



2025

**Medicare benefits
and information guide**



**Healthier
happens together®**



Y0001_GRP_3721843_2025_M

**Aetna MedicareSM Plan (PPO)
with prescription drug coverage**

Welcome



(This page intentionally left blank)

(This page intentionally left blank)

Table of contents

A closer look at your new plan1

Medicare 1015

Summary of Benefits

 Aetna Medicare Plan (PPO) 7

Plan ratings from members, doctors and Medicare45

What happens after enrollment55

Helpful resources57

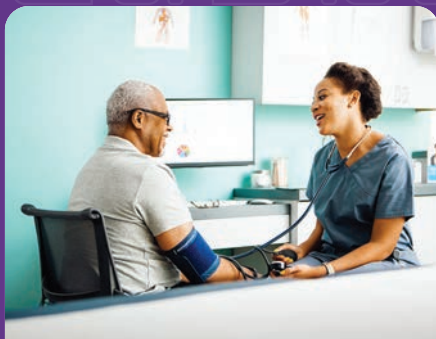


Turn the page
to learn more.



We've got your back every step of the way

So you can manage your Aetna® Medicare plan with confidence



Providers you trust

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



Additional included benefits at no cost to you

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



And so much more to help you feel your best

Read on to get the whole story.



Aetna is a recipient of the Newsweek Best Customer Service Award for 2023.

For more information, visit

[Newsweek.com/rankings/americas-best-customer-service-2023](https://www.newsweek.com/rankings/americas-best-customer-service-2023)

See what's included

A closer look at your new plan



All the benefits of Original Medicare

Plus, included benefits like these:



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.



Resources For Living®

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.**



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

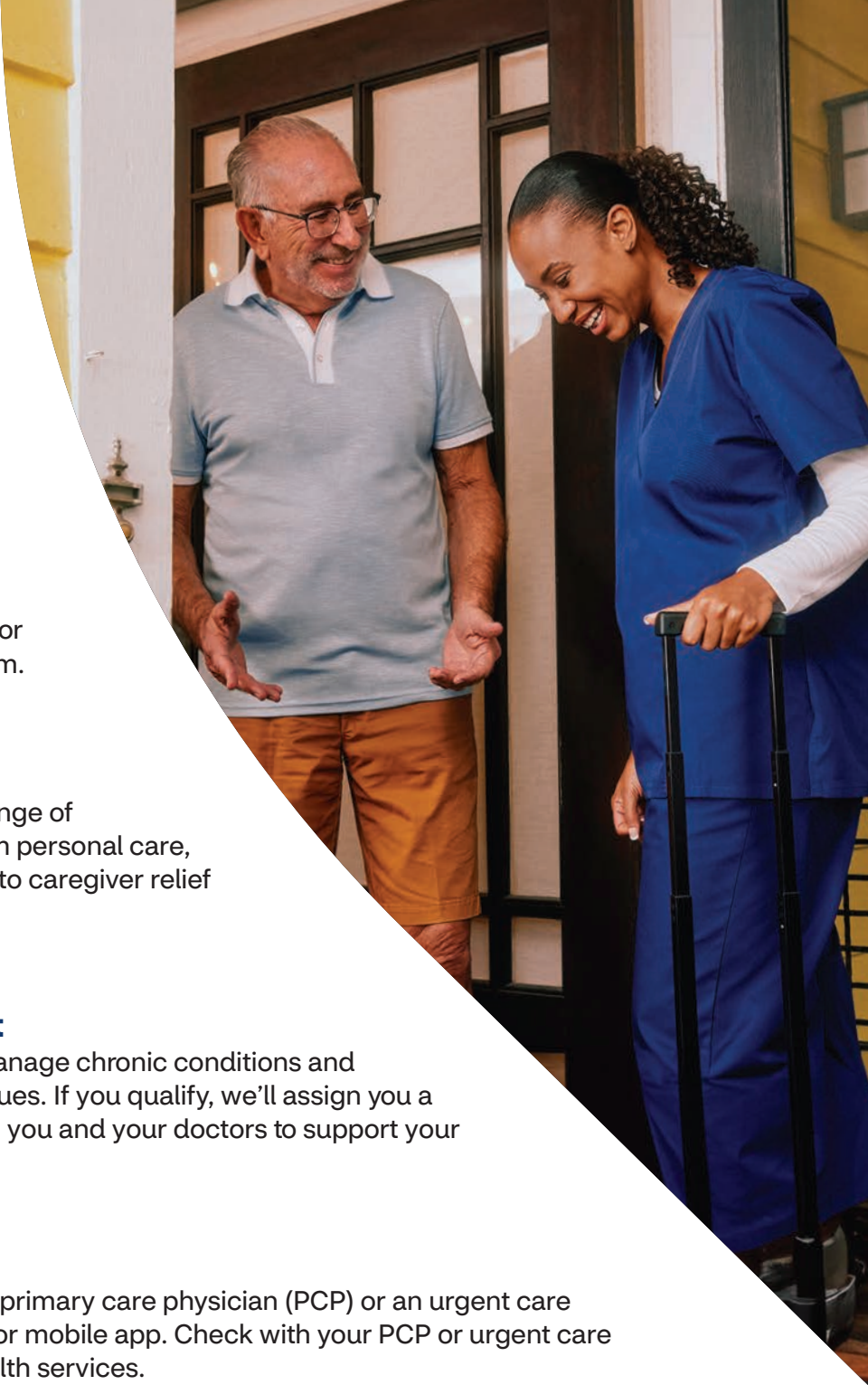
Telehealth: Meet virtually with a primary care physician (PCP) or an urgent care center provider by phone, video or mobile app. Check with your PCP or urgent care center to see if they offer telehealth services.

