



Benefits and Premiums are effective January 1, 2020 through December 31, 2020

PLAN DESIGN AND BENEFITS
 PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	Network & Out-of-Network Providers
Annual Deductible	\$150
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, routine hearing exam, routine colorectal screening, routine prostate screening, bone mass measurement, immunization, routine GYN, routine eye care, additional Medicare preventive care services, emergency room, emergency ambulance services, urgently needed care.	
Annual Maximum Out-of-Pocket Amount	\$1,000
Annual maximum out-of-pocket limit amount 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.	
Primary Care Physician Selection	Optional
There is no requirement for member pre-certification. Your provider will do this on your behalf.	
Referral Requirement	None
PREVENTIVE CARE	This is what you pay for Network & Out-of-Network Providers
Annual Wellness Exams	\$0
One exam every 12 months.	
Routine Physical Exams	\$0
Medicare Covered Immunizations	\$0
Pneumococcal, Flu, Hepatitis B	
Routine GYN Care (Cervical and Vaginal Cancer Screenings)	\$0



One routine GYN visit and pap smear every 24 months.

Routine Mammograms \$0
(Breast Cancer Screening)

One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.

Routine Prostate Cancer Screening Exam \$0

For covered males age 50 & over, every 12 months.

Routine Colorectal Cancer Screening \$0

For all members age 50 & over.

Routine Bone Mass Measurement \$0

Medicare Diabetes Prevention Program \$0
(MDPP)

12 months of core session for program eligible members with an indication of pre-diabetes.

Routine Eye Exams \$0

One annual exam every 12 months.

Routine Hearing Screening \$0

One exam every 12 months.

Additional Medicare Preventive Services \$0

- Ultrasound screening for abdominal aortic aneurysm (AAA)
- Cardiovascular disease screening
- Diabetes screening tests and diabetes self-management training (DSMT)
- Medical nutrition therapy
- Glaucoma screening
- Screening and behavioral counseling to quit smoking and tobacco use
- Screening and behavioral counseling for alcohol misuse
- Adult depression screening
- Behavioral counseling for and screening to prevent sexually transmitted infections
- Behavioral therapy for obesity
- Behavioral therapy for cardiovascular disease



- Behavioral therapy for HIV screening
- Hepatitis C screening
- Lung cancer screening

PHYSICIAN SERVICES	This is what you pay for Network & Out-of-Network Providers
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Primary Care Physician Visits	\$10
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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	\$35
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DIAGNOSTIC PROCEDURES	This is what you pay for Network & Out-of-Network Providers
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Outpatient Diagnostic Laboratory	\$0
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Outpatient Diagnostic X-ray	\$35
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Outpatient Diagnostic Testing	\$35
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Outpatient Complex Imaging	\$35
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EMERGENCY MEDICAL CARE	This is what you pay for Network & Out-of-Network Providers
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Urgently Needed Care; Worldwide	\$65
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Emergency Care; Worldwide (waived if admitted)	\$100
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Ambulance Services	\$35
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Observation Care
Your cost share for Observation Care is based upon the services you receive.

HOSPITAL CARE	This is what you pay for Network & Out-of-Network Providers
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Inpatient Hospital Care	\$250 per stay
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Surgery	\$50
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Blood	All components of blood are covered beginning with the first pint.
MENTAL HEALTH SERVICES	
	This is what you pay for Network & Out-of-Network Providers
Inpatient Mental Health Care	\$250 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Mental Health Care	\$35
ALCOHOL/DRUG ABUSE SERVICES	
	This is what you pay for Network & Out-of-Network Providers
Inpatient Substance Abuse	\$250 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Substance Abuse	\$35
OTHER SERVICES	
	This is what you pay for Network & Out-of-Network Providers
Skilled Nursing Facility (SNF) Care	\$0 copay per day, day(s) 1-20; \$75 copay per day, day(s) 21-100
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.	
Home Health Agency Care	\$0
Hospice Care	Covered by Original Medicare at a Medicare certified hospice.
Outpatient Rehabilitation Services	\$35
(Speech, Physical, and Occupational therapy)	
Cardiac Rehabilitation Services	\$35
Pulmonary Rehabilitation Services	\$30
Radiation Therapy	\$35



