

Aetna Medicare Advantage informational meeting

♦aetna®

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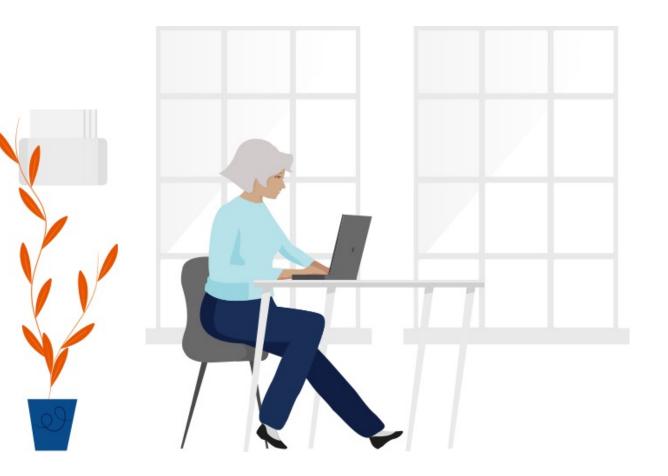
November 2023

To listen to the presentation 1-877-218-7130

Welcome New Castle County retirees

What we'll cover

- The parts of Medicare
- How your new Aetna MedicareSM Plan (PPO) works
- How we make it simple to see your doctors
- Your coverage and costs with the Aetna Medicare Advantage plan
- How you get more with Aetna Medicare
 Advantage
- What happens next?
- Why Aetna®?
- Answers to your questions







The parts of Medicare

A simple view

Government plans Original Medicare		Private plans			
Medicare Part A	Medicare Part B	Medicare Part C	Medicare Part D	Supplement Plans	
Helps with hospital costs	Helps with doctor costs	Medicare Advantage plan = C	Prescription drug plan	Helps cover gaps in Part A and Part B	
		Combines Parts A + B and sometimes Part D benefits in <i>one</i> plan	Helps with Rx costs — can be part of a Medicare Advantage plan or a standalone Part D plan, it is part of		
6 ©2023 Aetna Inc.		You don't lose the coverage you get with Original Medicare!	the Aetna® plans.	◆aetna	

What is Medicare Advantage? Benefits that go beyond Original Medicare

- Approved by Medicare and administered by an insurance carrier such as Aetna[®].
- Provides the same Original Medicare Part A (hospital) and Part B (medical) benefits.
- Includes additional benefits, such as health advocacy programs, personalized nurse support and more, at **no extra cost.**
- A yearly limit on out-of-pocket costs for covered medical services, unlike Original Medicare.







Key terms

•







Copay

A fixed amount you pay for covered health services.

For example:

\$30 for an urgent Care office visit.

Deductible

The amount of money you pay out of pocket annually before the plan pays.

Coinsurance

The percentage you pay for a covered health service after you meet your deductible.

Out-of-pocket maximum

The most you have to pay for covered medical services, subject to your deductible and coinsurance, in a plan year.



Key terms







A doctor, hospital, pharmacy or other licensed professional or facility that provides medical services.

For example:

Primary care provider (PCP), physical therapist, walk-in clinic.

Network

A group of health care providers that sign a contract with a health plan.

For example:

Preferred Provider Organization (PPO) network.

Prior authorization

Review process handled by your doctor that tells you if the plan covers a service or prescription.

Also known as precertification.







How simply and efficiently your new plan works

How many traditional plans work compared to **Aetna Medicare Advantage**

Traditional plans

A payment process with many steps

Three ID cards total for medical and prescription drug coverage

Lots of paperwork from:

- Health care providers
- Medicare
- Current medical plan
- Current drug plan

Multiple bills and **Explanations of Benefits**





four current

health plan

Medicare Part B

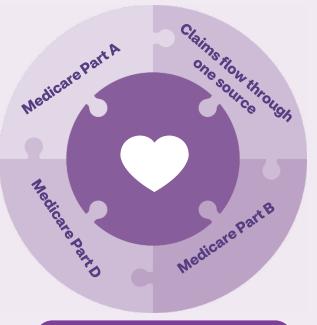
Aetna Medicare Advantage plan

Easy to use

One ID card for medical and prescription drug

One monthly Explanation of Benefits each for medical and pharmacy

One plan: Simplicity with care advocacy and wellness



Predictable copays paid at the time of doctor office visits

Programs to help you reach your health goals at no added cost



Medicare Advantage plans will cover all **Medicare-approved** services.



