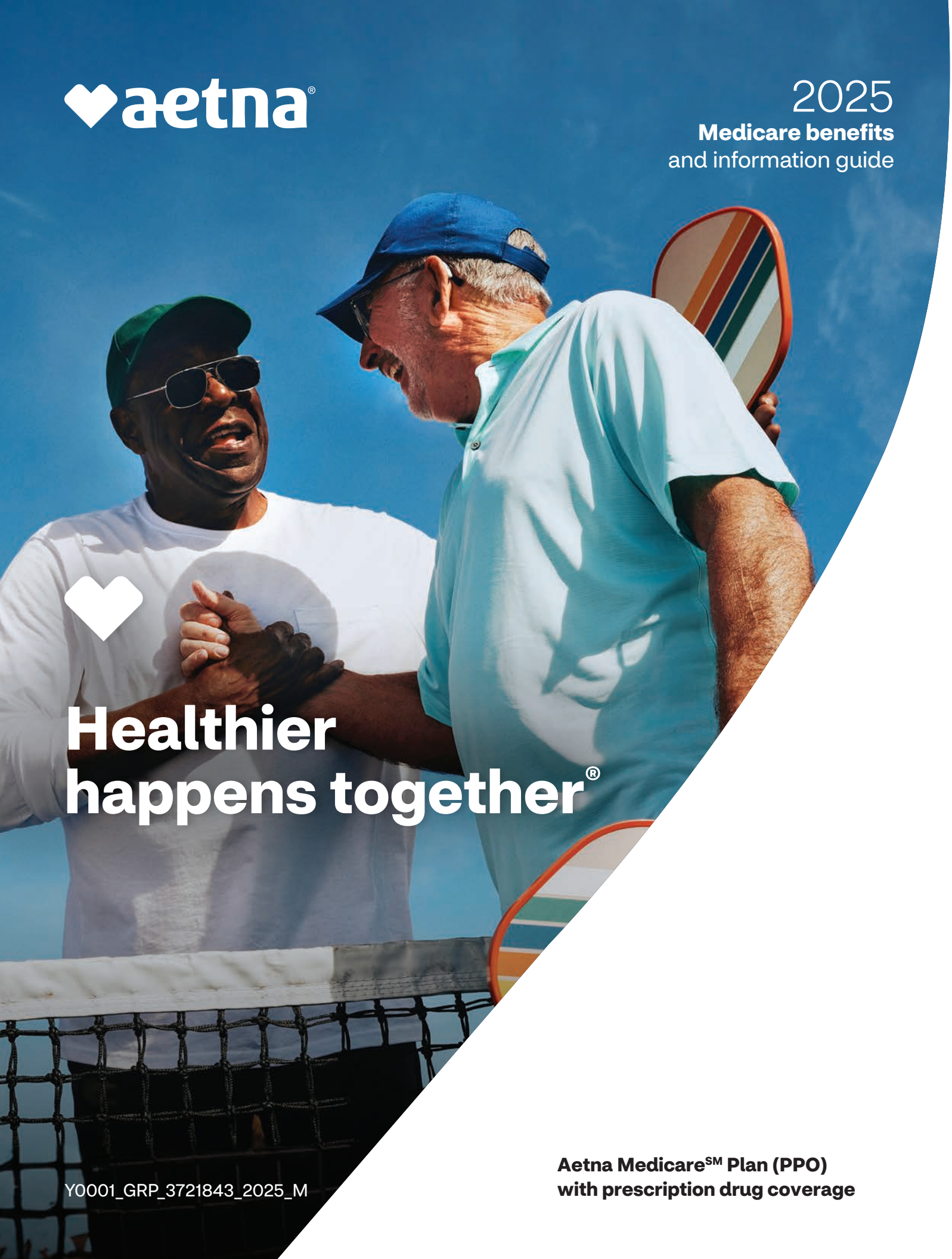
aetna®

2025
Medicare benefits
and information guide



Healthier happens together®

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Aetna Medicare℠ Plan (PPO)
with prescription drug coverage

Welcome



Aetna® Medicare

Ready to take a step toward your best health?

Aetna Medicare can help.

This guide contains:

- Information on the benefits, programs and services available to you
- Details to help you better understand our plan features
- Everything you need to enroll

Ready to get started?

Simply follow these steps:

1. Review the plan benefits in this guide.
2. Fill out and sign the included enrollment form.
3. Make a copy of the form for your records.
4. Mail your completed form to the address shown at the bottom of the Enrollment Instructions page. (You can use the return envelope if one was included.)
5. Follow any other instructions from your employer, union or trust, as applicable.

Questions?
1-800-307-4830 (TTY: 711)

8 AM–9PM ET
Monday–Friday

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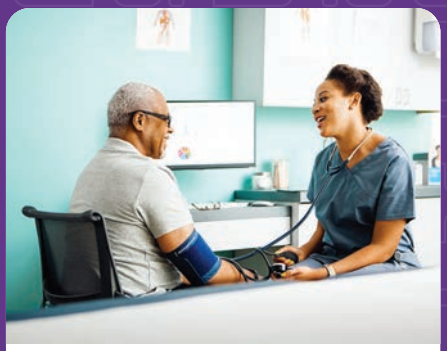
Enrollment Form 41



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We've got your back every step of the way

So you can manage your Aetna® Medicare plan with confidence



Providers you trust

Our nationwide provider coverage helps connect you with the doctors and hospitals you count on for care.



Additional included benefits at no cost to you

Our plans offer all the benefits of Original Medicare, plus other programs and services it doesn't offer.



And so much more to help you feel your best

Read on to get the whole story.

BEST CUSTOMER SERVICE 2023 Newsweek statista

Aetna is a recipient of the *Newsweek* Best Customer Service Award for 2023.