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.

Whether you choose telehealth or Teladoc, you're covered for many nonemergency 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.

**Additional costs may apply.



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 **AetnaRetireePlans.com**.

You're covered from the doctor'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.



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 **AetnaRetireePlans.com**.
- Follow the prescription drug list search instructions.



No computer or internet? No worries.

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

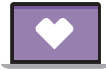


Pharmacy coverage from coast to coast

Our pharmacy network includes national chains and local options.



Find a network pharmacy close to you



Search online.

You can view locations in your area at
[AetnaRetireePlans.com](https://www.aetna.com/retireeplans).



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 anytime.

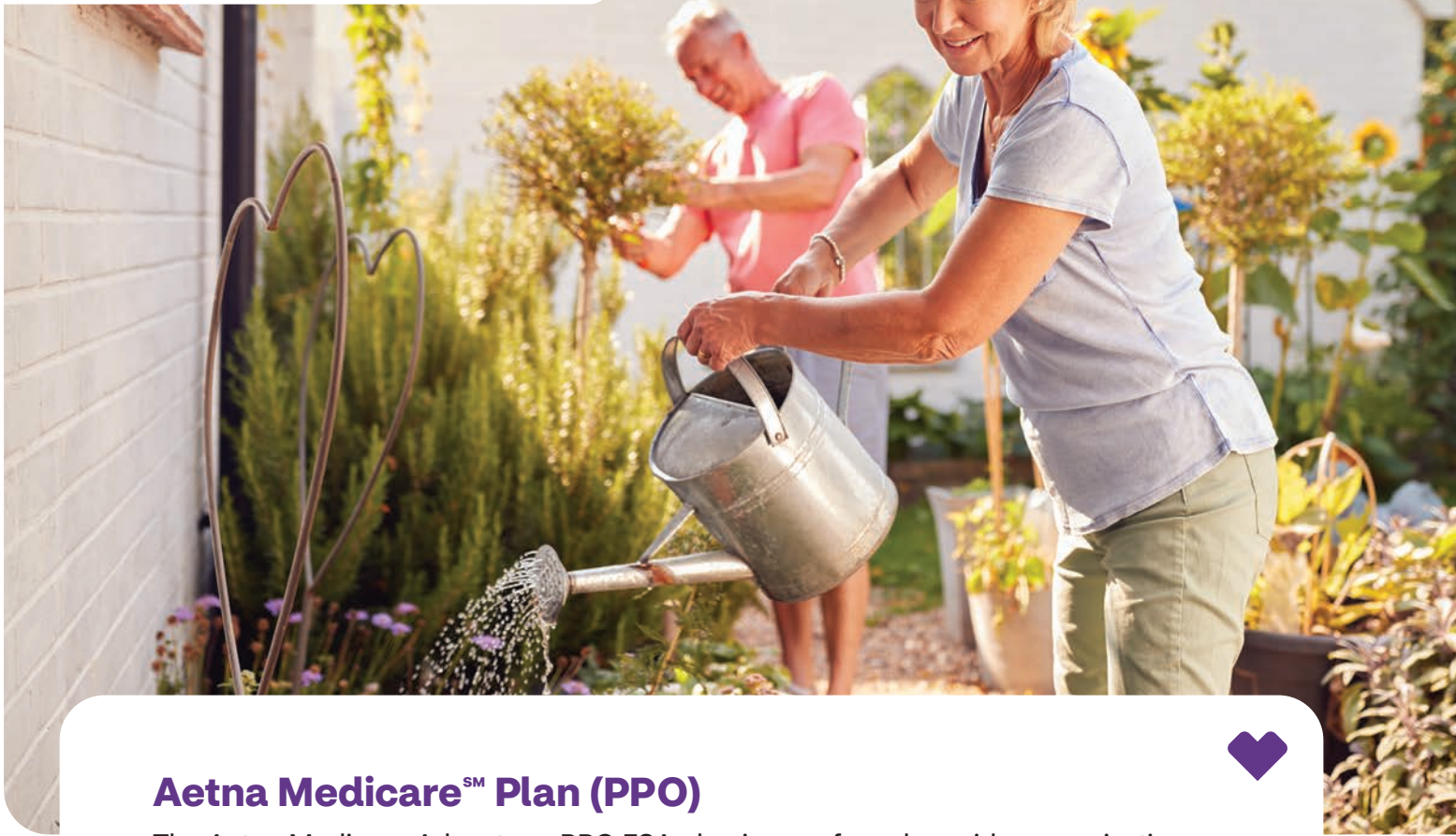
Medicare 101

Understand how your plan works



18.00.5401-C3.F

About your plan



Aetna MedicareSM Plan (PPO)

The Aetna Medicare Advantage PPO ESA plan is a preferred provider organization plan. It's different than many other PPO plans. You'll have the flexibility and confidence to see any licensed provider, in or out of network. And you'll pay the same out-of-pocket costs for both in-network and out-of-network covered benefits. The provider just has to be:

- Licensed and eligible to receive payment under Medicare
- Willing 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 doctors 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 physician (PCP). It's not required, but when we know who your provider is, we can better support your care.



To find out if your doctor 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 doctors and hospitals who accept the plan.

Summary of Benefits

Take a look at your plan



18.00.106.1-PPO_G

Aetna MedicareSM 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.





CHICAGO FIRE FIGHTERS UNION LOCAL NO. 2
Aetna MedicareSM Plan (PPO)
Opt1 Medicare C04 ESA PPO Plan
RX \$6/20%/30%/20%

Benefits and Premiums are effective January 1, 2025 through December 31, 2025

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.
Plan Follows the Federal Medicare Part B Deductible Plan deductible is equal to the Federal Medicare Part B deductible	No
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 \$0 includes any deductible, copayment or coinsurance that you pay.	
It will apply to all medical expenses except Hearing Aid Reimbursement , Vision Reimbursement and 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	\$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 Services & Surgery	\$0
Ambulatory Surgery Center	\$0
PHYSICIAN SERVICES	This is what you pay for network & out-of-network providers.
Primary Care Physician Visits	\$0
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	\$0
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 and pap test (screening) - 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
----------------------	-----

- Flu
- Hepatitis B
- Pneumococcal

Additional Medicare Preventive Services	\$0
--	-----

- 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.
--	---

Emergency Care; Worldwide (waived if admitted)	\$0
--	-----

Urgently Needed Care; Worldwide	\$0
--	-----



CHICAGO FIRE FIGHTERS UNION LOCAL NO. 2

Aetna MedicareSM Plan (PPO)

Opt1 Medicare C04 ESA PPO Plan

RX \$6/20%/30%/20%

DIAGNOSTIC PROCEDURES*	This is what you pay for network & out-of-network providers.
Diagnostic Radiology CT scans	\$0
Diagnostic Radiology Other than CT scans	\$0
Lab Services	\$0
Diagnostic testing & procedures	\$0
Outpatient X-rays	\$0
HEARING SERVICES	This is what you pay for network & out-of-network providers.
Routine Hearing Screening We cover one exam every twelve months	\$0
Medicare Covered Hearing Examination	\$0
Hearing Aid Reimbursement	\$2,000 once every 36 months
DENTAL SERVICES	This is what you pay for network & out-of-network providers.
Medicare Covered Dental* Non-routine care covered by Medicare.	\$0
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
Medicare Covered Eye Exam	\$0
Vision Eyewear Reimbursement Applies to in or out of network	\$250 once every 24 months



MENTAL HEALTH SERVICES*		This is what you pay for network & out-of-network providers.
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		\$0
Individual visit		
Partial Hospitalization and Intensive Outpatient Services		\$0
Inpatient Substance Abuse		\$0 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.		
Outpatient Substance Abuse		\$0
Individual visit		
SKILLED NURSING SERVICES*		This is what you pay for network & out-of-network providers.
Skilled Nursing Facility (SNF) Care		\$0 per day, days 1-100
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.
Outpatient Rehabilitation Services		\$0
(Speech, physical, and occupational therapy)		
AMBULANCE SERVICES		This is what you pay for network & out-of-network providers.
Ambulance Services		\$0
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.		



CHICAGO FIRE FIGHTERS UNION LOCAL NO. 2

Aetna MedicareSM Plan (PPO)

Opt1 Medicare C04 ESA PPO Plan

RX \$6/20%/30%/20%

TRANSPORTATION SERVICES	This is what you pay for network & out-of-network providers.
Transportation (non-emergency)	24 one-way trips with unlimited miles allowed per trip
MEDICARE PART B PRESCRIPTION DRUGS*	This is what you pay for network & out-of-network providers.
Medicare Part B Prescription Drugs	\$0
Medicare Part B Prescription Drugs - Insulin	\$0
MEDICARE PART D PRESCRIPTION DRUGS	This is what you pay for network & out-of-network providers.

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.



CHICAGO FIRE FIGHTERS UNION LOCAL NO. 2

Aetna MedicareSM Plan (PPO)

Opt1 Medicare C04 ESA PPO Plan

RX \$6/20%/30%/20%

ADDITIONAL PROGRAMS AND SERVICES	This is what you pay for network & out-of-network providers.
Allergy Shots	\$0
Allergy Testing	\$0
Blood	\$0
All components of blood are covered beginning with the first pint.	
Cardiac Rehabilitation Services	\$0
Intensive Cardiac Rehabilitation Services	\$0
Chiropractic Services*	\$0
Medicare covered benefits only.	
Diabetic Supplies*	\$0
Includes supplies to monitor your blood glucose.	
Durable Medical Equipment/ Prosthetic Devices*	\$0
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	\$0
Outpatient Dialysis Treatments*	\$0
Podiatry Services	\$0
Medicare covered benefits only.	
Pulmonary Rehabilitation Services	\$0
Supervised Exercise Therapy (SET) for PAD Services	\$0
Radiation Therapy*	\$0
ADDITIONAL PROGRAMS (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network & out-of-network providers.
Fitness Benefit	SilverSneakers®
Healthy Rewards	Covered
Meals	\$0
Covered up to 14 meals following an inpatient stay.	

**Resources For Living[®]**

Covered

For help locating resources for every day needs.

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**

Covered

Telemedicine Services. Member cost share will apply based on services rendered.

