



## Aetna Medicare Advantage Preferred Provider Organization (PPO) with an Extended Service Area (ESA) Plan

### What's special:

- Richer benefits and lower costs than your current TRS-Care plan.
- Access to Aetna Retiree Advocates and Nurses who are there to help you get the most out of your Aetna Medicare Advantage plan.
- The PPO ESA Plan means you can see any licensed provider who accepts your PPO plan and is eligible to receive payment from Medicare even if they are not contracted with Aetna. You won't pay a higher cost share if you use an out-of-network provider.
- Selecting a primary care physician (PCP) is not required, but we encourage you to select one.
- Access to the Aetna Fitness<sup>SM</sup> Program which includes a standard health club membership at no extra cost.
- Access2Care<sup>SM</sup>, a non-emergency medical transportation benefit that will provide you with 24 one-way trips per year to Medicare covered services at no cost to you.
- Access to the National Medical Excellence Program,<sup>®</sup> a select network of respected doctors and facilities designed to help those with a complex illness or injury receive the most appropriate care.
- When you sign up for an Aetna Medicare Advantage plan, the money you've spent toward your current TRS-Care plan's deductible and out-of-pocket maximum will roll over into the Aetna Medicare Advantage plan for the current calendar plan year. A new medical calendar year, in which you will have new deductible and out-of-pocket limits, will start on January 1st.

### What you should know:

- You must be enrolled in Medicare Part A and B and continue to pay your Part B premium and Part A, if applicable.
- Acceptance is guaranteed as long as you meet eligibility requirements.
- If you use a provider that does not participate in the plan's network, the provider must be licensed, eligible to receive Medicare payment and willing to accept the plan. You can locate a Medicare provider at [www.Medicare.gov](http://www.Medicare.gov).

### Plan details

You can use providers who are in or out of the plan's nationwide network. An out-of-network provider must be eligible to receive Medicare payment and willing to accept the Aetna Medicare plan.

### Questions:

Call our Aetna Retiree Advocates at 1-800-367-3636 (TDD: 711); Monday through Friday, 8 a.m. to 5 p.m. Central Time.

	TRS-Care 1 Plan	TRS-Care 2 Plan	Aetna Medicare Advantage Care 2 Plan	TRS-Care 3 Plan	Aetna Medicare Advantage Care 3 Plan
Coverage	Your 2015 Share of Costs				
Annual Premium Savings	Individual: n/a Individual plus spouse: n/a	Individual: n/a Individual plus spouse: n/a	Individual: \$180 Individual plus spouse: \$360	Individual: n/a Individual plus spouse: n/a	Individual: \$180 Individual plus spouse: \$360
Deductible (per calendar year)	Individual: \$1,800 Family: \$3,600	Individual: \$1,000 Family: \$2,000	\$500	Individual: \$300 Family: \$600	\$150
Primary Care Physician Office Visits	20% after Medicare payment and TRS-Care deductible	20% after Medicare payment and TRS-Care deductible	\$5 Copay (after deductible)	20% after Medicare payment and TRS-Care deductible	\$5 Copay (after deductible)
Specialist Office Visits	20% after Medicare payment and TRS-Care deductible	20% after Medicare payment and TRS-Care deductible	\$10 Copay (after deductible)	20% after Medicare payment and TRS-Care deductible	\$10 Copay (after deductible)
Annual Maximum Out-Of-Pocket Limit	Individual: \$4,800 Family: \$9,600 (includes deductible)	Individual: \$4,400 Family: \$8,800 (includes deductible)	\$3,500 (includes deductible and copays)	Individual: \$3,700 Family: \$7,400 (includes deductible)	\$3,150 (includes deductible and copays)
Inpatient Hospital Coverage	20% after Medicare payment and TRS-Care deductible	20% after Medicare payment and TRS-Care deductible	\$500 Copay per stay after deductible (includes hospital and related physician charges)	20% after Medicare payment and TRS-Care deductible	\$250 Copay per stay after deductible (includes hospital and related physician charges)
Emergency Room; Worldwide (Copay waived if admitted)	20% after Medicare payment and TRS-Care deductible	20% after Medicare payment and TRS-Care deductible	\$65 Copay; deductible waived	20% after Medicare payment and TRS-Care deductible	\$50 Copay; deductible waived
Non-Emergency Transportation Benefit	Not covered	Not covered	\$0 Copay; deductible waived	Not covered	\$0 Copay; deductible waived
Fitness Benefit	Discount to participating fitness centers	Discount to participating fitness centers	Free membership to participating fitness centers in the Silver & Fit network	Discount to participating fitness centers	Free membership to participating fitness centers in the Silver & Fit network

