

**NAME  
ADDRESS1 ADDRESS2  
CITY, STATE ZIP  
IMPORTANT PLAN INFORMATION ENCLOSED**

**1000 Midlantic Dr, Ste 100  
Mount Laurel, NJ 08054**

Dear Chicago Fraternal Order of Police Lodge 7 Retiree:

We have been made aware that you are interested in more information on the FOP Lodge 7 endorsed Aetna Medicare Plan (PPO) with prescription drug coverage. Included in this packet is information about the two plan options endorsed by the FOP.

If you choose to enroll into the plan, please mail the Aetna Medicare Plan (PPO) with prescription drug coverage Enrollment Form to RetireeFirst using the enclosed pre-stamped envelope.

Please call RetireeFirst at 312-248-7251 (TTY 711) or toll-free

(855) 979-8840 Monday to Friday 8am to 5pm CST if you have any questions or need assistance completing the forms.

Very truly yours,

RetireeFirst

Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.

**MEDICARE ELIGIBLE INSTRUCTIONS**

**PLEASE READ THIS IMPORTANT INFORMATION REGARDING YOUR MEDICARE HEALTH INSURANCE OPTIONS**

**WHY AM I GETTING THIS LETTER?**

Chicago FOP Lodge 7 has endorsed two Aetna Medicare Plans (PPO) with prescription drug coverage with Extended Service Area (ESA) coverage being administered by **RetireeFirst**. RetireeFirst is a firm that specializes in servicing retirees of Organized Labor. They have assigned a dedicated team of retiree advocates specifically for Chicago FOP Lodge 7 to assist members with enrollment and any ongoing issues throughout their enrollment. These plans are offered to all **Medicare-eligible** retirees and spouses regardless of where you reside, your age, or any current health conditions. They are available through a monthly pension deduction and provide a notable discount over individual Medicare Plans currently available on the market.

**PLAN OPTIONS**

**MAPD Option 1 - $330.79**

*MEDICAL:* All Medicare approved services are covered 100% with no Deductible or Annual out of pocket.  
*DRUG***:** $100 Deductible, Access to Aetna’s Mail Order Facility, Catastrophic Coverage once you reach the true out of pocket total of $2,100, Bonus Drug Rider included to cover medications for weight loss, erectile dysfunction, cough and cold, and some vitamins and mineral products.

**MAPD Option 2 - $256.79**

*MEDICAL:* $100 Deductible, $2,000 Annual out of pocket, average copay of $20 for Physicians and Diagnostic Procedures, $50 for Emergency, 20% for Durable Medical Equipment, and $0 out of pocket for Preventative Care.   
*DRUG:*$100 Deductible, Access to Aetna’s Mail Order Facility, Catastrophic Coverage once you reach the true out of pocket total of $2,100, Bonus Drug Rider included to cover medications for weight loss, erectile dysfunction, cough and cold, and some vitamins and mineral products.

* ***DRUG PLANS ARE THE SAME FOR BOTH THE MAPD HIGH AND LOW PLANS.***
* ***NETWORK:*** Please note you can see any provider who participates with original Medicare, with no referrals required. You will pay the same amount, whether the provider is in or out of network.

**HOW TO ENROLL**

* Complete the included application and return to RetireeFirst in the prepaid envelope provided.
  + If you have any questions about enrolling or on the application, please call your dedicated Member Advocates at **RetireeFirst at 312-248-7251 or Toll-Free at 855-979-8840 (TTY 711).**

