



**Aetna MedicareSM Plan (PPO)
and Aetna Medicare Rx[®] Plan**



Healthier happens togetherTM

2023 Medicare benefits and information guide



Welcome!





**Aetna MedicareSM Plan (PPO)
and Aetna Medicare Rx[®] Plan**

Plans centered around you

As part of the CVS Health[®] family, we deliver a total, connected approach to your health and well-being. So you can age actively with energy and optimism.

We're here to walk you through your coverage. Just give us a call — we're here to help.





Thank you for your interest in Aetna Medicare

We want you to have a positive health care experience. Our plans can help.

This packet contains:

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

Ready to get started?

Simply follow these steps:

1. Review the plan benefits in this packet.
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?

Just call us at **1-800-307-4830 (TTY: 711)**.

We're here 8 AM to 9 PM ET, Monday through Friday.

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TIP

About IRMAA

You'll get a Medicare Income-Related Monthly Adjustment Amount (IRMAA) notice if you have Medicare Part B or Part D and the U.S. Social Security Administration (SSA) determines that an IRMAA applies to you. This notice includes information about the determination by Social Security and your appeal rights.

When should I get it?

It can come at anytime.

Who sends it?

Social Security will contact you if you have to pay IRMAA, based on your income. The amount you pay can change each year, and it should be paid directly to the SSA.

What should I do if I get this notice?

Keep the notice. If you disagree with the notice, you can contact SSA to appeal.

A Medicare plan for you



Let's start with what matters most.



A history of care

We've provided access to Medicare coverage for more than 50 years.



Providers you trust

Our nationwide provider coverage helps connect you with the doctors and hospitals you count on for care.



Your prescriptions

Our plans cover many commonly prescribed drugs. And you can get most of them delivered to you with the CVS Caremark® Mail Service Pharmacy.

Original Medicare plus so much more

Our plans offer all the benefits of Original Medicare, plus other programs and services it doesn't offer.



Healthy Home Visit

A licensed health care professional can come to your home to review your health needs and do a home safety assessment. During the visit, they may also review your medications, complete some health screening tests and recommend services that can support your health needs. If you feel more comfortable with a virtual visit, a phone or video option may also be available.



The Resources For Living® program

We can connect you to a wide range of services right in your area — from personal care, housekeeping and maintenance to caregiver relief and more.



24-Hour Nurse Line

Need a quick answer to a health question or have a concern? You can talk to one of our registered nurses anytime, day or night.* Of course, in an emergency, dial **911** or go to the closest emergency room.



Nurse care management

These programs can help you manage chronic conditions and understand complex medical issues. If you qualify, we'll assign you a nurse care manager to work with you and your doctors to support your care plan.



Virtual Care

Telehealth: Meet virtually with a primary care physician (PCP) or an urgent care center provider by phone, video or mobile app. Check with your PCP or urgent care center to see if they offer telehealth services.

Teladoc®: You can access a national network of U.S. board-certified doctors by phone, video or mobile app. Get quality health care anywhere and anytime.

MDLIVE®: Talk by video to a board-certified psychiatrist or a licensed therapist — anytime, including nights and weekends. Providers are specially trained in elder care.

Whether you choose telehealth, Teladoc or MDLIVE, you're covered for many non-emergency medical needs, such as cold and flu symptoms, allergies, skin problems and prescription refills.

*While only your doctor can diagnose, prescribe or give medical advice, our nurses can provide information on more than 5,000 topics. Contact your doctor first with any questions regarding your health care needs. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional.

Aetna® Medicare Advantage with prescription drug coverage

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



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

Our all-in-one 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.



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):

- Flip to this guide's Summary of Benefits section to view the list.
- Write down the formulary name and the plan's tier structure (for example, 3-tier, 5-tier, etc.) shown under "Pharmacy — Prescription Drug Benefits."
- Go to aetnaretireeplans.com.
- Follow the prescription drug list search instructions for plans offered through an employer or group sponsor.

Don't have access to a computer or the internet? 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

Visit aetnaretireeplans.com.

No computer or internet? No worries.

