



Coverage you can count on

Change can be hard, but rest assured, we're with you every step of the way. You can have peace of mind that we've got you — because at Aetna®, we believe **healthier happens together™**.

Enjoy greater coverage with the Aetna MedicareSM Plan (PPO) ESA

Aetna and Southern California Edison have teamed up to design this enhanced Aetna Medicare Plan (PPO) ESA exclusively for you and your fellow retirees. It's a type of Medicare Advantage plan with medical coverage that's ready to work for you.

Take some time to **review the enclosed material** and you'll see the Aetna Medicare Advantage difference.

There's a lot to love about the plan's valuable benefits

Your new Aetna Medicare Advantage plan offers:

- All the coverage provided by Original Medicare Parts A and B
- Comprehensive medical coverage with benefits beyond Original Medicare
- Enhanced health and wellness programs to help you meet your goals, at no additional cost

Plus, this Aetna Medicare Advantage plan lets you see any provider even if they are not in the Aetna network. They need to:

- Be eligible to receive Medicare payment
- Be willing to bill and accept payment from Aetna

And **you won't pay more** for going out of network.

Honored to serve you

You have our commitment to provide you with coverage that supports your health needs. And we're grateful to Southern California Edison for the opportunity to serve you. More than **3.2 million** retirees chose Aetna for their health care. Now we're here for you, too.



You'll be automatically enrolled in the Aetna Medicare Advantage PPO ESA plan with coverage beginning on January 1, 2024.

To stay on the new PPO ESA plan, you don't have to do anything. If you wish to opt out of the new PPO plan and choose another plan through Southern California Edison, you must do so by the end of Annual Enrollment on November 3. See pages 4–5 for your other plan options.

Just call *EIX Benefits Connection* at **1-866-693-4947**, Monday–Friday, 7:30 AM–5:30 PM PT, excluding holidays.



Building on our strong past, we've got you covered

170 years. And they all add up to you. Because **healthier happens together.**

Aetna turns 170 in 2023! We were there in 1966 when Medicare was brand new and we're here for you today.



Here's how to get started



1

Review Southern California Edison announcement

You should have received an announcement from Southern California Edison about selecting Aetna as a new medical plan provider as of January 1, 2024.

When

September



2

Read the Aetna plan guide

Look over the guide in this packet for more plan details.

Today



3

Get one-on-one support

For answers to your questions, call Aetna at **1-800-307-4830 (TTY: 711)**.

Monday–Friday,
5 AM–6 PM PT



4

Attend an informational meeting

Be on the lookout for more details coming soon



5

Start using your Aetna plan

Begin using your new Aetna member ID card on this date. Be sure to share it with your doctors on your next visit.

January 1, 2024



Start your journey off right

To start using benefits on **January 1, 2024**, you don't have to do anything. You'll be automatically enrolled into the plan.



Flexibility and confidence to choose your doctors

Your Aetna Medicare Advantage PPO ESA plan 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®