For more information, visit
Newsweek.com/rankings/americas-best-customer-service-2023

See what's included

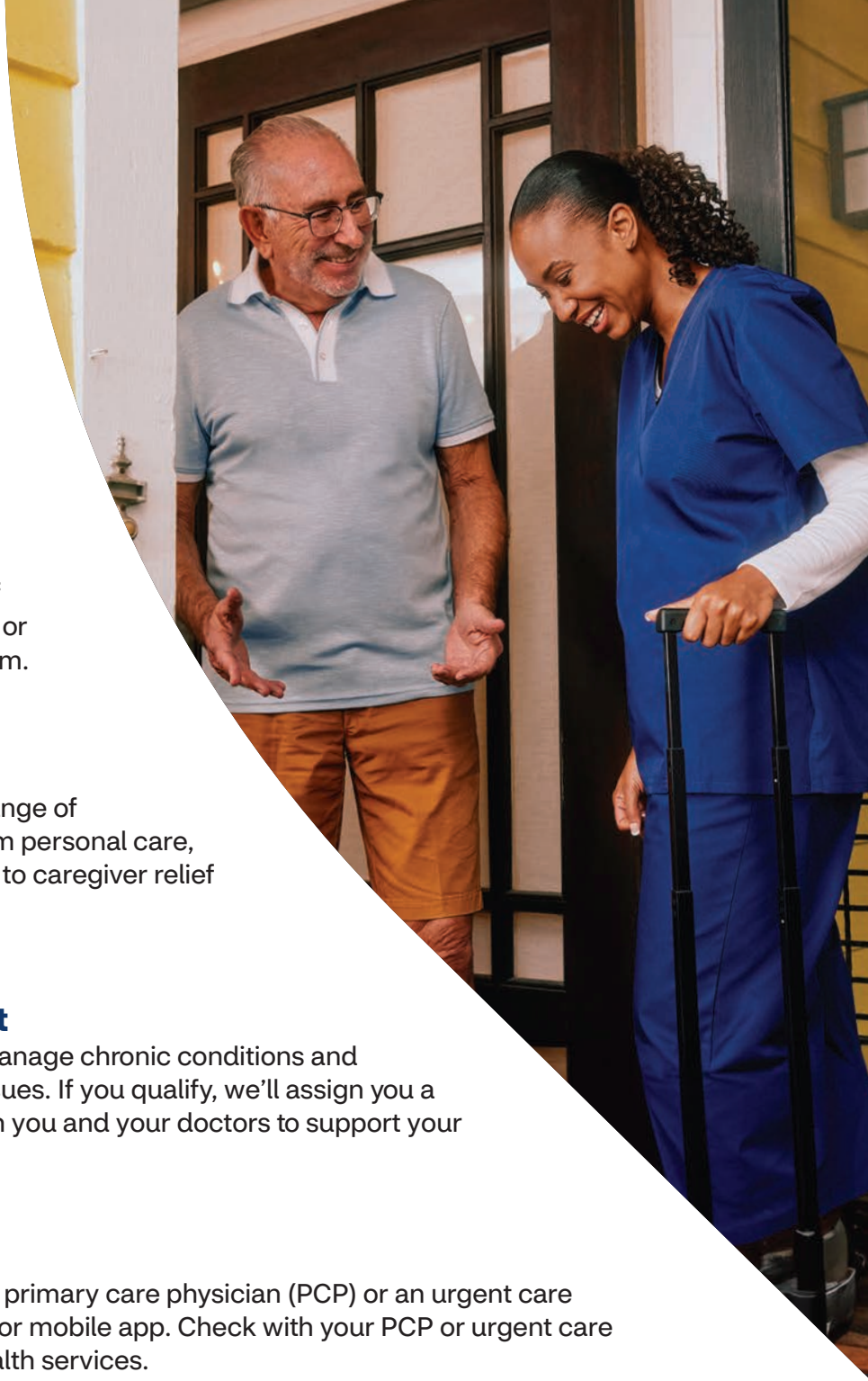
A closer look at your new plan



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All the benefits of Original Medicare

Plus, included benefits like these:



24-Hour Nurse Line

Need a quick answer to a health question or have a concern? You can talk to one of our registered nurses anytime, day or night.* Of course, in an emergency, dial **911** or go to the closest emergency room.

Resources For Living®

We can connect you to a wide range of services right in your area — from personal care, housekeeping and maintenance to caregiver relief and more.**

Nurse care management

These programs can help you manage chronic conditions and understand complex medical issues. If you qualify, we'll assign you a nurse care manager to work with you and your doctors to support your care plan.

Virtual care

Telehealth: Meet virtually with a primary care physician (PCP) or an urgent care center provider by phone, video or mobile app. Check with your PCP or urgent care center to see if they offer telehealth services.

Teladoc®: You can access a national network of U.S. board-certified doctors by phone, video or mobile app. Get quality health care anywhere and anytime.

Whether you choose telehealth or Teladoc, you're covered for many nonemergency medical needs, such as cold and flu symptoms, allergies, skin problems and prescription refills.

*While only your doctor can diagnose, prescribe or give medical advice, our nurses can provide information on more than 5,000 topics. Contact your doctor first with any questions regarding your health care needs. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional.

**Additional costs may apply.

Aetna Medicare Advantage with prescription drug coverage

A plan with prescription drug benefits can help cover the cost of your medicine.

What is Medicare Advantage?

If you've never had a Medicare Advantage plan before, you may have questions about what it covers or how it compares to other Medicare plans. To learn more, visit **AetnaRetireePlans.com.**



You're covered from the doctor's office to the pharmacy

Our all-in-one Aetna® plan combines medical benefits with prescription drug coverage. So you'll have just one plan and member ID card for your medical and prescription drug needs.



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See if your prescriptions are covered

Our plan covers many of the most commonly prescribed generic and brand-name drugs.