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

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



Save a trip with home delivery

With CVS Caremark® Mail Service Pharmacy* (a preferred pharmacy), standard shipping is always free. Your medicine is securely packed, then checked for accuracy by a registered pharmacist. Finally, it's mailed quickly and safely to you.

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

*This pharmacy will be a pharmacy in our network in 2023. They may also contract with other plans.

Understand how your plan works



Medicare basics

About your plan



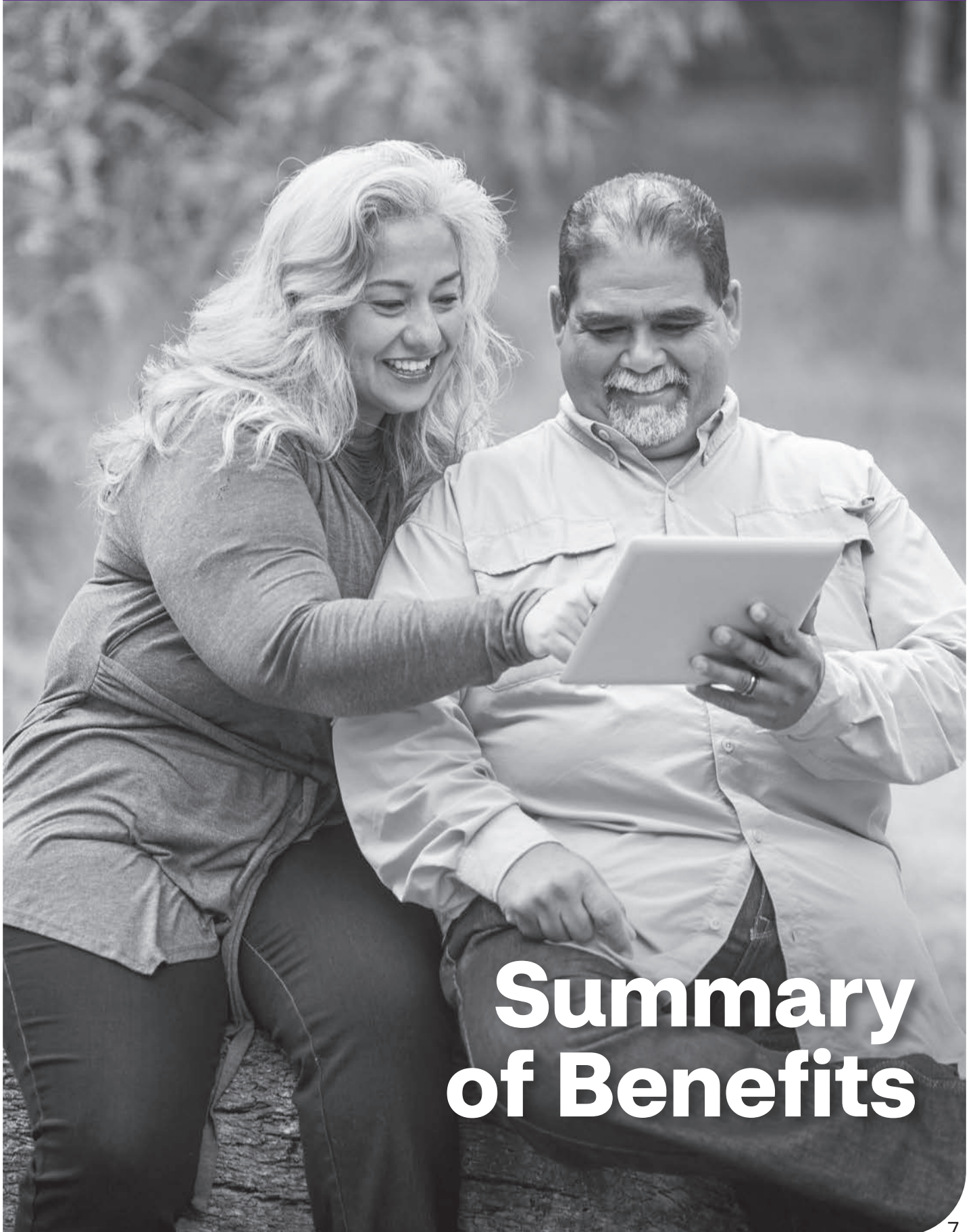
Aetna MedicareSM Plan (PPO)

A PPO is a preferred provider organization plan. You'll have the freedom and flexibility to see any licensed provider or hospital. **Your share of the cost is the same for any provider**, as long as they accept Medicare patients and your Aetna[®] plan.

