

Summary of Benefits 2027

EMERITI RETIREMENT HEALTH SOLUTIONS

Sponsored by Aetna Medicare Plan (PPO)
Core Plan

Important Information

This is a summary of the services we cover from January 1, 2027 through December 31, 2027. The complete list of services can be found in the *Schedule of Cost Sharing (SOC)/Evidence of Coverage (EOC)*. To request a copy, contact:

Member Services

[1-888-267-2637](tel:1-888-267-2637) (TTY: [711](tel:711)) Hours are 8 AM to 9 PM ET, Monday through Friday.

Are you eligible to enroll?

To join Aetna Medicare Plan (PPO),
you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan's service area. A complete list of service areas can be found in the *Evidence of Coverage (EOC)*.



What You Should Know

Primary Care Provider (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 provider in order to see you.

Prior Authorizations: Your provider 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 costs & information	Network & Out-of-network providers
Premium	Please contact your former employer/union/trust for more information on your plan premium.
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	\$7,550 The maximum out-of-pocket (MOOP) is the most you'll pay for the medical services we cover each year. It's in place to protect you. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium doesn't count toward your MOOP.

PRIMARY BENEFITS		Your costs for in and out-of-network care
Hospital Care*		
Inpatient Hospital Care		\$200 per day, days 1-7; \$0 unlimited additional days
		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 Hospital Services and Surgery		\$185
Ambulatory Surgery Center		\$185
Primary Care Provider and Specialist Services		
Primary Care Provider Visits		\$15
		Includes the services of an internist, general physician or family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.
Specialist Visits		\$40
Preventive Services		
Medicare-covered Preventive Services		\$0
• Abdominal aortic aneurysm screenings • Alcohol misuse screenings and counseling • Annual Wellness visit • Bone mass measurements • Breast cancer screening: mammogram • Cardiovascular behavioral therapy • Cardiovascular disease screenings • Cervical and vaginal cancer screenings • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screenings • Diabetes screenings • HIV screenings • Lung cancer screenings and counseling • Medicare Diabetes Prevention Program		

This continues on the next page

PRIMARY BENEFITS	Your costs for in and out-of-network care
Preventive Services (continued)	
• Medical nutrition therapy • Obesity therapy • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling • Welcome to Medicare preventive visit	
Immunizations	\$0
• Flu/Influenza • Hepatitis B • Pneumonia	
Additional Medicare Preventive Services	\$0
• Diabetes self-management training • Digital rectal exam • EKG following welcome exam • Glaucoma screening	
Emergency and Urgent Medical Care	
Emergency Care	\$75 (waived if admitted immediately)
Emergency Care Worldwide	\$75 (waived if admitted)
Urgent Care	\$40
Urgent Care Worldwide	\$40
Diagnostic Procedures*	
Diagnostic Radiology (CT scans)	\$200
Diagnostic Radiology (other than CT scans)	\$200
Diagnostic Testing and Procedures	\$35
Lab Services	\$35
Outpatient X-rays	\$35
Hearing Services	
Hearing Exam (routine)	\$0
Coverage: 1 exam every 12 months	
Hearing Exam (Medicare-covered)	\$40

PRIMARY BENEFITS	Your costs for in and out-of-network care
Hearing Aid Reimbursement	\$1,000 once every 36 months
Dental Services*	
Dental Services	\$40
	Medicare-covered benefits only
Vision Services	
Eye Exam (routine)	\$0
	Coverage: one exam every year
Diabetic Eye Exam	\$0
Eye Exam (Medicare-covered)	\$40
Mental Health Services*	
Inpatient Mental Health Care	\$200 per day, days 1-7; \$0 unlimited additional days
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Mental Health Care	\$40 (individual sessions)
	\$40 (group sessions)
Partial Hospitalization Services	\$40
Intensive Outpatient Service	\$40
Inpatient Substance Use Disorder	\$200 per day, days 1-7; \$0 unlimited additional days
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Substance Use Disorder	\$40 (individual sessions)
	\$40 (group sessions)
Skilled Nursing Services*	
Skilled Nursing Facility (SNF) Care	\$0 per day, days 1-20; \$125 per day, days 21-100
	Limited to 100 days per Medicare benefit period. See the <i>Schedule of Cost Sharing</i> for details on the benefit periods.
Outpatient Rehabilitation Services	
Occupational Therapy Rehabilitation Services	\$35

