

Aetna Medicare Informational meeting

Kimberly Nelson
November 2021



 **aetna**[®]

Welcome University of Chicago

Our commitment to University of Chicago retirees

**Make health care
simple, local and
accessible to you.**

**Provide the health
resources you need.**

**Help you achieve your
best health however
you define it.**



What we'll cover

Retiree benefit plan options comparison

How the University of Chicago Medicare Advantage retiree plan works

Keeping the doctors you know and trust

Extra support you'll receive with your new plan

How the University of Chicago Medicare Supplement plan works

How the SilverScript Part D Plan works

What happens next?

Questions and answers

UChicago Retiree benefit plan options

- ❖ **Aetna Medicare Advantage plan**
- ❖ **Aetna Medicare Supplement plan**

Let's compare your medical benefit plan options

	Aetna Medicare Advantage Plan	Aetna Medicare Supplemental Plan
Referral requirement	None	None
Deductible*	\$150 per individual	\$300 per individual
Out-of-pocket maximum	\$1,000 per individual	\$1,750 per individual
Preventive care**	\$0	\$0
Primary care office visit	\$10	10%
Specialty care office visit	\$35	10%
Inpatient hospital	\$250 per stay	10% after \$250 copay
Outpatient surgery	\$50	10%
Emergency room**	\$100	10%
Foreign travel	Emergency coverage	Emergency coverage

**This is the amount you have to pay out of pocket before the plan will pay except for preventive and emergency care.*

***Deductible does not apply.*

All about Medicare and insurance

A simple view

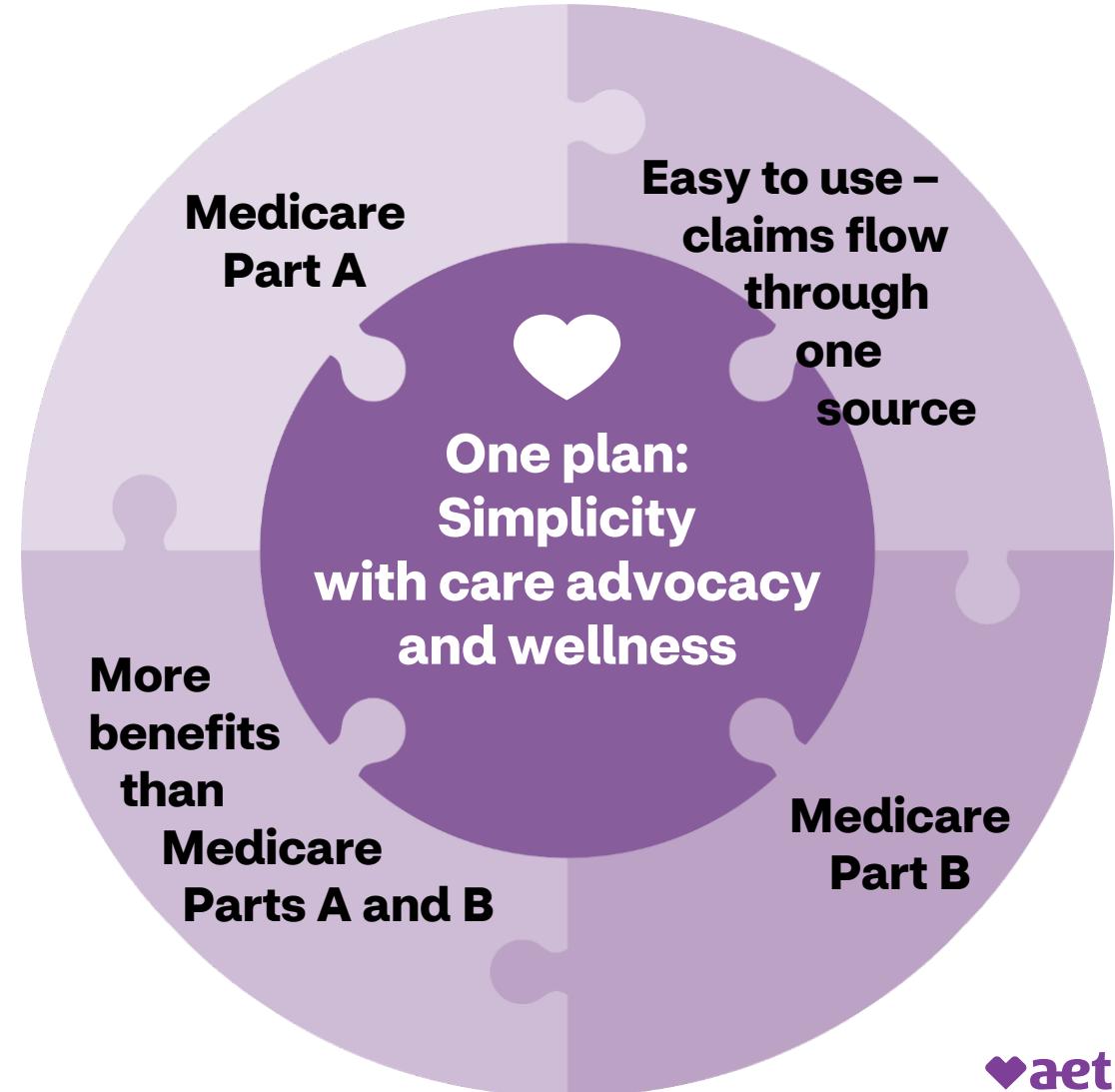
GOVERNMENT PLANS		PRIVATE PLANS		
Medicare Part A	Medicare Part B	Medicare Part C	Medicare Part D	Supplement Plans
Helps with hospital costs	Helps with doctor costs	Medicare Advantage plan Combines Parts A + B and sometimes Part D benefits in one plan	Prescription drug plan Helps with Rx costs	Helps with cost gaps in Parts A and B