# Aetna Medicare Advantage Care 2

## Aetna Medicare<sup>SM</sup> plan (PPO) Medicare ESA PPO plan

Benefits and Value-Added Services are effective January 1, 2015 through December 31, 2015

Plan features	In or out-of-network providers
<b>Combined in and out of network deductible</b> (Plan Level/includes Network Deductible) Unless otherwise indicated, the deductible must be met prior to benefits being payable. <b>Plan Level Deductible does not apply to:</b> annual wellness exams, routine physical exam, routine mammograms, routine hearing exam, routine colorectal screening, routine prostate screening, bone mass measurement, immunization, routine GYN, routine eye care, additional Medicare preventive care services, emergency room, emergency ambulance services, urgently needed care, non-emergency transportation (up to 24 one-way trips), fitness membership.	<b>\$500</b>
<b>Member coinsurance</b> Applies to all expenses unless otherwise stated.	5%
<b>Annual maximum out-of-pocket amount</b> (Includes deductible, copays and coinsurance)	\$3,500
<b>Primary care physician selection</b>	Recommended
<b>Certification requirements</b> There is not a requirement for member pre-certification. If a member fails to obtain pre-certification he/she will not be denied services nor will any penalty amount be applied. However, pre-certification is requested on certain services including inpatient hospital care, inpatient mental health and substance abuse, skilled nursing facility, home health care and some durable medical equipment.	
<b>Referral requirement</b>	None
<b>Physician services</b>	
<b>Primary care physician visits</b> (including after hours) Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury.	\$5 copay after deductible; Service charges billed with the office visit/consult are subject to deductible and coinsurance (e.g. injections, x-rays).
<b>Physician specialist visits</b>	\$10 copay after deductible; Service charges billed with the office visit/consult are subject to deductible and coinsurance (e.g. injections, x-rays).
<b>Allergy testing/treatment visits</b>	\$10 copay after deductible
<b>Diagnostic procedures</b>	
<b>Outpatient diagnostic laboratory</b>	\$0 copay after deductible
<b>Outpatient diagnostic X-ray, testing and complex imaging</b>	X-ray: 5% after deductible Testing: \$10 copay after deductible Complex Imaging: 5% after deductible

<b>Emergency medical care</b>	
<b>Urgently needed care</b>	\$35 copay; deductible waived
<b>Emergency care; worldwide (waived if admitted)</b>	\$65 copay; deductible waived
<b>Ambulance services</b>	5% after deductible; deductible waived for emergency transport.
<b>Hospital care</b>	
<b>Inpatient hospital care</b> the member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$500 copay after deductible; Includes all related physician charges. Copay does not apply if re-admitted with the same diagnosis within 30 days. No maximum day limit.
<b>Outpatient surgery</b> the member cost sharing applies to covered benefits incurred during a member's outpatient visit.	\$250 copay after deductible; Includes all related physician charges.
<b>Mental health services</b>	
<b>Inpatient mental health care</b> the member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$500 copay after deductible; Includes all related physician charges. Copay does not apply if re-admitted with the same diagnosis within 30 days. No maximum day limit.
<b>Outpatient mental health care</b> the member cost sharing applies to covered benefits incurred during a member's outpatient visit.	\$10 copay after deductible; Service charges billed with the office visit/consult are subject to deductible and coinsurance.
<b>Alcohol/drug abuse services</b>	
<b>Inpatient substance abuse (detox and rehab)</b> the member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$500 copay after deductible; Includes all related physician charges. Copay does not apply if re-admitted with the same diagnosis within 30 days. No maximum day limit.
<b>Outpatient substance abuse (detox and rehab)</b> the member cost sharing applies to covered benefits incurred during a member's outpatient visit.	\$10 copay after deductible; Service charges billed with the office visit/consult are subject to deductible and coinsurance.
<b>Preventive care</b>	
<b>Annual wellness exams</b> (one exam every 12 months)	Covered 100%
<b>Routine physical exams</b> (one exam every 12 months)	Covered 100%
<b>Medicare covered immunizations</b> Pneumococcal, Flu, Hepatitis B	Covered 100%
<b>Routine GYN care (cervical and vaginal cancer screenings)</b> One routine GYN visit and pap smear every 12 months	Covered 100%
<b>Routine mammograms (breast cancer screening)</b> One baseline mammogram for members 35 – 39; and one annual mammogram for members age 40 and over	Covered 100%