Telehealth PCP

\$0

Telehealth Specialist

\$0

Telehealth Occupational Therapy Services

\$0

Telehealth PT and SP Services

\$0

Telehealth Other Health care Providers

\$0

Telehealth Individual Mental Health

\$0

Telehealth Group Mental Health

\$0

Telehealth Individual Psychiatric Services

\$0

Telehealth Group Psychiatric Services

\$0

Telehealth Individual Substance Abuse
Services

\$0

Telehealth Group Substance Abuse Services

\$0

Telehealth Kidney Disease Education Services

\$0

Telehealth Diabetes Self-Management
Training

\$0

Telehealth Opioid Treatment Program
Services

\$0

Telehealth Urgent care

\$0

Wigs*

\$0

Maximum

\$400

Frequency

every year



CHICAGO FIRE FIGHTERS UNION LOCAL NO. 2

Aetna MedicareSM Plan (PPO)

Opt1 Medicare C04 ESA PPO Plan

RX \$6/20%/30%/20%

ADDITIONAL SERVICES (NOT COVERED BY ORIGINAL MEDICARE)

This is what you pay for network & out-of-network providers.

Routine Physical Exams

\$0

One exam per calendar year

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****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

Your cost for generic drugs is usually lower than your cost for brand drugs. However, some higher cost generic drugs are combined on brand tiers.

Beginning 1/1/25, the Centers for Medicare Services (CMS) made the following changes to the standard Part D plan design:

- Reduction to three phases - Deductible, Initial Coverage, and Catastrophic
- Elimination of the Initial Coverage Limit and the Coverage Gap Phase
- Introduction of a \$2,000 annual out-of-pocket threshold
- Replacement of the Coverage Gap Discount Program with the Manufacturer Discount Program which will provide a 10% manufacturer discount for brand drugs in the Initial Coverage phase and 20% manufacturer discount for brand drugs in the Catastrophic phase

See below for your specific benefits and cost sharing.

Calendar-Year Deductible for Prescription Drugs \$100

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. The deductible does not apply to covered insulins and most Part D vaccines.

Initial Coverage Phase - The table below represents cost sharing after the deductible, if applicable, has been reached.

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	\$6	\$18	\$18	\$18	\$18



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 2 - Preferred Brand Includes some high-cost generic and preferred brand drugs	20%	25%	20%	\$70	25%
Tier 3 - Non-Preferred Drug Includes some high-cost generic and non-preferred brand drugs	30%	50%	30%	\$85	50%
Tier 4 - Specialty Includes high-cost/unique generic and brand drugs	20%, but not more than \$400	20%, but not more than \$400	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.

You won't pay more than \$35 for a one-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Catastrophic Coverage:

You pay \$0 for covered Part D prescription drugs.

Catastrophic Coverage benefits start once the CMS-determined annual out-of-pocket threshold of \$2,000 for covered Part D prescription drugs is reached.



Requirements:

Precertification

Applies

Step-Therapy

Applies

Non-Part D Supplemental Benefit

- Agents used for cosmetic purposes or hair growth
- Agents used for Miscellaneous
- Agents used to promote fertility
- Agents when used for the symptomatic relief of cough and colds
- Agents when used for the treatment of sexual or erectile dysfunction (ED)
- Agents when used for weight loss
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations

Medical Disclaimers

For more information about Aetna plans, go to www.AetnaRetireePlans.com or call Member Services 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.

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.

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 enhanced drug 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 2025 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).

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. 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. 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。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。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. 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. 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 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. 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 1-800-307-4830번으로 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. 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 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 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. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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. 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 ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-307-4830. 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. 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にお電



CHICAGO FIRE FIGHTERS UNION LOCAL NO. 2

Aetna MedicareSM Plan (PPO)

Opt1 Medicare C04 ESA PPO Plan

RX \$6/20%/30%/20%

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. E hiki ana i kekahi mea ‘ōlelo Pelekānia/‘Ōlelo ke kōkua iā ‘oe. He pōmaika‘i manuahi kēia.

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

©2024 Aetna Inc.