Does your provider accept our plan? They most likely will. That's because more than **1,000,000 network doctors and specialists** and over **4,000 network hospitals** accept the Aetna Medicare Advantage plan.

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

Take a closer look



Summary of Benefits



Aetna[®] Medicare Plan (PPO)

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.



BEXAR COUNTY
Aetna MedicareSM Plan (PPO)
Bexar County MA ESA PPO Plan
Custom Rx \$4/\$25/\$40/33% \$0 Insulin

Benefits and Premiums are effective January 1, 2023 through December 31, 2023

SUMMARY OF BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

Primary Care Physician (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 doctor in order to see you.

Prior Authorizations: Your doctor 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 FEATURES	Network & out-of-network providers.
Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.
Annual Deductible	\$0

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.

Annual Maximum Out-of-Pocket Amount

Annual maximum out-of-pocket limit amount \$2,500
includes any deductible, copayment or
coinsurance that you pay.

It will apply to all medical expenses except Medicare prescription drug coverage that may be available on your plan.



HOSPITAL CARE*		This is what you pay for network & out-of-network providers.
Inpatient Hospital Care		\$175 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 Services & Surgery		\$50
Ambulatory Surgery Center		\$50
PHYSICIAN SERVICES		This is what you pay for network & out-of-network providers.
Primary Care Physician Visits		\$5
Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.		
Physician Specialist Visits		\$15
PREVENTIVE CARE		This is what you pay for network & out-of-network providers.
Medicare-covered Preventive Services		\$0
<ul style="list-style-type: none">• Abdominal aortic aneurysm screenings• Alcohol misuse screenings and counseling• Annual Well Visit - One exam every 12 months.• Bone mass measurements• Breast exams• Breast cancer screening: mammogram - one baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.• Cardiovascular behavior therapy• Cardiovascular disease screenings• Cervical and vaginal cancer screenings (Pap) - one routine GYN visit and pap smear every 24 months.• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)• Depression screenings• Diabetes screenings		



- HBV infection screening
- Hepatitis C screening tests
- HIV screenings
- Lung cancer screenings and counseling
- Medicare Diabetes Prevention Program - 12 months of core session for program eligible members with an indication of pre-diabetes.
- Nutrition therapy services
- Obesity behavior therapy
- Pelvic Exams - one routine GYN visit and pap smear every 24 months.
- Prolonged Preventive Services - prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service
- Prostate cancer screenings (PSA) - for all male patients aged 50 and older (coverage begins the day after 50th birthday)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling
- Welcome to Medicare preventive visit

Immunizations	\$0
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- Flu
- Hepatitis B
- Pneumococcal

Additional Medicare Preventive Services	\$0
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- Barium enema - one exam every 12 months.
- Diabetes self-management training (DSMT)
- Digital rectal exam (DRE)
- EKG following welcome exam
- Glaucoma screening

EMERGENCY AND URGENT MEDICAL CARE	This is what you pay for network & out-of-network providers.
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Emergency Care; Worldwide (waived if admitted)	\$65
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Urgently Needed Care; Worldwide	\$15
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DIAGNOSTIC PROCEDURES*	This is what you pay for network & out-of-network providers.
Diagnostic Radiology MRI and CT scans	\$15
Lab Services	\$0
Diagnostic testing & procedures	\$15
Outpatient X-rays	\$15
HEARING SERVICES	This is what you pay for network & out-of-network providers.
Routine Hearing Screening We cover one every twelve months	\$0
Medicare Covered Hearing Examination	\$15
DENTAL SERVICES	This is what you pay for network & out-of-network providers.
Medicare Covered Dental* Non-routine care covered by Medicare.	\$15
VISION SERVICES	This is what you pay for network & out-of-network providers.
Routine Eye Exams One annual exam every 12 months.	\$0
Diabetic Eye Exams	\$0
MENTAL HEALTH SERVICES*	This is what you pay for network & out-of-network providers.
Inpatient Mental Health Care The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$175 per stay
Outpatient Mental Health Care Individual visit	\$15
Partial Hospitalization	\$15
Inpatient Substance Abuse The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$175 per stay
Outpatient Substance Abuse Individual visit	\$15



SKILLED NURSING SERVICES*	This is what you pay for network & out-of-network providers.
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Skilled Nursing Facility (SNF) Care	\$0 per day, days 1-20; \$50 per day, days 21-100
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Limited to 100 days per Medicare Benefit Period.