Use your Aetna® member ID card to get care and get in touch

♥aetna°	Medicare PPO	aetnar	etireeplans.com
V decind		Customer Service	1-8xx-xxx-xxxx
PLAN SPONSOR NAME		24 Hour Nurse Line	1-8xx-xxx-xxxx
HRP Plan Name		Provider Services	1-8xx-xxx-xxxx
PLAN# XXX-EG00000000X		TDD/TTY	711
ID 101XXXXXXXXX			
NAME SAMPLE SAMPLETON		Send claims to:	
BIN 610502 PCN PARTBAET		Aetna Medicare PO Box 981106	
		El Paso, TX 79998-1106	
ISSUER (80840) PCP \$XX			es not guarantee coverage.
PCP/Office Name:	ER \$XX AS \$XX	Payer ID# 60054	
Dr. Sample 999-999-9999 XXXXXXXXX	HO \$XX/A SP \$XX	Medicare limiting charges apply	<i>ı</i> .
Printed on: xx/xx/xxxx	HXXXX-PBP		





How we make it simple to see your doctors

You are covered in or out of network



Aetna Medicare Advantage Preferred Provider Organization (PPO)ESA

- Access to providers nationwide
- No referrals needed
- See any doctor at the same in-network cost share, as long as they are:
 - Eligible to receive payment under Medicare
 - Willing to bill and accept payment from Aetna
- Covers you nationally when traveling
- Worldwide coverage for emergency and urgent care
- Questions: Call us at 1-888-267-2637 (TTY: 711), Monday through Friday, 8 AM to 9 PM ET.



Medical benefits designed for New Castle County retirees

Let's compare both medical benefit plan options for 2024

	Aetna Medicare Advantage PPO ESA plan Classic Medical	Aetna Medicare Advantage PPO ESA plan Preferred Medical
Deductible	\$175	\$ 100
Out-of-pocket maximum	\$7,550	\$7,550
Preventive care	\$O	\$O
Primary care office visit	\$15	\$15
Specialty care office visit	\$40	\$20
Inpatient hospital	\$150 per day, days 1-7; \$0 unlimited additional days	\$100 per day, days 1-5;\$0 Unlimited additional days
Outpatient surgery	\$185	\$185
Emergency room	\$90	\$90
Ambulance	\$100	\$100
Urgent Care	\$30	\$30
Physical Therapy	\$40	\$40
Hearing Aid New	\$1,000 once every 12 months	\$1,000 once every 12 months
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Prescription drug benefits designed for New Castle County retirees



Formulary	Drug tiers	Network	Transition process
A list of drugs covered in your plan.	A group of drugs in a formulary.	Pharmacies you can use to fill prescription drugs.	Possible one-time fill of a noncovered drug.

Drugs on Tier 1 or Tier 2 could save you money. Talk to your doctor.





Your plan might have prescription drug coverage rules

Prior authorization (PA)

Some drugs require that your doctor first show a medical need for you to use the drug before the plan will cover it.

Quantity limits (QLs)

This places a limit on how much of a drug you can get at one time.

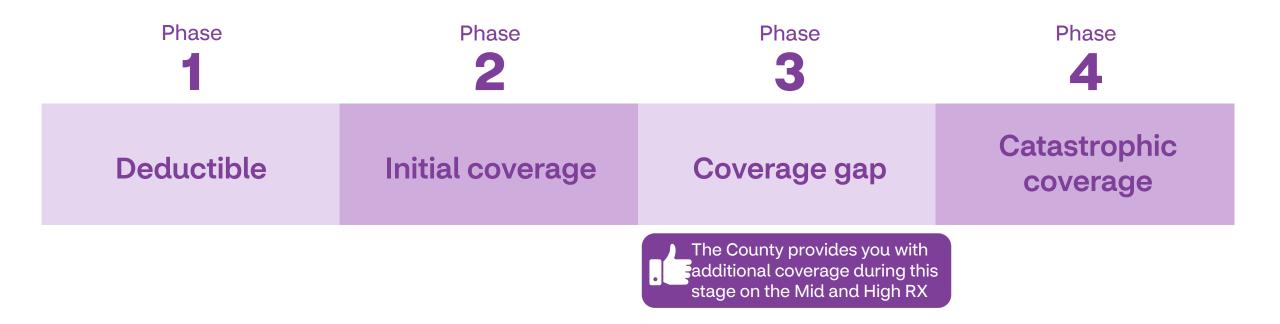
Step therapy (ST)

You must first try another drug on the plan's formulary before you can move to another drug.

