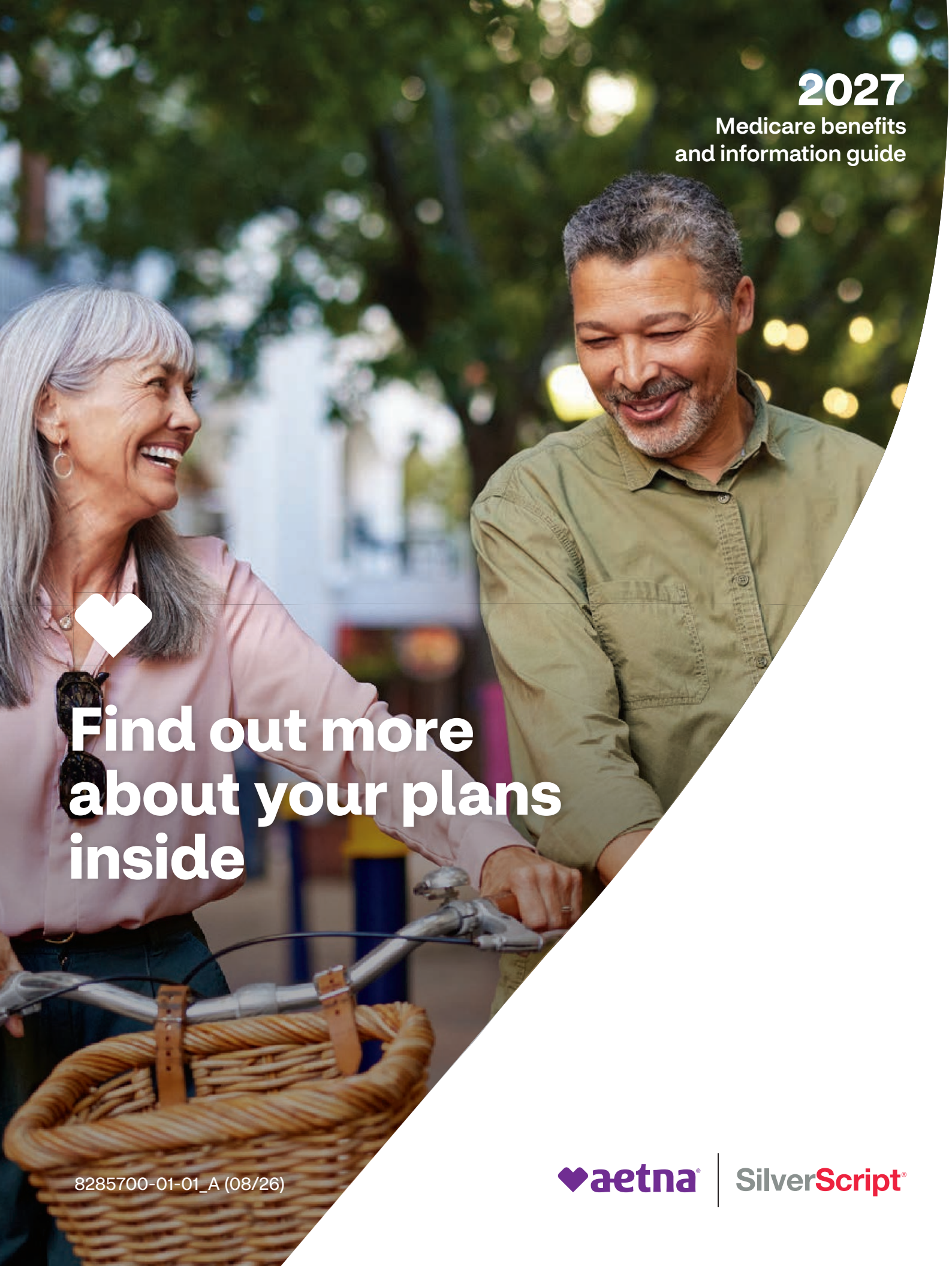


2027
Medicare benefits and information guide

Find out more about your plans inside

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aetna® | SilverScript®

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Part D Star Ratings



Important plan update effective January 2027

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

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

Why?

Because of changes from the Centers for Medicare & Medicaid Services (CMS), your employer now offers two separate plans, one for medical coverage and one for prescription drug coverage. This ensures you continue to receive comprehensive benefits as a member.

