Healthier happens together®

2025 Medicare benefits and information guide

Medicare (C04) ESA PPO (MAP)

aetna® | EDISON INTERNATIONAL®

Welcome!

Plans centered around you

We're here to deliver a total, connected approach to your health and well-being. So you can age actively with energy and optimism.

We're here to walk you through your coverage. Just give us a call — we're here to help.

Table of contents

A Medicare plan for you

Let’s start with what matters most

A history of care

We’ve provided access to Medicare coverage for more than 50 years.

Providers you trust

Our nationwide provider coverage helps connect you with the doctors and hospitals you count on for care.

Benefits for the whole you

As a Southern California Edison plan member, you get programs and benefits available to you at no additional cost so you can take care of the whole you — body, mind and spirit.

Transportation

We never want you to miss a medical appointment because you don't have a way to get there. Our partner, Access2Care℠, provides you up to 24 one-way nonemergency trips, up to 60 miles per trip.

Meal delivery

Take advantage of this service when you return home after an inpatient hospital stay. Your Aetna® nurse will coordinate a delivery of up to 14 |nutritious meals directly to your home.

Healthy Home Visit

Have a licensed doctor or nurse come to your home to review your health needs, do a home safety assessment, review your medications and ask about your medical and family history.

24/7 Nurse Line

Talk to our registered nurses, day or night. Based on your symptoms, they can help you decide if you need a doctor or urgent care visit.

SilverSneakers®

Join any of several thousand participating locations nationwide or take online classes at home.

Resources For Living® program

Get referrals to services in your area that offer help such as house cleaning, lawn care, transportation, social and recreational activities, and caregiver support. You just pay for the cost of the services you use.

Nurse care management

These programs can help you manage chronic conditions and understand complex medical issues. If you qualify, we'll assign you a nurse care manager to work with you and your doctors to support your care plan.

Virtual care

Telehealth

You can get care from any network provider that offers telehealth services. You'll pay the same amount as an in-person visit. Contact your doctor or walk-in clinic to learn more.

Teladoc Health

Connect with a Teladoc Health physician by web, phone or mobile app from home 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.

If you need emergency care, call 911 or go to the nearest emergency room immediately.

If you or a loved one needs immediate help, the National Suicide Prevention Lifeline provides 24/7 free and confidential support, prevention, and crisis resources for people in distress. Call 988.

Medicare basics

About your plan

Medicare (C04) ESA PPO (MAP)

The Aetna Medicare Advantage plan you are being automatically enrolled in is different than many other PPO plans.