<b>Routine prostate cancer screening exam</b> for covered males age 50 and over every 12 months	Covered 100%
<b>Routine colorectal cancer screening</b> for all members age 50 and over	Covered 100%
<b>Routine bone mass measurement</b> (one exam every 24 months)	Covered 100%
<b>Additional Medicare preventive services*</b>	Covered 100%
<b>Routine eye exams</b> (one exam every 12 months)	Covered 100%
<b>Routine hearing screening</b> (one exam every 12 months)	Covered 100%
<b>Other services</b>	
<b>Skilled nursing facility (SNF) care</b> Plan deductible applies. The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$0 days 1 – 20 \$50 a day for days 21 – 100 20% days 101+
<b>Home health agency care</b>	Covered 100% after deductible
<b>Hospice care</b>	Covered by Medicare at a Medicare certified hospice
<b>Private duty nursing</b> Visits subject to medical necessity review by Aetna.	20% after deductible
<b>Outpatient rehabilitation services</b> Includes speech, physical, pulmonary and occupational therapy.	5% after deductible
<b>Cardiac rehabilitation services</b>	\$10 copay after deductible
<b>Chiropractic services</b> For manipulation of the spine to the extent covered by Medicare. Plus, up to 20 additional visits for modalities, x-ray and exam.	5% after deductible
<b>Durable medical equipment/prosthetic devices</b>	5% after deductible
<b>Podiatry services</b> limited to Medicare covered benefits only	\$10 copay after deductible; Service charges billed with the office visit/ consult are subject to the deductible and coinsurance.
<b>Diabetic supplies</b>	Covered 100% after deductible
<b>Outpatient dialysis treatments</b>	\$10 copay after deductible; Service charges billed with the office visit/ consult are subject to the deductible and coinsurance. The same cost share applies regardless of setting (office, home, outpatient).

\*Additional Medicare Preventive Services include ultrasound screening for abdominal aortic aneurysm (AAA), cardiovascular disease screening, diabetes screening tests and diabetes self-management training (DSMT), medical nutrition therapy, glaucoma screening, smoking and tobacco use cessation counseling, screening and behavioral counseling for alcohol misuse, adult depression screening, behavioral counseling for and screening to prevent sexually transmitted infections, behavioral therapy for obesity, behavioral therapy for cardiovascular disease, and HIV screening.

<b>Home infusion services</b> Administration of the drug covered under the Medicare Advantage plan	20% after deductible
<b>Chemotherapy</b>	\$10 copay for office visit after deductible; 5% for drugs after deductible
<b>Medicare Part B prescription drugs</b>	5% after deductible
<b>Wigs</b>	5% after deductible
<b>Additional non-Medicare covered services</b>	
<b>Healthy lifestyle coaching</b> one phone call per week	Included
<b>Fitness membership</b>	Included through Silver&Fit®
<b>Transportation (non-emergency)</b>	Access2Care: up to 24 one-way trips for Medicare covered services

Aetna Medicare is a Medicare Advantage organization with a Medicare contract. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, premium, and/or copayments/coinsurance may change on January 1 of each year. Plans are offered by Aetna Health Inc. Aetna Health of California Inc. and/or Aetna Life Insurance Company (Aetna). Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location. Members must be entitled to Medicare Part A and continue to pay the Part B premium and Part A, if applicable.

This document is for your information only. The plan documents describe what is covered, what is not covered and any limits to coverage under the plan. What the plan covers and how may vary by location and may change.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

In case of emergency, members should call 911 or the local emergency hotline, or go directly to an emergency care facility.

The following is a partial list of what is not covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare does not cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

Providers must be licensed and eligible to receive payment under the federal Medicare program.