Take some time to review the enclosed materials. Included in this packet are important plan documents for your medical and prescription drug plans that explain what you need to do and how your coverage is structured.

What you should know



No break in coverage
Your enrollment in the Aetna Medicare℠ Plan (PPO) with extended service area (ESA) with prescription drug coverage plan will end on **December 31, 2026**. Your coverage in the Aetna Medicare Plan PPO ESA and Aetna Medicare Rx offered by SilverScript® plans will begin on **January 1, 2027**. Consider refilling your medications before your new plans start to make sure you have enough medication during the transition.



Active prescription drug prior authorizations for medication will transfer
To help ensure your smooth transition to the **2027** plan year, we'll transfer all of your active eligible prescription drug prior authorizations.



Two ID cards
For 2027 you'll have two new member ID cards, one for medical and one for prescription drug coverage. You need to take both with you to the doctor, hospital and pharmacy.



Two plan portals
For 2027, you'll manage your prescription coverage through **Caremark.com** starting **January 1, 2027**. This is in addition to managing your medical coverage through **Health.Aetna.com**

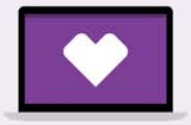
What you should do

1. **Read this packet**
   It contains your new plan documents and important things you should know.
2. **Use your new ID cards** beginning **January 1, 2027**. Take both of them with you to the doctor, hospital and pharmacy.
3. **Register** for **Caremark.com** with your new prescription member ID card. You'll manage your prescription coverage at **Caremark.com**. If you've created an account within the past five years, you can log in using your existing account.

You'll be automatically enrolled

Although medical and prescription drug are separate plans, they are offered together. If you choose to opt out of one, you will be disenrolled from both. This will cancel your coverage through New Castle County Government. If you wish to opt out of the new plan, you must do so by November 13, 2026. Call New Castle County Government at **1-302-395-5180 (TTY: 711)**, Monday–Friday, 9 AM–3 PM ET.

If you opt out, you'll lose all coverage through New Castle County Government.



Learn more by watching a brief video
Visit **Aet.na/PlanSplitVideo** or scan this QR code on your phone's camera to learn more about your plan change.



2027 coverage updates

There are some updates to your coverage for the upcoming plan year in addition to having two separate plans. Changes like these are routine and generally happen each year due to updates from the Centers for Medicare & Medicaid Services (CMS). They may also reflect updates from your former employer, union or trust.

Your medical and prescription drug Summary of Benefits are included in this packet. They include information about formulary, network and benefit coverage.

Medical coverage (Medicare Part C)	
Deductible	Your deductible will remain the same.
Maximum out of pocket This is the most you will pay out of pocket for your covered medical services.	Your maximum out-of-pocket cost from network and out-of-network providers combined will remain the same.
Primary care office visits	The cost share for primary care office visits will remain the same.
Specialist office visits	The cost share for specialty office visits will remain the same.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	The cost share for inpatient hospital stays will remain the same.

Prescription coverage (Medicare Part D)	
Network	This plan uses your current network; however, each year there may be changes within the network. You can find updated pharmacy directory information using the pharmacy locator at **AetnaRetireePlans.com**
Formulary	This plan uses your current formulary; however, each year changes to this drug list may occur. This could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. You can review the drug list at **AetnaRetireePlans.com**
Deductible	You will continue to have no deductible.
Annual out-of-pocket limit Maximum amount you pay out of pocket for covered Part D drugs.	The annual out-of-pocket limit will increase to **$2,400** in **2027** from **$2,100** in **2026**.
Cost shares	The cost share for each tier will remain the same as your current plan.

No disruption. Just continued support.

Your existing benefits continue without interruption and at no additional cost, including:



Resources For Living® program

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



Healthy Home Visits

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



24-Hour Nurse Line

Sometimes you need a quick answer to a health question. With the 24-Hour Nurse Line, you can speak to a registered nurse about a variety of health topics, whenever you need to. And you can call as many times as you need, at no added cost to you.



Nurse care advocacy

Personalized nurse support is available if you need help managing a chronic condition or are facing a serious medical issue. Our goal is to give you tools to help you take control of your health, manage your conditions, and navigate a complex health system.