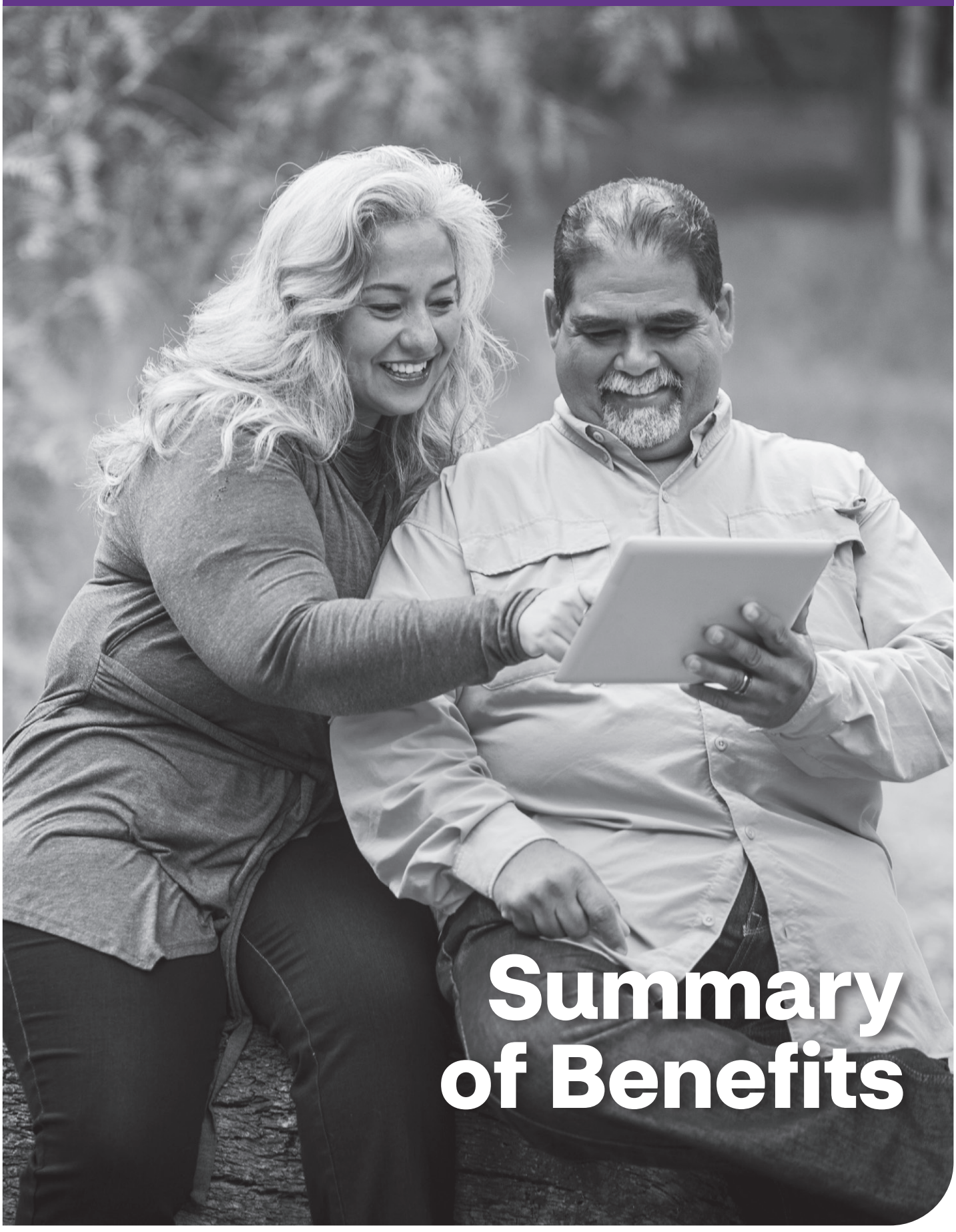
It allows you to see any provider (whether in the network or not), and you pay the same out-of-pocket cost for both covered in-network and out-of-network medical benefits, as long as the provider is:

- Eligible to receive payment under Medicare
- Willing to bill and accept payment from Aetna

Does your provider accept our plan? They most likely will. That's because more than **1.1 million network doctors and specialists** and over **4,200 network hospitals** accept the Aetna Medicare Advantage plan.*

With a PPO plan, you'll have the option to choose a primary care physician (PCP). It's not required, but when we know who your provider is, we can better support your care.

*FOR NETWORK DOCTORS, SPECIALISTS AND HOSPITALS: Aetna Medicare Advantage PPO network as of April 2024.



Summary of Benefits

Medicare (C04) ESA PPO (MAP)

The Summary of Benefits shows expected costs for services and describes the benefits package. These details affect what you'll pay for your care. So be sure to review all the pages in this section.

2025 Summary of Benefits

SOUTHERN CALIFORNIA EDISON

Sponsored by Aetna Medicare Plan (PPO)
Medicare (C04) ESA PPO Plan

Keep in mind

This is just a summary. The complete list of services can be found in the *Schedule of Cost Sharing (SOC)/Evidence of Coverage* (EOC). You can request a copy of the SOC/EOC by contacting:

Member Services
1-833-943-5114 (TTY: 711)
Hours are 8 AM to 9 PM EST, Monday through Friday.

This is a summary of the services we cover from January 1, 2025 through December 31, 2025.