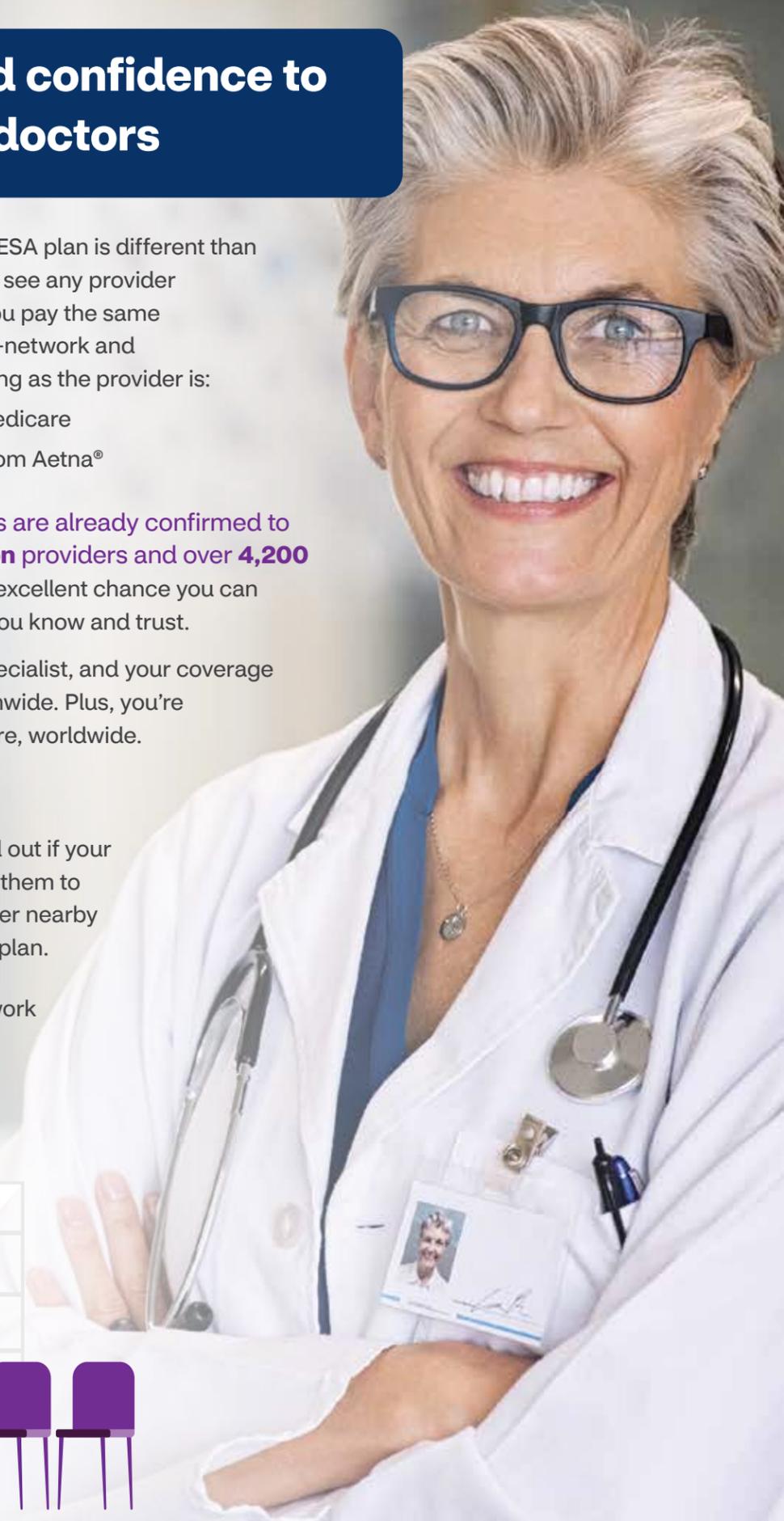
All Aetna Medicare network doctors are already confirmed to accept the plan. With over **1.1 million** providers and over **4,200** hospitals in our network* there's an excellent chance you can keep using the health care providers you know and trust.

You'll never need a referral to see a specialist, and your coverage follows you wherever you travel, nationwide. Plus, you're covered for urgent and emergency care, worldwide.

We're here to help

Call us at **1-800-307-4830 (TTY: 711)**, Monday–Friday, 5 AM–6 PM PT, to find out if your doctor accepts the plan. We'll contact them to confirm. We can also help you find other nearby doctors and hospitals who accept the plan.

*Aetna Medicare Advantage PPO network as of January 2023.





2024 Flex Retirees (Medicare Eligible) plan options at a glance

We worked with Southern California Edison to create this Aetna Medicare Advantage plan exclusively for you. You won't lose the benefits you get with Original Medicare Part A and Part B. In fact, you must have Original Medicare to be enrolled in a Medicare Advantage PPO ESA plan. See how the **Aetna Medicare (S02) ESA PPO (MAP)** you're being automatically enrolled into stacks up against Southern California Edison's other Aetna® plan options.