Virtual care

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

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



Frequently asked questions

Why am I receiving coverage through two plans?

Because of changes from the Centers for Medicare & Medicaid Services (CMS), your employer now offers two separate plans, one for medical coverage and one for prescription drug coverage. This ensures you continue to receive comprehensive benefits as a member.

Can I opt out of the separate plans?

Although medical and prescription drug are separate plans, they are offered together. If you choose to opt out of one, you will be disenrolled from both. This will cancel your coverage through your former employer, union or trust.

Will I receive a new ID card?

Yes, you will receive two new ID cards. One for medical and one for prescription drug coverage. Both are required at the doctor, hospital and pharmacy. They will come separately in the mail. If you don't receive your new ID cards by your effective date, please contact us.

When do I need to start using my new cards?

Start using your new cards on your effective date.

Why are some drugs covered under Part D and others under Part B?

Coverage depends on the medication and how it is used. Some drugs may be covered under either Part B or Part D based on the medical condition being treated, and the pharmacy may need to determine the appropriate coverage. Generally, Part B covers drugs administered through durable medical equipment (DME), such as a nebulizer or insulin pump, while Part D covers most self-administered prescription drugs, such as inhalers and insulin used with pens or syringes. Vaccine coverage also varies between Part B and Part D. To learn whether a drug is covered under Part D, refer to the plan's Part D Drug List (Formulary) or contact the number on the back of your current Aetna® member ID card.

Why do I need to use both my ID cards at the pharmacy?

Some drugs are covered by different parts of Medicare, depending on the medical condition. You'll need your new prescription drug ID card with the SilverScript® logo for Part D drugs, which are covered under your prescription plan. You'll need your new Aetna® Medicare card for Part B drugs, which are covered under your medical plan. Your pharmacist may ask for both.

What happens if I accidentally use my old ID card?

Your medical member ID number isn't changing, but other information on the card is. You won't be able to fill your prescription medications using your old card. And medical claims could be delayed or denied if you use your old card after your effective date.

Can I still use my current pharmacy?

You may use any network pharmacy. However, the pharmacies within the network can change. Starting October 1, visit our pharmacy directory at **http://AetnaRetireePlans.com** to see if your pharmacy will be participating with us in the new plan year.

Will my access to doctors and hospitals change?

No, your current access won't change. As provider contracts do change, it's important you give your provider your new medical ID card so they can confirm they still accept your plan.

Are my prior authorizations for medication affected?

No. To help ensure your smooth transition to the new plan year, we'll transfer all of your active eligible prior authorizations for medication. If you have questions about your medication or prior authorizations, call us at **1-800-307-4830 (TTY:711)** 8 a.m. to 9 p.m. EST, Monday through Friday.

Will I need to get new prescriptions?

No, you should not need a new prescription for current medications with remaining refills.

Do I still manage my prescriptions at Health.Aetna.com?

Starting on your effective date, you'll be able to conveniently manage your prescriptions at **Caremark.com**. This includes refills, viewing your Explanations of Benefits (EOBs) and checking the price of a drug.

You can register after you receive your prescription ID card. If you've created an account within the past five years, you'll use the same account information.

You will only be able to view past prescription claim information at **Health.Aetna.com** starting on your effective date.

Who do I call with questions about my coverage?

You can call **1-800-307-4830 (TTY:711)**, 8 a.m. to 9 p.m. EST, Monday through Friday, if you have questions.

Want to watch or listen instead?

Watch our video by visiting **Aet.na/PlanSplitVideo** or use the camera on your smartphone to scan the QR code.



What happens next

Over the next few weeks, you'll receive information about your plans. Please open and read anything you receive with the Aetna® or SilverScript® logo.



Plan confirmation and acceptance letter

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

Plan member ID cards

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

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

Evidence of Coverage (EOC)

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

Formulary

This is a list of drugs your plan covers and any special requirements. **You'll find your formulary online beginning October 1.** Just visit **AetnaRetireePlans.com** to view. Review your formulary closely.

Schedule of Cost Sharing (SOC)

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



Helpful resources

For questions about your plan changes, please contact us. And save these handy resources so you can refer to them when needed.