To find your medicine in our formulary (drug list):

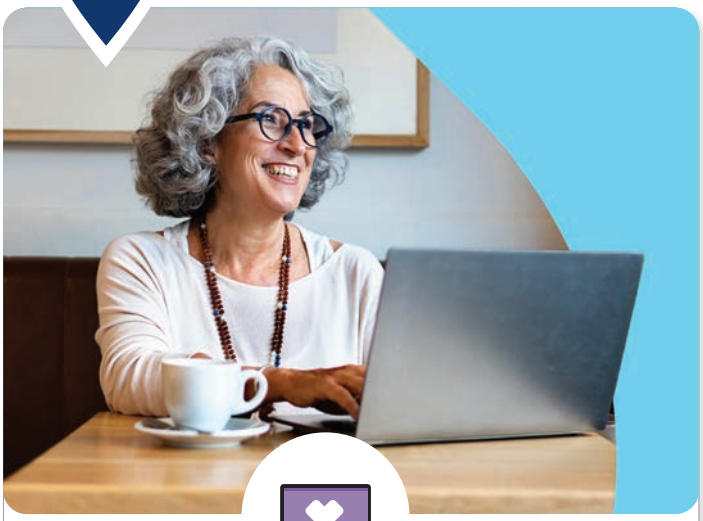
- Go to **AetnaRetireePlans.com.**
- Follow the prescription drug list search instructions.

No computer or internet? No worries.
Call us at **1-800-307-4830. (TTY:711).**

Pharmacy coverage from coast to coast

Our pharmacy network includes national chains and local options.

Find a network pharmacy close to you



Search online.

You can view locations in your area at **AetnaRetireePlans.com.**



Ask an Aetna® representative.

Call **1-800-307-4830. (TTY:711).**

We're here
8 a.m. to 9 p.m. EST, Monday through Friday.



Home delivery

With CVS Caremark® Mail Service Pharmacy, our preferred mail-order pharmacy, standard shipping is always free. Your medicine is checked for accuracy by a registered pharmacist and mailed quickly and safely to you.

If you have questions about your medicine, you can call anytime.

Medicare 101

Understand how your plan works



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About your plan



Aetna Medicare℠ Plan (PPO)

The Aetna Medicare Advantage PPO ESA plan is a preferred provider organization plan. It's different than many other PPO plans. You'll have the flexibility and confidence to see any licensed provider, in or out of network. And you'll pay the same out-of-pocket costs for both in-network and out-of-network covered benefits. The provider just has to be:

- Licensed and eligible to receive payment under Medicare
- Willing to bill and accept payment from Aetna®

Does your provider accept our plan? They most likely will. That's because more than **1.1 million network doctors and specialists** and over **4,200 network hospitals** accept the Aetna Medicare plan.

With this plan, you'll have the option to choose a primary care physician (PCP). It's not required, but when we know who your provider is, we can better support your care.

To find out if your doctor accepts the plan, just call us.

We're available at **1-800-307-4830. (TTY:711).**
8 a.m. to 9 p.m. EST, Monday through Friday.

We'll contact your provider to confirm. We can also help you find other nearby doctors and hospitals who accept the plan.

Summary of Benefits

Take a look at your plan



18.00.106.1-PPO_G

Aetna Medicare℠ Plan (PPO)

The **Summary of Benefits** shows expected costs for services and describes the benefits package. These details affect what you'll pay for your care. So be sure to review all the pages in this section.

More than one plan may be available to you.



Benefits and Premiums are effective January 1, 2025 through December 31, 2025

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

PLAN FEATURES	Network & out-of-network providers.
Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.
Plan Follows the Federal Medicare Part B Deductible Plan deductible is equal to the Federal Medicare Part B deductible	No
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.	$1,500
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.	

HOSPITAL CARE*	This is what you pay for network & out-of-network providers.
Inpatient Hospital Care	$350 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	10%
Ambulatory Surgery Center	10%
PHYSICIAN SERVICES	**This is what you pay for network & out-of-network providers.**
Primary Care Physician Visits	10%
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	10%
PREVENTIVE CARE	**This is what you pay for network & out-of-network providers.**
Medicare-covered Preventive Services	$0

• Abdominal aortic aneurysm screenings
• Alcohol misuse screenings and counseling
• Annual Well Visit - One exam every 12 months.
• Bone mass measurements
• Breast exams
• Breast cancer screening: mammogram - one baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.
• Cardiovascular behavior therapy
• Cardiovascular disease screenings
• Cervical and vaginal cancer screenings (Pap) - one routine GYN visit and pap smear every 24 months.
• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
• Depression screenings
• Diabetes screenings
• HBV infection screening

• Hepatitis C screening tests • HIV screenings • Lung cancer screenings and counseling • Medicare Diabetes Prevention Program - 12 months of core session for program eligible members with an indication of pre-diabetes. • Nutrition therapy services • Obesity behavior therapy • Pelvic Exams and pap test (screening) - one routine GYN visit and pap smear every 24 months. • Prolonged Preventive Services - prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service • Prostate cancer screenings (PSA) - for all male patients aged 50 and older (coverage begins the day after 50th birthday) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling • Welcome to Medicare preventive visit	
Immunizations • Flu • Hepatitis B • Pneumococcal	$0
Additional Medicare Preventive Services • Barium enema - one exam every 12 months. • Diabetes self-management training (DSMT) • Digital rectal exam (DRE) • EKG following welcome exam • Glaucoma screening	$0
EMERGENCY AND URGENT MEDICAL CARE	**This is what you pay for network & out-of-network providers.**
Emergency Care; Worldwide (waived if admitted)	$50
Urgently Needed Care; Worldwide	$35

DIAGNOSTIC PROCEDURES*	This is what you pay for network & out-of-network providers.
Diagnostic Radiology CT scans	10%
Diagnostic Radiology Other than CT scans	10%
Lab Services	10%
Diagnostic testing & procedures	10%
Outpatient X-rays	10%
HEARING SERVICES	**This is what you pay for network & out-of-network providers.**
Routine Hearing Screening We cover one exam every twelve months	$0
Medicare Covered Hearing Examination	10%
Hearing Aid Reimbursement	$500 once every 36 months
DENTAL SERVICES	**This is what you pay for network & out-of-network providers.**
Medicare Covered Dental* Non-routine care covered by Medicare.	10%
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	10%
Vision Eyewear Reimbursement Applies to in or out of network	$70 once every 24 months

MENTAL HEALTH SERVICES*	This is what you pay for network & out-of-network providers.
Inpatient Mental Health Care	$350 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Mental Health Care	10%
Individual visit	
Partial Hospitalization and Intensive Outpatient Services	10%
Inpatient Substance Abuse	$350 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Substance Abuse	10%
Individual visit	

SKILLED NURSING SERVICES*	This is what you pay for network & out-of-network providers.
Skilled Nursing Facility (SNF) Care	0% per day, days 1-20; 10% per day, days 21-120
Limited to 120 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.	