Plan features	Flex Retirees (Medicare Eligible) plans			
	Medicare (S02) ESA PPO (MAP) (in- and out-of-network benefits)	Medicare (S05) HMO (MAP) (in-network benefits only) HMO plans require a PCP	Choice POS II (PPO 90/70)	
			(in-network benefits)	(out-of-network benefits)
Annual medical deductible				
Individual	\$0 deductible	\$0 deductible	\$575 deductible	\$575 deductible
Family	N/A	N/A	\$1,150 deductible	\$1,150 deductible
Annual medical out-of-pocket maximum	\$3,000	\$1,190	\$3,000 \$6,000 (family)	\$3,000 \$6,000 (family)
Lifetime maximum	None	None	None	None
Physician				
Office visits (including specialists)	\$40 copay	\$30 copay	\$40 copay	30% coinsurance after deductible
Urgent care	\$40 copay	\$30 copay	\$40 copay	30% coinsurance after deductible
Hospital visits	Covered under inpatient facility benefit	Covered under inpatient facility benefit	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient surgery	\$0 copay	\$0 copay	10% coinsurance after deductible	30% coinsurance after deductible
Hospital				
Inpatient facility	\$250 copay per stay	\$250 copay per stay	\$250 copay/stay, then 10% coinsurance after deductible	30% coinsurance after deductible
Outpatient surgery	\$0 copay	\$0 copay	10% coinsurance after deductible	30% coinsurance after deductible
Skilled nursing facility	\$0 copay per day, days 1-100 (limited to 100 days per Medicare benefit period)	\$0 copay per day, days 1-100 (limited to 100 days per Medicare benefit period)	\$250 copay/stay, then 10% coinsurance after deductible (100 days/year)	\$250 copay/stay, then 30% coinsurance after deductible (100 days/year)
Emergency room	\$125 copay (waived if admitted)	\$125 copay (waived if admitted)	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)

Plan features	Flex Retirees (Medicare Eligible) plans			
	Medicare (S02) ESA PPO (MAP) (in-and out-of-network benefits)	Medicare (S05) HMO (MAP) (in-network benefits only) HMO plans require a PCP	Choice POS II (PPO 90/70)	
			(in-network benefits)	(out-of-network benefits)
Radiology (outpatient)	\$0 copay	\$0 copay	10% coinsurance after deductible	30% coinsurance after deductible
Ambulance	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Lab (outpatient)	\$0 copay	\$0 copay	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient rehabilitation (physical, occupational, speech, cardiac)	\$40 copay	\$30 copay	10% coinsurance after deductible	30% coinsurance after deductible
Pulmonary rehabilitation	\$20 copay	\$20 copay	10% coinsurance after deductible	30% coinsurance after deductible
Behavioral health				
Inpatient	\$250 copay per stay	\$250 copay per stay	\$25 copay /stay, then 10% coinsurance after deductible	30% coinsurance after deductible
Outpatient (individual visit)	\$40 copay	\$30 copay	\$40 copay	30% coinsurance after deductible
Preventive care	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Acupuncture (in lieu of anesthesia and for treatment of chronic pain)	\$40 copay (30 visits every year)	\$30 copay (30 visits every year)	\$40 copay (30 visits every year)	30% coinsurance after deductible (30 visits every year)
Allergy testing	\$40 copay	\$30 copay	\$0 copay	\$0 copay
Chiropractic services (Medicare covered benefits only)	\$20 copay	\$20 copay	\$40 copay (30 visits every year)	30% coinsurance after deductible (30 visits every year)
Durable medical equipment/prosthetic devices	\$0 copay	\$0 copay	10% coinsurance after deductible	30% coinsurance after deductible
Over-the-counter allowance	\$45 quarterly	\$45 quarterly	N/A	N/A
SilverSneakers®	Included	Included	N/A	N/A
Meals after inpatient stay	14 days/28 meals	14 days/28 meals	N/A	N/A
Transportation	60 miles/24 trips	60 miles/24 trips	N/A	N/A



What is a Medicare Advantage plan?

If you've never had a Medicare Advantage plan before, you may not be sure what it covers or how it compares to other Medicare coverage options. We're here to help you understand what you need to know.

Original Medicare

Original Medicare is made up of Part A and Part B.

- **Medicare Part A** helps pay for inpatient care in a hospital, limited time at a skilled nursing facility, and some home health care and hospice care services.
- **Medicare Part B** helps pay for medical services from providers, as well as outpatient care, durable medical equipment and some preventive services. Original Medicare only covers about 80% of Part B services.

These programs are provided by the Centers for Medicare and Medicaid Services (CMS).