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

Service area: A complete list of service areas can be found in the *Evidence of Coverage* (EOC).

aetna

What You Should Know

Primary Care Physician (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 doctor in order to see you.

Prior Authorizations: Your doctor 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 for more information on your plan premium.
Annual Deductible	$0
	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.
Annual Maximum Out-of-Pocket	$0
	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	$0 per stay
	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	$0
Ambulatory Surgery Center	$0
Physician Services	
Primary Care Physician Visits	$0
	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.
Physician Specialist Visits	$0

PRIMARY BENEFITS	Your costs for in and out-of-network care
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 behavior 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 • Medical nutrition therapy • Obesity behavior therapy • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling • Welcome to Medicare preventive visit	$0
Immunizations • Flu • Hepatitis B • Pneumococcal	$0
Additional Medicare Preventive Services • Barium enema • Diabetes self-management training • Digital rectal exam • EKG following welcome exam • Glaucoma screening	$0
Emergency and Urgent Medical Care	
Emergency Care	$0
Emergency Care Worldwide	$0
Urgent Care	$0
Urgent Care Worldwide	$0

PRIMARY BENEFITS	Your costs for in and out-of-network care
Diagnostic Procedures*	
Diagnostic Radiology (CT scans)	$0
Diagnostic Radiology (other than CT scans)	$0
Diagnostic Testing and Procedures	$0
Lab Services	$0
Outpatient X-rays	$0
Hearing Services	
Hearing Exam (routine)	$0
	Coverage: one exam every twelve months
Hearing Exam (Medicare-covered)	$0
Hearing Aid Reimbursement	100% for two hearing aids every 12 months
Dental Services*	
Dental Services	$0
	Medicare-covered benefits only
Vision Services	
Eye Exam (routine)	$0
	Coverage: one exam every twelve months
Diabetic Eye Exam	$0
Eye Exam (Medicare-covered)	$0

PRIMARY BENEFITS	Your costs for in and out-of-network care
Mental Health Services*	
Inpatient Mental Health Care	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Mental Health Care	$0 (individual sessions)
	$0 (group sessions)
Partial Hospitalization Services and Intensive Outpatient Services	$0
Inpatient Substance Use Disorder Services	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Substance Use Disorder Services	$0 (individual sessions)
	$0 (group sessions)
Skilled Nursing Services*	
Skilled Nursing Facility (SNF) Care	$0 per day
	Unlimited days per Medicare benefit period. See the *Evidence of Coverage* for details on the benefit periods.
Outpatient Rehabilitation Services	
Occupational Therapy Rehabilitation Services	$0
Physical and Speech Therapy Rehabilitation Services	$0
Ambulance* and Transportation Services	
Ambulance Services	$0
	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 rides per year with 60 miles allowed per trip.

PRIMARY BENEFITS	Your costs for in and out-of-network care
Medicare Part B Prescription Drugs*	
Medicare Part B Prescription Drugs	$0

***These benefits may require prior authorization.**

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in and out-of-network care
Acupuncture Services	$0
	Medicare-covered benefits only
Allergy Shots	$0
Allergy Testing	$0
Blood NMC	$0
	All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	$0
Chiropractic Services*	$0
	Medicare-covered benefits only
Diabetic Supplies*	$0
	Includes supplies to monitor your blood glucose from LifeScan, or from a non-preferred provider when a prior authorization is received.
Durable Medical Equipment (DME)*	$0
Home Health Agency Care*	$0
Hospice Care	Covered by Original Medicare at a Medicare-certified hospice.
Intensive Cardiac Rehabilitation Services	$0
Medical Supplies*	Your cost share is based upon the provider of services
Outpatient Dialysis Treatments*	$0
Podiatry Services	$0
	Medicare-covered benefits only
Prosthetic Devices*	$0
Pulmonary Rehabilitation Services	$0
Supervised Exercise Therapy (SET) for PAD	$0
Radiation Therapy*	$0

