

# 2020 Aetna Retiree Medical Plans

Retirement Healthcare Savings Plan



## Choose one medical plan

	<b>Medicare Advantage PPO Premium Plan</b>	<b>Medicare Advantage PPO Plus Plan</b>	<b>Medicare Advantage PPO Standard Plan</b>
<b>Plan Deductible</b>	\$0*	\$0*	\$0*
<b>Medicare Deductible</b>	\$0	\$0	\$0
<b>Primary Care</b>	\$15 copay *	15% coinsurance (in-network) 25% coinsurance (out-of-network)	\$15 copay (in-network) 30% coinsurance (out-of-network)
<b>Specialist</b>	\$15 copay*	15% coinsurance (in-network) 25% coinsurance (out-of-network)	\$40 copay (in-network) 30% coinsurance (out-of-network)
<b>Hospital</b>	Covered 100%	\$500 per admission. No day limit. (in-network) 25% per admission. No day limit. (out-of-network)	\$200 per day (1-7). No day limit. (in-network) 30% per admission. No day limit. (out-of-network)
<b>Preventive Care</b>	Covered 100%	Covered 100%	Covered 100%
<b>Out-of-Pocket Limit</b>	\$2,000*	\$2,750 (in-network) \$5,500 (out-of-network)	\$6,700 (in-network) \$10,000 (out-of-network)

Calculate insurance premium rates by zip code at [EmeritiHealth.org](http://EmeritiHealth.org).

\*In- and out-of-network



# 2020 Aetna Prescription Drug & Dental Plans

## Retirement Healthcare Savings Plan

### Choose one Rx plan\*

Rx Benefit Features	Rx Premium Plan	Rx Plus Plan	Rx Standard Plan
Formulary	Open 2 Plus Formulary	Open 2 Plus Formulary	GRP B2 Formulary
Annual deductible	\$100	\$200	\$435
<b>Initial Coverage Limit: \$4,020 (Applies to retail, up to a 30- and 90-day supply, and mail-order supply)</b>			
Tier 1 – Generic	15%	15%	15%
Tier 2 – Preferred Brand	25%	25%	25%
Tier 3 – Non-preferred Brand	40%	50%	25%
<b>Coverage Gap Phase begins after you reach Initial Coverage Limit and until you reach \$6,350 in drug expenses (Applies to retail, up to a 30 - and 90-day supply, and mail-order supply)</b>			
Tier 1 – Generic	15%	15%	25%
Tier 2 – Preferred Brand	25%	25%	25%
Tier 3 – Non-preferred Brand	25%	25%	25%
<b>Catastrophic Coverage Phase</b>			
Catastrophic Coverage benefits start once \$6,350 in true out-of-pocket costs is incurred	You pay \$0	Greater of 5% of the cost of the drug - or \$3.60 for a generic drug or a drug that is treated like a generic and \$8.95 for all other drugs	Greater of 5% of the cost of the drug - or \$3.60 for a generic drug or a drug that is treated like a generic and \$8.95 for all other drugs

### Consider adding the dental plan\*\*

<b>Dental Preventive Service</b>	<b>100% coverage</b>
Annual Deductible (basic and major services)	\$100
Basic Services Coverage (fillings, standard crowns, extractions)	50%
Major Services Coverage (root canal therapy, surgical removals, dentures)	50%
<b>Annual Dental Benefit Maximum</b>	<b>\$1,500</b>

\*The Medicare Coverage Gap Discount Program will continue to provide manufacturer discounts on brand name drugs to Part D beneficiaries who reach the Coverage Gap and are not already receiving "Extra Help." A 70% discount on the negotiated price of preferred and non-preferred brand drugs (excluding the dispensing fee) will be available from manufacturers that have agreed to provide the discount.

\*\*Subject to 12 month waiting period with no proof of prior continuing coverage. NOTE: Dental is not available on a stand alone basis. If you dis-enroll from the dental plan, you will not be able to re-enroll again.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. 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.

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