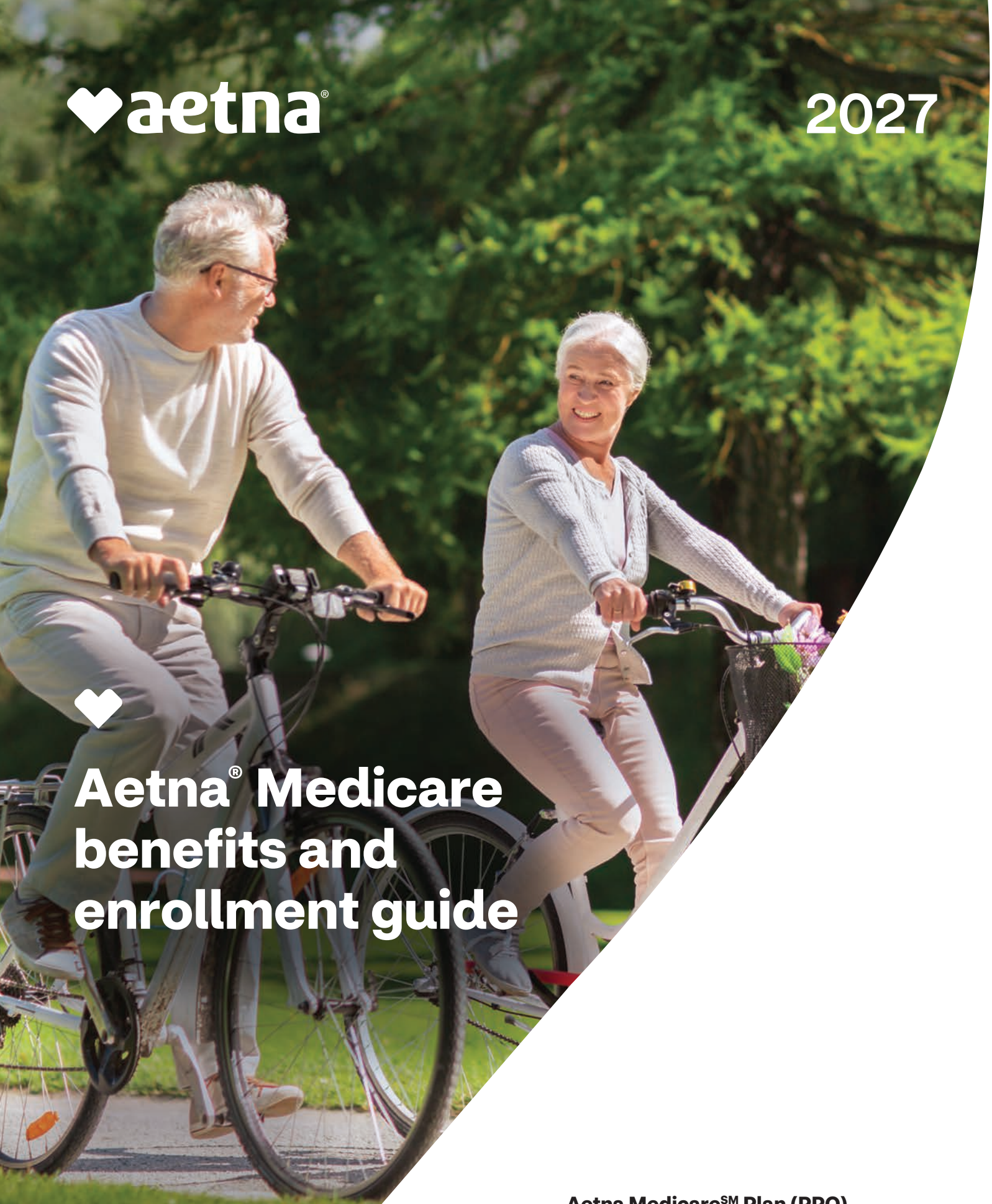


aetna®

2027

Aetna® Medicare benefits and enrollment guide

Aetna Medicare℠ Plan (PPO) with prescription drug coverage

Y0001_GRP_8772450_2027_M

Table of contents

Medicare 101 3

Summary of Benefits 5

Aetna Medicare Plan (ESA) 5

Plan ratings from members, providers and Medicare 71

What happens after enrollment 81

Enrollment Form 83

Helpful resources 107



"It was good to know the health care that I had signed up for was there to assist me through every step.*"

| Joan, Aetna Medicare member

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

Aetna® Medicare

Ready to take a step toward your best health?

Aetna Medicare can help.

This guide contains:

- Information on the benefits, programs and services available to you
- Details to help you better understand our plan features
- Everything you need to enroll

Ready to get started?

Simply follow these steps:

1. Review the plan benefits in this guide.
2. Fill out and sign the included enrollment form.
3. Make a copy of the form for your records.
4. Mail your completed form to the address shown at the bottom of the Enrollment Instructions page. (You can use the return envelope if one was included.)
5. Follow any other instructions from your employer, union or trust, as applicable.

Questions?
1-800-307-4830 (TTY: 711)

8 AM–9PM ET
Monday–Friday

aetna®

©2024 Aetna Inc.
Y0001_GRP_5985_2024_M

Aetna Medicare Advantage with prescription drug coverage

A plan with prescription drug benefits can help cover the cost of your medicine.

What is Medicare Advantage?

If you've never had a Medicare Advantage plan before, you may have questions about what it covers or how it compares to other Medicare plans. To learn more, visit:

http://AetnaRetireePlans.com



You're covered from the provider's office to the pharmacy

Our all-in-one Aetna® plan combines medical benefits with prescription drug coverage. So you'll have just one plan and member ID card for your medical and prescription drug needs.



18.03.115.1-C3_H

See if your prescriptions are covered

Our plan covers many of the most commonly prescribed generic and brand-name drugs.

To find your medicine in our formulary (drug list):

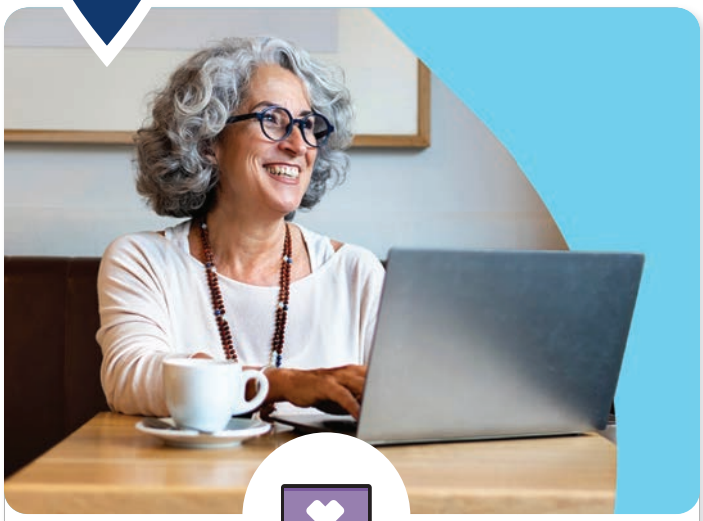
- Go to **http://AetnaRetireePlans.com**
- Follow the prescription drug list search instructions

No computer or internet? No worries.
Call us at **1-800-307-4830 (TTY:711)**.

Pharmacy coverage from coast to coast

Our pharmacy network includes national chains and local options.

Find a network pharmacy close to you



Search online.

To view locations in your area, visit:
http://AetnaRetireePlans.com



Ask an Aetna® representative.

Call **1-800-307-4830 (TTY:711)**.

We're here
8 a.m. to 9 p.m. EST, Monday through Friday.



Home delivery

With CVS Caremark® Mail Service Pharmacy, our preferred mail-order pharmacy, standard shipping is always free. Your medicine is checked for accuracy by a registered pharmacist and mailed quickly and safely to you.

If you have questions about your medicine, you can call us anytime.



Medicare 101

Understand how your plan works

18.00.5401-C3_H

About your plan



Aetna Medicare℠ Plan (PPO ESA)

The Aetna Medicare Advantage PPO Extended Service Area (ESA) plan stands out from other health care plans. You have access to in-network providers such as doctors, hospitals and labs. And you also have access to out-of-network providers — at no added cost — if the provider is:

- Eligible to receive payment under Medicare, and
- Agrees to bill and accept payment from Aetna®

Does your provider accept our plan? They most likely will. That's because more than **1.1 million network providers and specialists** and over **4,200 network hospitals** accept the Aetna Medicare plan.

With this plan, you'll have the option to choose a primary care provider (PCP). It's not required, but when we know who your provider is, we can better support your care.

To find out if your provider accepts the plan, just call us. We're available at **1-800-307-4830 (TTY:711),** 8 a.m. to 9 p.m. EST, Monday through Friday.

We'll contact your provider to confirm. We can also help you find other nearby providers and hospitals who accept the plan.



Summary of Benefits

Take a look at your plan

18.00.106.1-ESA_A

Aetna Medicare℠ Plan (PPO ESA)

The **Summary of Benefits** shows expected costs for services and describes the benefits package. These details affect what you'll pay for your care. So be sure to review all the pages in this section.

More than one plan may be available to you.



Summary of Benefits 2027

LABOR BENEFITS ASSOCIATION

Sponsored by Aetna Medicare Plan (PPO)
Medicare (C05) ESA PPO Plan, Rx $6/20%/20%/20%

Important Information

This is a summary of the services we cover from January 1, 2027 through December 31, 2027. The complete list of services can be found in the *Schedule of Cost Sharing (SOC)/Evidence of Coverage* (EOC). To request a copy, contact:

Member Services
1-888-267-2637 (**TTY:** 711) Hours are 8 AM to 9 PM ET, Monday through Friday.

Are you eligible to enroll?

To join Aetna Medicare Plan (PPO), you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan's service area. A complete list of service areas can be found in the *Evidence of Coverage* (EOC).



What You Should Know

Primary Care Provider (PCP): You have the option to choose a PCP. When we know who your provider is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your provider in order to see you.

Prior Authorizations: Your provider will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

Plan costs & information	Network & Out-of-network providers
Premium	Please contact your former employer/union/ trust for more information on your plan premium.
Annual Deductible	$300
	This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.
Services Exempt from Deductible	Deductible waived for Preventive Services, Part B Drugs - Insulin, Continuous Glucose Monitors (CGMs), Emergency Room Visits, Emergency Ambulance, Urgent Care, some Medicare-covered diagnostic tests and labs (Urine protein, Prothrombin testing, HBA1C, FIT Screening, Fundus Testing, gFOBT Testing and COVID lab tests), Teladoc, and Wigs.
Annual Maximum Out-of-Pocket	$2,000
	The maximum out-of-pocket (MOOP) is the **most you'll pay** for the medical services we cover each year. **It's in place to protect you**. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

PRIMARY BENEFITS	Your costs for in and out-of-network care
Hospital Care*	
Inpatient Hospital Care	$0 per stay The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Observation Stay	Your cost share for Observation Care is based upon the services you receive. Frequency: per stay
Outpatient Hospital Services and Surgery	$0
Ambulatory Surgery Center	$0
Primary Care Provider and Specialist Services	
Primary Care Provider Visits	$25 Includes the services of an internist, general physician or family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.
Specialist Visits	$40
Preventive Services	
Medicare-covered Preventive Services • Abdominal aortic aneurysm screenings • Alcohol misuse screenings and counseling • Annual Wellness visit • Bone mass measurements • Breast cancer screening: mammogram • Cardiovascular behavioral therapy • Cardiovascular disease screenings • Cervical and vaginal cancer screenings • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screenings • Diabetes screenings • HIV screenings • Lung cancer screenings and counseling • Medicare Diabetes Prevention Program • Medical nutrition therapy	$0

This continues on the next page

PRIMARY BENEFITS	Your costs for in and out-of-network care
Preventive Services (continued)	
• Obesity therapy • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling • Welcome to Medicare preventive visit	
Immunizations • Flu/Influenza • Hepatitis B • Pneumonia	$0
Additional Medicare Preventive Services • Diabetes self-management training • Digital rectal exam • EKG following welcome exam • Glaucoma screening	$0
Emergency and Urgent Medical Care	
Emergency Care	$50 (waived if admitted immediately)
Emergency Care Worldwide	$50 (waived if admitted)
Urgent Care	$25
Urgent Care Worldwide	$25
Diagnostic Procedures*	
Diagnostic Radiology (CT scans)	20%
Diagnostic Radiology (other than CT scans)	20%
Diagnostic Testing and Procedures	$0
Lab Services	$0
Outpatient X-rays	20%
Hearing Services	
Hearing Exam (routine)	$0 Coverage: 1 exam every 12 months
Hearing Exam (Medicare-covered)	$40
Dental Services*	

PRIMARY BENEFITS	Your costs for in and out-of-network care
Dental Services	$40
	Medicare-covered benefits only
Vision Services	
Eye Exam (routine)	$0
	Coverage: one exam every year
Diabetic Eye Exam	$0
Eye Exam (Medicare-covered)	$40
Mental Health Services*	
Inpatient Mental Health Care	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Mental Health Care	$40 (individual sessions)
	$40 (group sessions)
Partial Hospitalization Services	$40
Intensive Outpatient Service	$40
Inpatient Substance Use Disorder	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Substance Use Disorder	$40 (individual sessions)
	$40 (group sessions)
Skilled Nursing Services*	
Skilled Nursing Facility (SNF) Care	0% per day, days 1-100
	Limited to 100 days per Medicare benefit period. See the *Schedule of Cost Sharing* for details on the benefit periods.
Outpatient Rehabilitation Services	
Occupational Therapy Rehabilitation Services	20%
Physical and Speech Therapy Rehabilitation Services	20%
Ambulance* and Transportation Services	
Ambulance Services	20%

This continues on the next page

PRIMARY BENEFITS	Your costs for in and out-of-network care
Ambulance* and Transportation Services (continued)	
	Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.
Transportation (non-emergency)	Not Covered
Worldwide Emergency Transportation (non-Medicare covered)	20%
Medicare Part B Prescription Drugs*	
Medicare Part B Prescription Drugs	$0
Medicare Part B Prescription Drugs - Insulin	$0

***These benefits may require prior authorization.**

Medicare Part D Prescription Drugs
Part D drugs are covered. See PHARMACY - PRESCRIPTION DRUG BENEFITS section on page 9 for your plan benefits at each Part D phase, including cost share and other important pharmacy benefit information.

