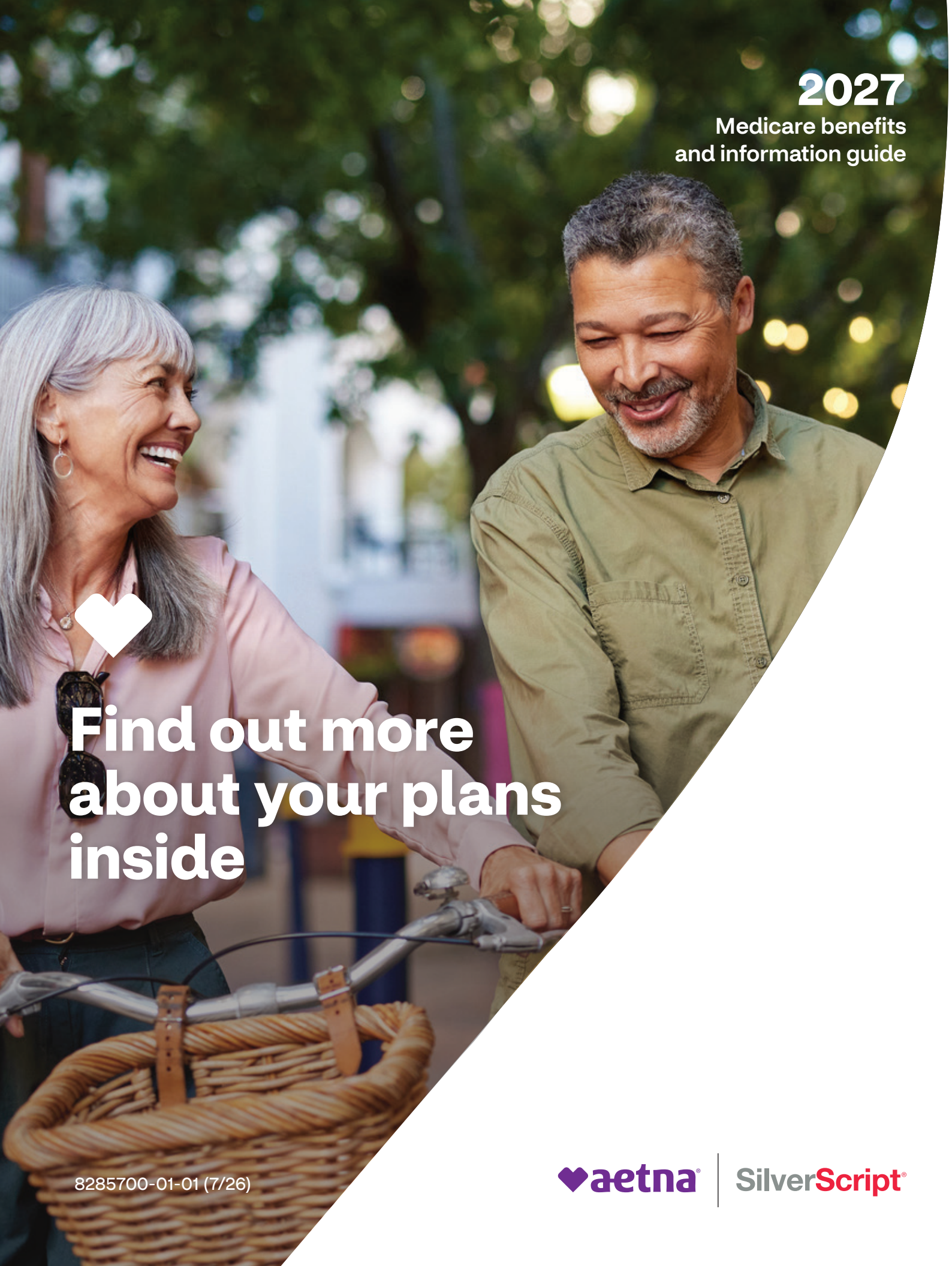


2027
Medicare benefits and information guide

Find out more about your plans inside

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Part D Star Ratings



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.



Aetna® Healthy Rewards

Get rewarded for taking care of your health by completing eligible activities throughout the year.



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 **<<Website>>** 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 **<<PhoneNum>> <<TTY>>**,<<Hours_Of_Opp>>.

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 **<<PhoneNum>> <<TTY>>**, <<Hours_Of_Opp>>, 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 <<Website>>

You can learn more about Aetna® or your current plan

Call Aetna for questions about your coverage

<<PhoneNum>> <<TTY>> <<Hours_Of_Opp>>

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.

Medicare rules don't allow earned rewards to be used for Medicare-covered goods or services, including medical or prescription drug out-of-pocket costs. Earned rewards may not be used to pay for medical copays, prescription costs, or any other Medicare covered good or services. Earned rewards may also not be used to pay for products such as on alcohol, tobacco, cannabis, firearms, lottery, gift cards or be converted to cash. Rewards earned may be considered taxable income. Please consult your tax adviser if you have any questions regarding the taxability of rewards. The 2026 Aetna Healthy Rewards program is only applicable to active members with eligible MA and/or MAPD plans. Qualifying participants who are eligible to perform the program activities may earn rewards by completing all or some of the program activities. Rewards will be distributed to participants and available to redeem on their Extra Benefits Card. The 2026 Aetna Healthy Rewards program is available to our members until the last day of the year. You will need to earn and redeem your reward by December 15, 2026 or the date you leave the plan, whichever comes first. Participants should check the terms of their Schedule of Cost Sharing (SOC) prior to participating in any program activities. Except as set forth in the SOC, Aetna shall not be responsible for any costs associated with, or arising from, a participant's performance of program activities. Your participation in Aetna Healthy Rewards program is voluntary and does not affect your benefits from your Aetna health plan. Eligibility is limited to the Aetna member that this communication was addressed to. Subject to benefits and eligibility verification.

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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