***These benefits may require prior authorization.**

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Fitness Program	SilverSneakers®
Healthy Rewards	Covered
Meals	$0 After discharge from an inpatient stay to your home, you may be eligible to receive up to 28 home-delivered meals over a 14-day period.
Over-the-Counter Items	$0
Over-the-Counter Allowance	$45
Over-the-Counter Frequency	quarterly
Nicotine Replacement Therapy (NRT) as a Part C OTC benefit?	Yes
Resources for Living®	This program is offered to help you locate resources for everyday needs.
Acupuncture Services (non-Medicare covered)	$0
	Supplemental acupuncture services are covered for up to twenty visits every year under the following circumstance(s): in lieu of anesthesia and for treatment of chronic pain.
Frequency	twenty visits every year
Chiropractic Services (non-Medicare covered)	$0
	Supplemental chiropractic services are covered.
Frequency	unlimited visits every year
Teladoc™	$0
	Telemedicine services with a Teladoc provider. State mandates may apply.
Telehealth PCP	$0
Telehealth Specialist	$0
Telehealth Occupational Therapy Service	$0
Telehealth PT and ST Services	$0
Telehealth Other Health Care Providers	$0
Telehealth Individual Mental Health*	$0
Telehealth Group Mental Health*	$0
Telehealth Individual Psychiatric Services*	$0
Telehealth Group Psychiatric Services*	$0
Telehealth Individual Substance Use Disorder Services*	$0
Telehealth Group Substance Use Disorder Services*	$0

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Telehealth Kidney Disease Education Services	$0
Telehealth Diabetes Self-Management Training	$0
Telehealth Opioid Treatment Program Services*	$0
Telehealth Urgent Care	$0
Routine Physical	$0
	A routine physical exam is offered once per calendar year.
In-Home Support Services	$0
	In-Home Support Provides in home help for every day needs and activities of daily living.
Coverage Type	Post Discharge
Number of Hours	6 hours
Frequency	per discharge
Vendor	The Helper Bees
Podiatry Services (non-Medicare covered)	$0
	Supplemental podiatry services are covered.
Wigs	$0
Maximum	$400
Frequency	every year

***These benefits may require prior authorization.**

MEDICAL DISCLAIMERS

For more information about Aetna plans, go to SCEMAPlans.aetnamedicare.com or call Member Services toll-free at **1-833-943-5114** (TTY: 711). Hours are 8 AM to 9 PM EST, 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 **1-833-943-5114** (TTY: 711). Hours are 8 AM to 9 PM EST, 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.

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. ©2024 Tivity Health, Inc. All rights reserved.

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 2025* 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 SCEMAPlans.aetnamedicare.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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Form Approved
OMB#0938-1421

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-943-5114. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-943-5114. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-833-943-5114。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-833-943-5114。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-943-5114. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-943-5114. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-833-943-5114. sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-943-5114. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-943-5114. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-943-5114. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-943-5114 . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-943-5114. पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-943-5114. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-943-5114. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-943-5114. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-943-5114. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-833-943-5114. にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma 1-833-943-5114. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

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Form CMS-10802
(Expires 12/31/25)