PHYSICAL THERAPY SERVICES*	This is what you pay for network & out-of-network providers.
Outpatient Rehabilitation Services	10%
(Speech, physical, and occupational therapy)	

AMBULANCE SERVICES	This is what you pay for network & out-of-network providers.
Ambulance Services	10%
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 SERVICES	This is what you pay for network & out-of-network providers.
Transportation (non-emergency)	Not Covered
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
MEDICARE PART D PRESCRIPTION DRUGS	**This is what you pay for network & out-of-network providers.**

Part D drugs are covered. See PHARMACY - PRESCRIPTION DRUG BENEFITS section below for your plan benefits at each part D stage, including cost share and other important pharmacy benefit information.

ADDITIONAL PROGRAMS AND SERVICES	This is what you pay for network & out-of-network providers.
Allergy Shots	$0
Allergy Testing	10%
Blood	$0
All components of blood are covered beginning with the first pint.	
Cardiac Rehabilitation Services	10%
Intensive Cardiac Rehabilitation Services	10%
Chiropractic Services*	10%
Medicare covered benefits only.	
Diabetic Supplies*	$0
Includes supplies to monitor your blood glucose from LifeScan.	
Durable Medical Equipment/ Prosthetic Devices*	10%
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
Medicare Covered Acupuncture	10%
Outpatient Dialysis Treatments*	10%
Podiatry Services	10%
Medicare covered benefits only.	
Pulmonary Rehabilitation Services	10%
Supervised Exercise Therapy (SET) for PAD Services	10%
Radiation Therapy*	10%

ADDITIONAL PROGRAMS (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network & out-of-network providers.
Resources For Living®	Covered
For help locating resources for every day needs.	
Smoking and Tobacco Use Cessation Supplies	$0
Frequency	unlimited visits every year
Teladoc™	$0
Telemedicine services with a Teladoc™ provider. State mandates may apply.	
Telehealth	Covered
Telemedicine Services. Member cost share will apply based on services rendered.	
Telehealth PCP	10%
Telehealth Specialist	10%
Telehealth Occupational Therapy Services	10%
Telehealth PT and SP Services	10%
Telehealth Other Health care Providers	10%
Telehealth Individual Mental Health	10%
Telehealth Group Mental Health	10%
Telehealth Individual Psychiatric Services	10%
Telehealth Group Psychiatric Services	10%
Telehealth Individual Substance Abuse Services	10%
Telehealth Group Substance Abuse Services	10%
Telehealth Kidney Disease Education Services	$0
Telehealth Diabetes Self-Management Training	$0
Telehealth Opioid Treatment Program Services	10%
Telehealth Urgent care	$35
Wigs*	$0
Maximum	$400
Frequency	every year

ADDITIONAL 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

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

See next page for Pharmacy-Prescription Drug Benefits.

PHARMACY - PRESCRIPTION DRUG BENEFITS

Pharmacy Network S2

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (http://www.aetnaretireeplans.com.)

Formulary (Drug List) Comprehensive Plus

The following plan design is based on our interpretation of preliminary CMS guidance for 2025, but is subject to change when the final guidance is released.

Changes beginning in 2025 include:

- Reduction to three phases - Deductible, Initial Coverage, and Catastrophic
- Elimination of the Coverage Gap Phase
- Introduction of a $2,000 annual out-of-pocket threshold
- Replacement of the Coverage Gap Discount Program with the Manufacturer Discount Program which will provide a 10% manufacturer discount for applicable drugs in the Initial Coverage phase and 20% manufacturer discount for applicable drugs in the Catastrophic phase.

Calendar-Year Deductible for Prescription Drugs $0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible. The deductible does not apply to covered insulins and most Part D vaccines.

Initial Coverage Phase - The table below represents cost sharing after the deductible, if applicable, has been reached.

3 Tier Plan	30-day Supply through Retail	90-day Supply through Retail or Mail	
	Standard	**Preferred Mail**	**Standard Retail or Mail**
Tier 1 - Generic Generic Drugs	$10	$20	$20
Tier 2 - Preferred Brand Preferred Brand Drugs	$35	$70	$70

3 Tier Plan	30-day Supply through Retail	90-day Supply through Retail or Mail	
	Standard	Preferred Mail	Standard Retail or Mail
Tier 3 - Non-Preferred Brand Non-Preferred Brand Drugs	$60	$120	$120

If you reside in a long-term care facility, your cost share is the same as a 30 day supply at a retail pharmacy and you may receive up to a 31 day supply.

You won't pay more than $35 for a one-month supply or $105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Catastrophic Coverage: You pay $0 for covered Part D prescription drugs.

Catastrophic Coverage benefits start once the CMS-determined annual out-of-pocket threshold of $2,000 for covered Part D prescription drugs is reached.

Requirements:

Precertification Applies

Step-Therapy Applies

Medical Disclaimers

For more information about Aetna plans, go to **www.AetnaRetireePlans.com** or call Member Services toll-free at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

The provider network may change at any time. You will receive notice when necessary.

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 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, 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 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.

Pharmacy Disclaimers

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage

beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30 day supply.

Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” Therefore, most specialty drugs are not available at the mail-order cost share.

The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at 1-866-241-0357, 24 hours a day, 7 days a week. TTY users call 711.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for “off label” use, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs”. These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth

- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Plan Disclaimers

Aetna Medicare is a HMO and 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.