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

PHYSICAL THERAPY SERVICES*	This is what you pay for network & out-of-network providers.
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Outpatient Rehabilitation Services	\$15
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(Speech, physical, and occupational therapy)

AMBULANCE SERVICES	This is what you pay for network & out-of-network providers.
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Ambulance Services	\$50
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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 SERVICES	This is what you pay for network & out-of-network providers.
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Transportation (non-emergency)	Not Covered
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MEDICARE PART B PRESCRIPTION DRUGS*	This is what you pay for network & out-of-network providers.
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Medicare Part B Prescription Drugs	20%
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MEDICARE PART D PRESCRIPTION DRUGS	This is what you pay for network & out-of-network providers.
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Part D drugs are covered. See PHARMACY - PRESCRIPTION DRUG BENEFITS section below for your plan benefits at each part D stage, including cost share and other important pharmacy benefit information.



BEXAR COUNTY
Aetna MedicareSM Plan (PPO)
Bexar County MA ESA PPO Plan
Custom Rx \$4/\$25/\$40/33% \$0 Insulin

ADDITIONAL PROGRAMS AND SERVICES	This is what you pay for network & out-of-network providers.
Allergy Shots	20%
Allergy Testing	\$15
Blood	\$0
All components of blood are covered beginning with the first pint.	
Cardiac Rehabilitation Services	\$15
Chiropractic Services*	\$15
Medicare covered benefits only.	
Diabetic Supplies*	\$0
Includes supplies to monitor your blood glucose from LifeScan.	
Durable Medical Equipment/ Prosthetic Devices*	20%
Home Health Agency Care*	\$0
Hospice Care	Covered by Original Medicare at a Medicare certified hospice.
Medical Supplies*	Your cost share is based upon the provider of services
Medicare Covered Acupuncture	\$15
Outpatient Dialysis Treatments*	\$15
Podiatry Services	\$15
Medicare covered benefits only.	
Pulmonary Rehabilitation Services	\$15
Radiation Therapy*	\$15



BEXAR COUNTY
Aetna MedicareSM Plan (PPO)
Bexar County MA ESA PPO Plan
Custom Rx \$4/\$25/\$40/33% \$0 Insulin

ADDITIONAL PROGRAMS (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network & out-of-network providers.
Fitness Benefit	SilverSneakers
Resources For Living[®] For help locating resources for every day needs.	Covered
Teladoc[™] Telemedicine services with a Teladoc [™] provider. State mandates may apply.	\$0
Telehealth Telemedicine Services. Member cost share will apply based on services rendered.	Covered
Telehealth PCP	\$5
Telehealth Specialist	\$15
Telehealth Other Health care Providers	\$15
Telehealth Individual Mental Health	\$15
Telehealth Group Mental Health	\$15
Telehealth Individual Psychiatric Services	\$15
Telehealth Group Psychiatric Services	\$15
Telehealth Urgent care	\$15
ADDITIONAL SERVICES (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network & out-of-network providers.
Routine Physical Exams One exam per calendar year	\$0

Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

See next page for Pharmacy-Prescription Drug Benefits.



PHARMACY - PRESCRIPTION DRUG BENEFITS

Calendar-Year deductible for Prescription drugs \$0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Pharmacy Network P1

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (<http://www.aetnaretireeplans.com>.)