Supplemental insurance

You also might have heard of Medicare Supplement plans, sometimes called “Coordinated”, “Med Supp” or “Medigap” plans. These plans are private medical plans that cover some out-of-pocket expenses that Original Medicare does not cover such as deductibles, coinsurance and copays.

Supplemental insurance does not include Part D prescription drug coverage.

Medicare Advantage (Part C)

Medicare Advantage plans are private medical plans that **offer the same benefits as Original Medicare** and **additional programs** that Original Medicare doesn't cover. This means you don't lose Original Medicare — you get more! In fact, you must have Original Medicare to be enrolled in a Medicare Advantage plan.

The Aetna Medicare Advantage plan offered to you by Southern California Edison:

- **Combines Part A and Part B**, all in one plan.
- **Limits the amount you'll pay** out of pocket for covered medical care in a single year, unlike Original Medicare.
- **Features added benefits** like a 24-hour nurse line, care management programs and more to support your health and well-being.
- **Includes access to many of the providers** and hospitals you know and trust.

Note: Express Scripts will continue to provide your Part D prescription drug coverage.



Aetna® Member Services is here for you

Call us at **1-800-307-4830 (TTY: 711)** if you have questions about your plan or benefits. We're here for you Monday–Friday, 5 AM–6 PM PT.



Learn the facts about Medicare Advantage plans

- **All of these benefits may seem too good to be true, but they're not.**

Insurance companies like Aetna® get funds from Medicare for each member in a Medicare Advantage plan. Plus, companies such as Southern California Edison contribute so you can get these richer benefits, unlike with most plans on the open market. This is how we can offer more value and pass savings on to you, our members.

- **You can likely keep seeing the doctors you know and trust.**

94% of Aetna Medicare Advantage members told us they are satisfied with their ability to see the providers of their choice.* Just call us and we can confirm for you.

- **We want you to have a seamless transition.**

If you're in the middle of an ongoing treatment, let us know. We'll connect you with one of our nurse case managers to ensure a smooth change to Aetna.

- **Prior authorization (PA) is meant to protect you from health risks and added costs.**

Health insurance companies like Aetna conduct PA with your doctors to determine if specific procedures, services, devices or medications will be covered. Rest assured, the PA process impacts very few treatments, and is handled by your doctor and Aetna.



*Aetna Group Medicare PPO — Medicare Advantage Survey. May 2023.



Helpful resources

Aetna® Member Services

1-800-307-4830 (TTY: 711)

Monday–Friday, 5 AM–6 PM PT

AetnaRetireePlans.com

We're here to provide one-on-one support to help you with:

- Aetna Medicare Advantage plan medical coverage details
- Questions about your doctors and verifying that they accept your new plan

EIX Benefits Connection

1-866-693-4947

Monday–Friday, 7:30 AM–5:30 PM PT
excluding holidays

eixbenefits.com

Southern California Edison can help you with:

- Opting out or switching to another plan
- General enrollment and eligibility questions
- Updating your personal information



Coming soon

Visit your custom Aetna Medicare site to learn more at **SCEMAPPlans.AetnaMedicare.com**

Healthier happens
together™

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Plan features and availability may vary by service area. 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. 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. 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. © 2023 Tivity Health, Inc. All rights reserved. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.



Healthier happens together™

2024 Medicare benefits and information guide

Medicare (S02) ESA PPO (MAP)

2634386-05-01 (09/23)



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 you1
- Understand how your plan works3
- Summary of Benefits — Medicare (S02) ESA PPO (MAP)7
- See how your plan rates27
- After enrollment.....33
- Helpful resources 36

A Medicare plan for you



This page is intentionally blank

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, Access2CareSM 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.

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[®]

Connect with a Teladoc physician by web, phone or mobile app from home for nonemergency medical needs.

Whether you choose telehealth or Teladoc, you're covered for many nonemergency medical needs, such as cold and flu symptoms, allergies, skin problems and prescription refills.

MDLIVE[®]

Get fast affordable, and convenient access to virtual behavioral health services. You can confidentially meet with a MDLIVE licensed therapist or board-certified psychiatrist by phone or video appointment. MDLIVE providers are specially trained in common issues such as anxiety, depression, grief and loss, stress management and more.

You'll also have no limits on the number of visits and \$0 copay. Appointments are available 24/7.

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.

24-Hour 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.