Health information programs provide general information and do not replace diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. If there is a difference between this document and the Evidence of Coverage, the Evidence of Coverage is considered correct.

Discount offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. Check any insurance benefits you have before using these discount offers, as those benefits may result in lower costs to you than using these discounts. Aetna makes no payment to the discount vendor. The member is responsible for the full cost of the discounted services. Aetna may receive a percentage of the fee paid to a discount vendor.

**This information is available for free in other languages. Please contact our customer service number at 1-800-367-3636 (TTY: 711) for additional information. Monday through Friday, 8 a.m. to 5 p.m. CT.**

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For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

2015 Aetna Medicare



# Aetna Medicare Advantage Care 3

## Aetna Medicare<sup>SM</sup> Plan (PPO) Medicare ESA PPO plan

Benefits and Value-Added Services are effective January 1, 2015 through December 31, 2015

Plan features	In or out-of-network providers
<b>Combined in and out of network deductible</b> (Plan Level/includes Network Deductible) Unless otherwise indicated, the deductible must be met prior to benefits being payable. <b>Plan Level Deductible does not apply to:</b> annual wellness exams, routine physical exam, routine mammograms, routine hearing exam, routine colorectal screening, routine prostate screening, bone mass measurement, immunization, routine GYN, routine eye care, additional Medicare preventive care services, emergency room, emergency ambulance services, urgently needed care, non-emergency transportation (up to 24 one-way trips), fitness membership.	<b>\$150</b>
<b>Member coinsurance</b> applies to all expenses unless otherwise stated.	5%
<b>Annual maximum out-of-pocket amount</b> (Includes deductible, copays and coinsurance)	\$3,150
<b>Primary care physician selection</b>	Recommended
<b>Certification requirements</b> There is not a requirement for member pre-certification. If a member fails to obtain pre-certification he/she will not be denied services or will any penalty amount be applied. However, pre-certification is requested on certain services including inpatient hospital care, inpatient mental health and substance abuse, skilled nursing facility, home health care and some durable medical equipment.	
<b>Referral requirement</b>	None
<b>Physician services</b>	
<b>Primary care physician visits</b> (including after hours) Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury.	\$5 copay after deductible Service charges billed with the office visit/consult are subject to deductible and coinsurance (e.g. injections, x-rays)
<b>Physician specialist visits</b>	\$10 copay after deductible Service charges billed with the office visit/consult are subject to deductible and coinsurance (e.g. injections, x-rays)
<b>Allergy testing/treatment visits</b>	\$10 copay after deductible
<b>Diagnostic procedures</b>	
<b>Outpatient diagnostic laboratory</b>	\$0 copay after deductible
<b>Outpatient diagnostic X-ray, testing and complex imaging</b>	X-ray: 5% after deductible Testing: \$10 copay after deductible Complex Imaging: 5% after deductible

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## Emergency medical care

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<b>Urgently needed care</b>	\$35 copay; deductible waived
<b>Emergency care; worldwide (waived if admitted)</b>	\$50 copay; deductible waived
<b>Ambulance services</b>	5% after deductible; deductible waived for emergency transport

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## Hospital care

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<b>Inpatient hospital care</b> the member cost sharing applies to covered benefits incurred during a member's inpatient confinement.	\$250 copay after deductible Includes all related physician charges. Copay does not apply if re-admitted with the same diagnosis within 30 days. No maximum day limit.
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<b>Outpatient surgery</b> the member cost sharing applies to covered benefits incurred during a member's outpatient visit.	\$75 copay after deductible Includes all related physician charges.
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## Mental health services

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<b>Inpatient mental health care</b> the member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$250 copay after deductible Includes all related physician charges. Copay does not apply if re-admitted with the same diagnosis within 30 days. No maximum day limit.
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<b>Outpatient mental health care</b> the member cost sharing applies to covered benefits incurred during a member's outpatient visit.	\$10 copay after deductible Service charges billed with the office visit/consult are subject to deductible and coinsurance.
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## Alcohol/drug abuse services