—
**How simply and efficiently
the Aetna Medicare Advantage
plan works**
—

How the Medicare Advantage plan works

- One step for you
- One medical ID card
- One monthly Explanation of Benefits for medical services

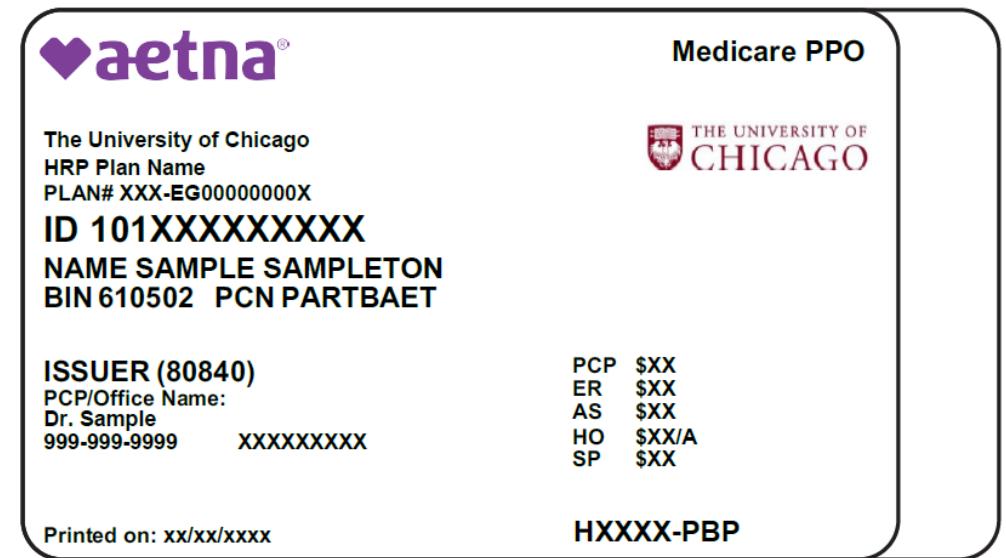
Medicare Advantage plans must cover all Medicare-approved services



Medicare Advantage is an all-in-one plan

- Easy to use
- One medical ID card
- Tuck away your Original Medicare red, white and blue card
- More benefits than Original Medicare Part A and Part B
- Health Advocacy and wellness support

Your single ID card



You will have a separate Pharmacy ID card through SilverScript

How we make it simple to see your doctors

We've got you
covered
with freedom of
access



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

- Access to providers nationwide
- See any doctor who is eligible to receive Medicare payment and willing to accept your plan
- No referrals needed
- Covers you nationally when travelling
- Over 900,000 network doctors and specialists and 4,000 network hospitals

Will I still be able to see my current doctors?