Note: The above rules are for safety purposes and to help keep your costs down. They were created with your health in mind.







You can see the Evidence of Coverage (EOC) of your specific plan for complete coverage information.



Your prescription drug plan offers you:



A large pharmacy network

More than **65,000+** pharmacies with **23,000+** preferred nationwide.



Find a pharmacy

Visit AetnaRetireePlans.com in the *"Find doctors and prescription drugs"* section to view our online directory.

Or call the number on your Aetna® member ID card.



CVS Caremark® Mail Service Pharmacy

The prescriptions you fill regularly are conveniently delivered to your door within 10 days after processing your order.

Two easy steps to get started:

- 1. See if your medication is available through mail order.
 - Check your plan formulary (drug list) or call the number on your member ID card.
- 2. Choose how to sign up:
 - Register online through your member website.
 - Call Member Services at the number on your member ID card.



Let's compare your prescription drug options

	Base Rx	Mid/Medium Rx New	High Rx	
Paired Medical plan option	Preferred Medical	Classic and Preferred	Classic and Preferred	
Pharmacy network	P1	P1	P1	
Formulary	Classic	Classic	Classic	
Deductible	None	None	None	
Tier 1 Preferred Generic	20%	\$0 preferred / \$5 standard	\$4 preferred/ \$5 Standard	
Tier 2 Generic	25%	\$3 preferred / \$10 standard	\$20	
Tier 3 Preferred Brand	25%	\$47	\$45	
Tier 4 Non-Preferred Drug	45%	\$100	\$75	
Tier 5 Specialty	28%	28%	33%	
Coverage gap	CMS Standard . You will pay 25% for all tiers.	You continue to pay the initial coverage copays for Tier 1 and Tier 2. All other tiers you will pay 25%	You continue to pay the initial coverage copays for tiers 1-4. Tier 5 Specialty you will pay 25%	
Catastrophic phase	\$O	\$O	\$O	
Mail-order drugs	2 times retail cost share for a 90 supply- excludes specialty	2 times retail cost share for a 90 supply- excludes specialty	2 times retail cost share for a 90 supply- excludes specialty	





You get more with Aetna Medicare Advantage

How the plan supports the whole you



Wellness

Healthy Home Visits 24/7 Nurse Line Hearing Aid reimbursements Teladoc® Health Telehealth MDLIVE® SilverSneakers® fitness program Nonemergency transportation



Support

Resources For Living[®] Chronic health condition support Readmission Avoidance program Meal Home Delivery program Aetna Compassionate CareSM Healthy Aging Support program



Prevention

Eye and hearing exams Annual physicals Flu shots and other vaccines Women's annual health reminder Cancer screening reminder





Wellness

Discover wellness

Healthy Home Visits

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

Hearing reimbursements

\$1,000 reimbursement every 12 months on hearing aids.

24-hour Nurse Line

You have toll-free, 24-hour access to nurses who can help answer your health questions.





Wellness

Discover wellness

SilverSneakers® fitness program

Join any participating location nationwide or take online classes at home. Use Apple Fitness+[™] on your iPhone[®] to enjoy access to workouts from anywhere, anytime. **At no extra cost to you!**

Nonemergency transportation

Access up to **24 one-way rides** for nonemergency transportation to your medical appointments. (roundtrip to an appointment counts as 2 rides)

MDLIVE[®]

Get **access to virtual mental health visits** by phone or video chat through MDLIVE board-certified psychiatrists and licensed therapists.

Teladoc Health®

Connect with a **Teladoc Health physician 24/7 by web, phone or mobile app** from home, for nonemergency medical needs.



Telehealth services

Virtual care with your own doctors

With telehealth, you can access care from the comfort of your own home by speaking to a licensed doctor by web, phone or mobile app. It's a convenient way to receive care if an in-person visit isn't possible or required.

Many options are covered, including:

- Routine care
- Urgent care and walk-in clinics
- Behavioral health services (individual and group sessions)

Speak with your doctor, local urgent care or walk-in clinic to find out how to access telehealth services.

You will pay the same copay as you would for an in-person visit, according to the costs listed on your plan benefits summary.