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.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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 2025* 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 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).

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-307-4830. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-307-4830. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-307-4830。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-307-4830。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-307-4830. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-307-4830. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-307-4830 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-307-4830. Man wird Ihnen dort

auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-307-4830번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-307-4830. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:
إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-307-4830. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-307-4830 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-307-4830. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-307-4830. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-307-4830. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-307-4830. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-307-4830にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma 1-800-307-4830. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

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

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Star Ratings

Plan ratings from members, doctors and Medicare



Learn more about our Medicare plans

Check Medicare's Star Ratings to give you more info about the plans we offer.



See our plan's Star Ratings.

Here's how Star Ratings work

The Centers for Medicare & Medicaid Services (CMS) uses information from member satisfaction surveys, plans and health care providers to rate Medicare plans and prescription drug plans (Part D).

Medicare plan ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

Each plan receives a rating from one star (lowest) to five stars (highest). Star Ratings are calculated each year and may change from one year to the next.

How to find your plan's Star Rating

1. Find the state you live in within the chart on the following page.
2. Note the contract number next to the name of your state.
3. Flip to the page in this section with the same contract number in the upper-left corner.
4. Review the overall rating for your plan.

Turn the page to see how highly our plans rate.

If you have an Aetna® Medicare plan **without** drug coverage, review just the health plan rating. You can ignore the plan's drug rating.

Aetna Medicare℠ Plan (PPO)

State	Contract number
Alabama	H5522
Alaska	H5522
Arizona	H5522
Arkansas	H1608, H5522
California	H5522
Colorado	H5522
Connecticut	H5522
Delaware	H5522
District of Columbia	H5522
Florida	H5522
Georgia	H1608, H3288, H5522
Hawaii	H5522
Idaho	H5522, H9431
Illinois	H1608, H5522, H7301
Indiana	H5522
Iowa	H1608, H5522
Kansas	H1608, H5522
Kentucky	H5522
Louisiana	H5522
Maine	H5522
Maryland	H5522
Massachusetts	H5522
Michigan	H5522
Minnesota	H5522
Mississippi	H5522

State	Contract number
Missouri	H1608, H5522
Montana	H5522
Nebraska	H1608, H5522
Nevada	H5522
New Hampshire	H5522, H9431
New Jersey	H5522
New Mexico	H5522, H9431
New York	H5522
North Carolina	H5522
North Dakota	H5522
Ohio	H1608, H5522
Oklahoma	H3288, H5522
Oregon	H5522, H9431
Pennsylvania	H5522
Rhode Island	H5522, H9431
South Carolina	H5522
South Dakota	H1608, H5522
Tennessee	H5522
Texas	H3288, H5522
Utah	H5522
Vermont	H5522
Virginia	H5522
Washington	H5522
West Virginia	H1608, H5522
Wisconsin	H5522
Wyoming	H5522

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H1608

For 2024, Aetna Medicare - H1608 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	★★★★☆
Drug Services Rating:	★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at medicare.gov/plan-compare.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

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

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H3288

For 2024, Aetna Medicare - H3288 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½☆
Health Services Rating:	★★★☆☆
Drug Services Rating:	★★★½☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

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Questions about this plan?

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

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H5521

For 2024, Aetna Medicare - H5521 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	★★★★☆
Drug Services Rating:	★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at **medicare.gov/plan-compare**.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

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

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H5522

For 2024, Aetna Medicare - H5522 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
Health Services Rating:	★★★★☆
Drug Services Rating:	★★★★½

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at **medicare.gov/plan-compare**.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

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

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H7301

For 2024, Aetna Medicare - H7301 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	★★★½☆
Drug Services Rating:	★★★★½

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at medicare.gov/plan-compare.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

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

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H9431

For 2024, Aetna Medicare - H9431 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★☆☆
Health Services Rating:	★★★☆☆
Drug Services Rating:	★★★½☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at medicare.gov/plan-compare.

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

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

After enrollment

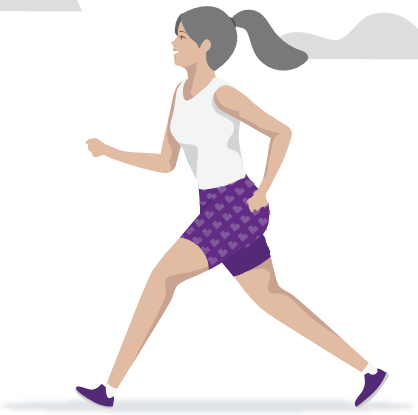
See what happens next



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What happens next

You'll hear from us within about 30 days after you enroll in the plan.



Plan confirmation and acceptance letter

This includes info about your plan's features. We'll send it to you once the Centers for Medicare & Medicaid Services (CMS) approves your enrollment. **You'll get your letter by mail.**

Plan member ID card

This card — not your red, white and blue Medicare card — should be used each time you visit the doctor, hospital or pharmacy. **You'll get your member ID card by mail. You can also find it online.**

Evidence of Coverage (EOC)

This is a complete description of your Medicare plan coverage and your member rights. **You'll find your EOC online.**

Formulary

This is a list of drugs your plan covers and any special requirements. **You'll find your formulary online.**

Schedule of Cost Sharing (SOC)

This outlines costs that you pay out of your own pocket. This can include deductibles, coinsurance, copayments or similar charges. **Depending on your plan, you'll either get your SOC in the mail or receive instructions to find it online.**

Healthy Home Visit

We'll call you to schedule a Healthy Home Visit. You'll get in-home advice from a licensed health care professional on how to reach your health goals.



Helpful resources

Keep these handy so you can refer back to them at any time.

Call us

We're available at **1-800-307-4830. (TTY:711).**
We're here 8 a.m. to 9 p.m. EST, Monday through Friday.

Visit these websites

Want more information about the plan and additional wellness programs? Looking for a doctor or hospital?

To find all that and more, visit **AetnaRetireePlans.com.**

Visit **Medicare.gov** for more information about how Medicare works.

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:

GET IT ON Google Play

Download on the App Store

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Google Play is a trademark of Google LLC.

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Avoid late enrollment fees

It's important to sign up for Medicare coverage during your **Initial Enrollment Period**. Your Initial Enrollment Period lasts for 7 months, starting 3 months before you turn 65, and ending 3 months after the month you turn 65. If you don't sign up during this period, the federal government may charge you an extra amount (late enrollment penalty).

These penalties aren't just a one-time late fee and are added to your monthly premium. So keep in mind you'll be charged for as long as you have coverage. And it will go up the longer you wait to enroll.

For details about how to avoid late fees, be sure to visit:

Medicare.gov/basics/costs/medicare-costs/avoid-penalties



Aetna Medicare Advantage Plan
2025 Employer Group Enrollment Form
Aetna Medicare[SM] Plan (HMO)
Aetna Medicare[SM] Plan (PPO)

Employer Group Enrollment Form Instructions

Answer all questions completely. Incomplete or incorrect information may delay the start of your coverage. The instructions for each section of this enrollment form are below. You can use this form to enroll or to submit a plan change if you're already enrolled.

Effective date	Your coverage will begin on the first day of the month after you sign this enrollment form, or the date your enrollment is completed. **The effective date can't be earlier than the day you sign this form.**
Former employer/union/trust information	Write the name of the former employer/union/trust offering this health plan (the company you retired from). List the Class Code if you know it. (This information may be pre-filled.)
Health plan selection	Check the box next to the plan you want to enroll in (there may be only one plan available). For more plan details, look at the benefit summary included in your enrollment packet.
Tell us your provider	**For Aetna Medicare Plan (HMO):** You're required to have a Primary Care Provider (PCP) on file with us. Write in the full name of your PCP, their Provider ID and their Primary Care ID. You'll find this information in our online provider directory at **AetnaMedicare.com/findprovider**. **Please note that a specialist is not considered a valid PCP.** **For Aetna Medicare Plan (PPO):** You have the option to choose a Primary Care Provider (PCP). When we know who your doctor is, we can better support your care. Write in the full name of your PCP, their Provider ID and their Primary Care ID. You'll find this information in our online provider directory at **AetnaMedicare.com/findprovider**. **Please note that a specialist is not considered a valid PCP.**
Your information	This is your name, address, phone number, etc. **Please print clearly.**
Medicare information	This is your Medicare insurance information, found on your red, white and blue Medicare card. Complete all the fields to avoid a delay in your coverage.
Tell us more about yourself	Answering these questions is your choice. You can't be denied coverage because you don't fill them out.
Important information	Read this information carefully.
Signature required	Sign and date the application in the space provided. **Authorized representatives**: Sign the form and write in your information.
Make a copy for yourself and return the original	Make a copy of the completed application for your records. Then return your completed original form to the address below. A separate enrollment form must be completed for each Medicare-eligible dependent. Two forms may be included for your convenience.

Please call your former employer/union/trust or Aetna Medicare with any questions.

Phone number: 1-800-307-4830 (TTY: 711)
Hours: Monday through Friday, 8 AM to 9 PM ET
Mail to: Cecil County Public Schools Attn: Briane Crouse

201 Booth St , Elkton MD 21921

Website: AetnaRetireePlans.com

Prospective member name	Effective date: / 01/

Former employer/union/trust information

Write the name of the former employer/union/trust offering your retiree health plan unless this information is pre-filled.

Name of former employer/union/trust	Class Code
Cecil County Public Schools	

Health plan selection

Check the box next to the plan you want to enroll in. For more plan details, look at the benefit summary included in your enrollment kit. **Make sure to read the important health plan disclosures on the last page of this form.**

Plan Type	Master Plan ID	Plan Name
Aetna Medicare PPO ESA Rx	0002168	C02 Custom Rx

Are you enrolled in another Medicare Advantage plan? If yes, fill in the following:

I'm currently enrolled in a Medicare Advantage plan issued by:

Name of insurance company _____

I'd like to change to an Aetna plan. I understand this plan may have different health benefits and monthly payments than my current plan.

Tell us your provider

A Primary Care Provider (PCP) is required for HMO plans and is recommended for PPO plans. To select a PCP, visit our online provider directory at **AetnaMedicare.com/findprovider** or call the phone number on the instructions page of this enrollment form. **Please note that a specialist is not considered a valid PCP.**

Full name of your PCP (first and last name)	Are you a current patient? ☐ Yes ☐ No

Provider ID (located in the provider directory): ☐☐☐☐☐☐☐

Primary Care ID (located in the provider directory): ☐☐☐☐☐☐

Your information

Last name | **First name** | **Middle initial**

Birth date	**Sex**	**Phone number**
__ __/__ __/__ __ __ __ M M/ D D/ Y Y Y Y	☐ M ☐ F	(_ _ _) _ _ _ - _ _ _ _ Is this a mobile number? ☐ Yes ☐ No

Email address

Permanent residence street address – including Apt/Suite/Unit (**Don't enter a PO Box.**
Note: For individuals experiencing homelessness, a PO Box may be considered your permanent address.):

City	**County**	**State**	**ZIP Code**

Mailing address – including Apt/Suite/Unit (if different from your permanent street address)

City	**State**	**ZIP Code**

Your Medicare information

This information is on your red, white and blue Medicare insurance card
You must have Medicare Part A and Part B to join a Medicare Advantage Plan

Medicare Number: _ _ _ _ - _ _ _ - _ _ _ _

Effective Date:

HOSPITAL (Part A) _ _/_ _/_ _ _ _

MEDICAL (Part B) _ _/_ _/_ _ _ _

Please read and answer these important questions

☐ Yes ☐ No	1. **Are you the retiree?** If "Yes," retirement date: _ _ / _ _ / _ _ _ _ If "No," name of retiree: _____
☐ Yes ☐ No	2. **Are you covering a spouse or dependents under this employer, trust or union plan?** If "Yes," name of spouse: _____ Name(s) of dependent(s): _____
☐ Yes ☐ No	3. **Will you have other <u>prescription</u> drug coverage in addition to the Aetna Medicare plan?** Some individuals may have other drug coverage, including other private insurance, worker's compensation, TRICARE, Federal employee health benefits coverage, VA benefits or state pharmaceutical assistance programs. If "Yes," please list your other coverage and identification number(s) for this coverage: Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____

Prospective member name	**Effective date:** / 01 /

Please tell us a litte more about yourself

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you of Hispanic, Latino/a, or Spanish origin? Select all that apply.

