

Coverage you can count on

Your Aetna® retiree health insurance just for Southern Methodist University retirees

Starting January 1, 2027, your current Aetna® Medicare Advantage plan with prescription drug coverage will become two separate plans, one for medical coverage and one for prescription drug coverage.

Your medical benefits will still be provided by Aetna® Medicare, just like today. However, your prescription drug coverage will now be administered by Aetna Medicare Rx® offered by SilverScript®. The plan is offered by SilverScript Insurance Company, which, like Aetna, is affiliated with CVS Caremark®.

Your 2027 enrollment will depend on your current medical plan:

- If you are currently enrolled in the Standard or Plus Plan, you will automatically move to the Aetna Medicare Advantage PPO ESA Core Plan.
- If you are currently enrolled in the Premium Plan, you will remain in the Aetna Medicare Advantage Premium Plan.

All members will also be automatically enrolled in the Aetna Medicare Rx offered by SilverScript® (Rx Plus Plan), the only prescription drug plan offered for 2027.



Open Enrollment is just around the corner: October 15 to December 7, 2026

Although medical and prescription drug are separate plans, they are offered together. If you choose to opt out of one, you will be disenrolled from both.

This will cancel your coverage through Emeriti. However, you may switch to the other available Aetna Medicare Advantage medical plan option without canceling your coverage through Emeriti.

If you wish to switch medical plans or opt out of the new plans completely, you must do so by December 7, 2026. Visit **MyEmeritiBenefits.org** or call the Emeriti Service Center at **1-866-EMERITI (1-866-363-7484)**, Monday–Friday, 8:00 AM–5:30 PM ET.

If you opt out, you'll lose all coverage through Emeriti. For details, call the Emeriti Service Center at **1-866-EMERITI (1-866-363-7484)**, Monday–Friday, 8:00 AM–5:30 PM ET.



Flexibility and confidence to choose your doctors

The Aetna Medicare Advantage PPO ESA plan stands out from other health care plans. You have access to in-network providers such as doctors, hospitals and labs. You also have access to the out-of-network providers of your choice — at **no additional out-of-pocket costs** — if the provider is:

- Eligible to receive payment under Medicare
- Agrees to bill and accept payment from Aetna®

Also, your coverage follows you wherever you travel, with access to over a million providers* nationwide. And your plan offers benefits for emergency medical care, even when you travel outside of the United States.

*Aetna Medicare Advantage PPO network as of January 2026.



We're here to help

Call us at **1-888-267-2637 (TTY: 711), Monday–Friday, 8 AM–9 PM ET** to find out if your doctor accepts the plan. We'll contact them to confirm. We can also help you find other nearby doctors and hospitals to meet your needs.

Plan at a glance

Here’s an overview of key benefits that are part of your Aetna health insurance benefits for 2027. Premiums for the Traditional Plan are based on age and ZIP code of the retiree. Visit **MyEmeritiBenefits.org** for premium information.

Your 2027 Aetna® retiree health plan options



One Traditional
Choice Plan



Two Medicare
Advantage
PPO ESA plans



One Medicare
Part D prescription
drug plan



One optional
dental plan

 Aetna Traditional® Choice medical plan	What you pay:
Annual medical deductible	\$200
Maximum out of pocket	\$1,250
Member coinsurance	20%
Lifetime maximum	Unlimited except where otherwise indicated
Referral requirement	None
Annual wellness visit	0% coinsurance (only covers immunizations and routine lab and X-ray charges associated with routine exam)
Primary care provider visit	20% coinsurance
Inpatient hospital	20% coinsurance
Outpatient hospital	20% coinsurance
Emergency care	20% coinsurance
Urgent care	20% coinsurance
Telehealth	20% coinsurance
Routine hearing and vision exams	0% coinsurance
Hearing aids	0% coinsurance (maximum 1 hearing aid per ear, every 3 years)



Medicare Part C (medical)

	Aetna Medicare Advantage PPO ESA Core Plan	Aetna Medicare Advantage PPO ESA Premium Plan
Annual deductible	\$0	\$0
Maximum out-of-pocket	\$7,550	\$2,000
Preventive care	\$0 copay	\$0 copay
Primary care office visits	\$15 copay	\$15 copay
Physician specialist visits	\$40 copay	\$15 copay
Inpatient hospital stays	\$200 copay per day, days 1-7; \$0 unlimited additional days	\$0 copay per stay
Outpatient services and surgery	\$185 copay	\$0 copay
Emergency care, worldwide (waived if admitted)	\$75 copay	\$50 copay
Urgent care worldwide	\$40 copay	\$15 copay
Routine hearing and vision exams	\$0 copay (one exam per year)	\$0 copay (one exam per year)

 Aetna Medicare Rx® offered by SilverScript®	What you pay:
Deductible	\$200
Network*	P1
Formulary	Comprehensive Plus
30-day supply through retail	
Tier 1 – Generic	10% coinsurance preferred pharmacy 15% coinsurance standard pharmacy
Tier 2 – Preferred brand	25% coinsurance
Tier 3 – Non-preferred brand	50% coinsurance
Catastrophic coverage phase	
Catastrophic coverage benefits start once you reach the \$2,400 annual out-of-pocket limit.	You pay \$0

*Visit [Emeriti.AetnaMedicare.com/smu](https://www.Emeriti.AetnaMedicare.com/smu) to find a network pharmacy.

