Benefits and Premiums are effective January 1, 2027 through December 31, 2027

PLAN DESIGN
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.
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 includes any deductible, copayment or coinsurance that you pay.	$0
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	$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.
Alcohol Misuse Screening & Counseling	$0 - 1 screening and up to 4 counseling sessions every 12 months for those who qualify
Annual Wellness Visit	$0 - 1 visit every 12 months
Bone Mass Measurement	$0 - 1 visit every 24 months or more frequently if medically necessary
Cardiovascular Disease Screening Test	$0 - 1 test every 5 years (60 months)
Cervical Cancer Screening with Human Papillomavirus (HPV) Test	$0 - 1 visit every 5 years (60 months)
Colorectal Cancer Screening	$0 - Once every 120 months (10 years) or 48 months after a previous sigmoidoscopy; $0 - Once every 24 months (unless patient got a screening flexible sigmoidoscopy; then we may cover a screening colonoscopy only after at least 47 months)
Counseling to Prevent Tobacco Use	$0 - 2 cessation attempts per year (each attempt may include a maximum of 4 intermediate or intensive sessions, with the patient getting up to 8 sessions per year)
COVID-19 Vaccine & Administration	$0 - Review the FDA emergency use authorization (EUA) criteria for each vaccine
Depression Screening	$0 - 1 screening every 12 months in a primary care setting
Diabetes Screening	$0 - 2 screenings within the 12-month period following the date of the patient's most recent diabetes screening test
Diabetes Self-Management Training (DSMT)	$0 - up to 10 hours within the first 12 months of the first year and 2 hours of follow-up training every following year

Flu Shot & Administration	$0 - 1 per year or more if medically necessary
Glaucoma Screening	$0 - 1 glaucoma screening each year
Hepatitis B Screening	$0 - 1 screening every 12 months, 2 screenings every 12 months if pregnant
Hepatitis B Shot & Administration	$0 - 2, 3, or 4 doses depending on vaccine or condition
Hepatitis C Screening	$0 - 1 screening every 12 months, if qualified
HIV screening & HIV PrEP	$0 - 1 screening exam every 12 months; $0 - Up to 3 screening exams during a pregnancy. Up to 8 screening exams and/or counseling sessions when using FDA-approved lab tests and point-of-care tests.
Intensive Behavior Therapy (IBT) for Cardiovascular Disease (CVD)	$0 - 1 visit every 12 months with your PCP
Intensive Behavior Therapy (IBT) for Obesity	$0 - Up to 22 visits every 12 months for those who qualify
Initial Preventive Physical Exam (IPPE)	$0 - 1 time visit within the first 12 months you have Medicare Part B.
Lung Cancer Screening with Low Dose Computed Tomography (LDCT)	$0 - 1 screening every 12 months, if qualified
Mammography Screening	$0 - 1 screening exam every 12 months; $0 - each diagnostic mammogram when medically necessary
Medical Nutritional Therapy	$0 - up to 12 15-minute session or 3 hours within the first 12 months of the first year and up to 2 hours every following year for those with a qualifying diagnosis
Medicare Diabetes Prevention Program (MDPP)	$0 - services include 22 sessions over a 12 month period for those who qualify
Pneumococcal Shot & Administration	$0 - 1 per year or more if medically necessary
Prolonged Preventive Services	$0 - Frequency varies according to the specific Medicare preventive service.
Prostate Cancer Screening	$0 - 1 screening every 12 months
Screening Pap Test	$0 - 1 every 24 months or one every 12 months if at high risk

Screening Pelvic Exams	$0 - 1 every 24 months or one every 12 months if at high risk
Sexually Transmitted Infection Screening & High Intensity Behavioral Counseling(HIBC) to Prevent STI	$0 - 1 screening every 12 months or at certain times during pregnancy.
Ultrasound Abdominal Aortic Aneurysm (AAA) Screening	$0 - one screening per lifetime
EMERGENCY AND URGENT MEDICAL CARE	**This is what you pay for network & out-of-network providers.**
Emergency Care; Worldwide	$0
Urgently Needed Care; Worldwide	$0
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 1 exam every 12 months	$0
Medicare Covered Hearing Examination	$0
Hearing Aid Reimbursement	$800 once every 36 months
DENTAL SERVICES	**This is what you pay for network & out-of-network providers.**
Medicare Covered Dental*	$0
Non-routine care covered by Medicare.	

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	$500 once every 12 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 Individual visit	$0
Partial Hospitalization	$0
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 Individual visit	$0
SKILLED NURSING SERVICES*	**This is what you pay for network & out-of-network providers.**
Skilled Nursing Facility (SNF) Care Unlimited 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.	$0 per day
OUTPATIENT REHABILITATION SERVICES*	**This is what you pay for network & out-of-network providers.**
Outpatient Rehabilitation Services (Speech, physical, and occupational therapy)	$0

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.	

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 (MEDICARE-COVERED)	This is what you pay for network & out-of-network providers.
Acupuncture	$0
Medicare covered benefits only.	
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.	
Continuous Glucose Monitors*	$0
Continuous Glucose Supplies	$0
Diabetic Supplies*	$0
Includes supplies to monitor your blood glucose from Accu-Chek/Roche and TRUE/Trividia, or from a non-preferred provider when a prior authorization is received.	
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
Outpatient Dialysis Treatments*	$0
Podiatry Services Medicare covered benefits only.	$0
Pulmonary Rehabilitation Services	$0
Radiation Therapy*	$0
Supervised Exercise Therapy (SET) for PAD Services	$0
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

ADDITIONAL PROGRAMS AND 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
Smoking and Tobacco Use Cessation Supplies Frequency	$0 unlimited visits every year
Teladoc™ Telemedicine services with a Teladoc™ provider. State mandates may apply.	$0
Wigs* Maximum Frequency	$0 $400 every year
OPTIONAL PROGRAMS AND SERVICES (NOT COVERED BY ORIGINAL MEDICARE)	**This is what you pay for network & out-of-network providers.**
Enhanced Chiropractic Services Visits: unlimited visits every year	$0
Foot Orthotics Maximum Frequency	$0 $500 every 24 months
Resources For Living® For help locating resources for every day needs.	Covered

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

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).

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 2027* 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.

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).

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 http://www.aetna.com.

This document is not intended to be member-facing as it does not include the required disclosures.

*****This is the end of this plan design*****

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Approved By:

Date: