
Basic services coverage (fillings, standard crowns, extractions)	You pay 50% coinsurance
Major services coverage (root canal therapy, surgical removals, dentures)	You pay 50% coinsurance
Annual benefit maximum	\$2,000

There's a lot to love about the plan's valuable benefits

Take advantage of the programs that address the whole you — physical, emotional and social. These benefits come with your Aetna Medicare Advantage PPO plan options, at no extra cost to you.



MDLIVE®

Get fast, affordable and convenient access to virtual behavioral health services. You can confidentially meet with an MDLIVE licensed therapist or board-certified psychiatrist by phone or video appointment. You'll have no limits on the number of visits and **\$0 copay**. Appointments are available 24/7.



SilverSneakers® fitness program:

Join any of several thousand participating locations nationwide and/or get a home fitness kit.



Resources For Living® program:

Get referrals to services in your area that offer help such as house cleaning and lawn care, transportation, social and recreational activities, and caregiver support. You just pay for the cost of the services you use.



Nurse support:

Talk to our registered nurses, day or night. Based on your symptoms, they can help you decide if you need a doctor or urgent care visit.



Healthy Home Visit:

If you choose to participate, a licensed doctor or nurse will come to your home to review your health needs, do a home safety assessment, review your medications and ask about your medical and family history.



Teladoc®:

Connect with a Teladoc physician by web, phone or mobile app from home, for nonemergency medical needs.



Telehealth services:

Can't make it to the doctor's office? You can get care from any network provider that offers telehealth services. You'll pay the same amount as an in-person visit. Contact your doctor or walk-in clinic to find out details.



Hearing aids and hearing services:

Aetna® offers a wide range of hearing discounts through Hearing Care Solutions and Amplifon Hearing Health Care so you can hear your world better. This includes discounts on:

- Hearing exams and hearing aids
- Batteries and repairs
- Routine cleanings and other hearing aid services

For more information on Hearing Care Solutions, just call **1-866-344-7756** or visit **HearingCareSolutions.com**. And for more information on Amplifon Hearing Health Care, just call **1-888-784-6050** or visit **AmplifonUSA.com**.

Benefit spotlight!



Transportation

Access nonemergency transportation to your medical appointments including **24 one-way trips per year with 60 miles allowed per trip**. If you need to reserve a ride, call **1-855-814-1699 (TTY: 711)**, Monday to Friday, 8 AM to 8 PM all time zones, or visit **Access2Care.net**.



Meal delivery

Take advantage of this service when you return home after an inpatient hospital stay. Having your meals taken care of may help you on your journey to recovery and lower your chance of hospital readmission. Your Aetna® nurse will coordinate a delivery of **up to 14 nutritious meals** (2 meals a day for 7 days) directly to your home.

Stay connected with your member website

Get started by visiting **Emeriti.AetnaMedicare.com** and click on the “Login/Register” button. First-time users will need to create a user name and password. Be sure to have your Aetna® member ID card or Social Security number on hand.

Once you're registered, you'll be able to:

- Find a doctor or hospital
- Check your benefits
- Manage your claims
- Learn about wellness and discount programs
- Reduce paper by choosing electronic delivery of certain plan documents
- Lookup prescription drug information

After registering, be sure to agree to get electronic communications from Aetna. You'll get Explanation of Benefits statements, account updates and other paper communications sent straight to your email.

What happens next

Documents to look for after you enroll



1. Plan confirmation letter — This letter includes information to help ensure you understand your plan's features. We'll send it to you once the Centers for Medicare & Medicaid Services approves your enrollment.



2. ID cards — When you enroll in a new plan, you will receive a medical ID card, and/or a prescription drug ID card. These cards should be used each time you visit the doctor, hospital or pharmacy. You can tuck away your red, white, and blue Medicare ID card. If you elect dental coverage, you'll also get a dental ID card.



3. Evidence of Coverage — This is a complete description of coverage under your Medicare plan and your member rights. It's an important document — keep it in a safe place with your other plan information.



Helpful resources

Aetna® Member Services

1-855-212-5666 (TTY:711)

Monday to Friday, 8 AM to 8 PM ET

Emeriti.AetnaMedicare.com

One-on-one support to help you with:

- Aetna medical, prescription drug, and dental coverage details
- Questions about your doctors and verifying that they accept your new plan

Emeriti Service Center

1-866-EMERITI (1-866-363-7484)

Monday to Friday, 8:00 AM to 5:30 PM ET

EmeritiHealth.org

Emeriti can help you with:

- General enrollment and eligibility questions
- Enrolling in the plan
- Updating your personal information

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. 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. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies. The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in: applicable areas. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call **1-855-338-7027 (TTY: 711)** or consult the online pharmacy directory at **<http://www.aetnamedicare.com/pharmacyhelp>**. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-10 days. You can call **1-855-212-5666 (TTY: 711)** if you do not receive your mail-order drugs within this timeframe. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. 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.

Visit **[Aetna.com/individuals-families/member-rights-resources/rights/disclosure-information.html](https://www.aetna.com/individuals-families/member-rights-resources/rights/disclosure-information.html)** to view or print your medical, dental or vision plan disclosures. Here, you can also find state requirements and information on the Women's Health and Cancer Rights Act.