Chiropractic Services	\$20
Limited to Original Medicare - covered services for manipulation of the spine.	
Durable Medical Equipment/ Prosthetic Devices	10%
Podiatry Services	\$35
Limited to Original Medicare covered benefits only.	
Diabetic Supplies	\$0
Includes supplies to monitor your blood glucose.	
Diabetic Eye Exams	\$0
Outpatient Dialysis Treatments	\$30
Medicare Part B Prescription Drugs	\$35
Medicare Covered Dental	\$35
Non-routine care covered by Medicare.	
ADDITIONAL NON-MEDICARE COVERED SERVICES	
Fitness Benefit	Silver Sneakers
Hearing Aid Reimbursement	\$500 once every 12 months
Resources for Living	Covered
For help locating resources for every day needs.	
Teladoc	Covered
Telehealth or Telemedicine	
ADDITIONAL NON-MEDICARE COVERED SERVICES CONTINUED	This is what you pay for Network & Out-of-Network Providers
Routine Podiatry	\$35

For more information about Aetna plans, go to www.aetna.com or call Member Services at toll-free at 1-888-267-2637 (TTY: 711) for additional information. Hours are 8 a.m. to 6 p.m. local time, Monday through Friday.



Medical Disclaimers

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

This information is not a complete description of benefits. Call 1-888-267-2637 (TTY: 711) for more information.

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

Your coverage is provided through a contract with your former employer/union/trust. The plan benefits administrator will provide you with information about your plan premium (if applicable).

You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

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 2020* 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 www.aetnaretireplans.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).

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the phone number listed in this material.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aetna Medicare Grievance Department, P.O. Box 14067, Lexington, KY 40512. You can also file a grievance by phone by calling the phone number listed in this material (TTY: 711). If you need help filing a grievance, call the phone number listed in this material. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also contact the Aetna Civil Rights Coordinator by phone at 1-855-348-1369, by email at MedicareCRCoordinator@aetna.com, or by writing to Aetna Medicare Grievance Department, ATTN: Civil Rights Coordinator, P.O. Box 14067, Lexington, KY 40512.

Aetna is the brand name used for products and services provided by one or more of the Aetna



group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number listed in this document. (English)

Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。 (Traditional Chinese)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)

Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)

Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند (Arabic)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)



Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono elencato in questo documento. (Italian)

Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente neste documento. (Portuguese)

Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki make nan dokiman sa a. (Haitian Creole)

Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany w niniejszym dokumencie. (Polish)

英語をお話しにならない方は、無料の言語支援サービスを受けることができます。弊社のウェブサイトアクセスするか、または本書に記載の電話番号にお問い合わせください。 (Japanese)

Nëse nuk flisni gjuhën angleze, shërbime ndihmëse gjuhësore pa pagesë janë në dispozicionin tuaj. Vizitoni faqen tonë në internet ose merrni në telefon numrin e telefonit në këtë dokument. (Albanian)

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Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Ձեզ համար հասանելի են լեզվակապ աջակցման անվճար ծառայություններ: Այցելելք մեր վեբ կայքը կամ զանգահարելք այս փաստաթղթում նշված հեռախոսահամարով: (Armenian)

যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেনতাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে। আমাদের ওয়েবসাইট দেখুন এবং এই নথিতে তালিকাভুক্ত ফোন নম্বরে ফোন করুন। (Bengali)

បើលោកអ្នកនិយាយភាសាផ្សេងពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃ។ សូមចូលមើលគេហទំព័ររបស់យើងខ្ញុំ

ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមានរាយនៅក្នុងឯកសារនេះ។ (Khmer)

Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona navedenog u ovom dokumentu. (Serbo-Croatian)

Na ye jam thuɔŋdět tēnē thoŋ ë Dīŋlīth, ke kuɔɔny luiłooi ë thok ë path aa tō thīn. Nem yōt tēn internet tēdē ke yī cōl akuēn cōtmeç cī gat thin nē athōr du yic. (Dinka)

Als u een andere taal spreekt dan Engels, is er gratis taalondersteuning beschikbaar. Bezoek onze website



Якщо ви не говорите англійською, до ваших послуг безкоштовна служба мовної підтримки.
Відвідайте наш веб-сайт або зателефонуйте за номером телефону, що зазначений у цьому документі. (Ukrainian)

اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، زبان سے متعلق مدد کی مفت خدمات دستیاب ہیں۔ ہماری ویب سائٹ
ملاحظہ کریں یا اس دستاویز میں درج فون نمبر پر کال کریں۔ (Urdu)

אויב איר רעדט א שפראך אויסער ענגליש, זענען שפראך הילף סערוויסעס אוועילעבל. באזוכט אונזער וועבזייטל אדער רופט
דעם טעלעפאן נומער וואס שטייט אויף דעם דאקומענט (Yiddish)

Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, go to www.aetna.com.

Please contact Customer Service toll-free at 1-888-267-2637 (TTY: 711) for additional information. Hours are 8 a.m. to 6 p.m. local time, Monday through Friday.

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

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