Formulary (Drug List) Classic

Initial Coverage Limit (ICL) \$4,430

The Initial Coverage Limit includes the plan deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied, if your plan has a deductible):

4 Tier Plan	30-day Supply through Retail		90-day Supply through Retail or Mail		
	Preferred	Standard	Preferred Retail	Preferred Mail	Standard Retail or Mail
Tier 1 - Generic Generic Drugs	\$2	\$4	\$0	\$0	\$0
Tier 2 - Preferred Brand Includes some high-cost generic and preferred brand drugs	\$25	\$25	\$50	\$50	\$50
Tier 3 - Non-Preferred Drug Includes some high-cost generic and non-preferred brand drugs	\$40	\$40	\$80	\$80	\$80
Tier 4 - Specialty Includes high-cost/unique generic and brand drugs	33%	33%	Limited to one-month supply	Limited to one-month supply	Limited to one-month supply



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

Coverage Gap

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage Limit. Your cost-sharing for covered Part D drugs after the Initial Coverage Limit and until you reach \$7,050 in prescription drug expenses is indicated below.

Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. This means that you will generally continue to pay the same amount for covered drugs throughout the Coverage Gap stage of the plan as you paid in the Initial Coverage stage. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

Catastrophic Coverage:

You pay the greater of 5% of the cost of the drug - or - \$4.15 for a generic drug or a drug that is treated like a generic and \$10.35 for all other drugs.

Catastrophic Coverage benefits start once \$7,050 in true out-of-pocket costs is incurred.

Requirements:

Precertification

Applies

Step-Therapy

Applies

Non-Part D Supplemental Benefit

- \$0 cost share for insulin on the Preferred Brand tier

Medical Disclaimers



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

The provider network may change at any time. You will receive notice when necessary.

Participating physicians, hospitals and other 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 a.m. to 9 p.m. EST, 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 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.

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).

Aetna's pharmacy network includes limited lower-cost, preferred pharmacies in Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri, Urban Pennsylvania, Suburban Utah, Suburban West Virginia, Suburban Wyoming. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-241-0357 (TTY: 711) or consult the online pharmacy directory at <http://www.aetnaretireeplans.com>.

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.

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

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

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.

The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at 1-866-241-0357, 24 hours a day, 7 days a week. TTY users call 711.

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name



drugs. The amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.

Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

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 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 benefit can be purchased at the appropriate plan copay. Copayments and other costs for these prescription drugs will not apply toward the deductible, initial coverage limit or true out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan.



Plan Disclaimers

Aetna Medicare is a HMO and 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 physicians, hospitals and other 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.

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

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

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 2023* 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 (<http://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.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-267-2637 (TTY: 711). Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-267-2637 (TTY: 711).

Traditional Chinese: 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-888-267-2637 (TTY: 711)。

You can also visit our website at <http://www.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).



BEXAR COUNTY
Aetna MedicareSM Plan (PPO)
Bexar County MA ESA PPO Plan
Custom Rx \$4/\$25/\$40/33% \$0 Insulin

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

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Star Ratings

Know how well
your plan rates



TIP

Check Medicare's Star Ratings

Star Ratings can help you learn more about the Medicare plan you're offered. They can give you insight into the parts of a health plan you care most about. Learn how to find your plan's Star Rating on the next page.



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

Medicare Advantage plans are rated on how well they perform in five different categories:

- ✓ Helping you stay healthy (screenings, tests and vaccines)
- ✓ Managing chronic (long-term) conditions
- ✓ Plan responsiveness and care
- ✓ Member complaints, problems getting services and choosing to leave the plan
- ✓ Health plan customer service

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 medical, drug and overall rating for your plan.

If you have an Aetna® Medicare Advantage plan **without** drug coverage, review just the health plan rating. You can ignore the plan's drug rating.

Aetna Medicare Plan (PPO)

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

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

IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Aetna Medicare - H1608



For 2022, Aetna Medicare - H1608 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆

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

The number of stars show how well a plan performs.

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

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

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.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).

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

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IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Aetna Medicare - H3288



For 2022, Aetna Medicare - H3288 received the following Star Ratings from Medicare:

Overall Star Rating: ★★☆☆☆

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](https://www.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).

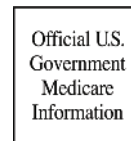
Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

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IMPORTANT INFORMATION:

2022 Medicare Star Ratings



Aetna Medicare - H5521

For 2022, Aetna Medicare - H5521 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

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

The number of stars show how well a plan performs.