Yes, you can, if your providers are:

- **Eligible to receive Medicare payment**
- **Willing to accept your Aetna Medicare Advantage plan**

Many doctors do.

Because this is a PPO ESA plan, your copays or cost-share amounts are the same for any doctor or hospital according to the costs listed on your plan benefits summary.

Will my doctors accept my Aetna plan?



**Find out if your doctor will accept the
Aetna Medicare Advantage PPO
Extended Service Area (ESA) plan**

Call us at **1-888-267-2637 (TTY: 711)** Monday
through Friday, 8 AM to 9 PM ET.

Extras you get with Aetna Medicare Advantage

You can get help anywhere on your health journey with your Aetna Medicare Advantage plan



Prevention

Eye and hearing exams

Annual physicals

Women's annual health reminder

Cancer screening reminder



Wellness

Healthy Home Visits

24/7 Nurse Line

Hearing Aid reimbursements

Teladoc®/Telehealth

SilverSneakers® Fitness Program

Nonemergency Transportation



Support

Resources For Living®

Chronic health condition support

Readmission Avoidance Program

Aetna Compassionate CareSM



Healthy Home Visits

Get an extra layer of care in your home

Voluntary visits where a nurse comes to your home

- Home Safety Assessment
 - Talks about safety in your home
- Reviews your medications
- Offers care advocacy resources and support programs
- Activity and independence assessment
- Holistic health screening
- Shares results with your doctor

Our licensed clinicians follow all Centers for Disease Control and Prevention (CDC) guidelines and safety measures including, but not limited to, social distancing with anyone else in the household and wearing face masks and gloves.

Your plan may also include telehealth virtual provider visits.

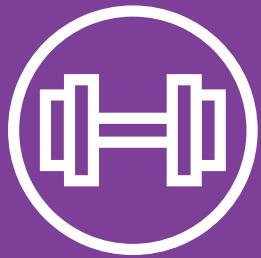


Nonemergency transportation benefit

Safe, comfortable transportation to and from medical appointments

- This program helps you focus on your health and treatment plans and worry less about getting to the doctor.
- 24 annual rides are included in your plan for non-emergency trips to and from medical appointments.
- A round trip to an appointment is considered two rides.

This voluntary program is part of your Aetna Medicare Advantage plan so there is no additional cost to you.



SilverSneakers® fitness benefit

Access to fitness benefits from anywhere

With this benefit you get:

- A membership at thousands of participating gyms and fitness centers available nationwide, at no extra cost.
- Over 200 on-demand videos and live virtual classes from the comfort of your home.
- To get started, visit **SilverSneakers.com** or call SilverSneakers Customer Service at **1-888-423-4632 (TTY: 711)**, Monday through Friday, 8 AM to 8 PM ET.





24-hour Nurse Line

Get help from a registered nurse anytime

- You have toll-free, 24-hour access to nurses who can help answer your health questions. This doesn't replace care from your regular doctor.
- Talk to our registered nurses, day or night, to get help with concerns such as:
 - Deciding whether to visit a doctor or urgent care center
 - Understanding your symptoms
 - Learning about treatment options and medical procedures
- Call **1-800-556-1555 (TTY: 711)**, available 24/7.
- If you need emergency care, call 911 or go to the nearest emergency room immediately.



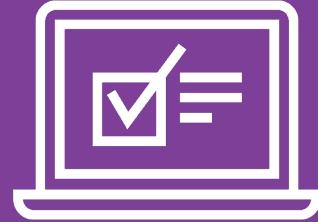
Resources For Living®

Support to make life easier and more enjoyable

- A Resources For Living life consultant can refer you to a wide-range of cost-effective and reliable services in your area.
- We can help with resources in the following categories:
 - Help at home
 - Transportation
 - Social and recreational activities
 - Caregiver support, and more
- The program is also available to support your caregivers.

This voluntary service is part of your Aetna Medicare Advantage plan so there is no additional cost to you. You would only pay the cost for any service you decide to use.