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<b>Inpatient substance abuse (detox and rehab)</b> the member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$250 copay after deductible Includes all related physician charges. Copay does not apply if re-admitted with the same diagnosis within 30 days. No maximum day limit.
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<b>Outpatient substance abuse (detox and rehab)</b> the member cost sharing applies to covered benefits incurred during a member's outpatient visit.	\$10 copay after deductible Service charges billed with the office visit/consult are subject to deductible and coinsurance.
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## Preventive care

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<b>Annual wellness exams</b> (one exam every 12 months)	Covered 100%
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<b>Routine physical exams</b> (one exam every 12 months)	Covered 100%
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<b>Medicare Covered Immunizations</b> Pneumococcal, Flu, Hepatitis B	Covered 100%
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<b>Routine GYN care (cervical and vaginal cancer screenings)</b> One routine GYN visit and pap smear every 12 months	Covered 100%
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<b>Routine mammograms (breast cancer screening)</b> One baseline mammogram for members 35 – 39; and one annual mammogram for members age 40 and over	Covered 100%
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<b>Routine prostate cancer screening exam</b> for covered males age 50 and over every 12 months	Covered 100%
<b>Routine colorectal cancer screening</b> for all members age 50 and over	Covered 100%
<b>Routine bone mass measurement</b> (one exam every 24 months)	Covered 100%
<b>Additional Medicare preventive services*</b>	Covered 100%
<b>Routine eye exams</b> (one exam every 12 months)	Covered 100%
<b>Routine hearing screening</b> (one exam every 12 months)	Covered 100%
<b>Other services</b>	
<b>Skilled nursing facility (SNF) care</b> Plan deductible applies. The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$0 days 1 – 20 \$25 a day for days 21 – 100 20% days 101+
<b>Home health agency care</b>	Covered 100% after deductible
<b>Hospice care</b>	Covered by Medicare at a Medicare certified hospice
<b>Private duty nursing</b> visits subject to medical necessity review by Aetna.	20% after deductible
<b>Outpatient rehabilitation services</b> Includes speech, physical, pulmonary and occupational therapy.	5% after deductible
<b>Cardiac rehabilitation services</b>	\$10 copay after deductible
<b>Chiropractic services</b> For manipulation of the spine to the extent covered by Medicare. Plus, up to 20 additional visits for modalities, X-ray and exam.	5% after deductible
<b>Durable medical equipment/prosthetic devices</b>	5% after deductible
<b>Podiatry services</b> limited to Medicare covered benefits only	\$10 copay after deductible Service charges billed with the office visit/consult are subject to the deductible and coinsurance.
<b>Diabetic supplies</b>	Covered 100% after deductible
<b>Outpatient dialysis treatments</b>	\$10 copay after deductible Service charges billed with the office visit/consult are subject to the deductible and coinsurance. The same cost share applies regardless of setting (office, home, outpatient).

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<b>Home infusion services</b> Administration of the drug covered under the Medicare Advantage plan.	20% after deductible
<b>Chemotherapy</b>	\$10 copay for office visit after deductible; 5% for drugs after deductible
<b>Medicare Part B prescription drugs</b>	5% after deductible
<b>Wigs</b>	5% after deductible
<b>Additional non-Medicare covered services</b>	
<b>Healthy lifestyle coaching</b> one phone call per week	Included
<b>Fitness membership</b>	Included through Silver&Fit®
<b>Transportation (non-emergency)</b>	Access2Care: up to 24 one-way trips for Medicare covered services

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## Disclaimers

Health insurance plans are offered by Aetna Health Inc., Aetna Health of California Inc. and/or Aetna Life Insurance Company (Aetna).

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/co-insurance may change on January 1, 2014.

You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable. Medicare beneficiaries may enroll in a plan only during specific times of the year. To obtain additional information, please contact Aetna Medicare at 1-800-367-3636 (TDD: 711); from 8 a.m. to 5 p.m., Monday through Friday.

For the Aetna Medicare PPO plan: Precertification, or prior approval of coverage, is requested for certain services. Providers must be licensed and eligible to receive payment under the federal Medicare program.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227) (TTY users should call 1-877-486-2048), 24 hours a day/ seven days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday (TTY users should call 1-800-325-0778); or your state Medicaid office.

This material is for informational purposes only. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. The Aetna Personal Health Record ("PHR") should not be used as the sole source of information about the member's medical history. Discount programs provide access to discounted prices and are not insured benefits.

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