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in and out-of-network care
Acupuncture Services	$40
	Medicare-covered benefits only
Allergy Shots	$0
Allergy Testing	$40
Blood	$0
	All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	20%
Chiropractic Services*	$20
	Medicare-covered benefits only
Continuous Glucose Monitor	$0
Continuous Glucose Supplies	$0
Diabetic Supplies*	$0
	Includes supplies to monitor your blood glucose from Accu-Chek/ Roche and TRUE/Trividia, or from a non-preferred provider when a prior authorization is received.
Durable Medical Equipment (DME)*	20%
Home Health Agency Care*	$0
Hospice Care	Covered by Original Medicare at a Medicare-certified hospice.
Intensive Cardiac Rehabilitation Services	20%
Medical Supplies*	Your cost share is based upon the provider of services
Outpatient Dialysis Treatments*	20%
Podiatry Services	$40
	Medicare-covered benefits only
Prosthetic Devices*	20%
Pulmonary Rehabilitation Services	20%
Supervised Exercise Therapy (SET) for PAD	20%
Radiation Therapy*	20%

***These benefits may require prior authorization.**

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Basic SilverSneakers® Program	You are covered for a basic membership to any SilverSneakers® authorized participating fitness facility. Additionally, online classes and at-home fitness kits are available. You may order one fitness kit per year through SilverSneakers.
Resources for Living®	This program is offered to help you locate resources for everyday needs.
Routine Physical	$0
	A routine physical exam is offered once per calendar year.
Smoking and Tobacco Use Cessation Supplies	$0
Frequency	unlimited visits every year
Teladoc™	$0
	Telemedicine services with a Teladoc provider. State mandates may apply.
Telehealth PCP	$25
Telehealth Specialist	$40
Telehealth Occupational Therapy Service	20%
Telehealth PT and ST Services	20%
Telehealth Other Health Care Providers	$40
Telehealth Individual Mental Health*	$40
Telehealth Group Mental Health*	$40
Telehealth Individual Psychiatric Services*	$40
Telehealth Group Psychiatric Services*	$40
Telehealth Individual Outpatient Substance Use Disorder*	$40
Telehealth Group Outpatient Substance Use Disorder*	$40
Telehealth Kidney Disease Education Services	$0
Telehealth Diabetes Self-Management Training	$0
Telehealth Opioid Treatment Program Services*	$40
Telehealth Urgent Care	$25
Wigs	$0
Maximum	$400
Frequency	every year
***These benefits may require prior authorization.**	

PHARMACY - PRESCRIPTION DRUG BENEFITS

Deductible **$200**

This is a calendar year deductible. You must pay the deductible before the plan pays for most Medicare Part D prescription drugs. Your covered Medicare Part D prescription drug costs count toward meeting the deductible. The deductible does not apply to covered insulins and most Part D vaccines.

Pharmacy Network **P1**

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (AetnaRetireePlans.com).

Formulary (Drug List) **Classic**

INITIAL COVERAGE PHASE

This is your cost sharing after the deductible is satisfied until covered Medicare prescription drug expenses reach the $2,400 annual out-of-pocket limit:

	30-day Supply through Network Retail		90-day Supply through Network Retail or Mail		
4 Tier plan	**Preferred**	**Standard**	**Preferred Retail**	**Preferred Mail**	**Standard Retail or Mail**
Tier 1 Generic drugs - Includes low-cost generic drugs	You pay $6	You pay $18	You pay $18	You pay $18	You pay $18
Tier 2 Preferred Brand drugs - Includes brand drugs and some high-cost generic drugs	You pay 20% for your drug	You pay 25% for your drug	You pay 20% for your drug	You pay $70	You pay 25% for your drug
Tier 3 Non-Preferred drugs - Includes non-preferred brand drugs and some higher-cost generic drugs	You pay 20% for your drug	You pay 50% for your drug	You pay 20% for your drug	You pay $85	You pay 50% for your drug

	30-day Supply through Network Retail		90-day Supply through Network Retail or Mail		
4 Tier plan	**Preferred**	**Standard**	**Preferred Retail**	**Preferred Mail**	**Standard Retail or Mail**
Tier 4 Specialty drugs - Includes high-cost/ unique brand and generic drugs	You pay 20% for your drug	You pay 20% for your drug	Limited to one-month supply	Limited to one-month supply	Limited to one-month supply

You won't pay more than $35 for a one-month supply or $105 for up to a 90-day supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

If you reside in a long-term care facility, your cost share is the same as a 30-day supply at a standard network retail pharmacy and you may receive up to a 31-day supply.

CATASTROPHIC COVERAGE PHASE

Catastrophic Coverage benefits start once the annual out-of-pocket threshold of $2,400 for covered Part D prescription drugs is reached. Once you are in the Catastrophic Coverage Phase, you will stay in this payment phase until the end of the calendar year.

- During this payment phase, 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

REQUIREMENTS

Precertification	Applies
Step Therapy	Applies

NON-PART D SUPPLEMENTAL BENEFIT

- Agents used for cosmetic purposes or hair growth
- Agents used to promote fertility
- Agents when used for anorexia, weight loss, or weight gain
- Agents when used for the symptomatic relief of cough and colds
- Agents when used for the treatment of sexual or erectile dysfunction (ED)
- Select prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Other miscellaneous non-Part D drugs not otherwise described above

MEDICAL DISCLAIMERS

For more information about Aetna plans, go to **AetnaRetireePlans.com** or call Member Services toll-free at **1-888-267-2637** (**TTY: 711**). Hours are 8 AM to 9 PM ET, Monday through Friday.

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.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The complete list of services can be found in the *Evidence of Coverage* (EOC). You can request a copy of the EOC by contacting Member Services at **1-888-267-2637** (**TTY: 711**). Hours are 8 AM to 9 PM ET, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your *Evidence of Coverage*.
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Aetna will pay any non-contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare-covered services under the plan.

PHARMACY DISCLAIMERS

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30-day supply.

Members who get "extra help" don't need to fill prescriptions at preferred network pharmacies to get Low Income Subsidy (LIS) copays.

Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

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 **1-866-241-0357** (TTY users should call **711**), 24 hours a day, seven days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for "off label" use (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which an additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Your plan includes supplemental coverage for some drugs not typically covered by a Medicare Part D plan. Refer to the "Non-Part D Supplemental Benefit" section in the chart above. Non-Part D drugs covered under the non-Part D supplemental drug benefit can be purchased at the appropriate plan copay. Copayments and other costs for these prescription drugs will not apply toward the deductible or annual out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan.

PLAN DISCLAIMERS

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna). 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.

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.

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.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2026 Tivity Health, Inc. All rights reserved.

Teladoc Health is not available to all members. Teladoc Health and Teladoc Health physicians are independent contractors and are not agents of Aetna. Visit **TeladocHealth.com/Aetna** for a complete description of the limitations of Teladoc Health services. Teladoc, Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc.

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.

If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

You can read the *Medicare & You 2027* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (**www.medicare.gov**) or by calling 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

You can also visit our website at **AetnaRetireePlans.com**. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

*****This is the end of this plan benefit summary*****

©2027 Aetna Inc.

Y0001_GRP_5560_2027_M

Notice of Availability (NOA)

TTY: 711

To access language assistance services and appropriate auxiliary aids and services at no cost to you, call the number on this document. (English)

የቋንቋ እርዳታ አገልግሎቶችን እና ተገቢ የሆኑ ረዳት መሣሪያዎችንና አገልግሎቶችን ያለ ምንም ክፍያ ለማግኘት፣ በዚህ ሰነድ ላይ ወደሚገኘው ስልክ ቁጥር ይደውሉ። (Amharic)

(Arabic) للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المسانِدة المناسبة دون أي تكلفة عليك، اتصل بالرقم الوارد في هذا المستند.

如欲獲得免費的語言輔助服務以及適當的輔助工具和服務，請撥打本文件上的電話號碼。 (Chinese)

Pou w jwenn aksè ak sèvis sipò lang gratis ansanm ak sèvis asistans ak sipò apwopriye, tanpri rele nimewo ki endike sou dokiman sa a. (French Creole)

Pour accéder aux services d'assistance linguistique et aux aides et services auxiliaires appropriés sans frais à votre charge, appelez le numéro indiqué dans ce document. (French)

Um Sprachunterstützung sowie geeignete Hilfsmittel und Dienstleistungen kostenlos in Anspruch zu nehmen, rufen Sie bitte die auf diesem Dokument angegebene Nummer an. (German)

તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો તથા સેવાઓ મેળવવા માટે, આ દસ્તાવેજ પર આપેલા નંબર પર કોલ કરો. (Gujarati)

No ke komo ʻana i nā lawelawe kōkua ʻōlelo a me nā mea kōkua kūpono a me nā lawelawe me ka uku ʻole iā ʻoe, e kelepona i ka helu ma kēia palapala. (Hawaiian)

Kom siv tau cov kev pab cuam txhais lus thiab cov khoom pab kom hnov lus thiab cov kev pab cuam yam tsis sau nqi ntawm koj, hu tus npawb xov tooj ntawm daim ntawv thov no. (Hmong)

Contattare il numero nel presente documento per accedere, senza costi aggiuntivi, ai servizi di assistenza linguistica e ad idonei aiuti ausiliari. (Italian)

言語支援サービスや適切な補助具やサービスを無料で利用するには、こちらの文書の電話番号までお電話ください。 (Japanese)

လၢတၢ်ကမၤနၢ့ၢ်သူကျိုဉ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်ဒီးတၢ်မၤစၢၤလၢအကဲထီဉ်သ့လၢအဖိးမံတဖဉ်ဒီးတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်လၢတလိဉ်နဟ့ဉ်အပှုၤအဂီၢ်နၢ့ဉ်,ကိးဘဉ်နီၢ်ဂံၢ်လၢလံာ်တဘ့ဉ်အံၤအလိၤတက့ၢ်. (Karen)

ដើម្បីទទួលបានសេវាកម្មជំនួយផ្នែកភាសា និងការគាំទ្រ និងសេវាកម្មបន្ថែមសមស្របដោយមិនគិតថ្លៃសម្រាប់អ្នក សូមទូរសព្ទទៅលេខនៅលើឯកសារនេះ។ (Khmer)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하려면 본 문서에 나와 있는 번호로 전화해 주시기 바랍니다. (Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການອື່ນໆ ໂດຍທ່ານບໍ່ດ້ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບໍ່ໃນເອກະສານນີ້. (Lao)

Tajaajilawwan gargaarsa afaanii fi tajaajilawwan gargaarsaa dabalataa mijaawaa ta'an kaffaltii tokko malee argachuuf, lakkoofsa sanada kana irra jirutti bilbilaa. (Oromo)

(Persian) برای دسترسی رایگان به خدمات کمک زبانی و وسایل و خدمات کمکی مناسب، با شماره درجشده در این سند تماس بگیرید.

Aby skorzystać z usług pomocy językowej oraz odpowiednich środków pomocniczych i usług bez ponoszenia żadnych kosztów, zadzwoń pod numer podany w niniejszym dokumencie. (Polish)

Para aceder, sem custos para si, a serviços de assistência linguística e a auxílios e serviços de apoio adequados, ligue para o número indicado neste documento. (Portuguese)

Чтобы бесплатно воспользоваться услугами языковой поддержки, а также соответствующими вспомогательными средствами и услугами, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para tener acceso a los servicios de asistencia en otros idiomas y a las ayudas y servicios auxiliares adecuados sin costo para usted, llame al número que figura en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa tulong sa wika at mga angkop na pantulong na kagamitan at serbisyo nang hindi ka gagastos, tawagan ang numero sa dokumentong ito. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษาและอุปกรณ์ช่วยเหลืออื่น ๆ ทีเหมาะสมโดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลขทีระบุในเอกสารนี (Thai)

Để tiếp cận các dịch vụ hỗ trợ ngôn ngữ, công cụ hỗ trợ và dịch vụ phụ trợ phù hợp miễn phí dành cho quý vị, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

Y0001_Y0130_2026_V3 NOA-Medicare-1557-10 (08-26)

Summary of Benefits 2027

LABOR BENEFITS ASSOCIATION

Sponsored by Aetna Medicare Plan (PPO)
(C05) ESA PPO Part B Only Plan, Rx $6/20%/20%/20%

Important Information

This is a summary of the services we cover from January 1, 2027 through December 31, 2027. The complete list of services can be found in the *Schedule of Cost Sharing (SOC)/Evidence of Coverage* (EOC). To request a copy, contact:

Member Services
1-888-267-2637 (**TTY:** 711) Hours are 8 AM to 9 PM ET, Monday through Friday.

Are you eligible to enroll?

To join Aetna Medicare Plan (PPO), you must:

- Be enrolled in Medicare Part B
- Live in the plan's service area. A complete list of service areas can be found in the *Evidence of Coverage* (EOC).



What You Should Know

Primary Care Provider (PCP): You have the option to choose a PCP. When we know who your provider is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your provider in order to see you.

