EMERITI RETIREMENT HEALTH BENEFITS

2019 AETNA PRE-65 RETIREE INSURANCE PLANS

Underwritten by Aetna Life Insurance Company

The Emeriti Program offers a choice of guaranteed issue group insurance plans for enrollees under the age of 65. This brochure compares the provisions of the available comprehensive (medical and drug) options. Dental coverage is available in addition to any of the medical/drug coverages (please see separate dental sheet).

For Pre-65 Dependents (if your institution has elected Pre-65 Retiree coverage, these plans also pertain to you)

When you enroll in Emeriti's post-65 insurance, your eligible dependents who are not yet Medicare-eligible may have access to pre-65 coverage.

For pre-65 retirees, you can access Aetna's pre-65 insurance until you turn 65. At that time, you may enroll in Emeriti's post-65 Medicare Advantage plans. Rest assured that your non-Medicare dependents will still have access to the Aetna pre-65 coverage.

Eligible dependents include:

- Your pre-65 spouse (or domestic partner if allowed under your Plan)
- Your pre-majority children who qualify as dependents under federal law, up to age 26. (State laws mayalso apply).

Keep in mind that you must enroll in coverage in order for your dependents to enroll. If your pre-65 dependents do not enroll now, there are exceptions for qualifying life events (e.g. marriage, adoption, or loss of medical coverage). You will have 30 days to enroll your eligible dependent(s) after a qualifying life event. Insurance will be effective on the first of the month after enrollment.

When your dependents reach age 65 and enroll in Medicare Parts A and B, they will be eligible to enroll in Emeriti's post-65 coverage. (They will be eligible for post-65 coverage even if they did not enroll in the pre-65 retiree insurance.)

NOTE: In most areas you will be able to choose from three plans with different levels of coverage and cost. (In some areas where there are no networks of Aetna providers, you will be offered one plan, which is very similar to the Middle Plan with In-Network benefits.) For more information about the pre-65 insurance plans, please call the Emeriti Service Center.

Emeriti®
Retirement Health

Plan Features	High Plan	
	In-Network	Out-of-Network
Participant must meet annual deductible: (combined in- and out-of-network)	$750	$1,500
Participant Coinsurance	10%	30%
Annual Participant Out-of-Pocket (OOP) Limit	$2,500	$7,500
Lifetime Maximum (combined in- and out-of-network)	n/a	n/a
Physician/Diagnostic Services		
Primary Care Physician Office Visits (non-surgical)	10% (deductible waived)	30%
Specialist Office Visit	10%	30%
Routine Physicals/Immunizations		
Children: 7 exams in first 12 months of life, 3 exams in the 13th-24th months of life, 3 exams in the 25th-36th months of life; 1 exam every 12 months thereafter. Child age 18 and over, 1 exam every 24 months. Includes coverage for immunizations.	0% (deductible waived)	30%
Adults: 1 exam every 24 months. Includes coverage for immunizations.	0% (deductible waived)	30%
Routine Gynecological Care Exam: No age or frequency limits.	0% (deductible waived)	30%
Routine Mammography: No age or frequency limits	0% (deductible waived)	30%
Flex sigmoid/double barium enema: 1 every 5 years and colonoscopy 1 every 10 years. CA 125 test post treatment ovarian cancer.	0% (deductible waived)	30%
Routine Annual Digital Rectal Exam (DRE) & Prostate Antigen Test (PSA) for males age 40 and over.	0% (deductible waived)	30%
Routine blood level tests for children	10%	30%
Routine Eye Exam: 1 exam every 24 months	10%	30%
Routine Hearing Exam: 1 exam every 24 months	10%	30%

**In areas where Aetna has no Open Access or PPO network, the only plan offered is an indemnity version of the Middle Plan with In-Network benefits. In this situation, primary care office visits are offered at 20% after the deductible. Some other differences also apply.*