No, not of Hispanic, Latino/a, or Spanish origin

Yes, Puerto Rican

Yes, another Hispanic, Latino/a, or Spanish origin

Yes, Mexican, Mexican American, Chicano/a

Yes, Cuban

I choose not to answer.

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Black or African American
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian or Chamorro
- ☐ Japanese
- ☐ Korean
- ☐ Native Hawaiian
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Samoan
- ☐ Vietnamese
- ☐ White
- ☐ **I choose not to answer.**

What is your gender? Select one.

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ I use a different term: _____
- ☐ **I choose not to answer.**

Which of the following best represents how you think of yourself? Select one.

- ☐ Lesbian or gay
- ☐ Straight, that is, not gay or lesbian
- ☐ Bisexual
- ☐ I use a different term: _____
- ☐ I don't know
- ☐ **I choose not to answer.**

Continued on the next page

Prospective member name	**Effective date:** / 01 /

Indicate your preferred **spoken language** (if not English):

☐ Spanish ☐ Chinese ☐ Other (please specify): _____

Indicate your preferred **written language** (if not English):

☐ Spanish ☐ Chinese ☐ Other (please specify): _____

Select one if you want us to send you information in an accessible format:

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

Please call us at **1-800-307-4830 (TTY: 711)** if you need information in an accessible format other than what's listed above. We're here 8 AM to 8 PM, seven days a week, from October 1 to March 31 and 8 AM to 8 PM, Monday through Friday, from April 1 to September 30.

Please read this section carefully and sign below

By completing this enrollment application, I agree to the following: Aetna Medicare is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available or (Example: Annual Enrollment Period from October 15 – December 7), or under certain special circumstances.

The Aetna Medicare plan serves a specific service area. If I move out of the area that Aetna Medicare plan serves, I need to notify the plan and my former employer/union/trust so I can disenroll and find a new plan in my new area. Once I'm a member of the Aetna Medicare plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Aetna when I get it to know which rules I must follow to get coverage with this Medicare plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

HMO plans: I understand that beginning on the date Aetna Medicare plan coverage begins, I must get all my health care from the Aetna Medicare Advantage plan, except for emergency or urgently needed services or out of area dialysis services. Services authorized by the Aetna Medicare plan and other services contained in my Aetna Medicare plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES**.

PPO plans: I understand that beginning on the date Aetna Medicare Advantage plan coverage begins, using services in network can cost less than using services out of network, except for emergency or urgently needed services or out-of-area dialysis services. I understand I can go to doctors, specialists or hospitals in or out of network. I understand that providers must be licensed and eligible to receive payment under the federal Medicare program and agree to accept the PPO plan. I also understand I may have to pay more for services I receive out of network. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization when required by the plan, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES**.

I understand if I'm getting assistance from a sales agent, broker, or other individual employed by or contracted with Aetna's Medicare Advantage plans, he/she may be paid based on my enrollment in the Aetna Medicare Advantage plan.

Please read this section carefully and sign below

Release of Information: By joining this Medicare Advantage plan, I acknowledge that the Aetna Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Aetna Medicare will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Plan features and availability may vary by service area.

Signature	**Today's date** __ __ / __ __ / __ __ __ __

If you're the **authorized representative (such as a power of attorney)** filling out this form on behalf of the enrollee**,** you must sign above and provide the following information.

Representative's name	**Address**
Phone number (__ __ __) __ __ __ - __ __ __ __	**Relationship to enrollee**

For individuals helping an enrollee with completing this form

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping someone fill out this form (but not authorized to make decisions on behalf of the enrollee).

Name	Relationship to enrollee
Signature	National Producer Number (NPN) (Agents/Brokers only)

Aetna Medicare Advantage Plan
2025 Employer Group Enrollment Form
Aetna Medicare[SM] Plan (HMO)
Aetna Medicare[SM] Plan (PPO)

Employer Group Enrollment Form Instructions

Answer all questions completely. Incomplete or incorrect information may delay the start of your coverage. The instructions for each section of this enrollment form are below. You can use this form to enroll or to submit a plan change if you're already enrolled.

Effective date	Your coverage will begin on the first day of the month after you sign this enrollment form, or the date your enrollment is completed. **The effective date can't be earlier than the day you sign this form.**
Former employer/union/trust information	Write the name of the former employer/union/trust offering this health plan (the company you retired from). List the Class Code if you know it. (This information may be pre-filled.)
Health plan selection	Check the box next to the plan you want to enroll in (there may be only one plan available). For more plan details, look at the benefit summary included in your enrollment packet.
Tell us your provider	**For Aetna Medicare Plan (HMO):** You're required to have a Primary Care Provider (PCP) on file with us. Write in the full name of your PCP, their Provider ID and their Primary Care ID. You'll find this information in our online provider directory at **AetnaMedicare.com/findprovider**. **Please note that a specialist is not considered a valid PCP.** **For Aetna Medicare Plan (PPO):** You have the option to choose a Primary Care Provider (PCP). When we know who your doctor is, we can better support your care. Write in the full name of your PCP, their Provider ID and their Primary Care ID. You'll find this information in our online provider directory at **AetnaMedicare.com/findprovider**. **Please note that a specialist is not considered a valid PCP.**
Your information	This is your name, address, phone number, etc. **Please print clearly.**
Medicare information	This is your Medicare insurance information, found on your red, white and blue Medicare card. Complete all the fields to avoid a delay in your coverage.
Tell us more about yourself	Answering these questions is your choice. You can't be denied coverage because you don't fill them out.
Important information	Read this information carefully.
Signature required	Sign and date the application in the space provided. **Authorized representatives**: Sign the form and write in your information.
Make a copy for yourself and return the original	Make a copy of the completed application for your records. Then return your completed original form to the address below. A separate enrollment form must be completed for each Medicare-eligible dependent. Two forms may be included for your convenience.

