



We've got plans for you

Find out how the Aetna® benefits offered by Air Line Pilots Association can help you live your best life

For Medicare-eligible retirees

[Aetna.com](https://www.aetna.com)

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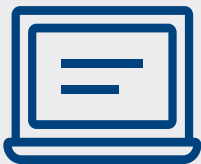


Health coverage focused on you

We want to help you live your best life. That's why we provide a comprehensive approach to your health and well-being through benefits offered by Air Line Pilots Association.

See how our health care coverage can help you enjoy the freedom that retirement brings. And make healthier happen every step of the way.

We're here to help. Have questions?

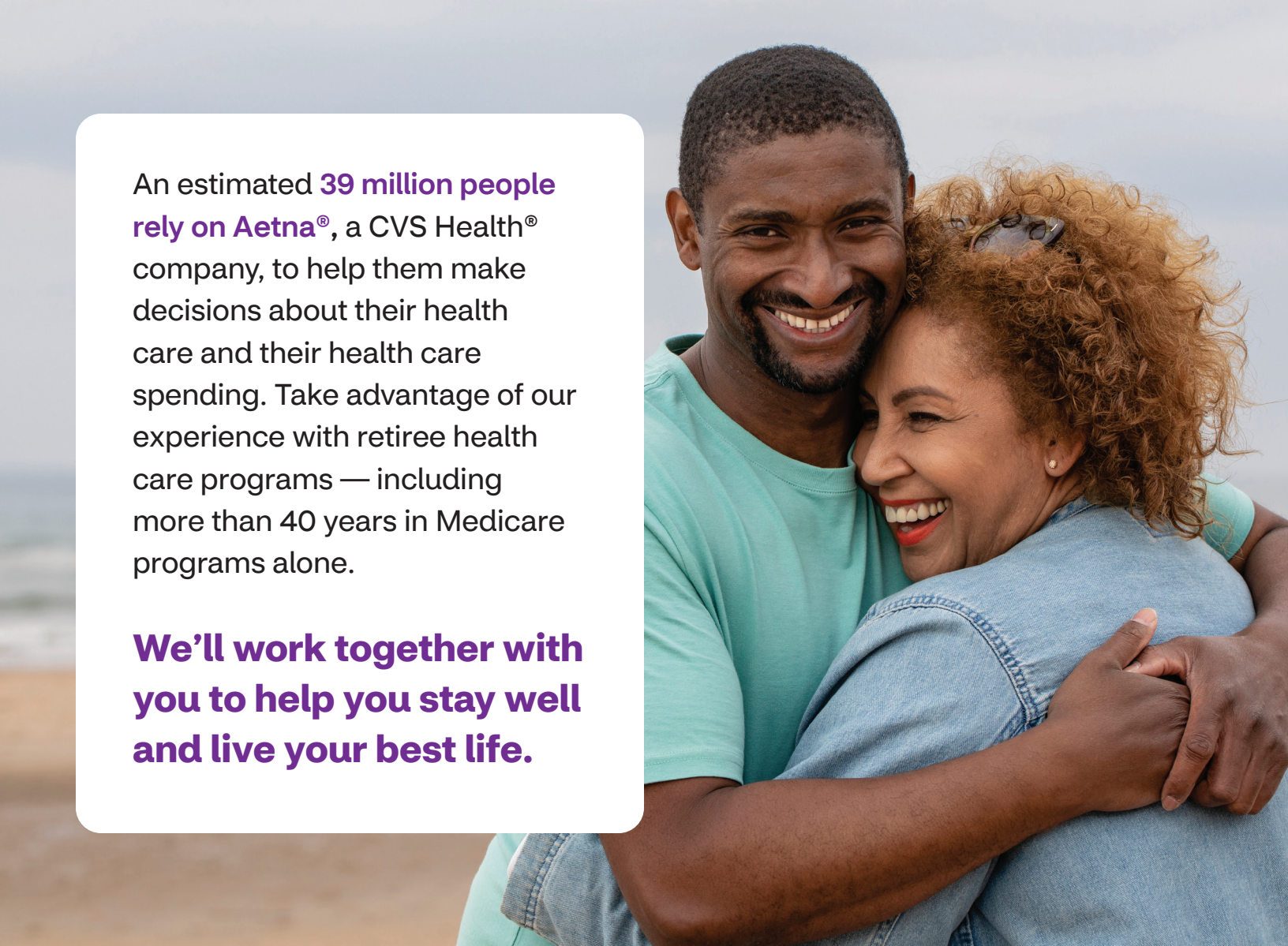


Visit us at
[AetnaRetireeHealth.com/ALPA](https://www.aetna.com/retireehealth/ALPA)



Call us at
1-833-595-1009 (TTY: 711).

We're available Monday through Friday,
8 AM to 8 PM ET.

A photograph of a smiling Black man and woman embracing each other outdoors. The man is wearing a light blue t-shirt and the woman is wearing a denim jacket. They are both smiling warmly at the camera.

An estimated **39 million people** rely on **Aetna®**, a CVS Health® company, to help them make decisions about their health care and their health care spending. Take advantage of our experience with retiree health care programs — including more than 40 years in Medicare programs alone.

We'll work together with you to help you stay well and live your best life.

Get the most from your health plan

Learn about your medical benefits	6
Learn about your prescription drug benefits	11
Retiree benefits website	13
Ready to enroll?	14
After you're enrolled	15

What is Medicare and what does it cover?

To understand your Medicare Advantage plan, it helps to understand the basics of Medicare first. Medicare is the federal health insurance program for people 65 and older. It also can cover some people with a disability or certain illnesses, such as end-stage renal disease (ESRD), permanent kidney failure requiring dialysis or a kidney transplant.



Part A

Part A helps to cover hospital stays. This includes inpatient care in a skilled nursing facility or hospice. It also helps cover in-home health care.



Part B

Part B helps cover doctor visits and durable medical equipment (such as blood sugar meters and test strips, canes and crutches).



Part C

Part C is a Medicare Advantage plan that combines Part A and Part B coverage. When you enroll in a Medicare Advantage plan, you don't lose your Medicare coverage. In fact, **you must be enrolled in Parts A and B to enroll in a Medicare Advantage plan.** Medicare Advantage plans cover everything offered by Original Medicare. They also include benefits Original Medicare doesn't cover, such as nurse support and wellness programs.



Part D

Part D covers prescription drugs. You must be enrolled in Medicare Part A and/or Part B to enroll in a Medicare Part D (Medicare prescription drug) plan. This is available as part of your Medicare Advantage plan or through a separate or stand-alone Medicare prescription drug plan.



To learn more about the parts of Medicare (A, B, C, D), visit the website shown inside the front cover of this guide.

Just go to the “Help Center” panel on the home page. You'll even find videos.

What is Aetna Medicare Advantage?

- The Aetna Medicare Advantage plan is a Part C plan. It provides the same coverage as Original Medicare (everything covered under Part A and Part B). It also offers additional benefits beyond Original Medicare, such as a routine annual exam and wellness programs.
- You'll continue to pay your Part B premium with your Aetna plan.
- You get access to nurse case managers and care advocacy, at no extra cost.

What do I need to know about enrolling in a Medicare Advantage plan?

- To be eligible for a Medicare Advantage plan, you must be enrolled in Medicare Part A and Part B. You're automatically enrolled in Medicare Part A once you become Medicare-eligible. To enroll in Medicare Part B, you need to take action.
- You can apply for Medicare Part B online at [SSA.gov](https://www.ssa.gov) or enroll at your local Social Security office. For Aetna Medicare Advantage enrollment information, you can visit our website or call us. Just use the contact information inside the front cover of this guide.



Learn about your medical benefits

More than 30 million retirees like you have chosen Medicare Advantage since it was introduced in 1997.



Aetna Medicare Advantage plan

We design our retiree health plans to help you stay well. Our health benefits can make it easy and affordable for you to get access to the right care. For most benefits, you'll pay your cost share after you meet your deductible, if your plan has one. Preventive care services are available with no deductible and no extra cost share.

Preventive services include:

- ✓ **Annual wellness exam/immunizations** (one annual exam/pneumonia, flu, hepatitis B immunizations)
- ✓ **Routine gynecological care exams** (one routine ob/gyn visit and Pap smear every 24 months)
- ✓ **Routine mammograms** (one annual mammogram for female members ages 40 and over)
- ✓ **Routine prostate-specific antigen (PSA) test and digital rectal exam (DRE)** (one annual test and exam for male members ages 40 and over)
- ✓ **Colorectal cancer screening**
- ✓ **Bone density testing** (one exam every 24 months)
- ✓ **Routine eye exam** (one annual exam)
- ✓ **Routine hearing screening** (one annual exam)

Keep in mind that this is not a complete list of benefits. After you enroll, you can view an Evidence of Coverage (EOC) document. It explains the full terms of your plan and how it works. This includes a complete description of benefits, exclusions, limitations and conditions of coverage. Just log in to the website shown inside the front cover of this guide to view your EOC.

Aetna MedicareSM plan (PPO) with an extended service area (ESA)



What it is

This is an Aetna Medicare Advantage plan PPO with an ESA. A PPO is a preferred provider organization plan. A PPO plan with an extended service area (ESA) lets you see providers in or out of network at the same cost. They must be eligible to receive Medicare payments and willing to accept your plan.

To qualify, you must be eligible for Medicare Part A and enrolled in Part B. You'll need to continue to pay your Part B premium and live in the plan's service area.

How it works

- You can use any doctor or hospital as long as they're eligible to receive Medicare payment and accept the plan. So you may have continued access to your doctors — or any provider licensed to receive Medicare payment.
- You don't need a referral to see a specialist.
- In a PPO plan, you usually pay more for out-of-network services. But with an ESA plan, you pay the same cost for any doctor or hospital, according to the costs listed on your plan benefits summary. The provider must be eligible to receive Medicare payment and accept your plan.

- Your coverage follows you wherever you travel, with access to doctors and hospitals nationwide. And you're always covered for emergency or urgently needed medical treatments, even when traveling outside the United States.
- You're guaranteed acceptance regardless of medical history (as long as you meet eligibility requirements).
- You get preventive care beyond Original Medicare at a \$0 cost share.
- You don't have to select a primary care physician (PCP), but we encourage you to choose one. A PCP is often the only doctor to have a complete picture of your health.

It's also good to know

- You can stay informed with online tools and a 24-hour, toll-free health information line.
- You can access the National Medical Excellence Program[®]. This is a select network of doctors and facilities. They treat members with complex illnesses or injuries and ensure they get the right care.
- You get health and wellness programs at no extra cost.

You can go to any doctor or hospital as long as they're eligible to receive Medicare payment and accept your plan.



To see the coverage available to you, just log in to the website shown inside the front cover of this guide.

How your plan supports the whole you

As an Aetna Medicare Advantage member, you also get programs and benefits to take care of the whole you — body, mind and spirit — at no additional cost.



Aetna® 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.



Healthy Home Visit

A licensed health care professional can come to your home to review your health needs, do a physical exam and home safety assessment. During the visit, they may also review your medicines, complete some health screening tests — if you wish — and recommend services that can support your health needs. We even offer virtual assessments, with audio and video options.



Resources For Living® program

Help find services in your community, such as food and meal services, support groups, transportation not covered by your plan — and more. Just call our consultants and tell them what you're looking for. They'll research and give you options. There's no extra cost to call Resources For Living. And we don't get paid to refer you to any services. You only pay for services you choose to use.

Resources For Living is the brand name used for products and services offered through the Aetna® group of subsidiary companies.



Eyewear reimbursement

Use your reimbursement to help pay for lenses and frames up to your plan's coverage limit. You can buy from any licensed provider that accepts Medicare.



SilverSneakers® fitness program

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



Hearing aid reimbursement

Use your reimbursement to help pay for hearing aids up to your plan's coverage limit. You can buy from any licensed provider that accepts Medicare.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.

Virtual care from anywhere

Do you have a time-sensitive medical need? Can't make it to your doctor's office?

Your Aetna® Medicare plan includes the convenience of telehealth benefits. So you can get nonemergency virtual care by phone, video or mobile app anywhere you are — including after hours or on the weekend.



How to use your telehealth benefit

Just check with your doctor or urgent care center to see if they offer telehealth services. You're covered for sick visits, prescription refills and after-hours or weekend care.

Need help with stress, relationship issues, grief and loss?

MDLIVE®: Talk to licensed therapists and board-certified psychiatrists by appointment. Providers can even write and send prescriptions to your drug store.

Other 24/7 care options

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. Or even suggest possible treatments.*

Need or want care from a licensed provider other than your current doctor — without an appointment?

Teladoc®: Have a doctor visit by web, phone or mobile app 24/7 — usually within 15 minutes.

MinuteClinic Virtual Care™: Speak with a health care provider 24/7.

*While only your doctor can diagnose, prescribe or give medical advice, our nurses can provide information on more than 5,000 topics. Contact your doctor first with any questions regarding your health care needs. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional.

Learn about your prescription drug benefits through the Aetna Medicare Advantage plan



What it is

This coverage helps you pay for Part D prescription drugs.

How it works

- The Aetna Medicare Advantage plan includes Aetna Medicare prescription drug coverage. If you enroll in the Aetna Medicare Advantage plan, you'll also be enrolled in the Aetna Medicare Prescription Drug plan (PDP).
- You can fill prescriptions at more than 65,000 network pharmacy locations nationwide.
- You get coverage for a wide selection of the generic and brand-name Part D prescription drugs Medicare members use.

What you should know

- The Centers for Medicare & Medicaid Services (CMS) has certain enrollment requirements. You can have only one Medicare PDP. So, if you enroll in this plan, CMS will cancel any individual PDP plan you may have.
- A formulary is a list of drugs that we cover (also called a drug list). Pharmacists and physicians help us develop it. The federal government approves it for the Medicare PDPs we offer.

CVS Caremark® Mail Service Pharmacy

With the CVS Caremark Mail Service Pharmacy, you can save time and save yourself a trip to the pharmacy. If you take medicines on a regular basis, this benefit can make your life easier.

With home delivery, you get:

- Your medicine in your mailbox without waiting in line
- Free standard shipping to wherever you choose
- Complete privacy with secure, unmarked packaging
- More of your medicine at one time with 90-day fills (or the most your plan allows)
- Easy startup and fast reordering



To see the coverage available to you, just log in to the website shown inside the front cover of this guide.



Where do I find what drugs are covered?

Before you're a member:

- Log in at the website shown inside the front cover of this guide.
- While selecting your plan, you can find out if your medicines are covered with the find prescriptions option.



CVS Specialty[®] pharmacy

Some long-term health conditions — such as multiple sclerosis, rheumatoid arthritis or cancer — require special medicines. They need to be sent quickly, safely and securely. With CVS Specialty pharmacy, you can get these drugs by mail. We'll send them to your home, doctor's office or anywhere you choose. With free standard shipping, too.

You can get:

- Safe, fast delivery
- Refrigerated, insulated packaging of your prescriptions
- 24/7 phone support
- Standard supplies for self-injectable medicines at no extra cost
- Educational materials
- Medicines not normally available through a retail pharmacy

Retiree benefits website



ask EMMA™

You can manage your health care benefits at *any time* on our retiree benefits website. Once you register, just log in to the website shown inside the front cover of this guide.

You'll find a wealth of information — even before you enroll.

Our personal guide, Ask Emma, can help you complete your enrollment. She can:

- **Walk you through the steps** — Emma makes it easy. She can even help you learn more about Medicare.
- **Show your benefits and costs.**
- **Help you choose the coverage that's right for you.**



Estimate your total yearly costs — premiums, deductibles, copays and coinsurance.



Find prescriptions. See if your prescription medicines are covered and search for a pharmacy to get them filled. You can also learn how much your drugs might cost in each plan. If you prefer mail-order pharmacy, there's an option for that.



Find answers to frequently asked questions (FAQs). Just go to the “Help Center” panel on the home page.

Find links to educational videos and timely topics.



View and pay your bill online once you've enrolled.



View plan documents such as your Evidence of Coverage (EOC).



Ready to enroll?

First, you'll need to register.

1. Go to the website shown inside the front cover of this guide.
2. Choose "Register now."
3. Complete the required fields to finish your registration.

It's important that you enter the first and last name that appears on this enrollment kit when you register on the website. For example, if this enrollment kit was addressed to Susan, but you go by Sue, please use Susan.

After you complete your registration, you'll have access to the website and won't need to register again. Next time, you can just log in using your new username and password.

Now you can enroll online.

Note: You'll need your Original Medicare effective dates for Parts A and B and your Medicare number. You'll find this on your Medicare ID card.

Once you're logged in, select "Enroll Now." You can enroll in just a few minutes. Just follow the prompts.

Or you can call us to enroll.

Call the number on the inside front cover. You'll complete your enrollment by speaking with a Retiree Service Center representative.

After you're enrolled

For Medicare Advantage and prescription drug plans

	What you'll get	When you can expect it
Enrollment confirmation statement	Confirmation we've processed your enrollment.	Available online as soon as you complete your enrollment.
Plan confirmation letter	Letter confirming that we received, and CMS has approved, your application for the plan.	About 10 calendar days after we receive approval from CMS.
Monthly invoice	Tells you how much you owe for your health plan premium each month.	Around the 20th of the month before your premium is due. If you pay your premium by automatic payment, you won't receive a bill in the mail. Instead, you can view your bill once you log in to the retiree benefits website.
Member ID card	Use your Aetna® member ID card (not your Medicare card) every time you visit the doctor, hospital or pharmacy.	About 10 calendar days after we receive approval from CMS. Or go to Aetna.com to get a copy of your ID card. Choose the "ID card" link, then follow the instructions.
MAPD Schedule of Cost Sharing	Provides a full explanation of how your plan works.	About 10 calendar days after we receive approval from CMS. If you don't receive it, just call the toll-free customer service number on your ID card.
Our drug list (sometimes called a formulary)*	List of prescription drugs covered by your plan	You can view this information at AetnaRetireePlans.com or request a printed copy by calling the toll-free customer service phone number on your ID card.
Welcome guide	Helps you get the most out of your plan. In it, you'll find helpful tools, cost-saving resources and important tips.	About 10 calendar days after we receive approval from CMS.
Health needs assessment call		We'll call you to learn about your health history. The information will not affect your enrollment in the plan.
Doctor visit		With your new medical coverage with us, see your doctor to take advantage of the annual health care services your plan provides.

*Applicable to prescription drug plans

Disclaimers

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.

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, our 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. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or 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.

繁體中文 (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。

Plans are offered by Aetna® Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna).

Your coverage is provided through a contract with your former employer/union/trust. The plan benefits administrator will provide you with information about your plan premium (if applicable).

You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

Benefits coverage is provided by Aetna Health Inc., Aetna Health of California Inc. and/or Aetna Life Insurance Company.

Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Discount programs provide access to discounted prices and are not insured benefits.

The Aetna Personal Health Record should not be used as the sole source of information about the member's medical history. 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 **Aetna.com**.

While only your doctor can diagnose, prescribe or give medical advice, the Informed Health® Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

Estimated costs not available in all markets. The tool gives you an estimate of what you would owe for a particular service based on your plan at that very point in time. Actual costs may differ from the estimate if, for example, claims for other services are processed after you get your estimate, but before the claim for this service is submitted. Or if the doctor or facility performs a different service at the time of your visit.

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Aetna Medicare Advantage with Prescription Drug plans

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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 10 days. You can call the toll-free number on your member ID card Monday through Friday, 8 AM to 8 PM ET 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 Aetna retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.

CVS Specialty® Pharmacy and CVS Caremark® Mail Service Pharmacy are part of the CVS Health family of companies.

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.



Where to go for help

For help with	Where to get it
Billing Eligibility and enrollment Questions about my plan	Retiree Service Center 1-833-595-1009 (TTY: 711) We're here Monday through Friday, 8 AM to 8 PM ET. Or just visit AetnaRetireeHealth.com/ALPA
Claims Finding a doctor Using my plan	Customer Service See your member ID for the phone number.
Mail-order prescription drug refills and status	CVS Caremark® Mail Service Pharmacy See your member ID for the phone number.

After you're enrolled

For Aetna® medical plans, visit [Aetna.com](https://www.aetna.com) to:

- View claims
- Find a provider
- Search the formulary
- Estimate average cost of procedures, office visits, drugs, tests and more
- Print a temporary ID card or request a replacement

[Aetna.com](https://www.aetna.com)