PRIMARY BENEFITS	Your costs for in and out-of-network care
Physical and Speech Therapy Rehabilitation Services	\$35
Ambulance* and Transportation Services	
Ambulance Services	\$100
	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.
Transportation (non-emergency)	Covered
	Coverage: up to 24 one-way trips per year with 60 miles allowed per trip. Services should be scheduled through our authorized vendor, MTM Health.
Worldwide Emergency Transportation (non-Medicare covered)	\$100
Medicare Part B Prescription Drugs*	
Medicare Part B Prescription Drugs	\$0
Medicare Part B Prescription Drugs - Insulin	\$0

***These benefits may require prior authorization.**

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in and out-of-network care
Acupuncture Services	\$40
	Medicare-covered benefits only
Allergy Shots	\$0
Allergy Testing	\$40
Blood	\$0
	All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	\$30
Chiropractic Services*	\$15
	Medicare-covered benefits only
Continuous Glucose Monitor	\$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 (DME)*	20%
Home Health Agency Care*	\$0
Hospice Care	Covered by Original Medicare at a Medicare-certified hospice.
Intensive Cardiac Rehabilitation Services	\$30
Medical Supplies*	Your cost share is based upon the provider of services
Outpatient Dialysis Treatments*	20%
Podiatry Services	\$40
	Medicare-covered benefits only
Prosthetic Devices*	20%
Pulmonary Rehabilitation Services	\$15
Supervised Exercise Therapy (SET) for PAD	\$15
Radiation Therapy*	\$60
*These benefits may require prior authorization.	

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Compression Stockings Maximum Frequency	\$0 unlimited singles/pairs every year
Basic SilverSneakers® Program	You are covered for a basic membership to any SilverSneakers® authorized participating fitness facility. Additionally, online classes and at-home fitness kits are available. You may order one fitness kit per year through SilverSneakers.
Healthy Rewards	Covered
Meals	\$0 After discharge from an inpatient stay to your home, you may be eligible to receive up to 14 home-delivered meals over a 7-day period.
Resources for Living®	This program is offered to help you locate resources for everyday needs.
Routine Physical	\$0 A routine physical exam is offered once per calendar year.
Smoking and Tobacco Use Cessation Supplies Frequency	\$0 unlimited visits every year
Teladoc™	\$0 Telemedicine services with a Teladoc provider. State mandates may apply.
Telehealth PCP	\$15
Telehealth Specialist	\$40
Telehealth Occupational Therapy Service	\$35
Telehealth PT and ST Services	\$35
Telehealth Other Health Care Providers	\$40
Telehealth Individual Mental Health*	\$40
Telehealth Group Mental Health*	\$40
Telehealth Individual Psychiatric Services*	\$40
Telehealth Group Psychiatric Services*	\$40
Telehealth Individual Outpatient Substance Use Disorder*	\$40
Telehealth Group Outpatient Substance Use Disorder*	\$40
Telehealth Kidney Disease Education Services	\$0

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Telehealth Diabetes Self-Management Training	\$0
Telehealth Opioid Treatment Program Services*	\$40
Telehealth Urgent Care	\$40
Wigs	\$0
Maximum	\$400
Frequency	every year
*These benefits may require prior authorization.	

MEDICAL DISCLAIMERS

For more information about Aetna plans, go to [Emeriti.AetnaMedicare.com](https://www.Emeriti.AetnaMedicare.com) or call Member Services toll-free at [1-888-267-2637](tel:1-888-267-2637) (TTY: [711](tel:1-888-267-2637)). Hours are 8 AM to 9 PM ET, Monday through Friday.

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.

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). You can request a copy of the EOC by contacting Member Services at [1-888-267-2637](tel:1-888-267-2637) (TTY: [711](tel:1-888-267-2637)). Hours are 8 AM to 9 PM ET, Monday through Friday.