Please call your former employer/union/trust or Aetna Medicare with any questions.

Phone number: 1-800-307-4830 (TTY: 711)
Hours: Monday through Friday, 8 AM to 9 PM ET
Mail to: Cecil County Public Schools Attn: Briane Crouse

201 Booth St , Elkton MD 21921

Website: AetnaRetireePlans.com

Prospective member name	Effective date: / 01/

Former employer/union/trust information

Write the name of the former employer/union/trust offering your retiree health plan unless this information is pre-filled.

Name of former employer/union/trust	Class Code
Cecil County Public Schools	

Health plan selection

Check the box next to the plan you want to enroll in. For more plan details, look at the benefit summary included in your enrollment kit. **Make sure to read the important health plan disclosures on the last page of this form.**

Plan Type	Master Plan ID	Plan Name
Aetna Medicare PPO ESA Rx	0002168	C02 Custom Rx

Are you enrolled in another Medicare Advantage plan? If yes, fill in the following:

I'm currently enrolled in a Medicare Advantage plan issued by:

Name of insurance company _____

I'd like to change to an Aetna plan. I understand this plan may have different health benefits and monthly payments than my current plan.

Tell us your provider

A Primary Care Provider (PCP) is required for HMO plans and is recommended for PPO plans. To select a PCP, visit our online provider directory at **AetnaMedicare.com/findprovider** or call the phone number on the instructions page of this enrollment form. **Please note that a specialist is not considered a valid PCP.**

Full name of your PCP (first and last name)	Are you a current patient? ☐ Yes ☐ No

Provider ID (located in the provider directory): ☐☐☐☐☐☐☐

Primary Care ID (located in the provider directory): ☐☐☐☐☐☐

Your information

Last name | **First name** | **Middle initial**

Birth date	**Sex**	**Phone number**
__ __/__ __/__ __ __ __ M M/ D D/ Y Y Y Y	☐ M ☐ F	(_ _ _) _ _ _ - _ _ _ _ Is this a mobile number? ☐ Yes ☐ No

Email address

Permanent residence street address – including Apt/Suite/Unit (**Don't enter a PO Box.**
Note: For individuals experiencing homelessness, a PO Box may be considered your permanent address.):

City	**County**	**State**	**ZIP Code**

Mailing address – including Apt/Suite/Unit (if different from your permanent street address)

City	**State**	**ZIP Code**

Your Medicare information

This information is on your red, white and blue Medicare insurance card
You must have Medicare Part A and Part B to join a Medicare Advantage Plan

Medicare Number: _ _ _ _ - _ _ _ - _ _ _ _

Effective Date:

HOSPITAL (Part A) _ _/_ _/_ _ _ _

MEDICAL (Part B) _ _/_ _/_ _ _ _

Please read and answer these important questions

☐ Yes ☐ No	1. **Are you the retiree?** If "Yes," retirement date: _ _ / _ _ / _ _ _ _ If "No," name of retiree: _____
☐ Yes ☐ No	2. **Are you covering a spouse or dependents under this employer, trust or union plan?** If "Yes," name of spouse: _____ Name(s) of dependent(s): _____
☐ Yes ☐ No	3. **Will you have other <u>prescription</u> drug coverage in addition to the Aetna Medicare plan?** Some individuals may have other drug coverage, including other private insurance, worker's compensation, TRICARE, Federal employee health benefits coverage, VA benefits or state pharmaceutical assistance programs. If "Yes," please list your other coverage and identification number(s) for this coverage: Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____

Prospective member name	**Effective date:** / 01 /

Please tell us a litte more about yourself

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you of Hispanic, Latino/a, or Spanish origin? Select all that apply.

No, not of Hispanic, Latino/a, or Spanish origin

Yes, Puerto Rican

Yes, another Hispanic, Latino/a, or Spanish origin

Yes, Mexican, Mexican American, Chicano/a

Yes, Cuban

I choose not to answer.

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Black or African American
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian or Chamorro
- ☐ Japanese
- ☐ Korean
- ☐ Native Hawaiian
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Samoan
- ☐ Vietnamese
- ☐ White
- ☐ **I choose not to answer.**

What is your gender? Select one.

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ I use a different term: _____
- ☐ **I choose not to answer.**

Which of the following best represents how you think of yourself? Select one.

- ☐ Lesbian or gay
- ☐ Straight, that is, not gay or lesbian
- ☐ Bisexual
- ☐ I use a different term: _____
- ☐ I don't know
- ☐ **I choose not to answer.**

Continued on the next page

Prospective member name	**Effective date:** / 01 /

Indicate your preferred **spoken language** (if not English):

☐ Spanish ☐ Chinese ☐ Other (please specify): _____

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Signature	**Today's date** __ __ / __ __ / __ __ __ __

If you're the **authorized representative (such as a power of attorney)** filling out this form on behalf of the enrollee**,** you must sign above and provide the following information.

Representative's name	**Address**
Phone number (__ __ __) __ __ __ - __ __ __ __	**Relationship to enrollee**

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Name	Relationship to enrollee
Signature	National Producer Number (NPN) (Agents/Brokers only)

Here’s to your best health



5 reasons *to choose an* Aetna® Medicare plan

Since 1966, we've helped our Medicare members get the most out of their health care. And our strong commitment continues today — **see what you'll get with our plan:**

1. All the coverage of Original Medicare, **plus so much more**
2. **Access to providers you know and trust**
3. **$0 copay** for preventive tests and services
4. **In-person and virtual care options**
5. **Wellness and support programs**

Want more reasons?
Just flip this guide over to get the whole story.

aetna®

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