Benefits and Premiums are effective January 1, 2026 through December 31, 2026

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. 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, Teladoc, and urgently needed care.

Annual Maximum Out-of-Pocket Amount

Annual maximum out-of-pocket limit amount includes any deductible, copayment or coinsurance that you pay.	$2,000

It will apply to all medical expenses except Hearing Aid Reimbursement , Vision Reimbursement 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
• 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)	$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*	$20
Non-routine care covered by Medicare.	
VISION SERVICES	**This is what you pay for network & out-of-network providers.**
Routine Eye Exams	$0
One annual exam every 12 months.	
Diabetic Eye Exams	$0
Medicare Covered Eye Exam	$20
Vision Eyewear Reimbursement	$250 once every 24 months
Applies to in or out of network	

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	$20
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.	

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

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

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.

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

Medical Disclaimers

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.

Plan Disclaimers

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

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

Participating 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.

To join the Aetna Medicare Advantage Plan Open Access PPO , you must meet the requirements of the plan sponsor/your former employer, be entitled to Medicare Part A, enrolled in Medicare Part B, and live in our service area.

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

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.

You can read the *Medicare & You 2026* 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).

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

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Approved By:

Date: