



2025
Aetna
Medicare
Advantage
plans





Ready to learn about Medicare?

Let's start with the basics.

Choosing your Medicare coverage is an important decision. That's why we are here to help make it simpler.

During this meeting, you'll find answers to common Medicare questions and your Aetna Medicare Advantage plan options.

Four parts of Medicare

Government programs (Original Medicare)

A

Hospital care

- Hospital inpatient care
- Skilled nursing facility care
- Hospice care
- Home health care

B

Medical care

- Services from doctors and other health care providers
- Outpatient and home health care
- Durable medical equipment
- Some preventive services

Private medical plans

C

Medicare Advantage

- Includes Part A and Part B
- Can include Medicare Part D
- May add other benefits and services
- Run by Medicare-approved, private insurance companies like Aetna®

Private drug plans

D

Your prescription drugs

- Helps cover the cost of prescription drugs
- Run by Medicare-approved, private insurance companies
- Can be a stand-alone plan

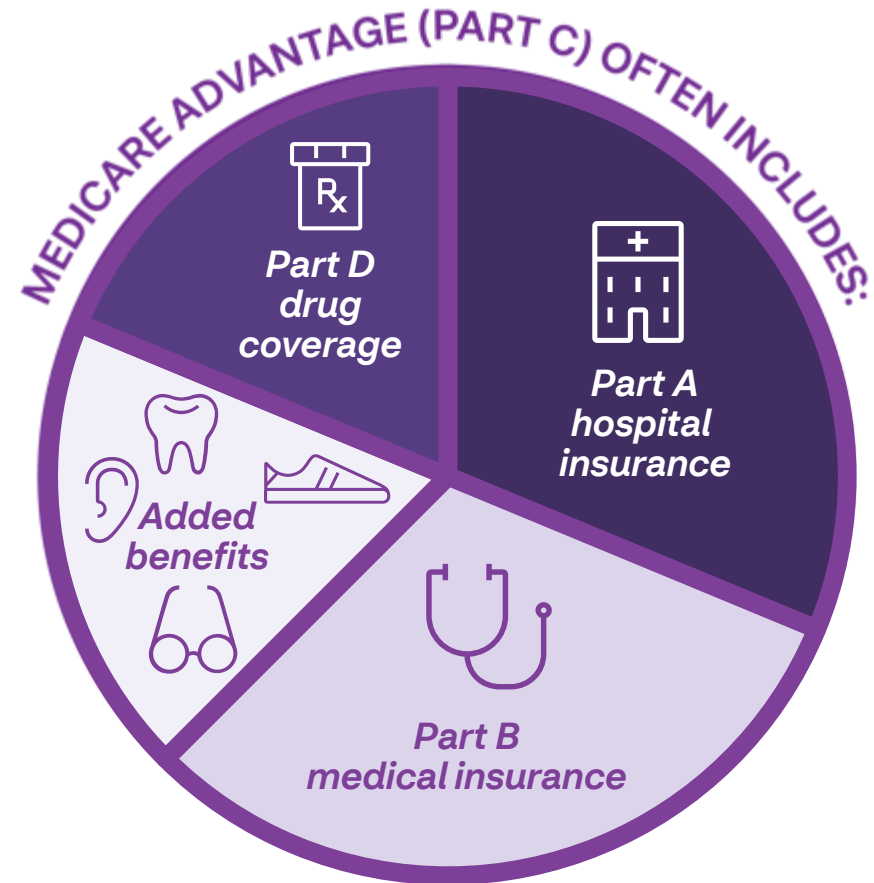


***Understanding
Medicare Advantage***

What's Medicare Advantage?

All-in-one health care coverage

- Plans that offer Part A and Part B benefits and often more
- Plans administered by private Medicare-approved companies with government contracts often include these benefits:
 - Dental, vision and hearing coverage
 - Fitness benefit
 - Part D prescription drug coverage



Types of Aetna Medicare Advantage plans

PPO

A preferred provider organization

- Can use **out-of-network providers and hospitals** but often for a higher cost
- **Don't need a referral** in most cases

HMO

A health maintenance organization

- May be required to have a **primary care provider**
- May **need a referral** to see a specialist

HMO-POS

A health maintenance organization with a point of service

- May get **out-of-network care** for certain covered services* but often for a higher copay or coinsurance
- May **need a referral**

*Please talk to a representative about what out-of-network services are available with your plan.



Understanding Medicare Part D

Important changes to your 2025 drug payment phases

There will now only be 3 Part D drug phases: the deductible phase, the initial coverage phase and catastrophic phase.

The coverage gap (donut hole) will no longer exist as of January 1, 2025.

Other changes include:

- Phase name change: the initial coverage limit will now be called the initial coverage phase
- Member out-of-pocket costs for prescription coverage is now capped at \$2000. After that, you will automatically enter the catastrophic coverage phase.



Prescription drug coverage phases

Phase

1

Deductible

You'll stay in this coverage phase with full discounted prices until your out-of-pocket costs for the year on covered drugs reaches \$590. If your plan does not have a Part D deductible, you will skip this phase.

Phase

2

Initial coverage

You'll pay only part of the cost for your covered drugs **after** you've reached your deductible. This phase ends when you have reached the annual out-of-pocket cost of \$2,000.

Phase

3

Catastrophic coverage

You'll pay \$0 for your covered Part D drugs for the rest of the year **once** you've paid \$2,000.

Our pharmacy network



We have more than 65,000* pharmacies in our network.



More than 23,500 offer preferred cost sharing.



Find a list of pharmacies near you with our provider search at [AetnaMedicare.com](https://www.aetna.com/medicare).

*More than 45,000 pharmacies in some plans in the GA/Gulf States area.
Note: D-SNP members are not subject to a preferred network to get the lowest drug costs.



Our preferred pharmacies

Some of the preferred pharmacies available through an Aetna® prescription drug plan:



Albertsons®

Dierbergs

Meijer®

ShopRite

Bartell Drugs

Discount Drug Mart

Price Chopper

Thrifty White

BI-LO®

Giant Eagle®

Publix®

Wegmans

Brookshire's Grocery

H-E-B®

Safeway

Coborn's

Hy-Vee®

Save Mart

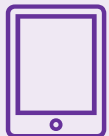
More about formularies



Sometimes our formularies,
pharmacies and providers change



Be sure to verify your medicines and their
tiers when filling or refilling prescriptions



View our formularies online:
[AetnaMedicare.com](https://www.aetna.com/medicare)



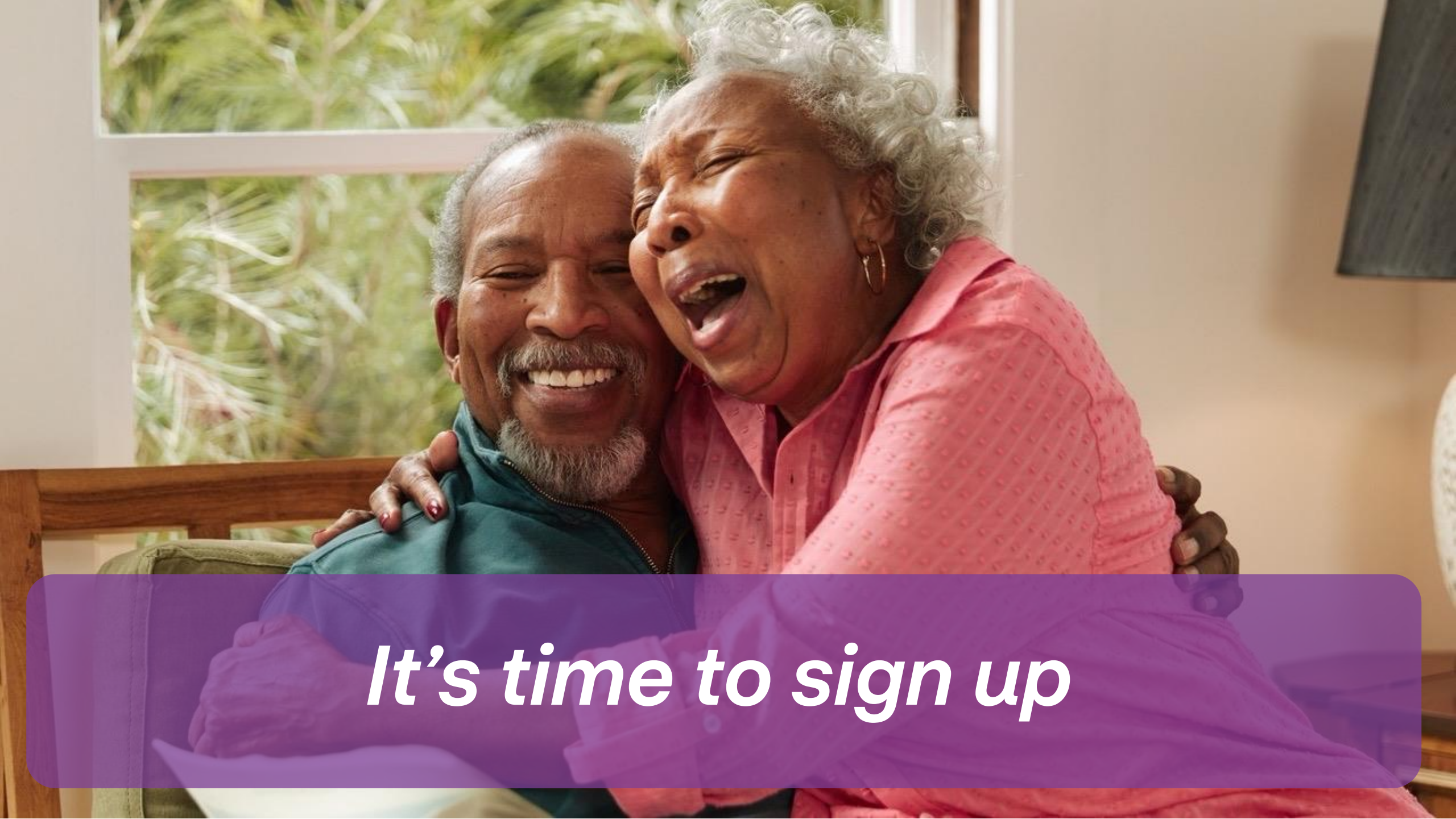
Medicare Part D late enrollment penalty



This may apply if you don't have creditable drug coverage when:

- Your Initial Enrollment Period is over
- There's a period of 63 days or more in a row when you don't have Part D or other creditable prescription drug coverage

Note: If you get **Extra Help**, you don't pay a Part D late enrollment penalty.

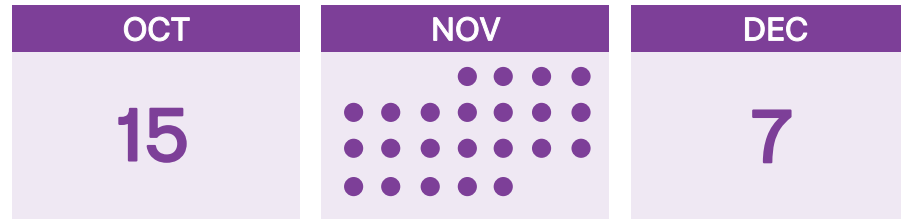


It's time to sign up

Medicare Advantage plan enrollment periods

Annual Enrollment Period (AEP)

October 15–December 7



Initial Enrollment Period (IEP)

Three months before the month of your birthday, the month of your birthday, and three months after the month you turn 65



This timing could be different if your birthday is the first of the month. Please visit [Medicare.gov](https://www.Medicare.gov) for more details.




What's in the enrollment kit?




What to know

Get ready to choose your plan




Medicare basics

Understand how your plan works




Summary of Benefits

Take a closer look



Medicare Star Ratings

See how your plan rates



How to enroll

Sign up for your plan

What are Medicare Star Ratings?



The Centers for Medicare & Medicaid Services (CMS) rates plans on a scale of 1 to 5 stars. CMS Star Ratings can help you compare plans based on quality and performance.

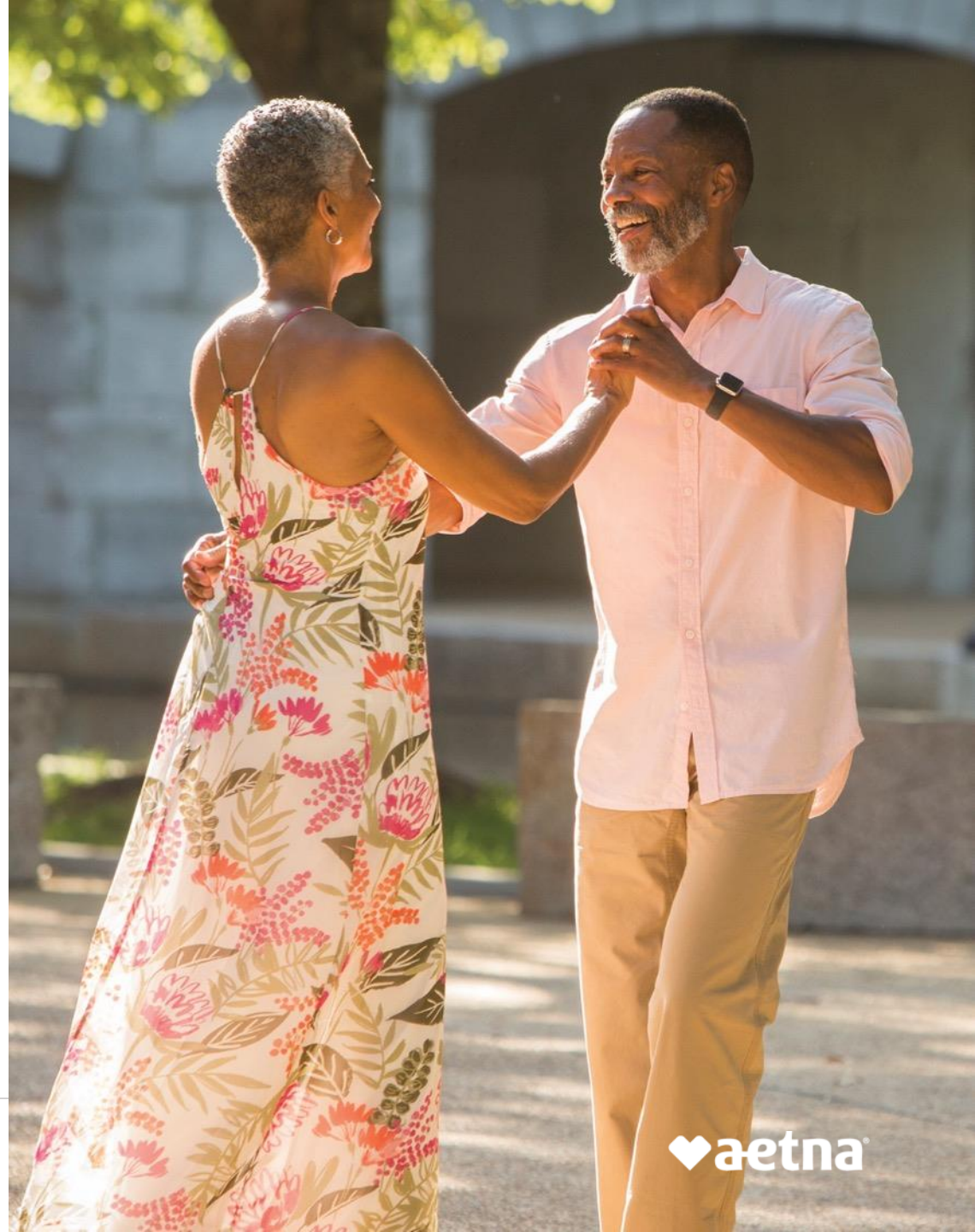
You can find Aetna® plan Star Ratings in your area by visiting bit.ly/3wfawaq.



Your Aetna[®] member ID card

Your member ID card

Your member number XXXXXXXXXX
Member Services 1-XXX-XXX-XXXX
24-Hour Nurse Line 1-XXX-XXX-XXXX



Let's make
healthier
happen
together.

Aetna offers plans that include:

- \$0 monthly plan premiums
- Dental, vision and hearing benefits
- \$0 copay on over 100 prescription drugs at preferred pharmacies
- \$0 copay for primary care visits
- \$0 lab services
- SilverSneakers[®] fitness and wellness resources in person and online

Not all benefits available in all plans.



Thank you

Aetna Medicare is an HMO, PPO plan with a Medicare contract. Our DSNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. Plan features and availability may vary by service area. Other pharmacies are available in our network. 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. Every year, Medicare evaluates plans based on a 5-star rating system. The Aetna Medicare pharmacy network includes limited lower-cost preferred pharmacies in: Suburban Arizona, Rural California, Urban Kansas, Rural Michigan, Suburban Michigan, Urban Michigan, Urban Missouri, Rural North Dakota, Suburban Utah, Suburban West Virginia and Suburban Wyoming. 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>. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. 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 and the SilverSneakers shoe logotype are registered trademarks 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. For accommodation of persons with special needs at meetings, call 1-833-258-3132 (TTY: 711).

Aetna and CVS Pharmacy® are part of the CVS Health® family of companies.