Understand how your plan works



About your plan



Medicare (S02) 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 **1,000,000 network doctors and specialists** and over **4,000 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.

*Aetna Medicare Advantage network as of January 2023.

Take a closer look



Summary of Benefits



Medicare (S02) 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.

SOUTHERN CALIFORNIA EDISON

Sponsored by Aetna Medicare Plan (PPO)
Medicare (S02) ESA PPO (MAP) 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

1-800-307-4830 (TTY: 711)

Hours are 5 AM to 6 PM PT, 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



This is a summary of the services we cover from January 1, 2024 through December 31, 2024.



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



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	\$3,000 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	\$250 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	\$40 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	\$40
Preventive Services	
Abdominal aortic aneurysm screenings	\$0
Alcohol misuse screenings and counseling	\$0
Annual well visit - one exam every 12 months	\$0
<i>This continues on the next page</i>	

Summary of Benefits

PRIMARY BENEFITS	Your costs for in and out-of-network care
Preventive Services (continued)	
Bone mass measurements	\$0
Breast exams	\$0
Breast cancer screening: mammogram - one baseline mammogram for members age 35-39; one annual mammogram for members age 40 and over	\$0
Cardiovascular behavior therapy	\$0
Cardiovascular disease screenings	\$0
Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)	\$0
Depression screenings	\$0
Diabetes screenings	\$0
HBV infection screening	\$0
Hepatitis C screening tests	\$0
HIV screenings	\$0
Lung cancer screenings and counseling	\$0
Medicare Diabetes Prevention Program (MDPP)	\$0
Nutrition therapy services	\$0
Obesity behavior therapy	\$0
Pelvic exams - one routine GYN visit and Pap smear every 24 months	\$0
<i>This continues on the next page</i>	

Summary of Benefits

PRIMARY BENEFITS	Your costs for in and out-of-network care
Preventive Services (continued)	
Prolonged Preventive Services - prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service	\$0
Prostate cancer screenings (PSA) - for all male patients aged 50 or older (coverage begins the day after 50th birthday)	\$0
Sexually transmitted infections screening and counseling	\$0
Tobacco use cessation counseling	\$0
"Welcome to Medicare" preventive visit	\$0
Immunizations	
Flu	\$0
Hepatitis B	\$0
Pneumococcal	\$0
Additional Medicare Preventive Services	
Barium enema - one exam every 12 months	\$0
Diabetes self-management training (DSMT)	\$0
Digital rectal exam (DRE)	\$0
<i>This continues on the next page</i>	

Summary of Benefits

PRIMARY BENEFITS	Your costs for in and out-of-network care
Additional Medicare Preventive Services (continued)	
EKG following welcome exam	\$0
Glaucoma screening	\$0
Emergency and Urgent Medical Care	
Emergency Care (includes services worldwide)	\$125 (waived if admitted immediately)
Urgent Care (includes services worldwide)	\$40
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)	\$40
Hearing Aid Reimbursement	\$500 once every 12 months
Dental Services*	
Dental Services	\$40 Medicare-covered benefits only
Vision Services	
<i>This continues on the next page</i>	

Summary of Benefits

PRIMARY BENEFITS	Your costs for in and out-of-network care
Vision Services (continued)	
Eye Exam (routine)	\$0 Coverage: one exam every twelve months
Diabetic Eye Exam	\$0
Eye Exam (Medicare-covered)	\$40
Mental Health Services*	
Inpatient Mental Health Care	\$250 per stay 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	\$40
Inpatient Substance Abuse	\$250 per stay The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Substance Abuse	\$40 (individual sessions) \$40 (group sessions)
Skilled Nursing Services*	
Skilled Nursing Facility (SNF) Care	\$0 per day, days 1-100 Limited to 100 days per Medicare benefit period. The member cost sharing applies to covered benefits incurred during a member's inpatient stay. A benefit period begins the day you
<i>This continues on the next page</i>	

Summary of Benefits

PRIMARY BENEFITS	Your costs for in and out-of-network care
Skilled Nursing Services* (continued)	go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.
Outpatient Rehabilitation Services	
Occupational Therapy Rehabilitation Services	\$40
Physical and Speech Therapy Rehabilitation Services	\$40
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
<i>This continues on the next page</i>	

Summary of Benefits

PRIMARY BENEFITS	Your costs for in and out-of-network care
Ambulance* and Transportation Services (continued)	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.
Medicare Part B Prescription Drugs*	
Medicare Part B Prescription Drugs	\$0
*These benefits may require prior authorization.	