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

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

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.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).

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

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IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Aetna Medicare - H5522



For 2022, Aetna Medicare - H5522 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

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.



This plan got
**MEDICARE'S
HIGHEST
RATING (5 stars)**

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](https://www.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).

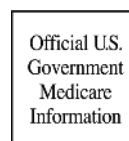
Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

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IMPORTANT INFORMATION:

2022 Medicare Star Ratings



Aetna Medicare - H7301

For 2022, Aetna Medicare - H7301 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

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

The number of stars show how well a plan performs.

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

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

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.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).

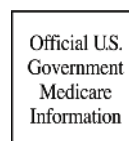
Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

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IMPORTANT INFORMATION:

2022 Medicare Star Ratings



Aetna Medicare - H9431

For 2022, Aetna Medicare - H9431 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

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

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

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

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.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).

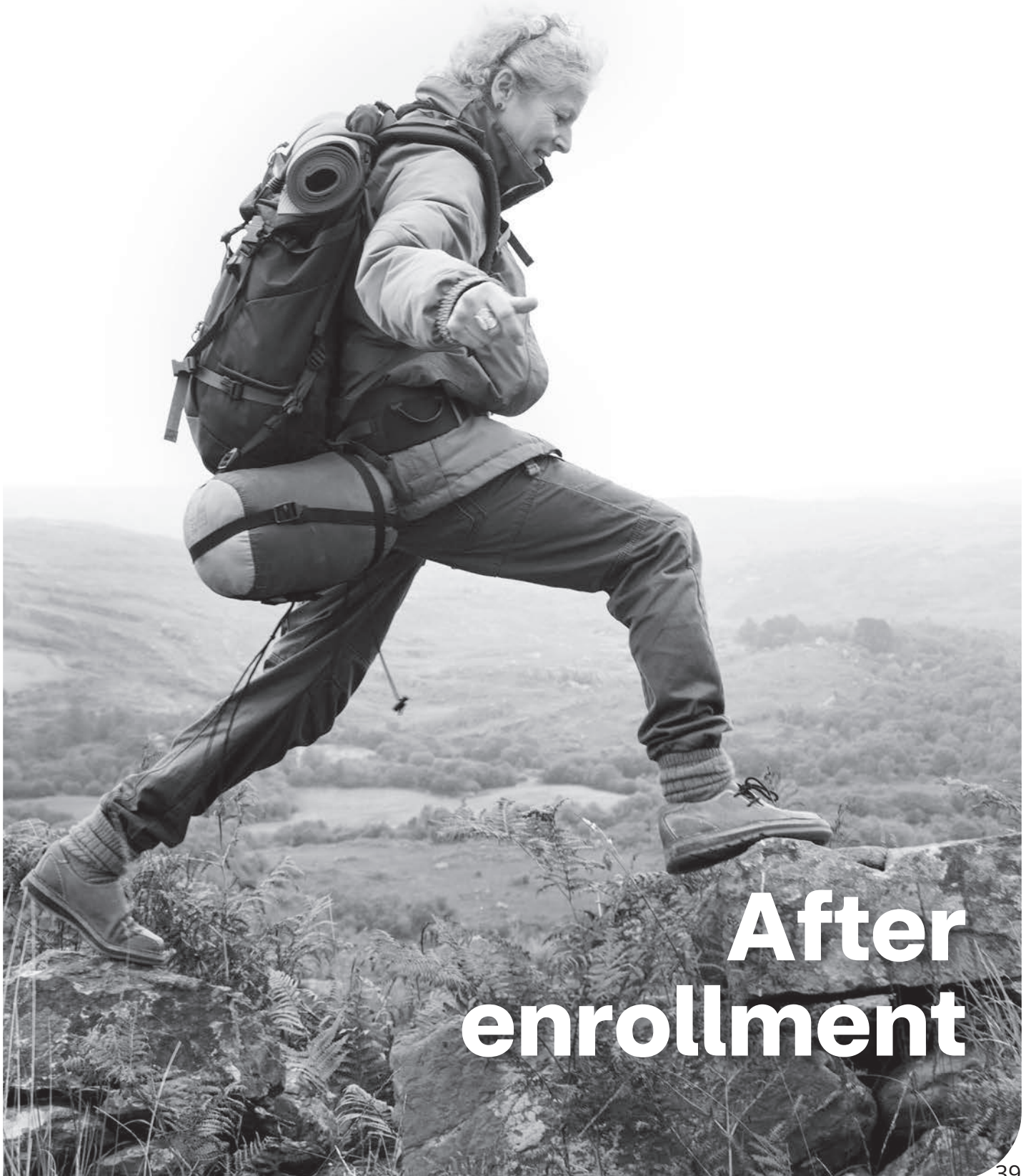
Current members please call 888-267-2637 (toll-free) or 711 (TTY).