Middle Plan*		Low Plan	
In-Network*	Out-of-Network	In-Network	Out-of-Network
$1,250	$2,500	$2,500	$5,000
20%	40%	20%	40%
$5,000	$10,000	$7,500	$12,500
n/a	n/a	n/a	n/a
20% (deductible waived) 20%	40% 40%	20% (deductible waived) 20%	40% 40%
0% (deductible waived) 0% (deductible waived) 0% (deductible waived) 0% (deductible waived) 0% (deductible waived) 0% (deductible waived) 20% 20% 20%	40% 40% 40% 40% 40% 40% 40% 40% 40%	0% (deductible waived) 0% (deductible waived) 0% (deductible waived) 0% (deductible waived) 0% (deductible waived) 0% (deductible waived) 20% 20% 20%	40% 40% 40% 40% 40% 40% 40% 40% 40%

Plan Features	High Plan	
	In-Network	**Out-of-Network**
Allergy Testing and Treatment	Cost sharing based on services and where rendered	30%
Allergy Injections	10%	30%
Diabetic Supplies	10%	30%
Hospital and Related Services		
Physician In-Hospital Services	10%	30%
Surgery	10%	30%
Inpatient Hospital Services **Outpatient Hospital Coverage** (including surgery)	10% 10%	30% 30%
Emergency Room **Non-Emergency Use of the ER**	0% after $100 ER copay, no plan deductible 50% after $100 ER copay, no plan deductible	0% after $100 ER copay, no plan deductible 50% after $100 ER copay, no plan deductible
Ambulance	10%	30%
Urgent Care Provider **Non-Urgent Use of Urgent Care Provider**	10% (deductible waived) Not covered	30% Not covered
Diagnostic X-Ray, Laboratory Services & Complex Imaging (MRA/MRS, MRI, CT & PET Scans)	10%	30%
Nursing and Related Services		
Convalescent Facility (limited to 60 days per calendar year)	10%	30%
Home Health Care (each visit of up to 4 hours by a home health care aide is one visit. Limited to 120 days per calendar year.	10%	30%
Private Duty Nursing - Outpatient (each period of private nursing of up to 8 hours will be deemed to be one private duty nursing shift)	10% (maximum 70 eight-hour shifts per calendar year)	30% (maximum 70 eight-hour shifts per calendar year)
Inpatient Hospice Care **Outpatient Hospice Care**	10% 10%	30% 30%
Outpatient Short-Term Rehabilitation (limited to 60 visits per calendar year)	10%	30%

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Middle Plan*		Low Plan	
In-Network*	**Out-of-Network**	**In-Network**	**Out-of-Network**
Cost sharing based on services and where rendered	40%	Cost sharing based on services and where rendered	40%
20%	40%	20%	40%
20%	40%	20%	40%
20%	40%	20%	40%
20%	40%	20%	40%
20% 20%	40% 40%	20% 20%	40% 40%
0% after $100 ER copay, no plan deductible 50% after $100 ER copay, no plan deductible	0% after $100 ER copay, no plan deductible 50% after $100 ER copay, no plan deductible	20% after $100 ER copay, no plan deductible 50% after $100 ER copay, no plan deductible	20% after $100 ER copay, no plan deductible 50% after $100 ER copay, no plan deductible
20%	40%	20%	40%
20% (deductible waived) Not covered	40% Not covered	20% (deductible waived) Not covered	40% Not covered
20%	40%	20%	40%
20%	40%	20%	40%
20%	40%	20%	40%
20% (maximum 70 eight-hour shifts per calendar year)	40% (maximum 70 eight-hour shifts per calendar year)	20% (maximum 70 eight-hour shifts per calendar year)	40% (maximum 70 eight-hour shifts per calendar year)
20% 20%	40% 40%	20% 20%	40% 40%
20%	40%	20%	40%