Prior Authorizations: Your provider will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

Plan costs & information	Network & Out-of-network providers
Premium	Please contact your former employer/union/ trust for more information on your plan premium.
Annual Deductible	$300
	This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.
Services Exempt from Deductible	Deductible waived for Preventive Services, Part B Drugs - Insulin, Continuous Glucose Monitors (CGMs), Emergency Room Visits, Emergency Ambulance, Urgent Care, some Medicare-covered diagnostic tests and labs (Urine protein, Prothrombin testing, HBA1C, FIT Screening, Fundus Testing, gFOBT Testing and COVID lab tests), Teladoc, and Wigs.
Annual Maximum Out-of-Pocket	$2,000
	The maximum out-of-pocket (MOOP) is the **most you'll pay** for the medical services we cover each year. **It's in place to protect you**. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

PRIMARY BENEFITS	Your costs for in and out-of-network care
Hospital Care*	
Inpatient Hospital Care	$0 per stay The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Observation Stay	Your cost share for Observation Care is based upon the services you receive. Frequency: per stay
Outpatient Hospital Services and Surgery	$0
Ambulatory Surgery Center	$0
Primary Care Provider and Specialist Services	
Primary Care Provider Visits	$25 Includes the services of an internist, general physician or family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.
Specialist Visits	$40
Preventive Services	
Medicare-covered Preventive Services • Abdominal aortic aneurysm screenings • Alcohol misuse screenings and counseling • Annual Wellness visit • Bone mass measurements • Breast cancer screening: mammogram • Cardiovascular behavioral therapy • Cardiovascular disease screenings • Cervical and vaginal cancer screenings • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screenings • Diabetes screenings • HIV screenings • Lung cancer screenings and counseling • Medicare Diabetes Prevention Program • Medical nutrition therapy	$0

This continues on the next page

PRIMARY BENEFITS	Your costs for in and out-of-network care
Preventive Services (continued)	
• Obesity therapy • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling • Welcome to Medicare preventive visit	
Immunizations • Flu/Influenza • Hepatitis B • Pneumonia	$0
Additional Medicare Preventive Services • Diabetes self-management training • Digital rectal exam • EKG following welcome exam • Glaucoma screening	$0
Emergency and Urgent Medical Care	
Emergency Care	$50 (waived if admitted immediately)
Emergency Care Worldwide	$50 (waived if admitted)
Urgent Care	$25
Urgent Care Worldwide	$25
Diagnostic Procedures*	
Diagnostic Radiology (CT scans)	20%
Diagnostic Radiology (other than CT scans)	20%
Diagnostic Testing and Procedures	$0
Lab Services	$0
Outpatient X-rays	20%
Hearing Services	
Hearing Exam (routine)	$0 Coverage: 1 exam every 12 months
Hearing Exam (Medicare-covered)	$40
Dental Services*	

PRIMARY BENEFITS	Your costs for in and out-of-network care
Dental Services	$40
	Medicare-covered benefits only
Vision Services	
Eye Exam (routine)	$0
	Coverage: one exam every year
Diabetic Eye Exam	$0
Eye Exam (Medicare-covered)	$40
Mental Health Services*	
Inpatient Mental Health Care	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Mental Health Care	$40 (individual sessions)
	$40 (group sessions)
Partial Hospitalization Services	$40
Intensive Outpatient Service	$40
Inpatient Substance Use Disorder	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Substance Use Disorder	$40 (individual sessions)
	$40 (group sessions)
Skilled Nursing Services*	
Skilled Nursing Facility (SNF) Care	0% per day, days 1-100
	Limited to 100 days per Medicare benefit period. See the *Schedule of Cost Sharing* for details on the benefit periods.
Outpatient Rehabilitation Services	
Occupational Therapy Rehabilitation Services	20%
Physical and Speech Therapy Rehabilitation Services	20%
Ambulance* and Transportation Services	
Ambulance Services	20%

This continues on the next page

PRIMARY BENEFITS	Your costs for in and out-of-network care
Ambulance* and Transportation Services (continued)	
	Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.
Transportation (non-emergency)	Not Covered
Worldwide Emergency Transportation (non-Medicare covered)	20%
Medicare Part B Prescription Drugs*	
Medicare Part B Prescription Drugs	$0
Medicare Part B Prescription Drugs - Insulin	$0

***These benefits may require prior authorization.**

Medicare Part D Prescription Drugs
Part D drugs are covered. See PHARMACY - PRESCRIPTION DRUG BENEFITS section on page 9 for your plan benefits at each Part D phase, including cost share and other important pharmacy benefit information.

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in and out-of-network care
Acupuncture Services	$40
	Medicare-covered benefits only
Allergy Shots	$0
Allergy Testing	$40
Blood	$0
	All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	20%
Chiropractic Services*	$20
	Medicare-covered benefits only
Continuous Glucose Monitor	$0
Continuous Glucose Supplies	$0
Diabetic Supplies*	$0
	Includes supplies to monitor your blood glucose from Accu-Chek/ Roche and TRUE/Trividia, or from a non-preferred provider when a prior authorization is received.
Durable Medical Equipment (DME)*	20%
Home Health Agency Care*	$0
Hospice Care	Your hospice services at a Medicare-certified hospice facility are paid for by Aetna at 100%.
Intensive Cardiac Rehabilitation Services	20%
Medical Supplies*	Your cost share is based upon the provider of services
Outpatient Dialysis Treatments*	20%
Podiatry Services	$40
	Medicare-covered benefits only
Prosthetic Devices*	20%
Pulmonary Rehabilitation Services	20%
Supervised Exercise Therapy (SET) for PAD	20%
Radiation Therapy*	20%
***These benefits may require prior authorization.**	

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Basic SilverSneakers® Program	You are covered for a basic membership to any SilverSneakers® authorized participating fitness facility. Additionally, online classes and at-home fitness kits are available. You may order one fitness kit per year through SilverSneakers.
Resources for Living®	This program is offered to help you locate resources for everyday needs.
Routine Physical	$0
	A routine physical exam is offered once per calendar year.
Smoking and Tobacco Use Cessation Supplies	$0
Frequency	unlimited visits every year
Teladoc™	$0
	Telemedicine services with a Teladoc provider. State mandates may apply.
Telehealth PCP	$25
Telehealth Specialist	$40
Telehealth Occupational Therapy Service	20%
Telehealth PT and ST Services	20%
Telehealth Other Health Care Providers	$40
Telehealth Individual Mental Health*	$40
Telehealth Group Mental Health*	$40
Telehealth Individual Psychiatric Services*	$40
Telehealth Group Psychiatric Services*	$40
Telehealth Individual Outpatient Substance Use Disorder*	$40
Telehealth Group Outpatient Substance Use Disorder*	$40
Telehealth Kidney Disease Education Services	$0
Telehealth Diabetes Self-Management Training	$0
Telehealth Opioid Treatment Program Services*	$40
Telehealth Urgent Care	$25
Wigs	$0
Maximum	$400
Frequency	every year
***These benefits may require prior authorization.**	

PHARMACY - PRESCRIPTION DRUG BENEFITS

Deductible **$200**

This is a calendar year deductible. You must pay the deductible before the plan pays for most Medicare Part D prescription drugs. Your covered Medicare Part D prescription drug costs count toward meeting the deductible. The deductible does not apply to covered insulins and most Part D vaccines.

Pharmacy Network **P1**

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (AetnaRetireePlans.com).

Formulary (Drug List) **Classic**

INITIAL COVERAGE PHASE

This is your cost sharing after the deductible is satisfied until covered Medicare prescription drug expenses reach the $2,400 annual out-of-pocket limit:

	30-day Supply through Network Retail		90-day Supply through Network Retail or Mail		
4 Tier plan	**Preferred**	**Standard**	**Preferred Retail**	**Preferred Mail**	**Standard Retail or Mail**
Tier 1 Generic drugs - Includes low-cost generic drugs	You pay $6	You pay $18	You pay $18	You pay $18	You pay $18
Tier 2 Preferred Brand drugs - Includes brand drugs and some high-cost generic drugs	You pay 20% for your drug	You pay 25% for your drug	You pay 20% for your drug	You pay $70	You pay 25% for your drug
Tier 3 Non-Preferred drugs - Includes non-preferred brand drugs and some higher-cost generic drugs	You pay 20% for your drug	You pay 50% for your drug	You pay 20% for your drug	You pay $85	You pay 50% for your drug

	30-day Supply through Network Retail		90-day Supply through Network Retail or Mail		
4 Tier plan	**Preferred**	**Standard**	**Preferred Retail**	**Preferred Mail**	**Standard Retail or Mail**
Tier 4 Specialty drugs - Includes high-cost/ unique brand and generic drugs	You pay 20% for your drug	You pay 20% for your drug	Limited to one-month supply	Limited to one-month supply	Limited to one-month supply

You won't pay more than $35 for a one-month supply or $105 for up to a 90-day supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

If you reside in a long-term care facility, your cost share is the same as a 30-day supply at a standard network retail pharmacy and you may receive up to a 31-day supply.

CATASTROPHIC COVERAGE PHASE

Catastrophic Coverage benefits start once the annual out-of-pocket threshold of $2,400 for covered Part D prescription drugs is reached. Once you are in the Catastrophic Coverage Phase, you will stay in this payment phase until the end of the calendar year.

- During this payment phase, 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

REQUIREMENTS

Precertification	Applies
Step Therapy	Applies

NON-PART D SUPPLEMENTAL BENEFIT

- Agents used for cosmetic purposes or hair growth
- Agents used to promote fertility
- Agents when used for anorexia, weight loss, or weight gain
- Agents when used for the symptomatic relief of cough and colds
- Agents when used for the treatment of sexual or erectile dysfunction (ED)
- Select prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Other miscellaneous non-Part D drugs not otherwise described above

MEDICAL DISCLAIMERS

For more information about Aetna plans, go to **AetnaRetireePlans.com** or call Member Services toll-free at **1-888-267-2637** (**TTY: 711**). Hours are 8 AM to 9 PM ET, Monday through Friday.

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.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The complete list of services can be found in the *Evidence of Coverage* (EOC). You can request a copy of the EOC by contacting Member Services at **1-888-267-2637** (**TTY: 711**). Hours are 8 AM to 9 PM ET, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your *Evidence of Coverage*.
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Aetna will pay any non-contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare-covered services under the plan.

PHARMACY DISCLAIMERS

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30-day supply.

Members who get "extra help" don't need to fill prescriptions at preferred network pharmacies to get Low Income Subsidy (LIS) copays.

Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

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 **1-866-241-0357** (TTY users should call **711**), 24 hours a day, seven days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for "off label" use (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which an additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Your plan includes supplemental coverage for some drugs not typically covered by a Medicare Part D plan. Refer to the "Non-Part D Supplemental Benefit" section in the chart above. Non-Part D drugs covered under the non-Part D supplemental drug benefit can be purchased at the appropriate plan copay. Copayments and other costs for these prescription drugs will not apply toward the deductible or annual out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan.

PLAN DISCLAIMERS

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna). 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.

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.

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.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2026 Tivity Health, Inc. All rights reserved.

Teladoc Health is not available to all members. Teladoc Health and Teladoc Health physicians are independent contractors and are not agents of Aetna. Visit **TeladocHealth.com/Aetna** for a complete description of the limitations of Teladoc Health services. Teladoc, Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc.

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.

If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

You can read the *Medicare & You 2027* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (**www.medicare.gov**) or by calling 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

You can also visit our website at **AetnaRetireePlans.com**. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

*****This is the end of this plan benefit summary*****

©2027 Aetna Inc.

Y0001_GRP_5560_2027_M

Notice of Availability (NOA)

TTY: 711

To access language assistance services and appropriate auxiliary aids and services at no cost to you, call the number on this document. (English)

የቋንቋ እርዳታ አገልግሎቶችን እና ተገቢ የሆኑ ረዳት መሣሪያዎችንና አገልግሎቶችን ያለ ምንም ክፍያ ለማግኘት፣ በዚህ ሰነድ ላይ ወደሚገኘው ስልክ ቁጥር ይደውሉ። (Amharic)

للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المساندِة المناسبة دون أي تكلفة عليك، اتصل بالرقم الوارد في هذا المستند. (Arabic)

如欲獲得免費的語言輔助服務以及適當的輔助工具和服務，請撥打本文件上的電話號碼。 (Chinese)

Pou w jwenn aksè ak sèvis sipò lang gratis ansanm ak sèvis asistans ak sipò apwopriye, tanpri rele nimewo ki endike sou dokiman sa a. (French Creole)

Pour accéder aux services d’assistance linguistique et aux aides et services auxiliaires appropriés sans frais à votre charge, appelez le numéro indiqué dans ce document. (French)

Um Sprachunterstützung sowie geeignete Hilfsmittel und Dienstleistungen kostenlos in Anspruch zu nehmen, rufen Sie bitte die auf diesem Dokument angegebene Nummer an. (German)

તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો તથા સેવાઓ મેળવવા માટે, આ દસ્તાવેજ પર આપેલા નંબર પર કૉલ કરો. (Gujarati)

No ke komo ʻana i nā lawelawe kōkua ʻōlelo a me nā mea kōkua kūpono a me nā lawelawe me ka uku ʻole iā ʻoe, e kelepona i ka helu ma kēia palapala. (Hawaiian)

Kom siv tau cov kev pab cuam txhais lus thiab cov khoom pab kom hnov lus thiab cov kev pab cuam yam tsis sau nqi ntawm koj, hu tus npawb xov tooj ntawm daim ntawv thov no. (Hmong)

Contattare il numero nel presente documento per accedere, senza costi aggiuntivi, ai servizi di assistenza linguistica e ad idonei aiuti ausiliari. (Italian)

言語支援サービスや適切な補助具やサービスを無料で利用するには、こちらの文書の電話番号までお電話ください。 (Japanese)

လၢတၢ်ကမၤနှံသူကိုဉ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်ဒီးတၢ်မၤစၢၤလၢအကဲထိဉ်သ့လၢအဖိးမံတဖဉ်ဒီးတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်လၢတလိဉ်နဟ့ဉ်အပှၤအဂီၢ်နှဉ်,ကိးဘဉ်နီၢ်ဂံၢ်လၢလံာ်တဘ့ဉ်အံၤအလိၤတက့ၢ်. (Karen)

ដើម្បីទទួលបានសេវាកម្មជំនួយផ្នែកភាសា និងការគាំទ្រ និងសេវាកម្មបន្ថែមសមស្របដោយមិនគិតថ្លៃ សម្រាប់អ្នក សូមទូរសព្ទទៅលេខនៅលើឯកសារនេះ។ (Khmer)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하려면 본 문서에 나와 있는 번호로 전화해 주시기 바랍니다. (Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການອື່ນໆ ໂດຍທ່ານບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໃນເອກະສານນີ້. (Lao)

Tajaajilawwan gargaarsa afaanii fi tajaajilawwan gargaarsaa dabalataa mijaawaa ta'an kaffaltii tokko malee argachuuf, lakkoofsa sanada kana irra jirutti bilbilaa. (Oromo)

(Persian) برای دسترسی رایگان به خدمات کمک زبانی و وسایل و خدمات کمکی مناسب، با شماره درجشده در این سند تماس بگیرید.