Y0001_GRP_1099_3732a_2021_M



CHICAGO FIRE FIGHTERS UNION LOCAL NO. 2

Aetna MedicareSM Plan (PPO)

Opt2 Medicare S01 ESA PPO Plan

RX \$6/20%/30%/20%

Benefits and Premiums are effective January 1, 2025 through December 31, 2025

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.
Plan Follows the Federal Medicare Part B Deductible Plan deductible is equal to the Federal Medicare Part B deductible	No
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: Annual wellness exams, routine physical exam, routine mammograms, diagnostic mammogram, routine hearing exam, routine colorectal screening, routine prostate screening, bone mass measurement, immunization, routine GYN, routine eye care, kidney disease education, Medicare diabetic prevention program (MDPP), Medicare-covered \$0 preventive services, additional Medicare preventive care services, Part B Drugs - Insulin, Continuous Glucose Monitors (CGMs), emergency room, emergency ambulance services, some Medicare-covered diagnostic tests and labs (Urine protein, Prothrombin testing, HBA1C, FIT Screening, Fundus Testing, gFOBT Testing and COVID lab tests), Wigs, and urgently needed care.	
Annual Maximum Out-of-Pocket Amount	



Annual maximum out-of-pocket limit amount \$2,000

includes any deductible, copayment or coinsurance that you pay.

It will apply to all medical expenses except Hearing Aid Reimbursement, Vision Reimbursement and 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**

\$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 Services & Surgery

\$0

Ambulatory Surgery Center

\$0

PHYSICIAN SERVICES**This is what you pay for network & out-of-network providers.****Primary Care Physician Visits**

\$20

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

\$20

PREVENTIVE CARE**This is what you pay for network & out-of-network providers.****Medicare-covered Preventive Services**

\$0

- 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 and pap test (screening) - 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
----------------------	------------

- Flu
- Hepatitis B
- Pneumococcal

Additional Medicare Preventive Services	\$0
--	------------

- Barium enema - one exam every 12 months.
- Diabetes self-management training (DSMT)
- Digital rectal exam (DRE)
- EKG following welcome exam
- Glaucoma screening



CHICAGO FIRE FIGHTERS UNION LOCAL NO. 2

Aetna MedicareSM Plan (PPO)

Opt2 Medicare S01 ESA PPO Plan

RX \$6/20%/30%/20%

EMERGENCY AND URGENT MEDICAL CARE	This is what you pay for network & out-of-network providers.
Emergency Care; Worldwide (waived if admitted)	\$50
Urgently Needed Care; Worldwide	\$20
DIAGNOSTIC PROCEDURES*	This is what you pay for network & out-of-network providers.
Diagnostic Radiology CT scans	\$20
Diagnostic Radiology Other than CT scans	\$20
Lab Services	\$0
Diagnostic testing & procedures	\$0
Outpatient X-rays	\$20
HEARING SERVICES	This is what you pay for network & out-of-network providers.
Routine Hearing Screening We cover one exam every twelve months	\$0
Medicare Covered Hearing Examination	\$20
Hearing Aid Reimbursement	\$2,000 once every 36 months
DENTAL SERVICES	This is what you pay for network & out-of-network providers.
Medicare Covered Dental* Non-routine care covered by Medicare.	\$20
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
Medicare Covered Eye Exam	\$20
Vision Eyewear Reimbursement Applies to in or out of network	\$250 once every 24 months



MENTAL HEALTH SERVICES*		This is what you pay for network & out-of-network providers.
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 visit		
Partial Hospitalization and Intensive Outpatient Services		\$20
Inpatient Substance Abuse		\$0 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.		
Outpatient Substance Abuse		\$20
Individual visit		
SKILLED NURSING SERVICES*		This is what you pay for network & out-of-network providers.
Skilled Nursing Facility (SNF) Care		\$0 per day, days 1-100
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.
Outpatient Rehabilitation Services		\$20
(Speech, physical, and occupational therapy)		
AMBULANCE SERVICES		This is what you pay for network & out-of-network providers.
Ambulance Services		\$20
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.		