To speak to a consultant, just call **1-866-370-4842 (TTY: 711)**, Monday–Friday, 8 AM–9 PM, ET.



Telehealth Services

Virtual care with your own doctors

With telehealth, you can access care from the comfort of your own home by speaking to a licensed doctor by web, phone or mobile app. It's a convenient way to receive care if an in-person visit isn't possible or required.

Many options are covered, including:

- Routine care
- Urgent care and walk-in clinics
- Behavioral health services (individual and group sessions)

You should contact your doctor or local urgent care or walk-in clinic to find out how to access telehealth services.

You will pay the same copay as you would for an in-person visit, according to the costs listed on your plan benefits summary.



Teladoc®

24/7 access to board-certified doctors

It's a convenient and affordable option for quality care:

- If you're considering the ER or urgent care center for a nonemergency issue. For emergency care, go to the nearest ER.
- If you're on vacation or away from home
- For short-term prescription refills

Teladoc doctors can help with many medical conditions, including:

- Cold and flu symptoms
- Allergies
- Sinus problems
- Sore throat
- Respiratory infection
- Skin problems

To access Teladoc, just call **1-855-TELADOC (1-855-835-2362)**. Or visit **Teladoc.com/Aetna**. Teledoc is available 24/7.

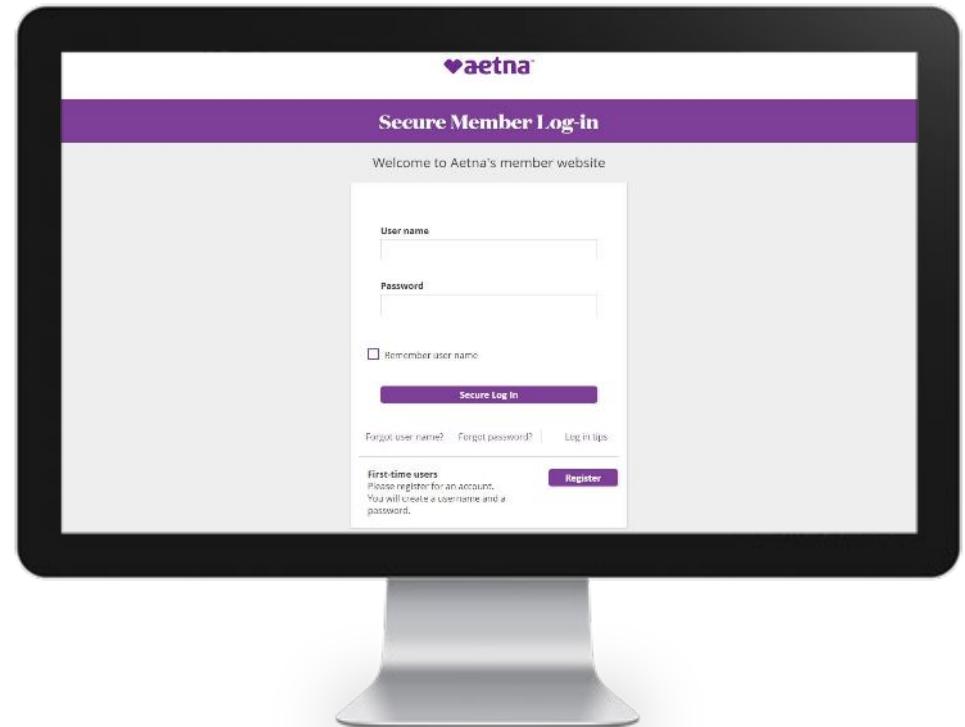
Aetna Medicare member website

Use the **Aetna member website** to access your:

- Benefits and coverage
- Member ID card (view or print)
- Claims data and status
- Explanations of Benefits (EOBs) for claims

As well as:

- A directory of doctors, hospitals and pharmacies that accept your plan
- Details about your plan's value-added services
- Information on discounts and programs