Plan Features	High Plan	
	In-Network	Out-of-Network
Spinal Manipulation Therapy	10%	30%
Durable Medical Equipment/Prosthetics ($10,000 maximum per calendar year)	10%	30%
Maternity (includes voluntary sterilization & voluntary abortion)	10%	30%
Basic Infertility Services (diagnosis & treatment of the underlying medical condition)	10%	30%
Mental Health Services & Alcohol/Drug Abuse Services Inpatient Services and Outpatient Services	10%	30%
Prescription Drug Services		
Prescription Drug - Aetna Pharmacy Management** (generic/preferred/non-preferred)	10%/30%/40% deductible waived, combined with medical OOP	Not covered
Quality Care Services		
Inpatient pre-certification and concurrent review	Provider initiated	Member initiated
Penalty to employee for failure to pre-certify Applies to inpatient hospital, treatment facility, skilled nursing facility, home health care, hospice care & private duty nursing.	n/a	$500
Claim Submission	Provider initiated	Member initiated
National Medical Excellence Program (Where state approved) A program to help access covered treatment for solid organ and bone marrow transplants and coordinate arrangements for treatment of certain rare or complicated conditions at certain tertiary care facilities across the country when those services are not available locally. May also include travel expenses for the member and companion.	Included	Not applicable

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***The participant pays the difference in cost between a brand and generic drug in addition to the coinsurance, if a generic drug is available but a brand drug is dispensed. To locate a participating pharmacy or to learn more about mail order delivery, visit www.aetnapharmacy.com.*

Middle Plan*		Low Plan	
In-Network*	Out-of-Network	In-Network	Out-of-Network
20%	40%	20%	40%
20%	40%	20%	40%
20%	40%	20%	40%
20%	40%	20%	40%
20%	40%	20%	40%
20%/40%/50% deductible waived, combined with medical OOP	Not covered	20%/40%/50% deductible waived, combined with medical OOP	Not covered
Provider initiated	Member initiated	Provider initiated	Member initiated
n/a	$500	n/a	$500
Provider initiated	Member initiated	Provider initiated	Member initiated
Included	Not applicable	Included	Not applicable

***NOTE: National Advantage Program (NAP)**, included in all plans, offers access to contracted rates for many medical claims that would otherwise be paid at the full rate billed by health care professionals under indemnity plans, or for emergency/medically necessary services not provided within the standard network. The NAP consists of many of Aetna's directly-contracted hospitals, ancillary providers, and physicians, as well as hospitals, ancillary providers, and physicians accessed through vendor arrangements where Aetna does not have direct contractual arrangements.*

***The Aetna Informed Health Line,** offered in all plans, gives members telephone access to registered nurses experienced in providing information on a variety of health topics. The nurses encourage informed health care decision-making and optimal patient/provider relationships through information and support. The Informed Health Line is available 24 hours a day, 7 days a week via a toll free telephone number (limited to the domestic market only at 1-800-556-1555; there is no Informed Health Line access outside of the United States).*

Exclusions and Limitations for the Open Access/PPO/Traditional Choice (medical) Plans:

Information is believed to be accurate as of the production date; however, it is subject to change. In the event of a conflict or inconsistency between this material and the Evidence of Coverage document, the terms of the insurance plan documents shall govern.

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their insurance plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the insurance plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Hearing aids; Immunizations for travel or work; Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents; Nonmedically necessary services or supplies; Orthotics; Over-the-counter medications and supplies; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of insurance plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the insurance plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Some benefits are subject to limitations or visit maximums. Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's preferred provider is coordinating care, the preferred provider will obtain the precertification. When the member utilizes a non-preferred provider, Member must obtain the precertification. Precertification requirements may vary. Depending on the insurance plan selected, new prescription drugs not yet reviewed by Aetna's medication review committee are either available under plans with an open formulary or excluded from coverage (unless a medical exception is obtained under plans that use a closed formulary).

Members may also be subject to pre-certification or step therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the insurance plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them.

Insurance plans are provided by Aetna Life Insurance Company and its affiliates.

For more information, or to enroll, please call the
Emeriti Service Center at 1-866-EMERITI (1-866-363-7484).

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Retirement Health

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