Support to make life easier

Resources For Living®

A Resources For Living life consultant can connect you with a wide-range of cost-effective and reliable services in your area.

Meal Home Delivery program

Get delicious and nutritious meals delivered to your home after your hospital stay.

Aetna Compassionate CareSM

Helps with treatment and decision support to members, families and caregivers for advanced illnesses.



Aetna[®] Medicare member website

Use our **secure member website** to:

- Connect with care
 - Find walk-in clinics
 - Search for a PCP
 - View provider ratings and reviews
- Manage your benefits
 - View plan details
 - See progress toward your deductible
 - Access your digital ID card
- Review your claims ۲
 - **Receive your Medical EOB statement**
 - Get detailed cost breakdown of claims
- Stay healthy
 - Take a health assessment
 - Try health coaching
 - Start a wellness program -
 - Get treatment options

vaetna Secure Member Log-in Welcome to Aetna's member website User nan Bemember user nar Explanation of Benefits (EOB)

AetnaRetireePlans.com

Log in or register for an account using your member ID.

You can also manage your benefits right from your phone with the Aetna HealthSM app.

Home

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\$89.75 of \$500.00 uper/

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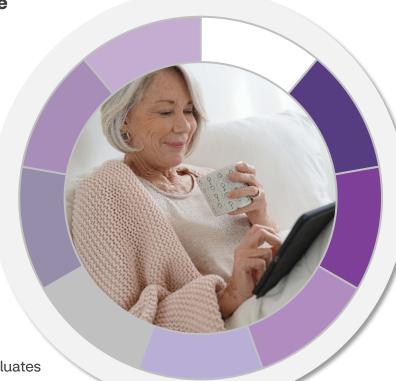
We've got you: Our experience speaks for itself

Everything we do centers around helping you achieve your best health. Because **healthier happens togetherTM**. **170 years**

of experience

3.3M+ Aetna Medicare Advantage members* 1.1 million+

network providers and 4,200+ network hospitals***



94%

Aetna Medicare Advantage member satisfaction with choice of providers⁺

4.5 Stars

Medicare Advantage rating**

*Aetna Medicare analytics. February 2023.

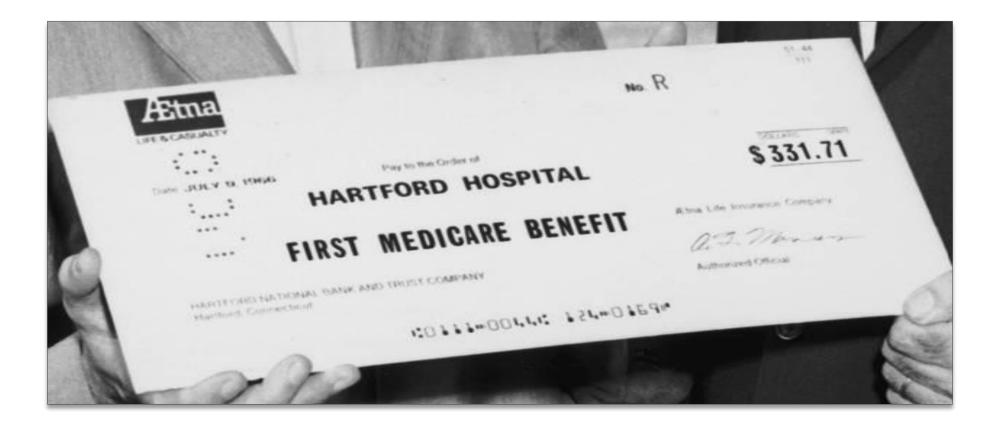
^{**}Based on 2023 Star Rating data published by CMS on October 6, 2022. Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next. Our overall Part C and Part D rating is 4.5 stars.

***Aetna Medicare Advantage PPO network as of January 2023. †Aetna Group Retiree PPO - Medicare Advantage survey. May 2023.



Medicare is part of our history

In 1966, Aetna® paid the first Medicare claim.





What happens next?

How to enroll

- Call New Castle County Benefits Division at 302-395-5180 Monday through Friday, 9 AM to 4PM ET.
- Enroll online: <u>https://psa.nccde.org/</u> and use the People Soft System.
- In person: NCC Government Sessions: 9:00 am to 2:00 pm
 - November 29
 - November 30
 - December 1
 - December 4

New Castle County open enrollment:

November 29, 2023, to December 4, 2023.