AetnaRetireePlans.com

**Helping you reach
your health goals –
whatever they may be**

98%

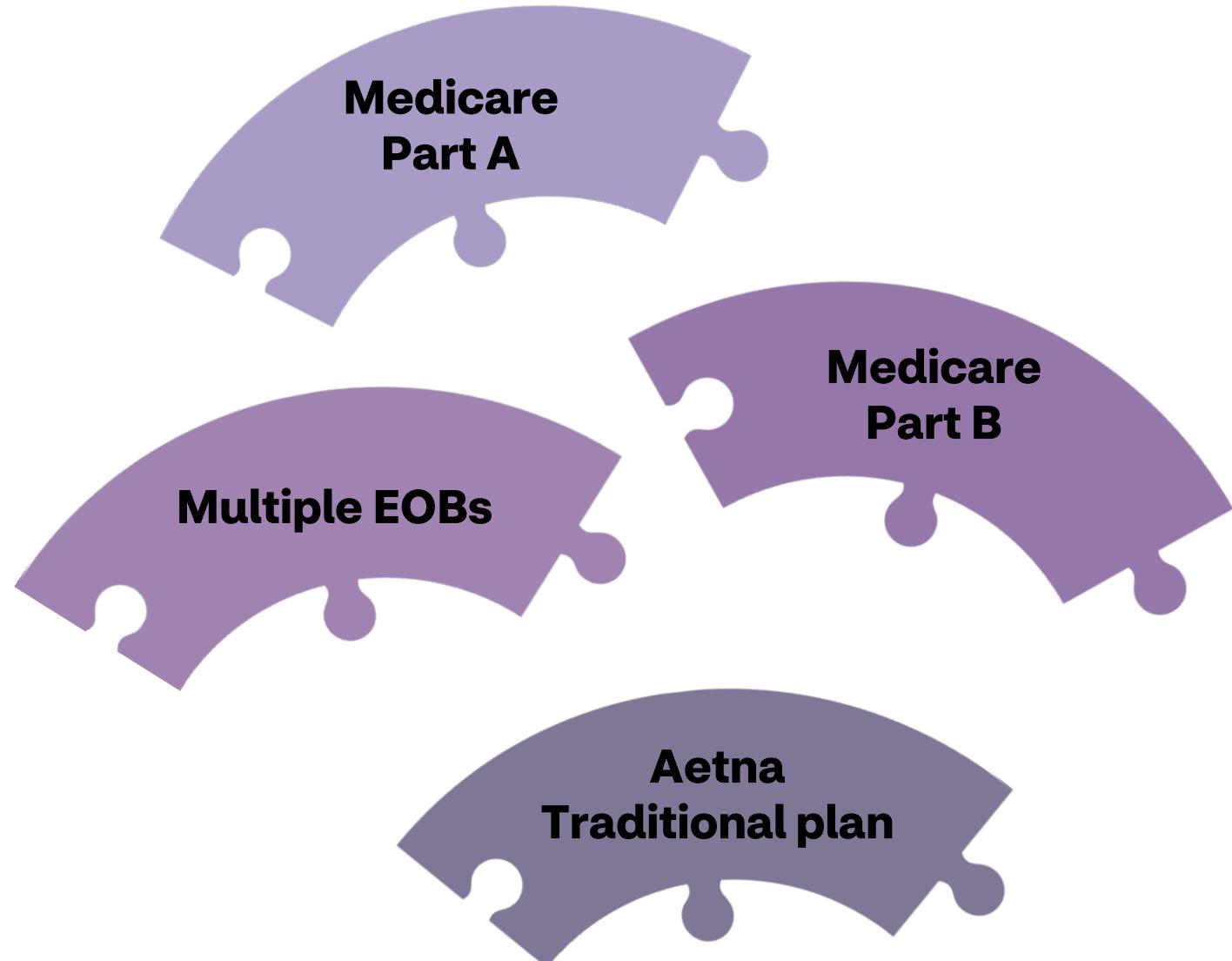
overall satisfaction with Aetna
Medicare Advantage plan
coverage and benefits*

*2019 Aetna Medicare Advantage group plan member satisfaction survey

Aetna Medicare Supplement plan option

How the Traditional plan (Medicare Supplement plan) works

- Traditional Medicare pays first
- UChicago Aetna Plan pays second
- Two medical ID cards
 - Original Medicare card
 - Aetna ID card
- Paperwork from:
 - Health care providers
 - Medicare
 - Medical plan
- Multiple bills and Explanation of Benefits