Aby skorzystać z usług pomocy językowej oraz odpowiednich środków pomocniczych i usług bez ponoszenia żadnych kosztów, zadzwoń pod numer podany w niniejszym dokumencie. (Polish)

Para aceder, sem custos para si, a serviços de assistência linguística e a auxílios e serviços de apoio adequados, ligue para o número indicado neste documento. (Portuguese)

Чтобы бесплатно воспользоваться услугами языковой поддержки, а также соответствующими вспомогательными средствами и услугами, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para tener acceso a los servicios de asistencia en otros idiomas y a las ayudas y servicios auxiliares adecuados sin costo para usted, llame al número que figura en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa tulong sa wika at mga angkop na pantulong na kagamitan at serbisyo nang hindi ka gagastos, tawagan ang numero sa dokumentong ito. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษาและอุปกรณ์ช่วยเหลืออื่น ๆ ทีเหมาะสมโดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลขทีระบุในเอกสารนี (Thai)

Để tiếp cận các dịch vụ hỗ trợ ngôn ngữ, công cụ hỗ trợ và dịch vụ phụ trợ phù hợp miễn phí dành cho quý vị, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

Summary of Benefits 2027

LABOR BENEFITS ASSOCIATION

Sponsored by Aetna Medicare Plan (PPO)
Medicare (C04) ESA PPO, Rx $6/20%/20%/20%

Important Information

This is a summary of the services we cover from January 1, 2027 through December 31, 2027. The complete list of services can be found in the *Schedule of Cost Sharing (SOC)/Evidence of Coverage* (EOC). To request a copy, contact:

Member Services
1-888-267-2637 (**TTY:** 711) Hours are 8 AM to 9 PM ET, Monday through Friday.

Are you eligible to enroll?

To join Aetna Medicare Plan (PPO), you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan's service area. A complete list of service areas can be found in the *Evidence of Coverage* (EOC).



What You Should Know

Primary Care Provider (PCP): You have the option to choose a PCP. When we know who your provider is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your provider in order to see you.

Prior Authorizations: Your provider will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

Plan costs & information	Network & Out-of-network providers
Premium	Please contact your former employer/union/ trust for more information on your plan premium.
Annual Deductible	$100
	This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.
Services Exempt from Deductible	Deductible waived for Preventive Services, Part B Drugs - Insulin, Continuous Glucose Monitors (CGMs), Emergency Room Visits, Emergency Ambulance, Urgent Care, some Medicare-covered diagnostic tests and labs (Urine protein, Prothrombin testing, HBA1C, FIT Screening, Fundus Testing, gFOBT Testing and COVID lab tests), Teladoc, and Wigs.
Annual Maximum Out-of-Pocket	$200
	The maximum out-of-pocket (MOOP) is the **most you'll pay** for the medical services we cover each year. **It's in place to protect you**. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

PRIMARY BENEFITS	Your costs for in and out-of-network care
Hospital Care*	
Inpatient Hospital Care	$0 per stay The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Observation Stay	Your cost share for Observation Care is based upon the services you receive. Frequency: per stay
Outpatient Hospital Services and Surgery	$0
Ambulatory Surgery Center	$0
Primary Care Provider and Specialist Services	
Primary Care Provider Visits	$10 Includes the services of an internist, general physician or family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.
Specialist Visits	$20
Preventive Services	
Medicare-covered Preventive Services • Abdominal aortic aneurysm screenings • Alcohol misuse screenings and counseling • Annual Wellness visit • Bone mass measurements • Breast cancer screening: mammogram • Cardiovascular behavioral therapy • Cardiovascular disease screenings • Cervical and vaginal cancer screenings • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screenings • Diabetes screenings • HIV screenings • Lung cancer screenings and counseling • Medicare Diabetes Prevention Program • Medical nutrition therapy	$0

This continues on the next page

PRIMARY BENEFITS	Your costs for in and out-of-network care
Preventive Services (continued)	
• Obesity therapy • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling • Welcome to Medicare preventive visit	
Immunizations • Flu/Influenza • Hepatitis B • Pneumonia	$0
Additional Medicare Preventive Services • Diabetes self-management training • Digital rectal exam • EKG following welcome exam • Glaucoma screening	$0
Emergency and Urgent Medical Care	
Emergency Care	$0
Emergency Care Worldwide	$0
Urgent Care	$0
Urgent Care Worldwide	$0
Diagnostic Procedures*	
Diagnostic Radiology (CT scans)	$0
Diagnostic Radiology (other than CT scans)	$0
Diagnostic Testing and Procedures	$0
Lab Services	$0
Outpatient X-rays	$0
Hearing Services	
Hearing Exam (routine)	$0 Coverage: 1 exam every 12 months
Hearing Exam (Medicare-covered)	$20
Dental Services*	

PRIMARY BENEFITS	Your costs for in and out-of-network care
Dental Services	$20
	Medicare-covered benefits only
Vision Services	
Eye Exam (routine)	$0
	Coverage: one exam every year
Diabetic Eye Exam	$0
Eye Exam (Medicare-covered)	$20
Mental Health Services*	
Inpatient Mental Health Care	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Mental Health Care	$20 (individual sessions)
	$20 (group sessions)
Partial Hospitalization Services	$20
Intensive Outpatient Service	$20
Inpatient Substance Use Disorder	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Substance Use Disorder	$20 (individual sessions)
	$20 (group sessions)
Skilled Nursing Services*	
Skilled Nursing Facility (SNF) Care	$0 per day, days 1-100
	Limited to 100 days per Medicare benefit period. See the *Schedule of Cost Sharing* for details on the benefit periods.
Outpatient Rehabilitation Services	
Occupational Therapy Rehabilitation Services	$0
Physical and Speech Therapy Rehabilitation Services	$0
Ambulance* and Transportation Services	
Ambulance Services	$0

This continues on the next page

PRIMARY BENEFITS	Your costs for in and out-of-network care
Ambulance* and Transportation Services (continued)	
	Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.
Transportation (non-emergency)	Not Covered
Worldwide Emergency Transportation (non-Medicare covered)	$0
Medicare Part B Prescription Drugs*	
Medicare Part B Prescription Drugs	$0
Medicare Part B Prescription Drugs - Insulin	$0

***These benefits may require prior authorization.**

Medicare Part D Prescription Drugs

Part D drugs are covered. See PHARMACY - PRESCRIPTION DRUG BENEFITS section on page 9 for your plan benefits at each Part D phase, including cost share and other important pharmacy benefit information.

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in and out-of-network care
Acupuncture Services	$20
	Medicare-covered benefits only
Allergy Shots	$0
Allergy Testing	$20
Blood	$0
	All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	$0
Chiropractic Services*	$0
	Medicare-covered benefits only
Continuous Glucose Monitor	$0
Continuous Glucose Supplies	$0
Diabetic Supplies*	$0
	Includes supplies to monitor your blood glucose from Accu-Chek/ Roche and TRUE/Trividia, or from a non-preferred provider when a prior authorization is received.
Durable Medical Equipment (DME)*	$0
Home Health Agency Care*	$0
Hospice Care	Covered by Original Medicare at a Medicare-certified hospice.
Intensive Cardiac Rehabilitation Services	$0
Medical Supplies*	Your cost share is based upon the provider of services
Outpatient Dialysis Treatments*	$0
Podiatry Services	$20
	Medicare-covered benefits only
Prosthetic Devices*	$0
Pulmonary Rehabilitation Services	$0
Supervised Exercise Therapy (SET) for PAD	$0
Radiation Therapy*	$0

***These benefits may require prior authorization.**

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Basic SilverSneakers® Program	You are covered for a basic membership to any SilverSneakers® authorized participating fitness facility. Additionally, online classes and at-home fitness kits are available. You may order one fitness kit per year through SilverSneakers.
Resources for Living®	This program is offered to help you locate resources for everyday needs.
Routine Physical	$0
	A routine physical exam is offered once per calendar year.
Smoking and Tobacco Use Cessation Supplies	$0
Frequency	unlimited visits every year
Teladoc™	$0
	Telemedicine services with a Teladoc provider. State mandates may apply.
Telehealth PCP	$10
Telehealth Specialist	$20
Telehealth Occupational Therapy Service	$0
Telehealth PT and ST Services	$0
Telehealth Other Health Care Providers	$20
Telehealth Individual Mental Health*	$20
Telehealth Group Mental Health*	$20
Telehealth Individual Psychiatric Services*	$20
Telehealth Group Psychiatric Services*	$20
Telehealth Individual Outpatient Substance Use Disorder*	$20
Telehealth Group Outpatient Substance Use Disorder*	$20
Telehealth Kidney Disease Education Services	$0
Telehealth Diabetes Self-Management Training	$0
Telehealth Opioid Treatment Program Services*	$20
Telehealth Urgent Care	$0
Wigs	$0
Maximum	$400
Frequency	every year
***These benefits may require prior authorization.**	

PHARMACY - PRESCRIPTION DRUG BENEFITS

Deductible **$100**

This is a calendar year deductible. You must pay the deductible before the plan pays for most Medicare Part D prescription drugs. Your covered Medicare Part D prescription drug costs count toward meeting the deductible. The deductible does not apply to covered insulins and most Part D vaccines.

Pharmacy Network **P1**

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (AetnaRetireePlans.com).

Formulary (Drug List) **Classic**

INITIAL COVERAGE PHASE

This is your cost sharing after the deductible is satisfied until covered Medicare prescription drug expenses reach the $2,400 annual out-of-pocket limit:

	30-day Supply through Network Retail		90-day Supply through Network Retail or Mail		
4 Tier plan	**Preferred**	**Standard**	**Preferred Retail**	**Preferred Mail**	**Standard Retail or Mail**
Tier 1 Generic drugs - Includes low-cost generic drugs	You pay $6	You pay $18	You pay $18	You pay $18	You pay $18
Tier 2 Preferred Brand drugs - Includes brand drugs and some high-cost generic drugs	You pay 20% for your drug	You pay 25% for your drug	You pay 20% for your drug	You pay $70	You pay 25% for your drug
Tier 3 Non-Preferred drugs - Includes non-preferred brand drugs and some higher-cost generic drugs	You pay 20% for your drug	You pay 50% for your drug	You pay 20% for your drug	You pay $85	You pay 50% for your drug

	30-day Supply through Network Retail		90-day Supply through Network Retail or Mail		
4 Tier plan	**Preferred**	**Standard**	**Preferred Retail**	**Preferred Mail**	**Standard Retail or Mail**
Tier 4 Specialty drugs - Includes high-cost/ unique brand and generic drugs	You pay 20% for your drug	You pay 20% for your drug	Limited to one-month supply	Limited to one-month supply	Limited to one-month supply

You won't pay more than $35 for a one-month supply or $105 for up to a 90-day supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

If you reside in a long-term care facility, your cost share is the same as a 30-day supply at a standard network retail pharmacy and you may receive up to a 31-day supply.

CATASTROPHIC COVERAGE PHASE

Catastrophic Coverage benefits start once the annual out-of-pocket threshold of $2,400 for covered Part D prescription drugs is reached. Once you are in the Catastrophic Coverage Phase, you will stay in this payment phase until the end of the calendar year.

- During this payment phase, 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

REQUIREMENTS

Precertification	Applies
Step Therapy	Applies

NON-PART D SUPPLEMENTAL BENEFIT

- Agents used for cosmetic purposes or hair growth
- Agents used to promote fertility
- Agents when used for anorexia, weight loss, or weight gain
- Agents when used for the symptomatic relief of cough and colds
- Agents when used for the treatment of sexual or erectile dysfunction (ED)
- Select prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Other miscellaneous non-Part D drugs not otherwise described above

MEDICAL DISCLAIMERS

For more information about Aetna plans, go to **AetnaRetireePlans.com** or call Member Services toll-free at **1-888-267-2637** (**TTY: 711**). Hours are 8 AM to 9 PM ET, Monday through Friday.

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.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The complete list of services can be found in the *Evidence of Coverage* (EOC). You can request a copy of the EOC by contacting Member Services at **1-888-267-2637** (**TTY: 711**). Hours are 8 AM to 9 PM ET, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your *Evidence of Coverage*.
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Aetna will pay any non-contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare-covered services under the plan.

PHARMACY DISCLAIMERS

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30-day supply.

Members who get "extra help" don't need to fill prescriptions at preferred network pharmacies to get Low Income Subsidy (LIS) copays.

Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

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 **1-866-241-0357** (TTY users should call **711**), 24 hours a day, seven days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for "off label" use (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which an additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Your plan includes supplemental coverage for some drugs not typically covered by a Medicare Part D plan. Refer to the "Non-Part D Supplemental Benefit" section in the chart above. Non-Part D drugs covered under the non-Part D supplemental drug benefit can be purchased at the appropriate plan copay. Copayments and other costs for these prescription drugs will not apply toward the deductible or annual out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan.

PLAN DISCLAIMERS

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna). 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.

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.

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.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2026 Tivity Health, Inc. All rights reserved.

Teladoc Health is not available to all members. Teladoc Health and Teladoc Health physicians are independent contractors and are not agents of Aetna. Visit **TeladocHealth.com/Aetna** for a complete description of the limitations of Teladoc Health services. Teladoc, Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc.

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.

If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

You can read the *Medicare & You 2027* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (**www.medicare.gov**) or by calling 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

You can also visit our website at **AetnaRetireePlans.com**. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

*****This is the end of this plan benefit summary*****

©2027 Aetna Inc.