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

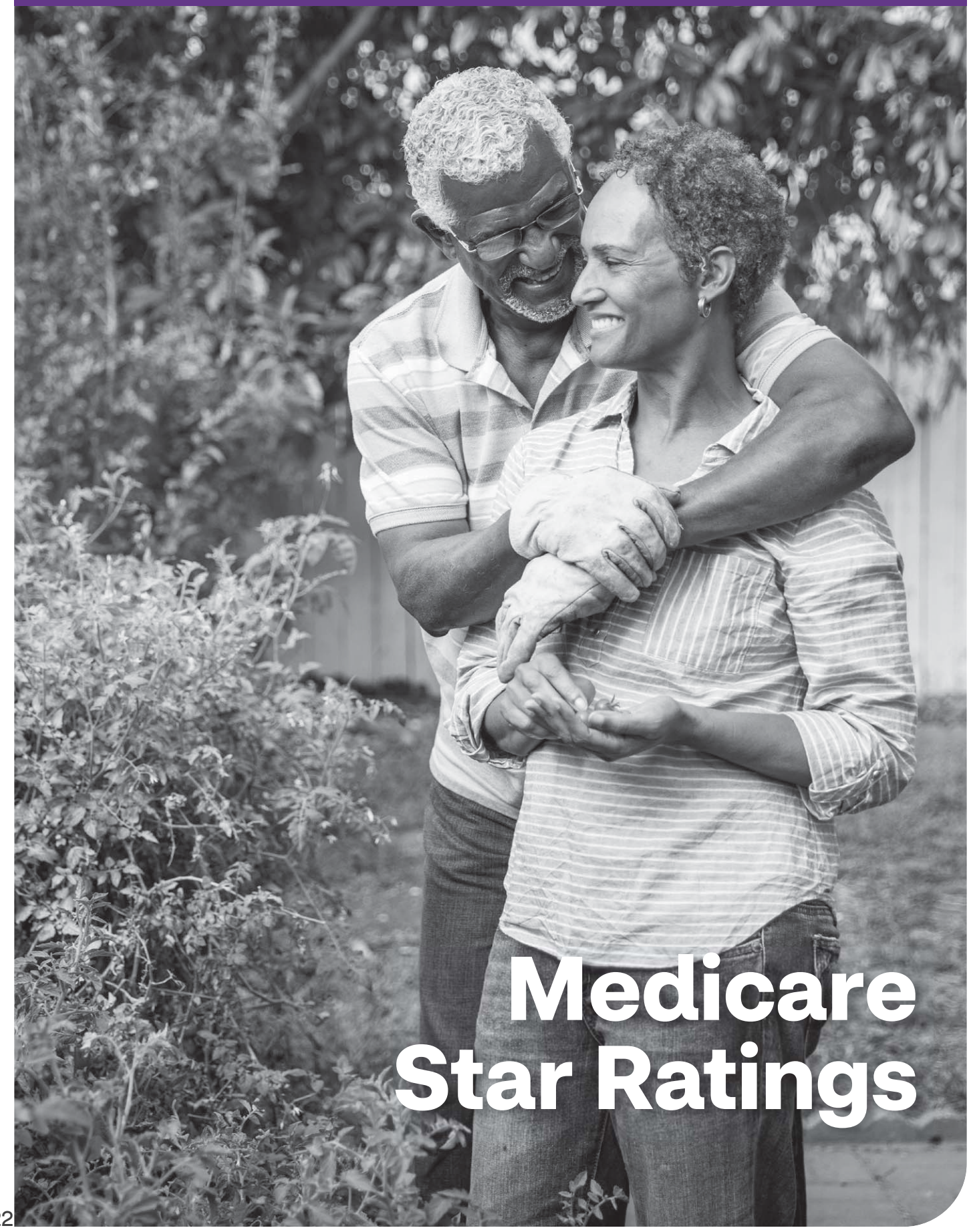
In addition, your health plan provides auxiliary aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Your health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, call Customer Service at the phone number on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

傳統漢語(中文) **(CHINESE):** 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。



Medicare Star Ratings

TIP

Check Medicare's Star Ratings

Star Ratings can help you learn more about the Medicare plan you're offered. They can give you insight into the parts of a health plan you care most about.

Here’s how Star Ratings work

The Centers for Medicare & Medicaid Services (CMS) uses information from member satisfaction surveys, plans and health care providers to rate Medicare Advantage plans and prescription drug plans (Part D).

Medicare Advantage plans are rated on how well they perform in these categories:

- Staying healthy (screenings, tests and vaccines)
- Managing chronic (long-term) conditions
- Plan responsiveness and care
- Member complaints, problems getting services and choosing to leave the plan
- Health plan customer service

Each plan receives a rating from one star (lowest) to five stars (highest).
Star Ratings are calculated each year and may change from one year to the next.

Aetna Medicare Advantage PPO ESA

IMPORTANT INFORMATION:

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

2024 Medicare Star Ratings

Aetna Medicare - H5522

For 2024, Aetna Medicare - H5522 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
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).