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

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See what happens next



**After
enrollment**



Start your journey off right

You'll hear from us within about 30 days after your enrollment in the plan.



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

This card — not your red, white and blue Medicare card — should be used each time you visit the doctor, hospital or pharmacy (if you have prescription drug coverage). **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 find your EOC online.**



Formulary

This is a list of drugs your plan covers and any special requirements (if you have prescription drug coverage) with us. **You'll find your formulary online.**



Schedule of Cost Sharing (SOC)

This is the share of costs that you pay out of your own pocket. This can include deductibles, coinsurance, copayments or similar charges. **You'll get your SOC by mail. Depending on your plan, you'll also get instructions to find it online.**



Healthy Home Visit

We'll call you to schedule a Healthy Home Visit. You'll get in-home advice from a licensed health care professional on how to reach your health goals.

Aetna Medicare is a 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.

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.

Aetna Medicare's pharmacy network includes limited lower cost preferred pharmacies in: rural Nebraska, rural Kansas, suburban West Virginia, rural Maine, suburban Arizona, rural Michigan, urban Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call **1-855-338-7027 (TTY: 711)** or consult the online pharmacy directory at **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, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Participating physicians, hospitals and other 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.

Important information about your enrollment in a Medicare Advantage plan

As an Aetna Medicare member, you 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 and continue to pay my Part B premium. I can only be in one Medicare Advantage 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–December 7 of every year), or under certain special circumstances.

The Aetna Medicare Advantage plan serves a specific service area. If I move out of the area that the Aetna Medicare Advantage 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 Advantage 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 Advantage plan when I get it to know which rules I must follow to get coverage with this Medicare Advantage 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 Advantage 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 ADVANTAGE 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 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 Advantage 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 Advantage 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 ADVANTAGE 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 Advantage plan, he/she may be paid based on my enrollment in the Aetna Medicare Advantage plan.

Release of information

By joining this Medicare health plan, I acknowledge that the Aetna Medicare Advantage 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 Advantage 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.

MDLIVE is a registered trademark of MDLIVE, an Evernorth company.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-307-4830 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-307-4830 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-307-4830 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-307-4830 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-307-4830 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-307-4830 (TTY: 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-307-4830 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-307-4830 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-307-4830 (TTY: 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными

услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-307-4830 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **(TTY: 711) 1-800-307-4830**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-307-4830 (TTY: 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-307-4830 (TTY: 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-307-4830 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-307-4830 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-307-4830 (TTY: 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-307-4830 (TTY: 711)**にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ‘ōlelo kā mākou i mea e pane ‘ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā‘au lapa‘au paha. I mea e loa‘a ai ke kōkua māhele ‘ōlelo, e kelepona mai iā mākou ma **1-800-307-4830 (TTY: 711)**. E hiki ana i kekahi mea ‘ōlelo Pelekānia/‘Ōlelo ke kōkua iā ‘oe. He pōmaika‘i manuahi kēia.



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Here for you

We're here to help answer your questions, so you can feel confident about your Medicare coverage. Check out the helpful resources on the next page.



Helpful resources

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



Give us a ring

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

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



Websites to remember

Want more information about the plan and additional wellness programs?
Looking for a doctor or hospital?

To find all that and more, visit aetnaretireeplans.com.

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

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: Attn: Valerie Rodriguez
211 S. Flores, San Antonio, TX 78204
Website: AetnaRetireePlans.com
Fax Number: 1-833-806-0689

Prospective member name	Effective date: / 01 /
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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.