Y0001_GRP_5560_2027_M

Notice of Availability (NOA)

TTY: 711

To access language assistance services and appropriate auxiliary aids and services at no cost to you, call the number on this document. (English)

የቋንቋ እርዳታ አገልግሎቶችን እና ተገቢ የሆኑ ረዳት መሣሪያዎችንና አገልግሎቶችን ያለ ምንም ክፍያ ለማግኘት፣ በዚህ ሰነድ ላይ ወደሚገኘው ስልክ ቁጥር ይደውሉ። (Amharic)

للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المساندِة المناسبة دون أي تكلفة عليك، اتصل بالرقم الوارد في هذا المستند. (Arabic)

如欲獲得免費的語言輔助服務以及適當的輔助工具和服務，請撥打本文件上的電話號碼。 (Chinese)

Pou w jwenn aksè ak sèvis sipò lang gratis ansanm ak sèvis asistans ak sipò apwopriye, tanpri rele nimewo ki endike sou dokiman sa a. (French Creole)

Pour accéder aux services d’assistance linguistique et aux aides et services auxiliaires appropriés sans frais à votre charge, appelez le numéro indiqué dans ce document. (French)

Um Sprachunterstützung sowie geeignete Hilfsmittel und Dienstleistungen kostenlos in Anspruch zu nehmen, rufen Sie bitte die auf diesem Dokument angegebene Nummer an. (German)

તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો તથા સેવાઓ મેળવવા માટે, આ દસ્તાવેજ પર આપેલા નંબર પર કૉલ કરો. (Gujarati)

No ke komo ʻana i nā lawelawe kōkua ʻōlelo a me nā mea kōkua kūpono a me nā lawelawe me ka uku ʻole iā ʻoe, e kelepona i ka helu ma kēia palapala. (Hawaiian)

Kom siv tau cov kev pab cuam txhais lus thiab cov khoom pab kom hnov lus thiab cov kev pab cuam yam tsis sau nqi ntawm koj, hu tus npawb xov tooj ntawm daim ntawv thov no. (Hmong)

Contattare il numero nel presente documento per accedere, senza costi aggiuntivi, ai servizi di assistenza linguistica e ad idonei aiuti ausiliari. (Italian)

言語支援サービスや適切な補助具やサービスを無料で利用するには、こちらの文書の電話番号までお電話ください。 (Japanese)

လၢတၢ်ကမၤနှံသူကိုဉ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်ဒီးတၢ်မၤစၢၤလၢအကဲထိဉ်သ့လၢအဖိးမံတဖဉ်ဒီးတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်လၢတလိဉ်နဟ့ဉ်အပှၤအဂီၢ်နှဉ်,ကိးဘဉ်နီၢ်ဂံၢ်လၢလံာ်တဘ့ဉ်အံၤအလိၤတက့ၢ်. (Karen)

ដើម្បីទទួលបានសេវាកម្មជំនួយផ្នែកភាសា និងការគាំទ្រ និងសេវាកម្មបន្ថែមសមស្របដោយមិនគិតថ្លៃ សម្រាប់អ្នក សូមទូរសព្ទទៅលេខនៅលើឯកសារនេះ។ (Khmer)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하려면 본 문서에 나와 있는 번호로 전화해 주시기 바랍니다. (Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການອື່ນໆ ໂດຍທ່ານບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໃນເອກະສານນີ້. (Lao)

Tajaajilawwan gargaarsa afaanii fi tajaajilawwan gargaarsaa dabalataa mijaawaa ta'an kaffaltii tokko malee argachuuf, lakkoofsa sanada kana irra jirutti bilbilaa. (Oromo)

(Persian) برای دسترسی رایگان به خدمات کمک زبانی و وسایل و خدمات کمکی مناسب، با شماره درجشده در این سند تماس بگیرید.

Aby skorzystać z usług pomocy językowej oraz odpowiednich środków pomocniczych i usług bez ponoszenia żadnych kosztów, zadzwoń pod numer podany w niniejszym dokumencie. (Polish)

Para aceder, sem custos para si, a serviços de assistência linguística e a auxílios e serviços de apoio adequados, ligue para o número indicado neste documento. (Portuguese)

Чтобы бесплатно воспользоваться услугами языковой поддержки, а также соответствующими вспомогательными средствами и услугами, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para tener acceso a los servicios de asistencia en otros idiomas y a las ayudas y servicios auxiliares adecuados sin costo para usted, llame al número que figura en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa tulong sa wika at mga angkop na pantulong na kagamitan at serbisyo nang hindi ka gagastos, tawagan ang numero sa dokumentong ito. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษาและอุปกรณ์ช่วยเหลืออื่น ๆ ทีเหมาะสมโดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลขทีระบุในเอกสารนี (Thai)

Để tiếp cận các dịch vụ hỗ trợ ngôn ngữ, công cụ hỗ trợ và dịch vụ phụ trợ phù hợp miễn phí dành cho quý vị, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

Y0001_Y0130_2026_V3 NOA-Medicare-1557-10 (08-26)

Summary of Benefits 2027

LABOR BENEFITS ASSOCIATION

Sponsored by Aetna Medicare Plan (PPO)
(C04) ESA PPO Part B Only, Rx $6/20%/20%/20%

Important Information

This is a summary of the services we cover from January 1, 2027 through December 31, 2027. The complete list of services can be found in the *Schedule of Cost Sharing (SOC)/Evidence of Coverage* (EOC). To request a copy, contact:

Member Services
1-888-267-2637 (**TTY:** 711) Hours are 8 AM to 9 PM ET, Monday through Friday.

Are you eligible to enroll?

To join Aetna Medicare Plan (PPO), you must:

- Be enrolled in Medicare Part B
- Live in the plan's service area. A complete list of service areas can be found in the *Evidence of Coverage* (EOC).



What You Should Know

Primary Care Provider (PCP): You have the option to choose a PCP. When we know who your provider is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your provider in order to see you.

Prior Authorizations: Your provider will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

Plan costs & information	Network & Out-of-network providers
Premium	Please contact your former employer/union/ trust for more information on your plan premium.
Annual Deductible	$100
	This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.
Services Exempt from Deductible	Deductible waived for Preventive Services, Part B Drugs - Insulin, Continuous Glucose Monitors (CGMs), Emergency Room Visits, Emergency Ambulance, Urgent Care, some Medicare-covered diagnostic tests and labs (Urine protein, Prothrombin testing, HBA1C, FIT Screening, Fundus Testing, gFOBT Testing and COVID lab tests), Teladoc, and Wigs.
Annual Maximum Out-of-Pocket	$200
	The maximum out-of-pocket (MOOP) is the **most you'll pay** for the medical services we cover each year. **It's in place to protect you**. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

PRIMARY BENEFITS	Your costs for in and out-of-network care
Hospital Care*	
Inpatient Hospital Care	$0 per stay The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Observation Stay	Your cost share for Observation Care is based upon the services you receive. Frequency: per stay
Outpatient Hospital Services and Surgery	$0
Ambulatory Surgery Center	$0
Primary Care Provider and Specialist Services	
Primary Care Provider Visits	$10 Includes the services of an internist, general physician or family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.
Specialist Visits	$20
Preventive Services	
Medicare-covered Preventive Services • Abdominal aortic aneurysm screenings • Alcohol misuse screenings and counseling • Annual Wellness visit • Bone mass measurements • Breast cancer screening: mammogram • Cardiovascular behavioral therapy • Cardiovascular disease screenings • Cervical and vaginal cancer screenings • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screenings • Diabetes screenings • HIV screenings • Lung cancer screenings and counseling • Medicare Diabetes Prevention Program • Medical nutrition therapy	$0

This continues on the next page

PRIMARY BENEFITS	Your costs for in and out-of-network care
Preventive Services (continued)	
• Obesity therapy • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling • Welcome to Medicare preventive visit	
Immunizations • Flu/Influenza • Hepatitis B • Pneumonia	$0
Additional Medicare Preventive Services • Diabetes self-management training • Digital rectal exam • EKG following welcome exam • Glaucoma screening	$0
Emergency and Urgent Medical Care	
Emergency Care	$0
Emergency Care Worldwide	$0
Urgent Care	$0
Urgent Care Worldwide	$0
Diagnostic Procedures*	
Diagnostic Radiology (CT scans)	$0
Diagnostic Radiology (other than CT scans)	$0
Diagnostic Testing and Procedures	$0
Lab Services	$0
Outpatient X-rays	$0
Hearing Services	
Hearing Exam (routine)	$0 Coverage: 1 exam every 12 months
Hearing Exam (Medicare-covered)	$20
Dental Services*	

PRIMARY BENEFITS	Your costs for in and out-of-network care
Dental Services	$20
	Medicare-covered benefits only
Vision Services	
Eye Exam (routine)	$0
	Coverage: one exam every year
Diabetic Eye Exam	$0
Eye Exam (Medicare-covered)	$20
Mental Health Services*	
Inpatient Mental Health Care	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Mental Health Care	$20 (individual sessions)
	$20 (group sessions)
Partial Hospitalization Services	$20
Intensive Outpatient Service	$20
Inpatient Substance Use Disorder	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Substance Use Disorder	$20 (individual sessions)
	$20 (group sessions)
Skilled Nursing Services*	
Skilled Nursing Facility (SNF) Care	$0 per day, days 1-100
	Limited to 100 days per Medicare benefit period. See the *Schedule of Cost Sharing* for details on the benefit periods.
Outpatient Rehabilitation Services	
Occupational Therapy Rehabilitation Services	$0
Physical and Speech Therapy Rehabilitation Services	$0
Ambulance* and Transportation Services	
Ambulance Services	$0

This continues on the next page

PRIMARY BENEFITS	Your costs for in and out-of-network care
Ambulance* and Transportation Services (continued)	
	Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.
Transportation (non-emergency)	Not Covered
Worldwide Emergency Transportation (non-Medicare covered)	$0
Medicare Part B Prescription Drugs*	
Medicare Part B Prescription Drugs	$0
Medicare Part B Prescription Drugs - Insulin	$0

***These benefits may require prior authorization.**

Medicare Part D Prescription Drugs
Part D drugs are covered. See PHARMACY - PRESCRIPTION DRUG BENEFITS section on page 9 for your plan benefits at each Part D phase, including cost share and other important pharmacy benefit information.

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in and out-of-network care
Acupuncture Services	$20
	Medicare-covered benefits only
Allergy Shots	$0
Allergy Testing	$20
Blood	$0
	All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	$0
Chiropractic Services*	$0
	Medicare-covered benefits only
Continuous Glucose Monitor	$0
Continuous Glucose Supplies	$0
Diabetic Supplies*	$0
	Includes supplies to monitor your blood glucose from Accu-Chek/ Roche and TRUE/Trividia, or from a non-preferred provider when a prior authorization is received.
Durable Medical Equipment (DME)*	$0
Home Health Agency Care*	$0
Hospice Care	Your hospice services at a Medicare-certified hospice facility are paid for by Aetna at 100%.
Intensive Cardiac Rehabilitation Services	$0
Medical Supplies*	Your cost share is based upon the provider of services
Outpatient Dialysis Treatments*	$0
Podiatry Services	$20
	Medicare-covered benefits only
Prosthetic Devices*	$0
Pulmonary Rehabilitation Services	$0
Supervised Exercise Therapy (SET) for PAD	$0
Radiation Therapy*	$0
***These benefits may require prior authorization.**	

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Basic SilverSneakers® Program	You are covered for a basic membership to any SilverSneakers® authorized participating fitness facility. Additionally, online classes and at-home fitness kits are available. You may order one fitness kit per year through SilverSneakers.
Resources for Living®	This program is offered to help you locate resources for everyday needs.
Routine Physical	$0
	A routine physical exam is offered once per calendar year.
Smoking and Tobacco Use Cessation Supplies	$0
Frequency	unlimited visits every year
Teladoc™	$0
	Telemedicine services with a Teladoc provider. State mandates may apply.
Telehealth PCP	$10
Telehealth Specialist	$20
Telehealth Occupational Therapy Service	$0
Telehealth PT and ST Services	$0
Telehealth Other Health Care Providers	$20
Telehealth Individual Mental Health*	$20
Telehealth Group Mental Health*	$20
Telehealth Individual Psychiatric Services*	$20
Telehealth Group Psychiatric Services*	$20
Telehealth Individual Outpatient Substance Use Disorder*	$20
Telehealth Group Outpatient Substance Use Disorder*	$20
Telehealth Kidney Disease Education Services	$0
Telehealth Diabetes Self-Management Training	$0
Telehealth Opioid Treatment Program Services*	$20
Telehealth Urgent Care	$0
Wigs	$0
Maximum	$400
Frequency	every year
***These benefits may require prior authorization.**	

PHARMACY - PRESCRIPTION DRUG BENEFITS

Deductible **$100**

This is a calendar year deductible. You must pay the deductible before the plan pays for most Medicare Part D prescription drugs. Your covered Medicare Part D prescription drug costs count toward meeting the deductible. The deductible does not apply to covered insulins and most Part D vaccines.

Pharmacy Network **P1**

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (AetnaRetireePlans.com).

Formulary (Drug List) **Classic**

INITIAL COVERAGE PHASE

This is your cost sharing after the deductible is satisfied until covered Medicare prescription drug expenses reach the $2,400 annual out-of-pocket limit:

	30-day Supply through Network Retail		90-day Supply through Network Retail or Mail		
4 Tier plan	**Preferred**	**Standard**	**Preferred Retail**	**Preferred Mail**	**Standard Retail or Mail**
Tier 1 Generic drugs - Includes low-cost generic drugs	You pay $6	You pay $18	You pay $18	You pay $18	You pay $18
Tier 2 Preferred Brand drugs - Includes brand drugs and some high-cost generic drugs	You pay 20% for your drug	You pay 25% for your drug	You pay 20% for your drug	You pay $70	You pay 25% for your drug
Tier 3 Non-Preferred drugs - Includes non-preferred brand drugs and some higher-cost generic drugs	You pay 20% for your drug	You pay 50% for your drug	You pay 20% for your drug	You pay $85	You pay 50% for your drug

	30-day Supply through Network Retail		90-day Supply through Network Retail or Mail		
4 Tier plan	**Preferred**	**Standard**	**Preferred Retail**	**Preferred Mail**	**Standard Retail or Mail**
Tier 4 Specialty drugs - Includes high-cost/ unique brand and generic drugs	You pay 20% for your drug	You pay 20% for your drug	Limited to one-month supply	Limited to one-month supply	Limited to one-month supply

You won't pay more than $35 for a one-month supply or $105 for up to a 90-day supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

If you reside in a long-term care facility, your cost share is the same as a 30-day supply at a standard network retail pharmacy and you may receive up to a 31-day supply.