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

TIP

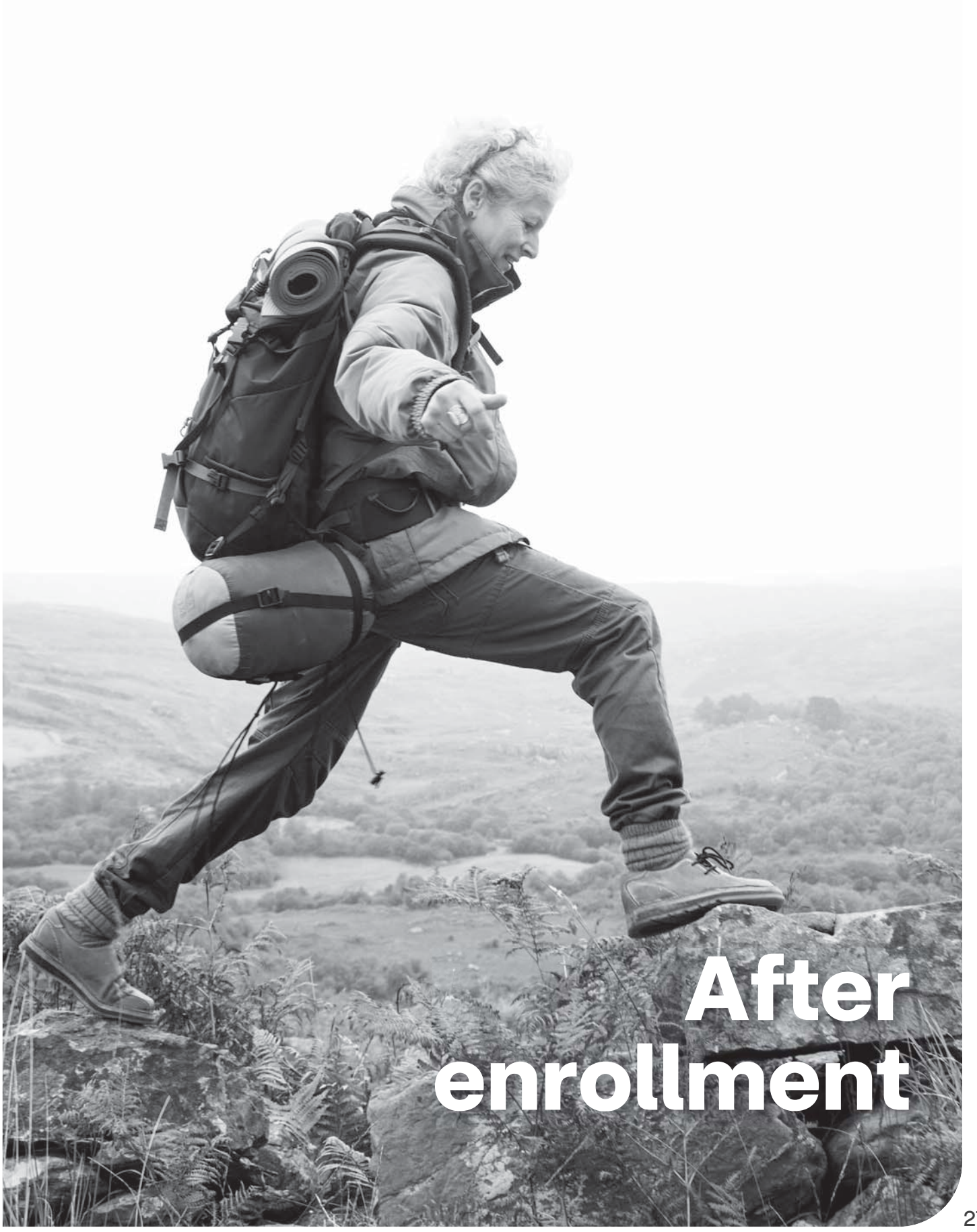
About IRMAA

You'll get a Medicare Income-Related Monthly Adjustment Amount (IRMAA) notice if you have Medicare Part B or Part D, and the U.S. Social Security Administration (SSA) determines that an IRMAA applies to you. This notice includes information about the determination by Social Security and your appeal rights.

When will you get it?
It can come at any time.

Who sends it?
Social Security will contact you if you have to pay IRMAA, based on your income. The amount you pay can change each year, and it should be paid directly to the SSA.

What should I do if I get this notice?
Keep the notice. If you disagree with the notice, you can contact SSA to appeal.



After enrollment

Start your journey off right

You'll hear from us about 30 days after your enrollment in the plan.

Plan confirmation and acceptance letter

This includes info about your plan's features. We'll send it to you once the Centers for Medicare & Medicaid Services (CMS) approves your enrollment. **You'll get your letter by mail.**

Plan member ID card

This card — not your red, white and blue Medicare card — should be used each time you visit the doctor or hospital. **You'll get your member ID card by mail. You can also find it online.**

Evidence of Coverage (EOC)

This is a complete description of your Medicare plan coverage and your member rights. **You'll find your EOC online.**

Schedule of Cost Sharing (SOC)

This is the share of costs that you pay out of your own pocket. This can include deductibles, coinsurance, copayments or similar charges. **You'll get your SOC by mail.**

Healthy Home Visit

We'll call you to schedule a Healthy Home Visit. You'll get in-home advice from a licensed health care professional on how to reach your health goals.

Here for you

We're here to help answer your questions, so you can feel confident about your Medicare coverage. Check out the helpful resources on the next page.

Helpful resources

Keep these helpful resources handy, so you can refer back to them at any time.

Give us a ring

Call us at **1-833-943-5114 (TTY:711)**
We're available Monday–Friday, 5 AM–6 PM PT

Websites to remember

Want more information about the plan and additional wellness programs? Looking for a doctor or hospital?

To find all that and more, visit **SCEMAPlans.AetnaMedicare.com**

Visit **Medicare.gov** for more information about how Medicare works.

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.

Every year, Medicare evaluates plans based on a 5-star rating system.

Out-of-network/non-contracted providers are under no obligation to treat Aetna® 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.

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. SilverSneakers is a registered trademark of Tivity Health, Inc. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies. 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.

Important information about your enrollment in a Medicare Advantage plan

As an Aetna Medicare member, you agree to the following:
Aetna Medicare is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan.

Enrollment in this plan is generally for the (entire) year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available, or under certain special circumstances.

Once I am a member of the Aetna Medicare Advantage plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from the Aetna Medicare Advantage plan when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

HMO plans: I understand that beginning on the date Aetna Medicare plan coverage begins, I must get all my health care from the Aetna Medicare Advantage plan, except for emergency or urgently needed services or out of area dialysis services.

Services authorized by the Aetna Medicare Advantage plan and other services contained in my Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES**.

PPO plans: I understand that beginning on the date Aetna Medicare Advantage plan coverage begins, using services in network can cost less than using services out of network, except for emergency or urgently needed services or out-of-area dialysis services. I understand I can go to doctors, specialists

or hospitals in or out of network. I understand that providers must be licensed and eligible to receive payment under the federal Medicare program and agree to accept the PPO plan. I also understand I may have to pay more for services I receive out of network. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization when required by the plan, **NEITHER MEDICARE NOR THE AETNA MEDICARE PLAN WILL PAY FOR THE SERVICES.**

I understand that beginning on the date the Aetna Medicare Advantage plan coverage begins, I must get all of my health care from Aetna Medicare, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with the Aetna Medicare Advantage plan, he/she may be paid based on my enrollment in the Aetna Medicare Advantage plan.

Release of information

By joining this Medicare health plan, I acknowledge that the Aetna Medicare Advantage plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that the Aetna Medicare Advantage plan will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information, I will be disenrolled from the plan.

Aetna is part of the CVS Health® family of companies.


Thank you!

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