CHICAGO FIRE FIGHTERS UNION LOCAL NO. 2

Aetna MedicareSM Plan (PPO)

Opt2 Medicare S01 ESA PPO Plan

RX \$6/20%/30%/20%

TRANSPORTATION SERVICES	This is what you pay for network & out-of-network providers.
Transportation (non-emergency)	24 one-way trips with unlimited miles allowed per trip
MEDICARE PART B PRESCRIPTION DRUGS*	This is what you pay for network & out-of-network providers.
Medicare Part B Prescription Drugs	\$0
Medicare Part B Prescription Drugs - Insulin	\$0
MEDICARE PART D PRESCRIPTION DRUGS	This is what you pay for network & out-of-network providers.

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.



ADDITIONAL PROGRAMS AND SERVICES	This is what you pay for network & out-of-network providers.
Allergy Shots	\$0
Allergy Testing	\$20
Blood	\$0
All components of blood are covered beginning with the first pint.	
Cardiac Rehabilitation Services	\$20
Intensive Cardiac Rehabilitation Services	\$20
Chiropractic Services*	\$15
Medicare covered benefits only.	
Diabetic Supplies*	\$0
Includes supplies to monitor your blood glucose.	
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	\$20
Outpatient Dialysis Treatments*	\$20
Podiatry Services	\$20
Medicare covered benefits only.	
Pulmonary Rehabilitation Services	\$20
Supervised Exercise Therapy (SET) for PAD Services	\$20
Radiation Therapy*	\$20
ADDITIONAL PROGRAMS (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network & out-of-network providers.
Fitness Benefit	SilverSneakers®
Healthy Rewards	Covered
Meals	\$0
Covered up to 14 meals following an inpatient stay.	



Resources For Living® Covered

For help locating resources for every day needs.

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 Covered

Telemedicine Services. Member cost share will apply based on services rendered.

Telehealth PCP \$20

Telehealth Specialist \$20

Telehealth Occupational Therapy Services \$20

Telehealth PT and SP Services \$20

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 Substance Abuse Services \$20

Telehealth Group Substance Abuse Services \$20

Telehealth Kidney Disease Education Services \$0

Telehealth Diabetes Self-Management Training \$0

Telehealth Opioid Treatment Program Services \$20

Telehealth Urgent care \$20

Wigs* \$0

Maximum \$400

Frequency every year



CHICAGO FIRE FIGHTERS UNION LOCAL NO. 2

Aetna MedicareSM Plan (PPO)

Opt2 Medicare S01 ESA PPO Plan

RX \$6/20%/30%/20%

ADDITIONAL SERVICES (NOT COVERED BY ORIGINAL MEDICARE)

This is what you pay for network & out-of-network providers.

Routine Physical Exams

\$0

One exam per calendar year

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****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

Your cost for generic drugs is usually lower than your cost for brand drugs. However, some higher cost generic drugs are combined on brand tiers.

Beginning 1/1/25, the Centers for Medicare Services (CMS) made the following changes to the standard Part D plan design:

- Reduction to three phases - Deductible, Initial Coverage, and Catastrophic
- Elimination of the Initial Coverage Limit and the Coverage Gap Phase
- Introduction of a \$2,000 annual out-of-pocket threshold
- Replacement of the Coverage Gap Discount Program with the Manufacturer Discount Program which will provide a 10% manufacturer discount for brand drugs in the Initial Coverage phase and 20% manufacturer discount for brand drugs in the Catastrophic phase

See below for your specific benefits and cost sharing.

Calendar-Year Deductible for Prescription Drugs \$100

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. The deductible does not apply to covered insulins and most Part D vaccines.

Initial Coverage Phase - The table below represents cost sharing after the deductible, if applicable, has been reached.

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	\$6	\$18	\$18	\$18	\$18



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 2 - Preferred Brand Includes some high-cost generic and preferred brand drugs	20%	25%	20%	\$70	25%
Tier 3 - Non-Preferred Drug Includes some high-cost generic and non-preferred brand drugs	30%	50%	30%	\$85	50%
Tier 4 - Specialty Includes high-cost/unique generic and brand drugs	20%, but not more than \$400	20%, but not more than \$400	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.