Aetna Medicare Supplement Plan: Two Medical ID Cards

Aetna ID Card

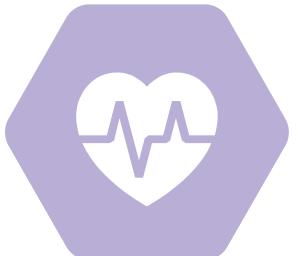


Original Medicare ID Card



You will have a separate Pharmacy ID card through SilverScript

Let's look at your Medicare Supplement Plan option



Medicare is your
primary insurance

Medicare provides
Parts A & B benefits

You use your
Medicare and
Aetna cards

Your costs are
simplified
You pay a deductible
and 10% coinsurance
for most services
The plan covers all of
the benefits that
Medicare covers

You get extra
benefits
Automatic claim filing
Discount programs for
hearing and fitness services

No network restrictions – providers only
need to accept Medicare

Aetna Medicare Supplement Plan: How to use your doctors



We've got
you covered

Aetna Medicare Supplement Medical Plan

- Access to Medicare contracted providers nationwide
- No referral needed
- Covers you nationally
- Covers you when traveling abroad for:
 - Emergency care
 - Urgent care

University of Chicago Retiree Plans Claim Examples

Physician office visits

University of Chicago Medicare Supplement Plan

Specialist Office Visit or X-ray	\$475
Medicare allows	\$285
Medicare pays 80%*	\$228
<u>UC Medicare Supplement plan pays \$51.30</u>	

Member owes 10% coinsurance of \$57 = \$5.70

**Assumes \$300 plan deductible already met which includes the Medicare Part B deductible \$198 in 2020*

Aetna Medicare Advantage Plan

Specialist Office Visit or X-ray	\$475
Medicare allows	\$285
<u>Medicare Advantage plan pays* \$250</u>	

Member owes copay \$35

**Assumes \$150 plan deductible already met*

Hospital confinement

University of Chicago Medicare Supplement Plan

Hospital inpatient	\$35,000
Medicare allows	\$21,000
Medicare pays*	\$19,592
<u>UC Medicare Supplement plan pays \$1,042.20**</u>	

Member owes \$250 copay+10% of the remainder of the Part A deductible (\$1,484 for 2021); \$250 + \$123.40 = \$373.40

** Member is responsible for a portion of the Medicare Part A deductible, per admission.*

***Assumes Member has not met their Med. Supp Max OOP of \$1,750.*

Aetna Medicare Advantage Plan

Hospital inpatient	\$35,000
Medicare allows	\$21,000
<u>Medicare Advantage plan pays* \$20,750</u>	

Member owes copay \$250

**Assumes \$150 plan deductible already met*

University of Chicago

2022 Part D Drug Coverage

SilverScript®



Medicare Eligible Retirees: 2022 Copays

There are no changes to your copays for 2022

	Retail Pharmacy (Up to a 31-Day Supply)	SilverScript Home Delivery Mail Order Pharmacy (Up to a 90-Day Supply)	Retail Pharmacy (Non-CVS Pharmacies including DCAM) (Up to a 90-Day Supply)
Generics	You pay \$10	You pay \$20	You pay \$30
Preferred Brands	You pay \$30	You pay \$60	You pay \$90
Non-Preferred Brands	You pay \$50	You pay \$100	You pay \$150
Specialty	You pay \$75	You pay \$150	You pay \$225

Pharmacy terms and ways to manage your medication

Some medications require you to take additional steps, or receive additional approvals, before they are covered under your plan.

Quantity limit | A limit on the amount of medications your plan will cover. You can continue to fill prescriptions after you've reached the limit, but you'll be responsible for any additional costs.

Step therapy | For many conditions, more than one therapeutically equivalent medication option is available, and your plan may choose one medication as the preferred option. Step therapy means you need to try the preferred option first. If it works for you, you can continue to take it and may save money. If not, non-preferred medications will be covered.

Prior authorization | This means we need more information on why your doctor has prescribed a specific medication for you. CVS Caremark reviews this information and determines whether or not your medication will be covered by your plan.