Visit http://AetnaRetireePlans.com

You can learn more about Aetna® or your current plan

Call Aetna for questions about your coverage

1-800-307-4830 (TTY:711) 8 a.m. to 9 p.m. EST, Monday through Friday

Read or watch the FAQs online

Visit **Aet.na/PlanSplit** or scan the QR code with your smartphone's camera to learn more online. You can also bookmark it as a reference.

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

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. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. 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 availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Aetna and CVS Caremark® are part of the CVS Health® family of companies.

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

Aetna, SilverScript, CVS Caremark® and Signify Health® are part of the CVS Health® family of companies.

SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan (PDP). This plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the plan depends on Medicare contract renewal.

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

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

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

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Summary of Benefits 2027

NEW CASTLE COUNTY

Sponsored by Aetna Medicare Plan (PPO)
Classic Medical 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 (**TTY:** 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	$175
	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.
Services Exempt from Deductible	Deductible waived for Preventive Services, Part B Drugs - Insulin, Continuous Glucose Monitors (CGMs), Emergency Room Visits, Emergency Ambulance, Urgent Care, some Medicare-covered diagnostic tests and labs (Urine protein, Prothrombin testing, HBA1C, FIT Screening, Fundus Testing, gFOBT Testing and COVID lab tests), Teladoc, and Wigs.
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	$150 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 • 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	$0

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 • Flu/Influenza • Hepatitis B • Pneumonia	$0
Additional Medicare Preventive Services • Diabetes self-management training • Digital rectal exam • EKG following welcome exam • Glaucoma screening	$0
Emergency and Urgent Medical Care	
Emergency Care	$90 (waived if admitted immediately)
Emergency Care Worldwide	$90 (waived if admitted)
Urgent Care	$30
Urgent Care Worldwide	$30
Diagnostic Procedures*	
Diagnostic Radiology (CT scans)	$200
Diagnostic Radiology (other than CT scans)	$200
Diagnostic Testing and Procedures	$35
Lab Services	$25
Outpatient X-rays	$35
Hearing Services	
Hearing Exam (routine)	$0 Coverage: 1 exam every 12 months

PRIMARY BENEFITS	Your costs for in and out-of-network care
Hearing Exam (Medicare-covered)	$40
Hearing Aid Reimbursement	$1,000 once every 12 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	$150 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	$150 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; $172 per day, days 21-100
	Limited to 100 days per Medicare benefit period. See the *Schedule of Cost Sharing* for details on the benefit periods.
Outpatient Rehabilitation Services	

PRIMARY BENEFITS	Your costs for in and out-of-network care
Occupational Therapy Rehabilitation Services	$35
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
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.
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	$0
Frequency	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
Telehealth Diabetes Self-Management Training	$0
Telehealth Opioid Treatment Program Services*	$40
Telehealth Urgent Care	$30
Wigs	$0

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Maximum	$400
Frequency	every year
***These benefits may require prior authorization.**	

MEDICAL DISCLAIMERS

For more information about Aetna plans, go to **AetnaRetireePlans.com** or call Member Services toll-free at **1-888-267-2637** (**TTY: 711**). 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** (**TTY: 711**). 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.

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**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

You can also visit our website at **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).

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

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Notice of Availability (NOA)

TTY: 711

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

የቋንቋ እርዳታ አገልግሎቶችን እና ተገቢ የሆኑ ረዳት መሣሪያዎችንና አገልግሎቶችን ያለ ምንም ክፍያ ለማግኘት፣ በዚህ ሰነድ ላይ ወደሚገኘው ስልክ ቁጥር ይደውሉ። (Amharic)

للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المساندِة المناسبة دون أي تكلفة عليك، اتصل بالرقم الوارد في هذا المستند. (Arabic)

如欲獲得免費的語言輔助服務以及適當的輔助工具和服務，請撥打本文件上的電話號碼。 (Chinese)

Pou w jwenn aksè ak sèvis sipò lang gratis ansanm ak sèvis asistans ak sipò apwopriye, tanpri rele nimewo ki endike sou dokiman sa a. (French Creole)

Pour accéder aux services d’assistance linguistique et aux aides et services auxiliaires appropriés sans frais à votre charge, appelez le numéro indiqué dans ce document. (French)