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 plan members, except in emergency situations. Please call our Member Services 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 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.

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 plan 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.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2026 Tivity Health, Inc. All rights reserved.

Medicare rules don't allow earned rewards to be used for Medicare-covered goods or services, including medical or prescription drug out-of-pocket costs. Earned rewards may not be used to pay for medical copays, prescription costs, or any other Medicare covered good or services. Earned rewards may also not be used to pay for products such as on alcohol, tobacco, cannabis, firearms, lottery, gift cards or be converted to cash. Rewards earned may be considered taxable income. Please consult your tax adviser if you have any questions regarding the taxability of rewards. The 2027 Aetna Healthy Rewards program is only applicable to active members with eligible MA and/or MAPD plans. Qualifying participants who are eligible to perform the program activities may earn rewards by completing all or some of the program activities. Rewards will be distributed to participants and available to redeem on their Extra Benefits Card. The 2027 Aetna Healthy Rewards program is available to our members until the last day of the year. You will need to earn and redeem your reward by December 15, 2027 or the date you leave the plan, whichever comes first. Participants should check the terms of their Schedule of Cost Sharing (SOC) prior to participating in any program activities. Except as set forth in the SOC, Aetna shall not be responsible for any costs associated with, or arising from, a participant's performance of program activities. Your participation in Aetna Healthy Rewards program is voluntary and does not affect your benefits from your Aetna health plan. Eligibility is limited to the Aetna member that this communication was addressed to. Subject to benefits and eligibility verification.

Teladoc Health is not available to all members. Teladoc Health and Teladoc Health physicians are independent contractors and are not agents of Aetna. Visit TeladocHealth.com/Aetna for a complete description of the limitations of Teladoc Health services. Teladoc, Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc.

To send a complaint to Aetna, call the Plan or the number on your member ID card. 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.

If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

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 (www.medicare.gov) or by calling 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)), 24 hours a day, 7 days a week. TTY users should call [1-877-486-2048](tel:1-877-486-2048).

You can also visit our website at Emeriti.AetnaMedicare.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).

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

©2027 Aetna Inc.

Y0001_GRP_5552_2027_M

Notice of Availability (NOA)

TTY: [711](tel:711)

To access language services at no cost to you, call the number on this document. (English)

እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ በዚህ ሰነድ ላይ ወዳለዉ ቁጥር ይደውሉ። (Amharic)

للحصول على خدمات اللغة مجانًا، اتصل بالرقم المذكور في هذه الوثيقة. (Arabic)

如欲使用免費語言服務，請致電本文件上的電話號碼。 (Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa doookumentii kanarra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro indiqué sur ce document. (French)

Pou jwenn sèvis lang san ou pa peye anyen, rele nimewo ki sou dokiman sa a. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer in diesem Dokument an. (German)

Inā ake 'oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona 'oe i ka helu ma kēia palapala. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj ntawm daim ntawv no. (Hmong)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato in questo documento. (Italian)

無料の言語サービスをご利用いただくには、この書類に記載されている番号にお電話ください。 (Japanese)

လၢကမၤန့ၢ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢၣ်ဘျၣ်လၢၣ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ်ဖဲလံာ်တီၢ်လံာ်မိအံၤ အဖီခိၣ်န့ၣ်တက့ၢ်. (Karen)

무료로 언어 서비스를 이용하려면 이 문서에 있는 전화번호로 전화하세요. (Korean)

ເພື່ອ ຄ້າຂາດຖືກການ ບໍລິການພາສາໂດຍ ບໍ່ສວຍຄ່າ ໃຫ້ ຈຳນວນໃດໆ, ໃຫ້ ໂທຫາ ບໍລິໂພກໃນເອກະສານນີ້. (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

برای دسترسی به خدمات زبانی رایگان، با شماره مندرج در این سند تماس بگیرید. (Persian farsi)

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany w tym dokumencie. (Polish)

Ligue para o número indicado neste documento para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número que aparece en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tawagan ang numero sa dokumentong ito. (Tagalog)

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

Y0001_Y0130_H6399_2025_V3