Dispense as written | If your doctor indicates "dispense as written" on your prescription, your pharmacy can't substitute a generic for a brand name medication and you may have to pay more for the brand.

Appeals | If we deny your or your doctor's request for coverage of a non-covered medication, you have the right to appeal that decision.

- ▶ Find more information on these topics in your **Summary Plan Description (SPD)**.
- ▶ Use the **Check Drug Costs & Coverage** tool at [Caremark.com](#) to find out what medications are covered, if there are extra requirements for coverage, and how much they will cost.
- ▶ Remember: Medications are only covered when you fill your prescriptions at a network pharmacy. Find pharmacies near you with the **Pharmacy Locator** at [Caremark.com](#).

Your prior authorization journey

What you need to know



You have a maintenance medication that requires a prior authorization

You receive a letter from SilverScript informing you that a maintenance medication you are taking requires a Prior Authorization.

You can mail or fax your request to the address/fax number indicated on the provided form OR you can request by phone at **1-833-958-2658, TTY: 711**, 24 hours a day, 7 days a week. Your prescriber can also initiate by calling **1-855-344-0930**.

Your physician is asked to provide clinical information on the medication you are taking for review by our Medicare Coverage Determinations team.

You will receive a decision within 72 hours. If you or your prescriber believe that waiting 72 hours could seriously harm your health, you may request an expedited decision and we will give you a decision within 24 hours.



SilverScript ID Card



(Front)



(Back)

University of Chicago Retiree: Important Information



SilverScript®

♥aetna®



Am I eligible?

- The Retiree Medical Plan is available to employees who retire from the University who are either:
- Employed prior to January 1, 2005, in a continuous benefits-eligible position and are at least age 55 when employment terminates; or
- Employed on or after January 1, 2005, are at least age 55, and have completed at least 10 years of continuous benefits-eligible service when employment terminates.

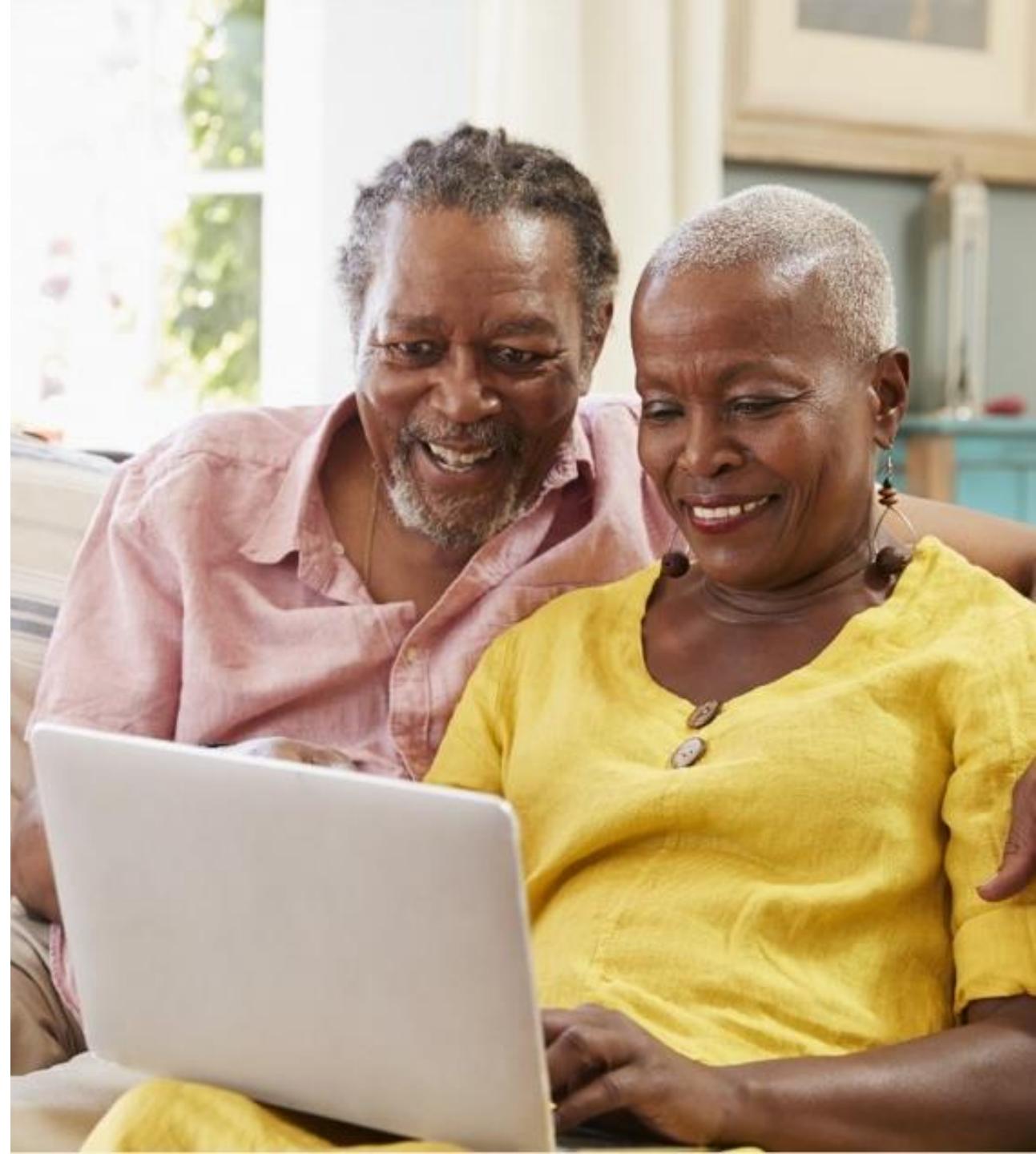
Planning to retire? What's next?