Um Sprachunterstützung sowie geeignete Hilfsmittel und Dienstleistungen kostenlos in Anspruch zu nehmen, rufen Sie bitte die auf diesem Dokument angegebene Nummer an. (German)

તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો તથા સેવાઓ મેળવવા માટે, આ દસ્તાવેજ પર આપેલા નંબર પર કૉલ કરો. (Gujarati)

No ke komo ʻana i nā lawelawe kōkua ʻōlelo a me nā mea kōkua kūpono a me nā lawelawe me ka uku ʻole iā ʻoe, e kelepona i ka helu ma kēia palapala. (Hawaiian)

Kom siv tau cov kev pab cuam txhais lus thiab cov khoom pab kom hnov lus thiab cov kev pab cuam yam tsis sau nqi ntawm koj, hu tus npawb xov tooj ntawm daim ntawv thov no. (Hmong)

Contattare il numero nel presente documento per accedere, senza costi aggiuntivi, ai servizi di assistenza linguistica e ad idonei aiuti ausiliari. (Italian)

言語支援サービスや適切な補助具やサービスを無料で利用するには、こちらの文書の電話番号までお電話ください。 (Japanese)

လၢတၢ်ကမၤန့ၢ်သူကိုဉ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်ဒီးတၢ်မၤစၢၤလၢအကဲထိဉ်သ့လၢအဖိးမံတဖဉ်ဒီးတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်လၢတလိဉ်နဟ့ဉ်အပှၤအဂီၢ်နှဉ်,ကိးဘဉ်နီၢ်ဂံၢ်လၢလံာ်တဘ့ဉ်အံၤအလိၤတက့ၢ်. (Karen)

ដើម្បីទទួលបានសេវាកម្មជំនួយផ្នែកភាសា និងការគាំទ្រ និងសេវាកម្មបន្ថែមសមស្របដោយមិនគិតថ្លៃ សម្រាប់អ្នក សូមទូរសព្ទទៅលេខនៅលើឯកសារនេះ។ (Khmer)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하려면 본 문서에 나와 있는 번호로 전화해 주시기 바랍니다. (Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການອື່ນໆ ໂດຍທ່ານບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໃນເອກະສານນີ້. (Lao)

Tajaajilawwan gargaarsa afaanii fi tajaajilawwan gargaarsaa dabalataa mijaawaa ta'an kaffaltii tokko malee argachuuf, lakkoofsa sanada kana irra jirutti bilbilaa. (Oromo)

(Persian) برای دسترسی رایگان به خدمات کمک زبانی و وسایل و خدمات کمکی مناسب، با شماره درجشده در این سند تماس بگیرید.

Aby skorzystać z usług pomocy językowej oraz odpowiednich środków pomocniczych i usług bez ponoszenia żadnych kosztów, zadzwoń pod numer podany w niniejszym dokumencie. (Polish)

Para aceder, sem custos para si, a serviços de assistência linguística e a auxílios e serviços de apoio adequados, ligue para o número indicado neste documento. (Portuguese)

Чтобы бесплатно воспользоваться услугами языковой поддержки, а также соответствующими вспомогательными средствами и услугами, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para tener acceso a los servicios de asistencia en otros idiomas y a las ayudas y servicios auxiliares adecuados sin costo para usted, llame al número que figura en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa tulong sa wika at mga angkop na pantulong na kagamitan at serbisyo nang hindi ka gagastos, tawagan ang numero sa dokumentong ito. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษาและอุปกรณ์ช่วยเหลืออื่น ๆ ทีเหมาะสมโดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลขทีระบุในเอกสารนี (Thai)

Để tiếp cận các dịch vụ hỗ trợ ngôn ngữ, công cụ hỗ trợ và dịch vụ phụ trợ phù hợp miễn phí dành cho quý vị, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H5522

For 2026, Aetna Medicare - H5522 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
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).

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IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Aetna Medicare - H0523

For 2026, Aetna Medicare - H0523 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

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Questions about this plan?

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IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Aetna Medicare - H1109

For 2026, Aetna Medicare - H1109 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
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

The number of stars show how well a plan performs.

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

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

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).

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Aetna Medicare - H1609

For 2026, Aetna Medicare - H1609 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
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).

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H2056

For 2026, Aetna Medicare - H2056 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★☆☆
Health Services Rating:	★★½☆☆
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).