CATASTROPHIC COVERAGE PHASE

Catastrophic Coverage benefits start once the annual out-of-pocket threshold of $2,400 for covered Part D prescription drugs is reached. Once you are in the Catastrophic Coverage Phase, you will stay in this payment phase until the end of the calendar year.

- During this payment phase, 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

REQUIREMENTS

Precertification	Applies
Step Therapy	Applies

NON-PART D SUPPLEMENTAL BENEFIT

- Agents used for cosmetic purposes or hair growth
- Agents used to promote fertility
- Agents when used for anorexia, weight loss, or weight gain
- Agents when used for the symptomatic relief of cough and colds
- Agents when used for the treatment of sexual or erectile dysfunction (ED)
- Select prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Other miscellaneous non-Part D drugs not otherwise described above

MEDICAL DISCLAIMERS

For more information about Aetna plans, go to **AetnaRetireePlans.com** or call Member Services toll-free at **1-888-267-2637** (**TTY: 711**). Hours are 8 AM to 9 PM ET, Monday through Friday.

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.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The complete list of services can be found in the *Evidence of Coverage* (EOC). You can request a copy of the EOC by contacting Member Services at **1-888-267-2637** (**TTY: 711**). Hours are 8 AM to 9 PM ET, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your *Evidence of Coverage*.
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Aetna will pay any non-contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare-covered services under the plan.

PHARMACY DISCLAIMERS

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30-day supply.

Members who get "extra help" don't need to fill prescriptions at preferred network pharmacies to get Low Income Subsidy (LIS) copays.

Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

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 **1-866-241-0357** (TTY users should call **711**), 24 hours a day, seven days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for "off label" use (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which an additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Your plan includes supplemental coverage for some drugs not typically covered by a Medicare Part D plan. Refer to the "Non-Part D Supplemental Benefit" section in the chart above. Non-Part D drugs covered under the non-Part D supplemental drug benefit can be purchased at the appropriate plan copay. Copayments and other costs for these prescription drugs will not apply toward the deductible or annual out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan.

PLAN DISCLAIMERS

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna). 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.

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.

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.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2026 Tivity Health, Inc. All rights reserved.

Teladoc Health is not available to all members. Teladoc Health and Teladoc Health physicians are independent contractors and are not agents of Aetna. Visit **TeladocHealth.com/Aetna** for a complete description of the limitations of Teladoc Health services. Teladoc, Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc.

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.

If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

You can read the *Medicare & You 2027* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (**www.medicare.gov**) or by calling 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

You can also visit our website at **AetnaRetireePlans.com**. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

*****This is the end of this plan benefit summary*****

©2027 Aetna Inc.

Y0001_GRP_5560_2027_M

Notice of Availability (NOA)

TTY: 711

To access language assistance services and appropriate auxiliary aids and services at no cost to you, call the number on this document. (English)

የቋንቋ እርዳታ አገልግሎቶችን እና ተገቢ የሆኑ ረዳት መሣሪያዎችንና አገልግሎቶችን ያለ ምንም ክፍያ ለማግኘት፣ በዚህ ሰነድ ላይ ወደሚገኘው ስልክ ቁጥር ይደውሉ። (Amharic)

للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المساندِة المناسبة دون أي تكلفة عليك، اتصل بالرقم الوارد في هذا المستند. (Arabic)

如欲獲得免費的語言輔助服務以及適當的輔助工具和服務，請撥打本文件上的電話號碼。 (Chinese)

Pou w jwenn aksè ak sèvis sipò lang gratis ansanm ak sèvis asistans ak sipò apwopriye, tanpri rele nimewo ki endike sou dokiman sa a. (French Creole)

Pour accéder aux services d'assistance linguistique et aux aides et services auxiliaires appropriés sans frais à votre charge, appelez le numéro indiqué dans ce document. (French)

Um Sprachunterstützung sowie geeignete Hilfsmittel und Dienstleistungen kostenlos in Anspruch zu nehmen, rufen Sie bitte die auf diesem Dokument angegebene Nummer an. (German)

તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો તથા સેવાઓ મેળવવા માટે, આ દસ્તાવેજ પર આપેલા નંબર પર કૉલ કરો. (Gujarati)

No ke komo ʻana i nā lawelawe kōkua ʻōlelo a me nā mea kōkua kūpono a me nā lawelawe me ka uku ʻole iā ʻoe, e kelepona i ka helu ma kēia palapala. (Hawaiian)

Kom siv tau cov kev pab cuam txhais lus thiab cov khoom pab kom hnov lus thiab cov kev pab cuam yam tsis sau nqi ntawm koj, hu tus npawb xov tooj ntawm daim ntawv thov no. (Hmong)

Contattare il numero nel presente documento per accedere, senza costi aggiuntivi, ai servizi di assistenza linguistica e ad idonei aiuti ausiliari. (Italian)

言語支援サービスや適切な補助具やサービスを無料で利用するには、こちらの文書の電話番号までお電話ください。 (Japanese)

လၢတၢ်ကမၤနှံသူကိုဉ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်ဒီးတၢ်မၤစၢၤလၢအကဲထိဉ်သ့လၢအဖိးမံတဖဉ်ဒီးတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်လၢတလိဉ်နဟ့ဉ်အပှၤအဂီၢ်နှဉ်,ကိးဘဉ်နီၢ်ဂံၢ်လၢလံာ်တဘ့ဉ်အံၤအလိၤတက့ၢ်. (Karen)

ដើម្បីទទួលបានសេវាកម្មជំនួយផ្នែកភាសា និងការគាំទ្រ និងសេវាកម្មបន្ថែមសមស្របដោយមិនគិតថ្លៃ សម្រាប់អ្នក សូមទូរសព្ទទៅលេខនៅលើឯកសារនេះ។ (Khmer)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하려면 본 문서에 나와 있는 번호로 전화해 주시기 바랍니다. (Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການອື່ນໆ ໂດຍທ່ານບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໃນເອກະສານນີ້. (Lao)

Tajaajilawwan gargaarsa afaanii fi tajaajilawwan gargaarsaa dabalataa mijaawaa ta'an kaffaltii tokko malee argachuuf, lakkoofsa sanada kana irra jirutti bilbilaa. (Oromo)

(Persian) برای دسترسی رایگان به خدمات کمک زبانی و وسایل و خدمات کمکی مناسب، با شماره درجشده در این سند تماس بگیرید.

Aby skorzystać z usług pomocy językowej oraz odpowiednich środków pomocniczych i usług bez ponoszenia żadnych kosztów, zadzwoń pod numer podany w niniejszym dokumencie. (Polish)

Para aceder, sem custos para si, a serviços de assistência linguística e a auxílios e serviços de apoio adequados, ligue para o número indicado neste documento. (Portuguese)

Чтобы бесплатно воспользоваться услугами языковой поддержки, а также соответствующими вспомогательными средствами и услугами, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para tener acceso a los servicios de asistencia en otros idiomas y a las ayudas y servicios auxiliares adecuados sin costo para usted, llame al número que figura en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa tulong sa wika at mga angkop na pantulong na kagamitan at serbisyo nang hindi ka gagastos, tawagan ang numero sa dokumentong ito. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษาและอุปกรณ์ช่วยเหลืออื่น ๆ ทีเหมาะสมโดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลขทีระบุในเอกสารนี (Thai)

Để tiếp cận các dịch vụ hỗ trợ ngôn ngữ, công cụ hỗ trợ và dịch vụ phụ trợ phù hợp miễn phí dành cho quý vị, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

Y0001_Y0130_2026_V3 NOA-Medicare-1557-10 (08-26)

Here's how Star Ratings work

The Centers for Medicare & Medicaid Services (CMS) uses information from member satisfaction surveys, plans and health care providers to rate Medicare plans and prescription drug plans (Part D).

Medicare plan ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from providers and hospitals that work with the plan

Each plan receives a rating from one star (lowest) to five stars (highest). Star Ratings are calculated each year and may change from one year to the next.

How to find your plan's Star Rating

1. Find the state you live in within the chart on the following page.
2. Note the contract number next to the name of your state.
3. Flip to the page in this section with the same contract number in the upper-left corner.
4. Review the overall rating for your plan.



If you have an Aetna® Medicare plan **without** drug coverage, review just the health plan rating. There's no need to review the plan's drug rating.

18.00.120.1-PPO_I

Aetna Medicare℠ Plan (PPO)

State	Contract number
Alabama	H5521, H5522
Alaska	H5521, H5522
Arizona	H5521, H5522
Arkansas	H1608, H5521, H5522
California	H5521, H5522
Colorado	H5521, H5522
Connecticut	H5521, H5522
Delaware	H5521, H5522
District of Columbia	H5521, H5522
Florida	H5521, H5522
Georgia	H1608, H3288, H5521, H5522
Hawaii	H5521, H5522
Idaho	H5521, H5522, H9431
Illinois	H5521, H1608, H5522, H7301
Indiana	H5521, H5522
Iowa	H1608, H5521, H5522
Kansas	H1608, H5521, H5522
Kentucky	H5521, H5522
Louisiana	H5521, H5522
Maine	H5521, H5522
Maryland	H5521, H5522
Massachusetts	H5521, H5522
Michigan	H5521, H5522
Minnesota	H3219, H5521, H5522
Mississippi	H5521, H5522

State	Contract number
Missouri	H1608, H5521, H5522
Montana	H5521, H5522
Nebraska	H1608, H5521, H5522
Nevada	H5521, H5522
New Hampshire	H5521, H5522, H9431
New Jersey	H5521, H5522
New Mexico	H5521, H5522, H9431
New York	H5521, H5522
North Carolina	H5521, H5522
North Dakota	H5521, H5522
Ohio	H1608, H5521, H5522
Oklahoma	H3288, H5521, H5522
Oregon	H5521, H5522, H9431
Pennsylvania	H5521, H5522
Rhode Island	H5521, H5522, H9431
South Carolina	H5521, H5522
South Dakota	H1608, H5521, H5522
Tennessee	H5521, H5522
Texas	H3288, H5521, H5522
Utah	H5521, H5522
Vermont	H5521, H5522
Virginia	H5521, H5522
Washington	H5521, H5522
West Virginia	H1608, H5521, H5522
Wisconsin	H5521, H5522
Wyoming	H5521, H5522

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H1608

For 2027, Aetna Medicare - H1608 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	★★★½☆
Drug Services Rating:	★★★½☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

18.03.150.1_I

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H3288

For 2027, Aetna Medicare - H3288 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½☆
Health Services Rating:	★★★½☆
Drug Services Rating:	★★½☆☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H5521

For 2027, Aetna Medicare - H5521 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	★★★★½
Drug Services Rating:	★★★☆☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H5522

For 2027, Aetna Medicare - H5522 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
Health Services Rating:	★★★★½
Drug Services Rating:	★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H7301

For 2027, Aetna Medicare - H7301 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	★★★½☆
Drug Services Rating:	★★★½☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H9431

For 2027, Aetna Medicare - H9431 received the following Star Ratings from Medicare:

Overall Star Rating:	★★½☆☆
Health Services Rating:	★★★☆☆
Drug Services Rating:	★★☆☆☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S. Government Medicare Information

Allina Health Aetna Medicare - H3219

For 2027, Allina Health Aetna Medicare - H3219 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½☆
Health Services Rating:	★★★½☆
Drug Services Rating:	★★★½☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?
Contact Allina Health Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).



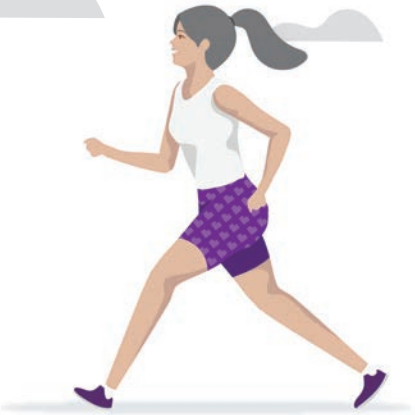
After enrollment

See what happens next

18.00.130.1_H

What happens next

You'll receive more info from us within about 30 days after you enroll in the plan. Here's what you can expect:



Plan confirmation and acceptance letter

This includes info about your plan's features. We'll send it to you once the Centers for Medicare & Medicaid Services (CMS) approves your enrollment. **You'll get your letter by mail.**

Plan member ID card

Use this card — not your red, white and blue Medicare card — each time you visit a provider, hospital or pharmacy. **You'll get your member ID card by mail. You can also find it online.**

Evidence of Coverage (EOC)

This is a complete description of your Medicare plan coverage and your member rights. **You'll get instructions by mail to find your EOC online.**

Formulary

This is a list of drugs your plan covers and any special requirements. **You'll get instructions by mail to find your formulary online.**

Schedule of Cost Sharing (SOC)

This outlines costs that you pay out of your own pocket. This can include deductibles, coinsurance, copayments or similar charges. **Depending on your plan, you'll either get your SOC in the mail or receive instructions to find it online.**

Healthy Home Visit

We'll call you to schedule a Healthy Home Visit. A licensed provider through Signify Health® will see you at your home or virtually (online). They can discuss any health concerns, complete a fall risk assessment, recommend screenings and create a personalized care plan. It's included with your plan each year at no added cost.