 Aetna Dental® plan option	What you pay:
Deductible (basic and major services)	You pay \$100
Preventive services	100% covered
Basic services coverage (fillings, standard crowns, extractions)	You pay 50% coinsurance
Major services coverage (root canal therapy, surgical removals, dentures)	You pay 50% coinsurance
Annual benefit maximum	\$2,000

Support that helps you stay well

Good health care is about more than doctor visits. Aetna Medicare Advantage includes benefits designed to support your health, comfort and daily needs. They are included as part of your plan, at no additional cost, and are there for you when you need them.



SilverSneakers® fitness benefit

Improve your health by going to any of thousands of participating fitness locations nationwide — or get a fitness kit you can use at home.



Resources For Living® program

The Resources For Living program can connect you with services and resources in your own community that can help make daily life easier and more manageable. They can help address needs such as social isolation, food insecurity, financial assistance, in-home services and transportation. There's no cost to call Resources For Living — you only pay for the costs (if any) of services you use.



24-Hour Nurse Line*

Sometimes you need a quick answer to a health question. With the 24-Hour Nurse Line, you can speak to a registered nurse about a variety of health topics, whenever you need to.

And you can call as many times as you need, at no added cost to you.



Healthy Home Visit

The Healthy Home Visit (HHV) is a visit with a licensed provider through Signify Health® who will come to your home or see you virtually (online). They can discuss any health concerns, complete a fall risk assessment, recommend screenings and create a personalized care plan. The HHV is included with your plan each year at no added cost.



Transportation

We never want you to miss a medical appointment because you don't have a way to get there. We have teamed up with MTM Health to provide you up to 24 one-way (12 round-trip) nonemergency trips, with up to 60 miles per trip.



Post-discharge meal delivery

You can get 14 freshly prepared meals delivered to you after a qualifying inpatient hospital or skilled nursing facility stay — at no added cost. The meals can provide the nutrition needed to help support recovery and overall health and well-being.



Virtual care

Telehealth: Get nonurgent care on your phone, computer or tablet. Contact your doctor or walk-in clinic to learn more.

Teladoc Health: Connect with a Teladoc Health primary care provider by web, phone or mobile app from anywhere for nonemergency medical needs. Whether you choose telehealth or Teladoc Health, you're covered for many nonemergency medical needs, such as cold and flu symptoms, allergies, skin problems and prescription refills.



Hearing aid reimbursement

Your plan includes a reimbursement of \$1,000 once every 36 months for hearing aids through NationsHearing®.

*While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.

What you should know



Two ID cards

You'll have two new member ID cards, one for medical and one for prescription drug coverage. You need to take both with you to the doctor, hospital and pharmacy.

If you're currently enrolled in the Aetna Traditional® Choice medical plan, you will not receive a new ID card for 2027. New ID cards will only be sent to members who are newly enrolling in the plan.



Two plan portals

You'll manage your prescription coverage through **Caremark.com**

This is in addition to managing your medical coverage through **Health.Aetna.com**

What happens next



Plan confirmation and acceptance letters

This includes info about your plans' features. Your letters will be sent by mail.



Plan member ID cards

The cards with the Aetna or SilverScript logo — not your red, white and blue Medicare card — should be used each time you visit the doctor, hospital or pharmacy. **You'll receive your medical and prescription drug ID cards in separate mailings.**

You can also find your Aetna member ID online. Visit **Emeriti.AetnaMedicare.com/SMU** to log in to the Aetna secure member website for your medical card.



Evidence of Coverage (EOC)

There are two documents — be sure to read both. Each one is a complete description of your medical or prescription drug coverage and your member rights. You'll receive instructions on where to find them online by mail.



Formulary

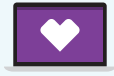
This is a list of drugs your plan covers and any special requirements. You'll find your formulary online. Just visit **Emeriti.AetnaMedicare.com/SMU** to view. Review your formulary closely.



Schedule of Cost Sharing (SOC)

This outlines medical costs that you pay out of your own pocket. This can include copayments or similar charges. You'll receive instructions on where to find it online by mail. Your prescription drug costs can be found in your prescription drug EOC.

Helpful resources



Visit [Emeriti.AetnaMedicare.com/SMU](https://emeriti.aetnamedicare.com/SMU)

You can learn more about Aetna® or your current plan.



Who to call for questions

For questions about your plans, call Aetna Member Services at **1-888-267-2637 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET.

For questions about enrollment and eligibility, please reach out to Emeriti Service Center at **1-866-EMERITI (1-866-363-7484)**, Monday–Friday, 8:00 AM–5:30 PM ET.



Download the Aetna Health™ app

Manage your plan the easy way with the Aetna Health app.

- View claims
- Track spending
- Access your digital ID card, and much more



Don't have the app? Get it today:



Aetna Medicare is a 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. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies. The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in: applicable areas. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call **1-855-338-7027 (TTY: 711)** or consult the online pharmacy directory at <http://www.aetnamedicare.com/pharmacyhelp>. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-10 days. You can call **1-855-212-5666 (TTY: 711)** if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. To send a complaint to Medicare, call **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week). If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance. Participating 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.

Visit [Aetna.com/individuals-families/member-rights-resources/rights/disclosure-information.html](https://aetna.com/individuals-families/member-rights-resources/rights/disclosure-information.html) to view or print your medical, dental or vision plan disclosures. Here, you can also find state requirements and information on the Women's Health and Cancer Rights Act.