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Aetna Medicare - H3152

For 2026, Aetna Medicare - H3152 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).

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H3312

For 2026, Aetna Medicare - H3312 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).

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H3597

For 2026, Aetna Medicare - H3597 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).

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Aetna Medicare - H3928

For 2026, Aetna Medicare - H3928 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	★★★½☆
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).

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H3931

For 2026, Aetna Medicare - H3931 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).

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H4523

For 2026, Aetna Medicare - H4523 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).

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information

Aetna Medicare - H5793

For 2026, Aetna Medicare - H5793 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½☆
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).

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IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S. Government Medicare Information



Aetna Medicare - H8649

For 2026, Aetna Medicare - H8649 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½☆
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).

Y0001_2026_H8649V1_M

SilverScript®
P.O. Box 30006, Pittsburgh, PA 15222-0330

aetna®

2027 Summary of Benefits

Aetna Medicare Rx offered by SilverScript Employer PDP sponsored by New Castle County

A Medicare Prescription Drug Plan (PDP) offered by SilverScript® Insurance Company with a Medicare contract

January 1, 2027 – December 31, 2027

Y0001_GRP_9041403_2027_C 931V_1506_822

About Aetna Medicare Rx offered by SilverScript

Aetna Medicare Rx offered by SilverScript Employer PDP sponsored by New Castle County is a Medicare Part D prescription drug plan provided by New Castle County. The plan is offered by SilverScript Insurance Company, which is affiliated with CVS Caremark®.

Plan Costs

This section includes information about your monthly premium, annual deductible (if any), and cost-sharing amounts during the Initial and Catastrophic Coverage Stages for Aetna Medicare Rx offered by SilverScript.

Monthly Premium

Your coverage is provided through a contract with your former employer/union/trust. Your plan benefits administrator will let you know about your plan premium, if any.

Medicare Part D Drug Payment Stages

All Medicare Part D prescription drug plans have drug payment stages where drug costs may vary. You move through each stage based on the amount either you or the plan spend on prescription drugs. See the following section for information on the Medicare Part D drug payment stages. The Part D *Explanation of Benefits (EOB)* and other plan materials include additional information on the three drug payment stages.

Stage 1: Deductible Stage

Because you have no deductible, this payment stage does not apply to you.

Stage 2: Initial Coverage Stage Cost Sharing

During the Initial Coverage Stage, you pay a portion of your drug costs, and the plan pays its portion. The following tables show what you pay until your out-of-pocket covered Part D drug costs reach $2,400. You may get your drugs at network retail pharmacies or through the mail-order pharmacy.

2027 Aetna Medicare Rx offered by SilverScript Summary of Prescription Drug Benefits for New Castle County	
Monthly Premium	Your plan benefits administrator will let you know about your plan premium, if any.
Formulary	5T Classic Please note: Our plan, in some instances, combines higher-cost generic drugs on brand tiers.
Network	P1
Deductible	This plan does not have a deductible.

Initial Coverage Stage

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Preferred Network Retail Pharmacy (Up to a 30-day supply)	**Standard Network Retail Pharmacy** (Up to a 30-day supply)	**Long-Term Care (LTC) Pharmacy** (Up to a 31-day supply)
Tier 1: Preferred Generic	$0	$5	$5
Tier 2: Generic	$3	$10	$10
Tier 3: Preferred Brand	$47	$47	$47
Tier 4: Non-Preferred Drug	$100	$100	$100
Tier 5: Specialty	28% of total cost	28% of total cost	28% of total cost

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

	Preferred Network Retail Pharmacy (Up to a 90-day supply)	**Standard Network Retail or Mail-Order Pharmacy** (Up to a 90-day supply)	**Preferred Mail-Order Pharmacy** (Up to a 90-day supply)
Tier 1: Preferred Generic	$0	$10	$0
Tier 2: Generic	$6	$20	$6
Tier 3: Preferred Brand	$94	$94	$94
Tier 4: Non-Preferred Drug	$200	$200	$200
Tier 5: Specialty	N/A	N/A	N/A

You pay no more than $35 for a one-month supply and no more than $105 for up to a 90-day supply, of each covered insulin product regardless of the cost-sharing tier.