Quick tip:

Once you receive your plan member ID card, be sure to register for your secure member website. There, you can provide your email address and opt in to get important updates from us right in your inbox.

Aetna Medicare Advantage Plan
2027 Employer Group Enrollment Form
Aetna Medicare℠ Plan (HMO)
Aetna Medicare℠ Plan (PPO)
OMB No. 0938-1378 Expires 02/28/2029

Employer Group Enrollment Form Instructions

Answer all questions completely. Incomplete or incorrect information may delay the start of your coverage. The instructions for each section of this enrollment form are below. You can use this form to enroll or to submit a plan change if you're already enrolled.

Effective date	Your coverage will begin on the first day of the month after you sign this enrollment form, or the date your enrollment is completed. **The effective date can't be earlier than the day you sign this form.**
Former employer/ union/trust information	Write the name of the former employer/union/trust offering this health plan (the company you retired from). List the Class Code if you know it. (This information may be pre-filled.)
Health plan selection	Check the box next to the plan you want to enroll in (there may be only one plan available). For more plan details, look at the benefit summary included in your enrollment packet.
Tell us your provider	**For Aetna Medicare Plan (HMO):** You're required to have a Primary Care Provider (PCP) on file with us. Write in the full name of your PCP, their Provider ID and their Primary Care ID. You'll find this information in our online provider directory at **AetnaMedicare.com/findprovider. Please note that a specialist is not considered a valid PCP.** **For Aetna Medicare Plan (PPO):** You have the option to choose a Primary Care Provider (PCP). When we know who your doctor is, we can better support your care. Write in the full name of your PCP, their Provider ID and their Primary Care ID. You'll find this information in our online provider directory at **AetnaMedicare.com/findprovider. Please note that a specialist is not considered a valid PCP**.
Your information	This is your name, address, phone number, etc. **Please print clearly.**
Medicare information	This is your Medicare insurance information, found on your red, white and blue Medicare card. Complete all the fields to avoid a delay in your coverage.
Tell us more about yourself	Answering these questions is your choice. You can't be denied coverage because you don't fill them out.
Important information	Read this information carefully.
Signature required	Sign and date the application in the space provided. **Authorized representatives:** Sign the form and write in your information.
Make a copy for yourself and return the original	Make a copy of the completed application for your records. Then return your completed original form to the address below. A separate enrollment form must be completed for each Medicare-eligible dependent. Two forms may be included for your convenience.

Please call your former employer/union/trust or Aetna Medicare with any questions.

Phone number:	1-800-307-4830 (TTY: 711)
Hours:	Monday through Friday, 8 AM to 9 PM ET
Mail to:	Doyle Rowe LTD 1301 W 22nd St Suite 101, Oak Brook IL 60523
Website:	AetnaRetireePlans.com

Prospective member name	Effective date: /01 /

Former employer/union/trust information

Write the name of the former employer/union/trust offering your retiree health plan unless this information is pre-filled.

Name of former employer/union/trust	Class Code
Labor Benefits Association	☐☐☐☐

Health plan selection

Check the box next to the plan you want to enroll in. For more plan details, look at the benefit summary included in your enrollment kit. **Make sure to read the important health plan disclosures on the last page of this form.**

Plan Type	Master Plan ID	Plan Name
☐ Aetna Medicare PPO ESA Rx	0002193	C05 Custom Rx
☐ Aetna Medicare PPO ESA Rx	0002194	C05 Part B Only Custom Rx
☐ Aetna Medicare PPO ESA Rx	0002196	C04 Custom Rx
☐ Aetna Medicare PPO ESA Rx	0002195	C04 Part B Only Custom Rx

Are you enrolled in another Medicare Advantage plan? If yes, fill in the following:

I'm currently enrolled in a Medicare Advantage plan issued by:

Name of insurance company _____

I'd like to change to an Aetna plan. I understand this plan may have different health benefits and monthly payments than my current plan.

Tell us your provider

A Primary Care Provider (PCP) is required for HMO plans and is recommended for PPO plans. To select a PCP, visit our online provider directory at **AetnaMedicare.com/findprovider** or call the phone number on the instructions page of this enrollment form. **Please note that a specialist is not considered a valid PCP.**

Full name of your PCP (first and last name)	Are you a current patient? ☐ Yes ☐ No

Provider ID (located in the provider directory): ☐☐☐☐☐☐☐

Primary Care ID (located in the provider directory): ☐☐☐☐☐☐

Your information

Last name | **First name** | **Middle initial**

Birth date (_ _ /_ _ /_ _ _ _) (MM /DD/YYYY)	**Sex** ☐ **Male** ☐ **Female**	**Phone number** (_ _ _) _ _ _ - _ _ _ _ Is this a mobile number? ☐ Yes ☐ No

Email address

Enter your permanent residence street address below. Don't enter a PO Box unless you are experiencing homelessness

☐ Check here if you are currently experiencing homelessness

Permanent residence address

Street address – including Apt/Suite/Unit

City	**County**	**State**	**ZIP Code**

Mailing address (if different from your permanent street address)

Street address – including Apt/Suite/Unit

City	**State**	**ZIP Code**

Your Medicare Information

This information is on your red, white and blue Medicare insurance card.
You must have Medicare Part A and Part B to join a Medicare Prescription Drug Plan.

Medicare Number: _ _ _ _- _ _ _ - _ _ _ _

Effective Date:
Hospital (Part A) (_ _ /_ _ /_ _ _ _)
Hospital (Part B) (_ _ /_ _ /_ _ _ _)

Please read and answer these important questions

☐ Yes ☐ No

1. Are you the retiree? If "Yes," retirement date _ _ /_ _ /_ _ _ _
If "No," name of retiree: _____

☐ Yes ☐ No

2. Are you covering a spouse or dependents under this employer, trust or union plan?
If "Yes," name of spouse: _____
Name(s) of dependent(s): _____

☐ Yes ☐ No

3. Will you have other prescription drug coverage in addition to the Aetna Medicare plan? Some individuals may have other drug coverage, including other private insurance, worker's compensation, TRICARE, Federal employee health benefits
coverage, VA benefits or state pharmaceutical assistance programs.

If "Yes," please list your other coverage and identification number(s) for this coverage:

Name of other coverage: _____
ID # for this coverage: _____
Group # for this coverage: _____

Prospective member name	**Effective date:** / 01 /

All questions below are optional

Indicate your preferred **spoken language** (if not English):

☐ Spanish ☐ Chinese ☐ Other (please specify): _____

Indicate your preferred **written language** (if not English):

☐ Spanish ☐ Chinese ☐ Other (please specify): _____

Select one if you want us to send you information in an accessible format:

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

Please call us at **1-800-307-4830 (TTY: 711)** if you need information in an accessible format other than what's listed above. We're here 8 AM to 8 PM, 7 days a week, from October 1 to March 31 and 8 AM to 8 PM, Monday through Friday, from April 1 to September 30.

Continued on the next page

Prospective member name	Effective date:
	/01 /

Please read this section carefully and sign below

By completing this enrollment application, I agree to the following: Aetna Medicare is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available or (Example: Annual Enrollment Period from October 15 – December 7), or under certain special circumstances.

The Aetna Medicare plan serves a specific service area. If I move out of the area that Aetna Medicare plan serves, I need to notify the plan and my former employer/union/trust so I can disenroll and find a new plan in my new area. Once I'm a member of the Aetna Medicare plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Aetna when I get it to know which rules I must follow to get coverage with this Medicare plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

HMO plans: I understand that beginning on the date Aetna Medicare plan coverage begins, I must get all my health care from the Aetna Medicare Advantage plan, except for emergency or urgently needed services or out of area dialysis services. Services authorized by the Aetna Medicare plan and other services contained in my Aetna Medicare plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES**.

PPO plans: I understand that beginning on the date Aetna Medicare Advantage plan coverage begins, using services in network can cost less than using services out of network, except for emergency or urgently needed services or out-of-area dialysis services. I understand I can go to doctors, specialists or hospitals in or out of network. I understand that providers must be licensed and eligible to receive payment under the federal Medicare program and agree to accept the PPO plan. I also understand I may have to pay more for services I receive out of network. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization when required by the plan, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES**.

I understand if I'm getting assistance from a sales agent, broker, or other individual employed by or contracted with Aetna's Medicare Advantage plans, he/she may be paid based on my enrollment in the Aetna Medicare Advantage plan.

Please read this section carefully and sign below

Release of Information: By joining this Medicare Advantage plan, I acknowledge that the Aetna Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Aetna Medicare will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Plan features and availability may vary by service area.

Signature	**Today's date** __ __ /__ __ /__ __ __ __

If you're the **authorized representative (such as a power of attorney)** filling out this form on behalf of the enrollee, you must sign above and provide the following information.

Representative's name	**Address**
Phone number (__ __ __) __ __ __ - __ __ __ __	**Relationship to enrollee**

For individuals helping an enrollee with completing this form

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping someone fill out this form (but not authorized to make decisions on behalf of the enrollee).

Name	**Relationship to enrollee**
Signature	**National Producer Number (NPN)** **(Agents/Brokers only)**

Aetna Medicare Advantage Plan
2027 Employer Group Enrollment Form
Aetna Medicare℠ Plan (HMO)
Aetna Medicare℠ Plan (PPO)
OMB No. 0938-1378 Expires 02/28/2029

Employer Group Enrollment Form Instructions

Answer all questions completely. Incomplete or incorrect information may delay the start of your coverage. The instructions for each section of this enrollment form are below. You can use this form to enroll or to submit a plan change if you're already enrolled.

Effective date	Your coverage will begin on the first day of the month after you sign this enrollment form, or the date your enrollment is completed. **The effective date can't be earlier than the day you sign this form.**
Former employer/ union/trust information	Write the name of the former employer/union/trust offering this health plan (the company you retired from). List the Class Code if you know it. (This information may be pre-filled.)
Health plan selection	Check the box next to the plan you want to enroll in (there may be only one plan available). For more plan details, look at the benefit summary included in your enrollment packet.
Tell us your provider	**For Aetna Medicare Plan (HMO):** You're required to have a Primary Care Provider (PCP) on file with us. Write in the full name of your PCP, their Provider ID and their Primary Care ID. You'll find this information in our online provider directory at **AetnaMedicare.com/findprovider. Please note that a specialist is not considered a valid PCP.** **For Aetna Medicare Plan (PPO):** You have the option to choose a Primary Care Provider (PCP). When we know who your doctor is, we can better support your care. Write in the full name of your PCP, their Provider ID and their Primary Care ID. You'll find this information in our online provider directory at **AetnaMedicare.com/findprovider. Please note that a specialist is not considered a valid PCP**.
Your information	This is your name, address, phone number, etc. **Please print clearly.**
Medicare information	This is your Medicare insurance information, found on your red, white and blue Medicare card. Complete all the fields to avoid a delay in your coverage.
Tell us more about yourself	Answering these questions is your choice. You can't be denied coverage because you don't fill them out.
Important information	Read this information carefully.
Signature required	Sign and date the application in the space provided. **Authorized representatives:** Sign the form and write in your information.
Make a copy for yourself and return the original	Make a copy of the completed application for your records. Then return your completed original form to the address below. A separate enrollment form must be completed for each Medicare-eligible dependent. Two forms may be included for your convenience.

Please call your former employer/union/trust or Aetna Medicare with any questions.

Phone number:	1-800-307-4830 (TTY: 711)
Hours:	Monday through Friday, 8 AM to 9 PM ET
Mail to:	Doyle Rowe LTD 1301 W 22nd St Suite 101, Oak Brook IL 60523
Website:	AetnaRetireePlans.com

Prospective member name	Effective date: /01 /

Former employer/union/trust information

Write the name of the former employer/union/trust offering your retiree health plan unless this information is pre-filled.

Name of former employer/union/trust	Class Code
Labor Benefits Association	☐☐☐☐

Health plan selection

Check the box next to the plan you want to enroll in. For more plan details, look at the benefit summary included in your enrollment kit. **Make sure to read the important health plan disclosures on the last page of this form.**

Plan Type	Master Plan ID	Plan Name
☐ Aetna Medicare PPO ESA Rx	0002193	C05 Custom Rx
☐ Aetna Medicare PPO ESA Rx	0002194	C05 Part B Only Custom Rx
☐ Aetna Medicare PPO ESA Rx	0002196	C04 Custom Rx
☐ Aetna Medicare PPO ESA Rx	0002195	C04 Part B Only Custom Rx

Are you enrolled in another Medicare Advantage plan? If yes, fill in the following:

I'm currently enrolled in a Medicare Advantage plan issued by:

Name of insurance company _____

I'd like to change to an Aetna plan. I understand this plan may have different health benefits and monthly payments than my current plan.

Tell us your provider

A Primary Care Provider (PCP) is required for HMO plans and is recommended for PPO plans. To select a PCP, visit our online provider directory at **AetnaMedicare.com/findprovider** or call the phone number on the instructions page of this enrollment form. **Please note that a specialist is not considered a valid PCP.**

Full name of your PCP (first and last name)	Are you a current patient? ☐ Yes ☐ No

Provider ID (located in the provider directory): ☐☐☐☐☐☐☐

Primary Care ID (located in the provider directory): ☐☐☐☐☐☐

Your information

Last name | **First name** | **Middle initial**

Birth date (_ _ /_ _ /_ _ _ _) (MM /DD/YYYY)	**Sex** ☐ **Male** ☐ **Female**	**Phone number** (_ _ _) _ _ _ - _ _ _ _ Is this a mobile number? ☐ Yes ☐ No

Email address

Enter your permanent residence street address below. Don't enter a PO Box unless you are experiencing homelessness

☐ Check here if you are currently experiencing homelessness

Permanent residence address

Street address – including Apt/Suite/Unit

City	**County**	**State**	**ZIP Code**

Mailing address (if different from your permanent street address)

Street address – including Apt/Suite/Unit

City	**State**	**ZIP Code**

Your Medicare Information

This information is on your red, white and blue Medicare insurance card.
You must have Medicare Part A and Part B to join a Medicare Prescription Drug Plan.