You won't pay more than \$35 for a one-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Catastrophic Coverage:

You pay \$0 for covered Part D prescription drugs.

Catastrophic Coverage benefits start once the CMS-determined annual out-of-pocket threshold of \$2,000 for covered Part D prescription drugs is reached.



Requirements:

Precertification

Applies

Step-Therapy

Applies

Non-Part D Supplemental Benefit

- Agents used for cosmetic purposes or hair growth
- Agents used for Miscellaneous
- Agents used to promote fertility
- Agents when used for the symptomatic relief of cough and colds
- Agents when used for the treatment of sexual or erectile dysfunction (ED)
- Agents when used for weight loss
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations

Medical Disclaimers

For more information about Aetna plans, go to www.AetnaRetireePlans.com or call Member Services 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.

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.

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 enhanced drug 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 2025 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).

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. 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. 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。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。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. 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. 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 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. 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 1-800-307-4830번으로 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. 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 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 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. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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. 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. 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. 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にお電



CHICAGO FIRE FIGHTERS UNION LOCAL NO. 2

Aetna MedicareSM Plan (PPO)

Opt2 Medicare S01 ESA PPO Plan

RX \$6/20%/30%/20%

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. E hiki ana i kekahi mea ‘ōlelo Pelekānia/‘Ōlelo ke kōkua iā ‘oe. He pōmaika‘i manuahi kēia.

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

©2024 Aetna Inc.

Y0001_GRP_1099_3732a_2021_M

Star Ratings

Plan ratings from members, doctors and Medicare



18-001201-PP0_F

Learn more about our Medicare plans

Check Medicare's
Star Ratings to give you
more info about the plans
we offer.



See our plan's Star Ratings.



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 doctors 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.

Turn the page
to see how highly
our plans rate.



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

Aetna MedicareSM Plan (PPO)

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

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

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Aetna Medicare - H1608

For 2024, 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.

18.03.150.1.D

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Aetna Medicare - H3288

For 2024, 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

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.

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Aetna Medicare - H5521

For 2024, 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.

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Aetna Medicare - H5522

For 2024, 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

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.

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Aetna Medicare - H7301

For 2024, 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.

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Aetna Medicare - H9431

For 2024, 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.

After enrollment

See what happens next



18.00.130.1_F

What happens next

You'll hear from us within about 30 days after you enroll 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. **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. **You'll 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. You'll get in-home advice from a licensed health care professional on how to reach your health goals.



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.



Visit these websites

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.



Download the Aetna HealthSM app

Manage your plan the easy way with the Aetna Health app

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

↓ **Don't have the app? Get it today:**



Apple®, App Store® 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.

Avoid late enrollment fees

It's important to sign up for Medicare coverage during your **Initial Enrollment Period**. Your Initial Enrollment Period lasts for 7 months, starting 3 months before you turn 65, and ending 3 months after the month you turn 65. If you don't sign up during this period, the federal government may charge you an extra amount (late enrollment penalty).

These penalties aren't just a one-time late fee and are added to your monthly premium. So keep in mind you'll be charged for as long as you have coverage. And it will go up the longer you wait to enroll.

For details about how to avoid late fees, be sure to visit:

**[Medicare.gov/basics/costs/
medicare-costs/avoid-penalties](https://www.medicare.gov/basics/costs/medicare-costs/avoid-penalties)**





Notes

[illegible]



Notes

[illegible]



Here's to your best health





reasons *to choose* an **Aetna® Medicare plan**

Since 1966, we've helped our Medicare members get the most out of their health care. And our strong commitment continues today — **see what you'll get with our plan:**

- 1 All the coverage of Original Medicare, **plus so much more**
- 2 **Access to providers you know and trust**
- 3 **\$0 copay** for preventive tests and services
- 4 **In-person and virtual care options**
- 5 **Wellness and support programs**



Want more reasons?

Just flip this guide over
to get the whole story.