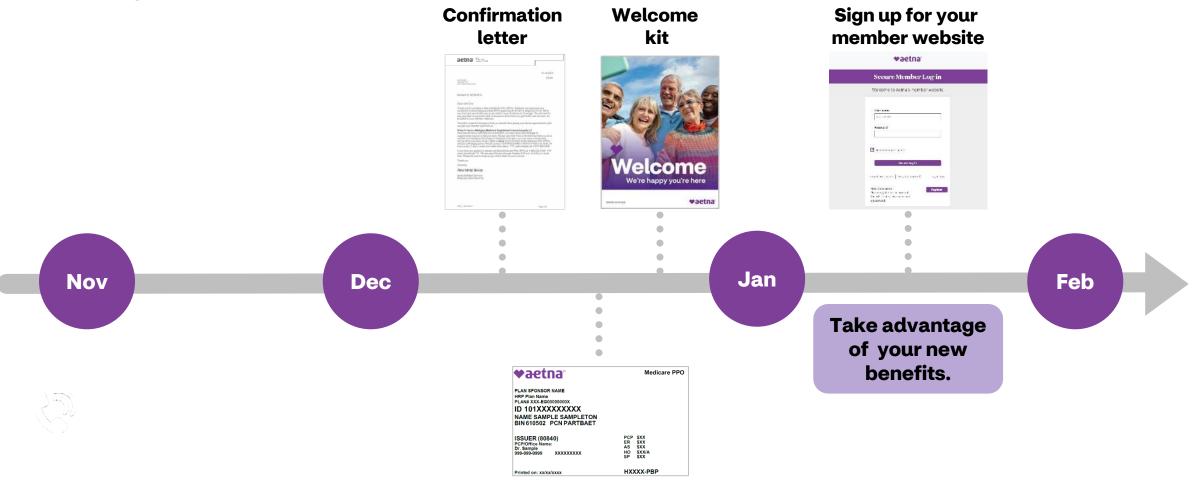
Visit https://nccde.eebenefits.site to learn more.

<u>All Retirees are required to complete the enrollment process</u>, even if you do not want to make changes to your benefits. If you opt out for 2024, you will still have coverage under Original Medicare, but you will be able to re-enroll in your employer group plan later.

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Coming up



Aetna® medical and prescription drug ID card



Thank you





Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Every year, Medicare evaluates plans based on a 5star rating system. For accommodation of persons with special needs at meetings, call <1-XXX-XXX-XXXX (TTY: 711)>. 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. [The <formulary and/or pharmacy network> may change at any time. You will receive notice when necessary.] [Aetna Medicare's 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 these pharmacies in your area, <members please call the number on your ID card, non-members please call these pharmacies in your area, <members please call the number on your ID card, non-members please call these pharmacies in your area, <members please call the number on your ID card, non-members please call these pharmacies in your area, <members please call the number on your ID card, non-members please call these pharmacies in your area, <members please call the number on your ID card, non-members please call these pharmacies in your area, <members please call the number on your ID card, non-members please call <a h

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Benefit Plan Monthly Rates Post 65 Retirees/Retirees Spouse/Survivors January 1, 2024 - December 31, 2024

	Classic w/Medium Rx			Classic w/High Rx		
	Retiree Retiree/Spouse Survivor		Retiree	Retiree/Spouse	<u>Survivor</u>	
Retiree Contribution	\$0.00	\$0.00	\$100.00	\$77.91	\$155.82	\$177.91
Employer Contribution	\$100.00	\$200.00	\$0.00	\$100.00	\$200.00	\$0.00
Total	\$100.00	\$200.00	\$100.00	\$177.91	\$355.82	\$177.91

	Preferred w/Base RX		Preferred w/Medium Rx			Preferred w/High Rx			
	<u>Retiree</u>	Retiree/Spouse	Survivor	<u>Retiree</u>	Retiree/Spouse	Survivor	Retiree	Retiree/Spouse	<u>Survivor</u>
Retiree Contribution	\$61.81	\$123.62	\$161.81	\$71.91	\$143.82	\$171.91	\$149.85	\$299.70	\$249.85
Employer Contribution	\$100.00	\$200.00	\$0.00	\$100.00	\$200.00	\$0.00	\$100.00	\$200.00	\$0.00
Total	\$161.81	\$323.62	\$161.81	\$171.91	\$343.82	\$171.91	\$249.85	\$499.70	\$249.85