Please Note: Our plan, in some instances, combines higher-cost generic drugs on brand tiers. Refer to the Drug List to determine the tier of coverage for each drug you take.

Stage 3: Catastrophic Coverage Stage Cost Sharing

During this payment stage, you pay nothing for your covered Part D drugs.

Who can join?

To join Aetna Medicare Rx offered by SilverScript, you must be eligible for coverage provided by New Castle County, be entitled to Medicare Part A and/or be enrolled in Medicare Part B, be a United States citizen or national, or an eligible noncitizen and live in our service area. Aetna Medicare Rx offered by SilverScript is available in the United States and its territories.

Which drugs are covered?

To find out if your drug is on the formulary (list of Part D prescription drugs) or about any restrictions, view your formulary online at AetnaRetireePlans.com, select Plan Type of PDP and the formulary name noted in the chart above. You may also request a copy of the complete plan formulary by calling Customer Care at 1-888-267-2637, 24 hours a day, 7 days a week. TTY users call 711.

Aetna Medicare Rx offered by SilverScript does not cover prescription drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover prescription drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Part D prescription drug plan benefit and that are on our drug list.

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include step therapy, prior authorization or quantity limits.

For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

How will I determine my drug costs?

Aetna Medicare Rx offered by SilverScript groups each medication into one of five tiers. Use your formulary to find out the tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier, which coverage stage you're in, and what pharmacy you use. As you move from stage to stage, the amount you and the plan pay for your drugs may change. If the actual cost of a drug is less than the normal copayment for that drug, you will pay the actual cost, not the higher copayment or coinsurance.

Which pharmacies can I use?

More than 60,000 pharmacies with over 20,000 preferred pharmacies nationwide make up the pharmacy network. These include retail, mail-order, long-term care and home infusion pharmacies. To find a network pharmacy near your home or where you are traveling in the United States or its territories, call Customer Care, or visit Caremark.com.

You generally must use a network pharmacy in order to receive full benefit coverage on your prescriptions. You may get drugs from an out-of-network pharmacy in an emergency, but you may have to pay the full cost (rather than your normal share of the cost) at the time you fill your prescription. If you use an out-of-network pharmacy in an emergency, we will reimburse you your total cost for a 30-day supply max minus your cost-share amount for the drug. You must submit a paper claim in order to be reimbursed.

Please note: After the mail-order pharmacy receives an order, it typically takes up to 10 days for you to receive your prescription drug. 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.

For more information

This document provides a summary of what Aetna Medicare Rx offered by SilverScript covers and what you will pay. To get a complete list of our benefits, please call Customer Care and ask for the *Evidence of Coverage*.

If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View it online at Medicare.gov or get a copy 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.

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

Aetna and CVS Pharmacy® are part of the CVS Health® family of companies.

Plan features and availability may vary by service area.

If there is a difference between this document and the EOC, the EOC is considered correct.

The Aetna Medicare Rx offered by SilverScript 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 Medicare Rx offered by SilverScript 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 Medicare Rx offered by SilverScript reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan (PDP). This plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the plan depends on Medicare contract renewal.

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SilverScript®
P.O. Box 30006, Pittsburgh, PA 15222-0330

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Important Plan Information

Aetna Medicare Rx offered by SilverScript Customer Care

Call	1-888-267-2637 Calls to this number are free, 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free, 24 hours a day, 7 days a week.
Fax	1-866-552-6205
Write	SilverScript Insurance Company P.O. Box 30016 Pittsburgh, PA 15222-0330

IMPORTANT INFORMATION:
2026 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

SILVERSCRIPT INSURANCE COMPANY - S5601

For 2026, SILVERSCRIPT INSURANCE COMPANY - S5601 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★☆☆

Health Services Rating: Service not offered

Drug Services Rating: ★★★☆☆

SilverScript®

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 shows how well our 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 SILVERSCRIPT INSURANCE COMPANY 7 days a week from October 1 – March 31, 8 a.m. to 8 p.m., local time, or 5 days a week (M-F) from April 1 – September 30, 8 a.m. to 8 p.m., local time, at 1-833-526-2445 (toll-free) or 711 (TTY).

Current members please call 24 hours a day local time, 7 days a week, at 1-866-235-5660 (toll-free) or 711 (TTY).



Notes



Notes