



# Just for you

**Welcome to your Aetna Medicare Advantage plan**

[AetnaRetireePlans.com](https://www.aetna.com/retireeplans)

72.02.444.1 (9/20)



# Welcome

We're glad you're a member of our Aetna® Medicare plan. We created this handbook with you in mind. That means the whole you — body, mind and spirit. Inside, you'll find useful information and tips to help you make the most of your Medicare plan and help you reach your best health.

Thanks for being a valued member of the Aetna family. We're excited to help you fulfill your health goals.

## What's inside?

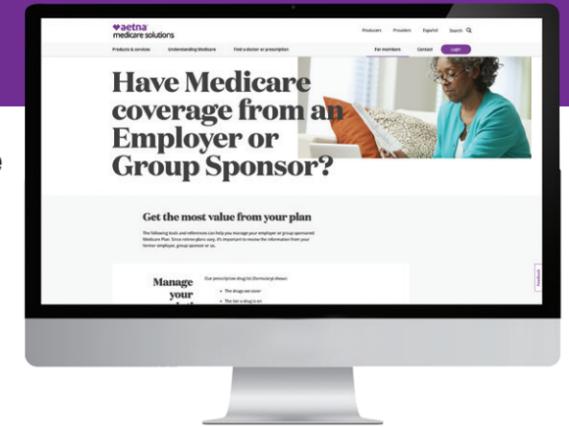
Getting started .....	3
Telehealth vs. urgent vs. emergency care.....	4
Your prescriptions .....	5-6
Medicare key terms .....	7
Extras you get with Aetna.....	8

# Getting started

Get off to a great start by following these three easy steps:

## 1 Sign up for your secure member website

Get the most out of your benefits with our online tools to help guide your health goals. Whether you want to see your member ID card, find doctors or other medical professionals, view your claims or look up your medications, we've got you covered.



Register for or log in to the member website using your Aetna member ID card at [AetnaRetireePlans.com](https://www.aetna.com/retireeplans).

You'll also find information on extras that come with your Aetna Medicare Advantage plan. This includes **access to discounts** on items like weight management programs, medical alert systems and oral health care.

## 2 Get to know your benefits

You can find complete benefits information for your plan in your Evidence of Coverage (EOC) and Schedule of Cost Sharing (SOC). These have detailed information on your coverage, costs and rules you need to follow. Your SOC is in this packet.

Refer to the letter included with this booklet to find out which EOC and formulary — the list of drugs we cover — your plan uses. You'll need to know the formulary name and number of tiers.

Visit [AetnaRetireePlans.com](https://www.aetna.com/retireeplans) to view these documents.

## 3 Find providers and select a primary care physician (PCP)

It's important to have a solid support system. Your PCP can coordinate your care to help you better manage your health. Check your EOC to see if your plan requires you to have a PCP on file with us, or if you can see providers both in and outside of our network and still be covered. Providers must be eligible to receive Medicare payment and accept your plan.

Find doctors and hospitals in the Aetna network here:

[AetnaRetireePlans.com](https://www.aetna.com/retireeplans)



# Telehealth vs. urgent vs. emergency care

If you're suddenly sick or injured, your first thought may be to head to the emergency room (ER). However, depending on your medical issue, the ER may not be the best choice. Telehealth and urgent care facilities can offer a more convenient way to get quick care.

**Please note** that this is not a complete list of reasons to visit an urgent care center or emergency room. If you have of a medical emergency, call **911** or go to the closest ER.