Medicare Number: _ _ _ _- _ _ _ - _ _ _ _

Effective Date:
Hospital (Part A) (_ _ /_ _ /_ _ _ _)
Hospital (Part B) (_ _ /_ _ /_ _ _ _)

Please read and answer these important questions

☐ Yes ☐ No

1. Are you the retiree? If "Yes," retirement date _ _ /_ _ /_ _ _ _
If "No," name of retiree: _____

☐ Yes ☐ No

2. Are you covering a spouse or dependents under this employer, trust or union plan?
If "Yes," name of spouse: _____
Name(s) of dependent(s): _____

☐ Yes ☐ No

3. Will you have other prescription drug coverage in addition to the Aetna Medicare plan? Some individuals may have other drug coverage, including other private insurance, worker's compensation, TRICARE, Federal employee health benefits
coverage, VA benefits or state pharmaceutical assistance programs.

If "Yes," please list your other coverage and identification number(s) for this coverage:

Name of other coverage: _____
ID # for this coverage: _____
Group # for this coverage: _____

Prospective member name	**Effective date:** / 01 /

All questions below are optional

Indicate your preferred **spoken language** (if not English):

☐ Spanish ☐ Chinese ☐ Other (please specify): _____

Indicate your preferred **written language** (if not English):

☐ Spanish ☐ Chinese ☐ Other (please specify): _____

Select one if you want us to send you information in an accessible format:

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

Please call us at **1-800-307-4830 (TTY: 711)** if you need information in an accessible format other than what's listed above. We're here 8 AM to 8 PM, 7 days a week, from October 1 to March 31 and 8 AM to 8 PM, Monday through Friday, from April 1 to September 30.

Continued on the next page

Prospective member name	Effective date:
	/01 /

Please read this section carefully and sign below

By completing this enrollment application, I agree to the following: Aetna Medicare is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available or (Example: Annual Enrollment Period from October 15 – December 7), or under certain special circumstances.

The Aetna Medicare plan serves a specific service area. If I move out of the area that Aetna Medicare plan serves, I need to notify the plan and my former employer/union/trust so I can disenroll and find a new plan in my new area. Once I'm a member of the Aetna Medicare plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Aetna when I get it to know which rules I must follow to get coverage with this Medicare plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

HMO plans: I understand that beginning on the date Aetna Medicare plan coverage begins, I must get all my health care from the Aetna Medicare Advantage plan, except for emergency or urgently needed services or out of area dialysis services. Services authorized by the Aetna Medicare plan and other services contained in my Aetna Medicare plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES**.

PPO plans: I understand that beginning on the date Aetna Medicare Advantage plan coverage begins, using services in network can cost less than using services out of network, except for emergency or urgently needed services or out-of-area dialysis services. I understand I can go to doctors, specialists or hospitals in or out of network. I understand that providers must be licensed and eligible to receive payment under the federal Medicare program and agree to accept the PPO plan. I also understand I may have to pay more for services I receive out of network. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization when required by the plan, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES**.

I understand if I'm getting assistance from a sales agent, broker, or other individual employed by or contracted with Aetna's Medicare Advantage plans, he/she may be paid based on my enrollment in the Aetna Medicare Advantage plan.

Please read this section carefully and sign below

Release of Information: By joining this Medicare Advantage plan, I acknowledge that the Aetna Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Aetna Medicare will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Plan features and availability may vary by service area.

Signature	**Today's date** __ __ /__ __ /__ __ __ __

If you're the **authorized representative (such as a power of attorney)** filling out this form on behalf of the enrollee, you must sign above and provide the following information.

Representative's name	**Address**
Phone number (__ __ __) __ __ __ - __ __ __ __	**Relationship to enrollee**

For individuals helping an enrollee with completing this form

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping someone fill out this form (but not authorized to make decisions on behalf of the enrollee).

Name	**Relationship to enrollee**
Signature	**National Producer Number (NPN)** **(Agents/Brokers only)**

Aetna, CVS Caremark® Mail Service Pharmacy and Signify Health® are part of the CVS Health® family of companies.

Aetna Medicare is an HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Every year, Medicare evaluates plans based on a 5-star rating system.

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 10 days. You can call **1-888-267-2637 (TTY: 711)**, 8 AM to 9 PM ET, Monday through Friday, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

The Aetna Medicare pharmacy network includes limited lower-cost preferred pharmacies in: Rural Nebraska, Rural North Dakota, Suburban West Virginia, Urban Kansas, Urban Missouri. 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 ower-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 **AetnaMedicare.com/pharmacyhelp**.

Out-of-network/non-contracted providers are under no obligation to treat Aetna® 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.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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.

Other Pharmacies/Physicians/Providers are available in our network.

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.

Important information about your enrollment in a Medicare plan

18.28.328.1_J

As an Aetna Medicare member, you agree to the following:
Aetna Medicare is a Medicare plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B and continue to pay my Part B premium. I can only be in one Medicare plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform Aetna of any prescription drug coverage that I have or may get in the future.

I understand that if I don't have Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.

Enrollment in this plan is generally for the (entire) year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (for example, during the Annual Enrollment Period, which is October 15 through December 7 of every year), or under certain special circumstances.

The Aetna Medicare plan serves a specific service area. If I move out of the area that the Aetna Medicare plan serves, I need to notify the plan and my former employer/union/trust so I can disenroll and find a new plan in my new area. Once I am a member of the Aetna Medicare plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from the Aetna Medicare plan when I get it to know which rules I must follow to get coverage with this Medicare plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

HMO plans: I understand that beginning on the date Aetna Medicare plan coverage begins, I must get all my health care from the Aetna Medicare plan, except for emergency or urgently needed services or out of area dialysis services.

Services authorized by the Aetna Medicare plan and other services contained in my Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES**.

PPO plans: I understand that beginning on the date Aetna Medicare plan coverage begins, using services in network can cost less than using services out of network, except for emergency or urgently needed services or out-of-area dialysis services. I understand I can go to doctors, specialists or hospitals in or out of network. I understand that providers must be licensed and eligible to receive payment under the federal Medicare program and agree to accept the PPO plan. I also understand I may have to pay more for services I receive out of network. Services authorized by the Aetna Medicare plan and other services contained in my Aetna Medicare plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization when required by the plan, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES.**

I understand that beginning on the date the Aetna Medicare plan coverage begins, I must get all of my health care from Aetna Medicare, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by the Aetna Medicare plan and other services contained in my Aetna Medicare Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with the Aetna Medicare plan, he/she may be paid based on my enrollment in the Aetna Medicare plan.

Release of information

By joining this Medicare health plan, I acknowledge that the Aetna Medicare plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that the Aetna Medicare plan will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information, I will be disenrolled from the plan.

Notice of Availability (NOA)

TTY: 711

To access language assistance services and appropriate auxiliary aids and services at no cost to you, call the number on this document. (English)

የቋንቋ እርዳታ አገልግሎቶችን እና ተገቢ የሆኑ ረዳት መሣሪያዎችንና አገልግሎቶችን ያለ ምንም ክፍያ ለማግኘት፣ በዚህ ሰነድ ላይ ወደሚገኘው ስልክ ቁጥር ይደውሉ። (Amheric)

للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المسانِدة المناسبة دون أي تكلفة عليك، اتصل بالرقم الوارد في هذا المستند. (Arabic)

如欲獲得免費的語言輔助服務以及適當的輔助工具和服務，請撥打本文件上的電話號碼。(Chinese)

Pou w jwenn aksè ak sèvis sipò lang gratis ansanm ak sèvis asistans ak sipò apwopriye, tanpri rele nimewo ki endike sou dokiman sa a. (French Creole)

Pour accéder aux services d’assistance linguistique et aux aides et services auxiliaires appropriés sans frais à votre charge, appelez le numéro indiqué dans ce document. (French)

Um Sprachunterstützung sowie geeignete Hilfsmittel und Dienstleistungen kostenlos in Anspruch zu nehmen, rufen Sie bitte die auf diesem Dokument angegebene Nummer an. (German)

તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો તથા સેવાઓ મેળવવા માટે, આ દસ્તાવેજ પર આપેલા નંબર પર કૉલ કરો. (Gujarati)

No ke komo ʻana i nā lawelawe kōkua ʻōlelo a me nā mea kōkua kūpono a me nā lawelawe me ka uku ʻole iā ʻoe, e kelepona i ka helu ma kēia palapala. (Hawaiian)

Kom siv tau cov kev pab cuam txhais lus thiab cov khoom pab kom hnov lus thiab cov kev pab cuam yam tsis sau nqi ntawm koj, hu tus npawb xov tooj ntawm daim ntawv thov no. (Hmong)

Contattare il numero nel presente documento per accedere, senza costi aggiuntivi, ai servizi di assistenza linguistica e ad idonei aiuti ausiliari. (Italian)

言語支援サービスや適切な補助具やサービスを無料で利用するには、こちらの文書の電話番号までお電話ください。(Japanese)

လၢတၢ်ကမၤနၢ့်သူကျိာ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်ဒီးတၢ်မၤစၢၤလၢအကဲထီဉ်သ့လၢအဖိးမံတဖဉ်ဒီးတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်လၢတလိဉ်နဟ့ဉ်အပှ့ၤအဂီၢ်နၢ့ဉ်,ကိးဘဉ်နီၢ်ဂံၢ်လၢလံာ်တဘ့ဉ်အံၤအလိၤတက့ၢ်. (Karen)

ដើម្បីទទួលបានសេវាកម្មជំនួយផ្នែកភាសា និងការគាំទ្រ
និងសេវាកម្មបន្ថែមសមស្របដោយមិនគិតថ្លៃសម្រាប់អ្នក
សូមទូរសព្ទទៅលេខនៅលើឯកសារនេះ។ (Khmer)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하려면 본 문서에 나와 있는 번호로 전화해 주시기 바랍니다. (Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການອື່ນໆ ໂດຍທ່ານບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໃນເອກະສານນີ້. (Lao)

Tajaajilawwan gargaarsa afaanii fi tajaajilawwan gargaarsaa dabalataa mijaawaa ta'an kaffaltii tokko malee argachuuf, lakkoofsa sanada kana irra jirutti bilbilaa. (Oromo)

برای دسترسی رایگان به خدمات کمک زبانی و وسایل و خدمات کمکی مناسب، با شماره درج‌شده در این سند تماس بگیرید. (Persian)

Aby skorzystać z usług pomocy językowej oraz odpowiednich środków pomocniczych i usług bez ponoszenia żadnych kosztów, zadzwoń pod numer podany w niniejszym dokumencie. (Polish)

Para aceder, sem custos para si, a serviços de assistência linguística e a auxílios e serviços de apoio adequados, ligue para o número indicado neste documento. (Portuguese)

Чтобы бесплатно воспользоваться услугами языковой поддержки, а также соответствующими вспомогательными средствами и услугами, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para tener acceso a los servicios de asistencia en otros idiomas y a las ayudas y servicios auxiliares adecuados sin costo para usted, llame al número que figura en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa tulong sa wika at mga angkop na pantulong na kagamitan at serbisyo nang hindi ka gagastos, tawagan ang numero sa dokumentong ito. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษาและอุปกรณ์ช่วยเหลืออื่น ๆ ที่เหมาะสมโดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลขที่ระบุในเอกสารนี้ (Thai)

Để tiếp cận các dịch vụ hỗ trợ ngôn ngữ, công cụ hỗ trợ và dịch vụ phụ trợ phù hợp miễn phí dành cho quý vị, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

This page intentionally left blank.



GOOD TO KNOW

Avoid late enrollment fees

It's important to sign up for Medicare coverage during your **Initial Enrollment Period**. If you don't, the federal government may charge you an extra amount (late enrollment penalty).

These penalties aren't just a one-time late fee. They're added to your monthly premium for as long as you have coverage.

For details about how to avoid late fees, be sure to visit:
Medicare.gov/basics/costs/medicare-costs/avoid-penalties

Important contacts

Primary care provider

Name: _____

Phone: _____

Specialists

Name: _____

Phone: _____

Name: _____

Phone: _____

Other health care professionals

Name: _____

Phone: _____

Emergency contacts

Name: _____

Phone: _____

Name: _____

Phone: _____

Pharmacy

Name: _____

Phone: _____

Address: _____

Hospital

Name: _____

Phone: _____

Address: _____

Notes:

_____

_____

_____

_____

_____

_____

In case of emergency, call 911.

Helpful resources

Keep these handy so you can refer back to them at any time.

Call us

We're available at **1-800-307-4830 (TTY:711)**.
We're here 8 a.m. to 9 p.m. EST, Monday through Friday.



Get info online

- Want more details about the plan and additional wellness programs? Looking for a provider or hospital?

Visit your plan website to find all that and more.
http://AetnaRetireePlans.com

← Or just scan the QR code.

- Visit **Medicare.gov** for more information about how Medicare works.

How to scan a QR code

It's easy as 1-2-3

1. **Open the camera app on your smartphone.**
2. **Point your camera at the QR code.**
   Your camera will automatically scan the code and show a link.
3. **Tap the link.**
   You'll be taken to your plan info.



Download the Aetna Health℠ app

Manage your plan the easy way with the Aetna Health app.

- View claims
- Track spending
- Access your digital member ID card, and much more

Don't have the app? Get it today:

GET IT ON Google Play

Download on the App Store

Apple® and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store® is a service mark of Apple Inc.

Google Play is a trademark of Google LLC.

18.32.3011-C3_H

We're so glad you're here!

We created this guide to make it easier to connect with your Aetna® Medicare plan.
In these pages, you'll have the info you need, right at your fingertips.

You'll learn how to:

- Access your plan details
- Sign up for your secure member website
- Get the Aetna Health℠ app
- Register online to opt in for emails to stay up to date and to receive info from us
- Find the answers you need, when you need them, and much more

Want to learn more?
Just flip this guide over to get the whole story.

©2026 Aetna, Inc.
18.39.303.1.4_G (8/26)