**CHICAGO FOP LODGE 7 PLAN BENEFIT SUMMARY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider |  | **Aetna**  **Option 1** |  | **Aetna**  **Option 2** |
| Network | **National Open Network\*** | **National Open Network\*** |
| Premium | **$330.79** | **$256.79** |
| **Medical Deductible** | **$0** | **$100** |
| MOOP (Maximum out of Pocket) | $0 | $2,000 |
| Inpatient Hospital – Acute or Psychiatric | $0/Stay | $0/Stay |
| Skilled Nursing Facility | $0 (days 1-100) | $0 (days 1-100) |
| Emergency Care | $0 | $50 |
| Urgent Care Facility | $0 | $20 |
| Primary Care Physician Services | $0 | $20 |
| Chiropractic / Occupational Therapy Services | $0 | $15 / $20 |
| Out Patient Dialysis Treatments | $0 | $20 |
| Podiatry Services | $0 | $20 |
| Diagnostic / Imaging (X-Ray, MRI, MRA, CT Scan, PET) | $0 | $20 |
| Outpatient Hospital Services | $0 | $0 |
| Ambulance Services | $0 | $20 |
| Durable Medical Equipment (DME) | $0 | 20% |
| Diabetic Supplies (to monitor blood glucose) | $0 | $0 |
| End-Stage Renal Disease | $0 | $20 |
| Comprehensive Dental | $0 Medicare Covered | 20% Medicare Covered |
| Eye Exams / Eye Wear / Hearing Exams | $0 Medicare Covered | 20% Medicare Covered |
| Hearing Aids | Not Covered | Not Covered |
| Worldwide Benefit – Urgent / Emergency Only | $0 | $0 |
| **Prescription Drug Deductible** |  | **$100** |  | **$100** |
| 30 Day Retail Preferred Tier 1 - Generic |  | $6 |  | $6 |
| 30 Day Retail Preferred Tier 2 - Preferred Brands |  | 20% |  | 20% |
| 30 Day Retail Preferred Tier 3 - Non-Preferred Brands |  | 30% |  | 30% |
| 30 Day Retail Preferred Tier 4 - Specialty |  | 20%, max $400 |  | 20%, max $400 |
| 90 Day Mail Preferred Tier 1 - Generic |  | **$18** |  | **$18** |
| 90 Day Mail Preferred Tier 2 - Preferred Brands |  | **$70** |  | **$70** |
| 90 Day Mail Preferred Tier 3 - Non-Preferred Brands |  | **$85** |  | **$85** |
| 90 Day Mail Preferred Tier 4 - Specialty |  | **N/A** |  | **N/A** |

\*National Open Network allows you to see any Provider who participates with Original Medicare even if they are not in the Aetna network. You will pay the same amount, whether the provider is in or out of network.

**Preferred Network Pharmacies (Most Prevalent):**

CVS Costco

Walmart Osco Pharmacy

Publix Mariano’s Pharmacy

**FREQUENTLY ASKED QUESTIONS**

1. **Does this plan have a Network?**

The Aetna plan includes an Extended Service Area (ESA), also known as a Passive PPO that will allow you the option to use doctors and hospitals that are in or out of the Aetna Medicare network. You will have the flexibility to visit doctors and hospitals of your choice, as long as they are licensed and eligible to receive payment from Original Medicare and can bill Aetna.

1. **Will I be automatically enrolled into the Aetna Medicare Plan (PPO) with prescription drug coverage with ESA?**

No. To be enrolled in the plan, please mail back the paper application provided with this packet.

1. **Should I throw away my Medicare card?**

No, put it somewhere safe. You will receive two (2) ID cards. One for your Medical and one for your prescription. ***Aetna will act as your primary insurance***.

1. **Do I still need to pay a premium for Medicare Part B?**

Yes, you will still need to pay your monthly Part B premium to Medicare. Medicare pays Aetna to provide this Medicare Plan with prescription drug coverage that you are enrolled in.

1. **Does this plan require referrals?**

No, referrals are NOT required due to the Extended Service Area (ESA).

1. **Will I receive an Explanation of Benefits (EOB) from Aetna?**

Yes, you will receive an EOB from Aetna showing prescription and medical claims monthly. The medical EOBs will show in-network claims if a deductible, coinsurance, or copayment applies, out of network benefits, and denied claims. Please note that the EOB will not show claims that are covered 100%.

1. **Can I go to the same Pharmacy?**

These Aetna plans have a network of preferred pharmacies, meaning visiting these pharmacies will result in a lower copay. This does NOT mean you cannot use your current pharmacy, but you may incur a slightly higher copay if they are not in the preferred pharmacy network. To find Preferred Pharmacies in your area, please visit http://www.aetnaretireeplans.com, or contact RetireeFirst at **(312) 248-7251 or (855) 979-8840 (TTY 711)**.

1. **Is there a Mail Order Pharmacy?**

Yes, Aetna Mail Order. The Aetna Mail Order phone number for members is **1-888-792-3862** and the Aetna Mail Order phone number for doctors is **1-800-624-0756**. Please make sure your scripts are written for 90 days in order to obtain a 90-day supply.

1. **Will I need new prescriptions?**

New prescriptions are only required for the use of Mail Order.