	Telehealth	Urgent care center	Emergency room (ER)
<b>Purpose</b>	Many providers now offer videoconferencing appointments — you can contact your doctor to find out what telehealth services they offer.	These centers offer treatment for injuries or illnesses that are not life threatening.	The ER offers treatment for serious injuries or illnesses.
<b>Advantages</b>	Allows you to receive care when an in-person visit isn't possible or required	Conveniently accepts both walk-ins and appointments, may provide faster treatment, flexible hours	Offers emergency care, treats more serious health issues, open 24/7
<b>Examples of when to go</b>	<ul style="list-style-type: none"> <li>Brief virtual check-ins with your primary care physician</li> <li>Remote evaluation of pre-recorded video and/or images sent to your doctor</li> <li>Mental health services (individual and group sessions)</li> <li>Second opinion by another network provider before surgery</li> </ul>	<ul style="list-style-type: none"> <li>Allergies</li> <li>Coughing</li> <li>Upset stomach</li> <li>Sinus infection</li> <li>Broken bones</li> <li>Sore throat</li> <li>Flu symptoms</li> <li>Pink eye</li> <li>Ear infections</li> <li>Cuts, bumps or sprains</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty breathing</li> <li>Loss of consciousness</li> <li>Severe burns</li> <li>Chest pain or suspected heart attack</li> <li>Severe bleeding</li> <li>Acute stomach pain</li> <li>Poisoning</li> </ul>

# Your prescriptions

Throughout the year, how much you pay for medicines will vary based on what drug payment stage you are in.

## Deductible: Amount varies per plan

If your plan has a deductible, you usually pay the full discounted price of your drugs, up to the deductible amount. **Once you reach the deductible amount, you pay a copayment or coinsurance in the initial coverage stage.**

## Initial coverage: Up to \$4,130

In this stage, you pay a cost share for the discounted price of each prescription you fill until your total drug costs reach a certain amount. **Once your total drug cost is \$4,130, you enter the coverage gap stage.**

## Coverage gap: Up to \$6,550

The coverage gap stage, sometimes referred to as the “donut hole,” is a gap in coverage in which you may have to pay more for your prescription drugs. **Once your yearly out-of-pocket costs reach \$6,550, you move to the catastrophic coverage stage.**

## Catastrophic: Through the end of the year

Most members will not reach this final stage. Cost share in this stage is generally lower. Please check your Schedule of Cost Sharing for more information.

Check your enclosed Schedule of Cost Sharing for what you will pay in each phase of coverage.

## Cost management tips

1

To check the cost of your drug, you need to know what tier it's on. Your formulary tells you the tier. Generally, the lower the tier, the less you pay. Your Evidence of Coverage and Schedule of Cost Sharing show you the drug cost for each tier.

2

Make an appointment with your doctor and refer to your formulary.

3

To save money, ask if there are covered alternatives on a lower tier.

## Prescription coverage

To get the most out of your coverage, use these helpful tips:

### Find a pharmacy

With access to thousands of pharmacies in our nationwide network, you can get the medications you need for your physical and mental well-being.

Visit [AetnaRetireePlans.com](https://www.aetna.com/retireeplans) to find a pharmacy in your network.



### Get extra support

Specialty medicines help people with complex conditions and may require special shipping or storage. With our Specialty Pharmacy medicine and support services, you'll get reliable and secure delivery at no extra cost.

Call **1-800-237-2767 (TTY: 711)** or visit [CVSSpecialty.com](https://www.cvsspecialty.com).



### Medicines conveniently delivered to your home

CVS Caremark Mail Service Pharmacy™ provides home-delivery services for the medications you take regularly. You can avoid trips to the pharmacy by ordering your medication on the phone or by mail.

For more information, visit [AetnaMedicare.com/rxdelivery](https://www.aetna.com/medicare/rxdelivery) or call the number on your member ID card.



### Get a 90-day supply

Are there medicines you take regularly to maintain your health? With a 90-day supply you can save time and potentially money by refilling your prescriptions just once every three months.

Talk to your doctor to see if a 90-day supply is right for you.



### Medication therapy

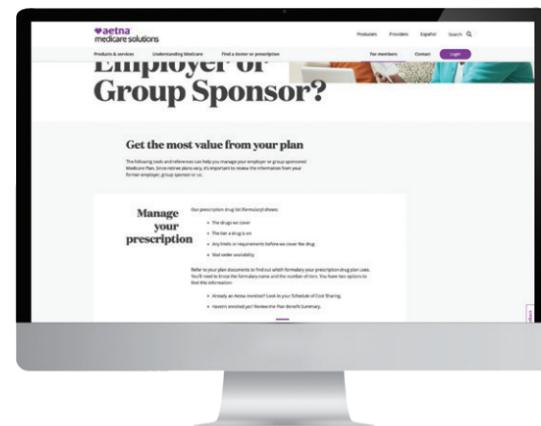
Our Medication Therapy Management program helps you and your doctor manage your medicines. A pharmacist will review your medications and talk to you about drug therapy, side effects or any questions you may have.