Schedule a Retirement Meeting

Contact the Benefits Office via email at benefits@uchicago.edu 60 days prior to the retirement date to schedule an appointment to discuss the Retiree Medical Plan.

If you are Medicare eligible, contact the Social Security Administration Office at (800)772-1213 to enroll in Medicare Part A and Part B.

The Benefits Office cannot answer any Social Security and/or Medicare coverage questions.





Your Options?

Choose a Plan

- Complete and submit the Retiree Medical Plan Enrollment Form to benefits@uchicago.edu.

Postpone the Retiree Medical Plan

- Choose to postpone enrollment in the Retiree Medical Plan until a later date as long as eligibility requirements are met at retirement.
- Complete and submit the election to postpone form to benefits@uchicago.edu within 31 days of your termination date or retirement date (whichever occurs first).

Terminate Coverage

Retirees cannot re-enroll into the Retiree Medical Plan if coverage is canceled.

Important Information

Aetna Medical Pre-Enrollment

Call Aetna at 1-800-307-4830 (TTY: 711)
Monday through Friday, 8 AM to 9 PM ET.

Post Enrollment Member Services

- Call Aetna Medicare Advantage at
1- 888-267-2637 Monday- Friday, 8 AM to 9 PM ET.
- Call Aetna Medicare Supplemental Plan at
1-800-238-6716 24 hours a day, 7 days a week
- SilverScript Customer Care
Call 833-958-2658
Available 24 hours a day, 7 days a week.
- CVS Specialty Pharmacy: 800-237-2767



**Thank you and
enjoy your
retiree plan**



Aetna Medicare is an HMO, 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. [Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: <applicable areas>. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, <members please call the number on your ID card, non-members please call <1-855-338-7027 (TTY: 711)> or consult the online pharmacy directory at <<http://www.aetnamedicare.com/pharmacyhelp>>.] [For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within <x> days. You can call <phone number/TTY/hours of op> if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.] The <formulary, pharmacy network, and> provider network may change at any time. You will receive notice when necessary. Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. 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. 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. This material is for informational purposes only and is not medical advice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Contact a health care professional with any questions or concerns about specific health care needs. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to our website.

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SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal. Other Pharmacies are available in our network. 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. The formulary and pharmacy network may change at any time. You will receive notice when necessary. SilverScript®'s pharmacy network includes limited lower-cost, preferred pharmacies in some rural areas of the country. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-812-9770 (TTY: 711) or consult the online pharmacy directory at Caremark.com. The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

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