Bexar County	Class Code
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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.**

☐ Aetna Medicare ESA with Rx 0002257 P1 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Provider ID (located in the provider directory):

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Primary Care ID (located in the provider directory):

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Your information

Last name	First name	Middle initial
Birth date ____ / ____ / ____ M M / D D / Y Y Y Y	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Phone number (____) ____ - ____ Is this a mobile number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address		

Permanent residence street address – including Apt/Suite/Unit (a PO Box is not allowed)

City	County	State	ZIP Code
Mailing address – including Apt/Suite/Unit (if different from your permanent street address)			
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 Advantage Plan

Medicare Number: ____ - ____ - ____ **Effective Date:** ____ / ____ / ____

HOSPITAL (Part A) ____ / ____ / ____

MEDICAL (Part B) ____ / ____ / ____

Please read and answer these important questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are you the retiree? If “Yes,” retirement date: ____ / ____ / ____ If “No,” name of retiree: _____
<input type="checkbox"/> Yes <input type="checkbox"/> 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): _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Will you have other <u>prescription</u> 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 /

Please tell us a little more about yourself

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Puerto Rican
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Cuban
- ☐ **I choose not to answer.**

What's your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | |
| <input type="checkbox"/> I choose not to answer. | | |

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

☐ Spanish ☐ Other (please specify): _____

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

☐ Spanish ☐ Other (please specify): _____

If you need information in another language or accessible format (for example, large print or braille), contact us at **1-800-307-4830 (TTY: 711)** 8 AM to 9 PM ET, Monday through Friday.

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 that beginning on the date Aetna Medicare 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 Aetna Medicare 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 AETNA MEDICARE 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.

(continued on next page)

Prospective member name	Effective date: / 01 /
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Please read this section carefully and sign below (*continued*)

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 __ / __ / ____
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If you're the authorized representative, you must sign above and provide the following information.

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

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: Attn: Valerie Rodriguez
211 S. Flores, San Antonio, TX 78204
Website: [AetnaRetireePlans.com](https://www.aetna.com/medicare/retireeplans)
Fax Number: 1-833-806-0689

Prospective member name	Effective date: / 01 /
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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.

Bexar County	Class Code
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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.**

☐ Aetna Medicare ESA with Rx 0002257 P1 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Provider ID (located in the provider directory):

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Primary Care ID (located in the provider directory):

--	--	--	--	--	--	--

Your information

Last name	First name	Middle initial
Birth date ____ / ____ / ____ M M / D D / Y Y Y Y	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Phone number (____) ____ - ____ Is this a mobile number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address		

Permanent residence street address – including Apt/Suite/Unit (a PO Box is not allowed)

City	County	State	ZIP Code
Mailing address – including Apt/Suite/Unit (if different from your permanent street address)			
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 Advantage Plan

Medicare Number: ____ - ____ - ____ **Effective Date:** ____ / ____ / ____

HOSPITAL (Part A) ____ / ____ / ____

MEDICAL (Part B) ____ / ____ / ____

Please read and answer these important questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are you the retiree? If “Yes,” retirement date: ____ / ____ / ____ If “No,” name of retiree: _____
<input type="checkbox"/> Yes <input type="checkbox"/> 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): _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Will you have other <u>prescription</u> 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 /

Please tell us a little more about yourself

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Puerto Rican
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Cuban
- ☐ **I choose not to answer.**

What's your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | |
| <input type="checkbox"/> I choose not to answer. | | |

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

☐ Spanish ☐ Other (please specify): _____

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

☐ Spanish ☐ Other (please specify): _____

If you need information in another language or accessible format (for example, large print or braille), contact us at **1-800-307-4830 (TTY: 711)** 8 AM to 9 PM ET, Monday through Friday.

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 that beginning on the date Aetna Medicare 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 Aetna Medicare 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 AETNA MEDICARE 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.

(continued on next page)

Prospective member name	Effective date: / 01 /
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Please read this section carefully and sign below (*continued*)

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 __ / __ / ____
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If you're the authorized representative, you must sign above and provide the following information.

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



Thank you!