### Your formulary drug list

At Aetna®, we have a broad list of covered drugs. It's always good to check what your prescription drugs will cost. To do this, you will need to know what tier your drugs are on.

Locate your formulary at [AetnaRetireePlans.com](https://www.aetna.com/retireeplans).



**Coinsurance** — This is the amount you may have to pay for your share of services. Coinsurance is usually a percentage (for example, 20 percent).

**Copayment (copay)** — This is the amount you may have to pay for your share of services. Copays are usually a set amount (for example, \$10 for a prescription drug or \$20 for a doctor visit).

**Cost sharing** — These are amounts that your plan may require you to pay for your care. Examples of cost sharing can include deductibles, copays or coinsurance.

**Deductible** — This is the amount some plans require you to pay for covered services before the plan starts to pay.

**Drug tiers** — This is a group of drugs on a formulary. Each group or tier requires a different level of payment. Higher tiers usually means you'll pay more for the drugs. For example, a drug on Tier 2 generally will cost more than a drug on Tier 1.

**Explanation of Benefits (EOB)** — An EOB is a notice explaining charges, payments or any balances owed after a doctor or pharmacy you have visited submits a claim. It may be sent by mail or electronically.

**Evidence of Coverage (EOC)** — This document gives you detailed information on your plan's coverage, costs, and your rights and responsibilities as a plan member.

**Formulary** — This is a list of prescription drugs the health plan covers. It can include drugs that are brand name and generic. Drugs on this list may cost less than drugs that are not on the list. How much a plan covers may vary from drug to drug. An open formulary provides a greater choice of covered drugs. It is also called a preferred drug list.

**In network** — This means we have a contract with that doctor or other health care provider. We negotiate reduced rates with them to help you save money. Some plans give you access to both in- and out-of-network providers, as long as they are eligible to receive Medicare payment and accept your plan. Check your plan documents.

**Maintenance medications** — These are prescription drugs that you take on a regular basis. These drugs help treat chronic conditions, such as for asthma, diabetes, high blood pressure and other health conditions. You may be able to save money on your maintenance prescriptions by filling them for a 90-day supply at retail and/or mail order.

**Mail-order pharmacy** — A convenient service where you can have your medications delivered directly to your door. The preferred mail-order service available with your plan is CVS Caremark Mail Service Pharmacy™.

**Premium** — This is the amount you may pay your plan for coverage.

**Schedule of Cost Sharing (SOC)** — This shows the share of costs covered by Aetna that you pay out of your own pocket. It can include deductibles, coinsurance copayments, or similar charges.

**Urgent care centers** — These centers can treat urgent, but non-life-threatening, medical issues. A few examples are sprains, fractures and minor burns. If you have a medical issue that threatens your life, always visit the nearest emergency room or call **911** first.

# Extras you get with Aetna®

FPO  
Barcode



## Healthy Home Visits

Get a home visit from a licensed doctor or nurse to assess your health and safety needs.



## Case management

Personalized nurse support is available if you need help managing any chronic conditions.



## Resources For Living®

Get referrals to services in your area that offer help such as household chores, transportation, community resources, and more.

**To contact our Resources For Living team, call 1-866-370-4842 (TTY: 711).**



## 24/7 nurse hotline

Speak with a registered nurse any time, night or day, on any health-related topic.

**Just call 1-800-556-1555 (TTY: 711).**

If you need more information about any of our extra benefits, call the number on your Aetna member ID Card.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. 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. 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. The formulary, provider and/or pharmacy 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. Discount offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. The member is responsible for the full cost of discounted services. Aetna may receive a percentage of the fee paid to a discount vendor.