Summary of Benefits

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in and out-of-network care
ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	
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	\$40
Chiropractic Services*	\$20 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	\$40
Medical Supplies*	Your cost share is based upon the provider of services

This continues on the next page

Summary of Benefits

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in and out-of-network care
ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)(Continued)	
Outpatient Dialysis Treatments*	\$0
Podiatry Services	\$40 Medicare-covered benefits only
Prosthetic Devices*	\$0
Pulmonary Rehabilitation Services	\$20
Supervised Exercise Therapy (SET) for PAD	\$20
Radiation Therapy*	\$0
*These benefits may require prior authorization.	

Summary of Benefits

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
ADDITIONAL PROGRAMS (not covered by Original Medicare)	
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)	\$40
	Supplemental acupuncture services are covered for up to thirty visits every year per year under the following circumstance(s): in lieu of anesthesia and for treatment of chronic pain.

This continues on the next page

Summary of Benefits

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
ADDITIONAL PROGRAMS (not covered by Original Medicare) (continued)	
Chiropractic Services (non-Medicare covered)	\$20
	Supplemental chiropractic services are covered for up to thirty visits every year per year.
Frequency	thirty visits every year
Teladoc™	\$0
	Telemedicine services with a Teladoc provider. State mandates may apply.
Telehealth Mental Health services provided by MD live	\$0
Telehealth PCP	\$40
Telehealth Specialist	\$40
Telehealth Occupational Therapy Service	\$40
Telehealth PT and SP Services	\$40
Telehealth Other Health Care Providers	\$40
Telehealth Individual Mental Health*	\$40
Telehealth Group Mental Health*	\$40
Telehealth Individual Psychiatric Services*	\$40
Telehealth Group Psychiatric	\$40

This continues on the next page

Summary of Benefits

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
ADDITIONAL PROGRAMS (not covered by Original Medicare) (continued)	
Services*	
Telehealth Individual Substance Abuse Services*	\$40
Telehealth Group Substance Abuse Services*	\$40
Telehealth Kidney Disease Education Services	\$0
Telehealth Diabetes Self-Management Training	\$0
Telehealth Opioid Treatment Program Services*	\$40
Telehealth Urgent Care	\$40
Physical Exam	\$0
	A routine physical exam is offered once per calendar year.
In-Home Support Services	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)	\$40
	Supplemental podiatry services are

This continues on the next page

Summary of Benefits

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
ADDITIONAL PROGRAMS (not covered by Original Medicare) (continued)	
	covered.
Wigs	\$0
Maximum	\$400
Frequency	one wig 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 **1-800-307-4830** (TTY: 711). Hours are 5 AM to 6 PM PT, 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 **1-800-307-4830** (TTY: 711). Hours are 5 AM to 6PM PT, 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 Aetna 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. ©2023 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 2024 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).

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

©2024 Aetna Inc.

Y0001_GRP_5552_2024_M

September 2024

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.

This page is intentionally blank

This page is intentionally blank

See how your plan rates



**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)
- ✓ Member complaints, problems getting services and choosing to leave the plan
- ✓ Managing chronic (long-term) conditions
- ✓ Health plan customer service
- ✓ Plan responsiveness and care

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:

2023 Medicare Star Ratings

Aetna Medicare - H5522



For 2023, Aetna Medicare - H5522 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

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](https://www.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.

Y0001_GRP_2023_H5522_M



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.

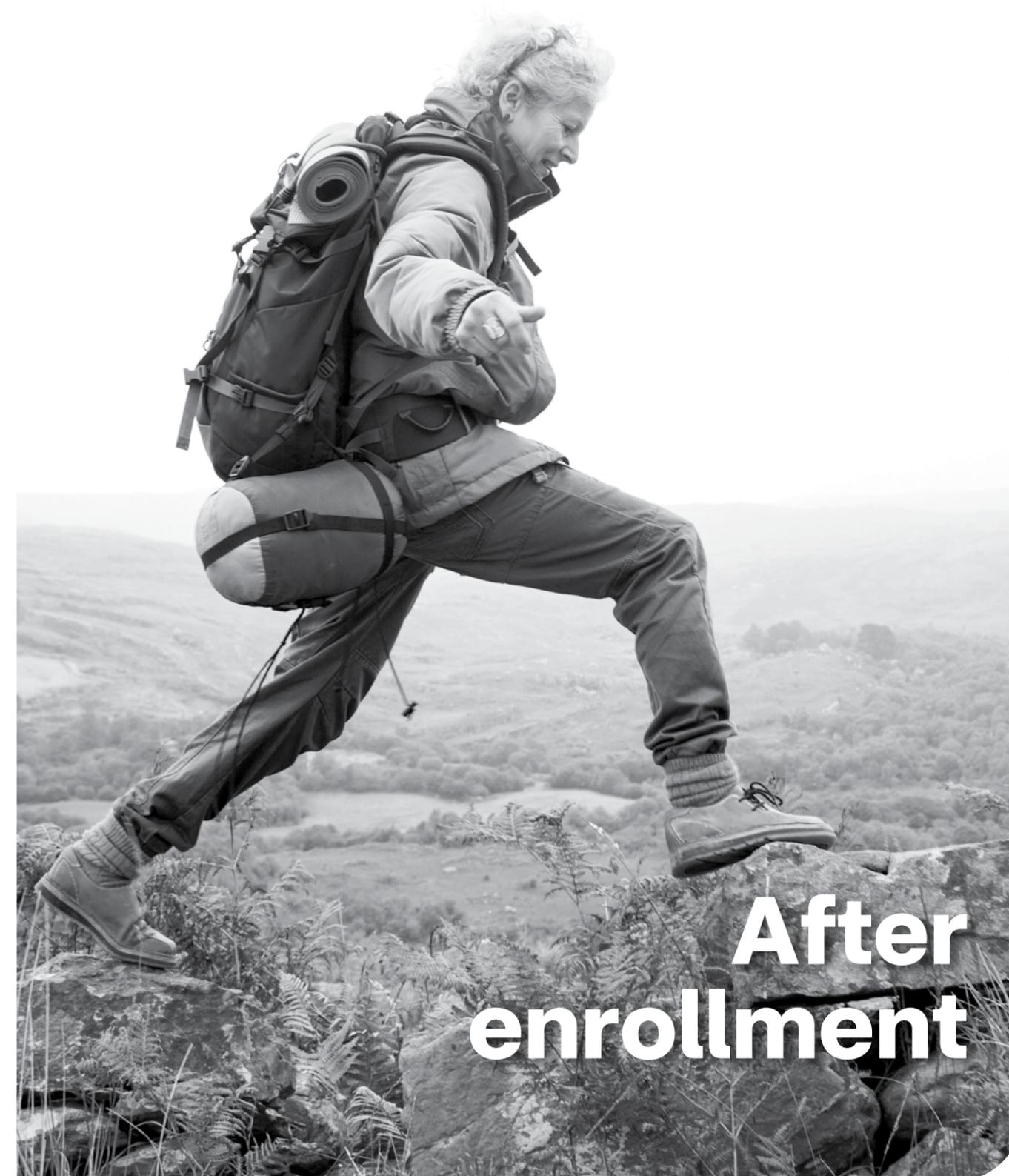
Who sends it?

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.

This page is intentionally blank



Start your journey off right

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



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 **1-800-307-4830 (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.

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

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.

Plan features and availability may vary by service area. 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. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved. 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.

MDLIVE is a registered trademark of MDLIVE, an Evernorth company.

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

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 1-866-241-0356. 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 1-866-241-0356. 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 1-866-241-0356。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 1-866-241-0356。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-241-0356. 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 1-866-241-0356. 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 quý vị cần thông dịch viên xin gọi 1-866-241-0356 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-241-0356. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-241-0356 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 1-866-241-0356. 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 1-866-241-0356. 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 1-866-241-0356 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 1-866-241-0356. 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 1-866-241-0356. 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 1-866-241-0356. 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 1-866-241-0356. 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。通訳をご用命になるには、1-866-241-0356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 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-866-241-0356. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

Y0001_NR_30475a_2023_C



Thank you!



