

2017 RETIREMENT HEALTH BENEFITS

Emeriti Insurance Plan Overview

Post-65 Group Insurance Underwritten by Aetna



Emeriti Service Center at 1-866-EMERITI (1-866-363-7484)

2017 Post-65 Medical Plans

PLAN FEATURES	Medicare Advantage Premium	Medicare Advantage Plus	Medicare Advantage Standard	SRM Plan L*	SRM Plan K*
Plan Deductible	\$0 in- and out-of-network	\$0 in- and out-of-network	\$0 in- and out-of-network	\$0	\$0
Medicare Deductible	\$0	\$0	\$0	25% of Part A 100% of Part B	50% of Part A 100% of Part B
Primary Care	\$15 copay (in- and out-of-network)	15% coinsurance (in-network) 25% coinsurance (out-of-network)	\$15 copay (in-network) 30% coinsurance (out-of-network)	25% of balance after Medicare payment & Part B deductible	50% after Medicare payment & Part B deductible
Specialist	\$15 copay (in- and out-of-network)	15% coinsurance (in-network) 25% coinsurance (out-of-network)	\$40 copay (in-network) 30% coinsurance (out-of-network)	25% of balance after Medicare payment & Part B deductible	50% after Medicare payment & Part B deductible
Inpatient Hospital	\$0 No day limit.	\$500 per admission. No day limit. (in-network) 25% per admission. No day limit. (out-of-network)	\$200 per day (days 1-7). No day limit. (in-network) 30% per admission. No day limit. (out-of-network)	25% of the Medicare Part A deductible	50% of the Medicare Part A deductible
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Some paid by Medicare	Some paid by Medicare
Annual Out-of-Pocket Maximum (what you pay)	\$2,000 (in- and out-of-network)	\$2,750 (in-network) \$5,500 (out-of-network)	\$6,700 (in-network) \$10,000 (out-of-network)	\$2,480	\$4,960

*If you are a retired resident of Florida, Emeriti will offer Aetna Group Medicare Supplement Insurance (GMS) Plans A and L to retirees living in Florida.

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2017 Medicare Part D Prescription Drug Plans

Rx Premium		Rx Plus		Rx Standard
Open Formulary		Open Formulary		GRR B2 Formulary
\$100 deductible		\$100 deductible		\$310 deductible
Initial Coverage Limit and Coverage Gap: 15% generic, 25% preferred brand, 40% non-preferred brand		Initial Coverage Limit: 15% generic, 25% preferred brand, 50% non-preferred brand Coverage Gap: 15% generic, 40%* brand		Initial Coverage Limit: 15% generic, 25% higher cost generic and covered brand drugs Coverage Gap: 51% generic, 40%* brand
Catastrophic coverage: Plan pays 100% after member reaches \$4,950 True Out-of-Pocket (TROOP).		Catastrophic coverage: Plan pays: 95%. Member pays 5%.		Catastrophic coverage: Plan pays: 95%. Member pays 5%.

*The Medicare Coverage Gap Discount Program will continue to provide manufacturer discounts on brand name drugs to Part D beneficiaries who reach the Coverage Gap and are not already receiving "Extra Help." A 50% discount on the negotiated price of preferred and non-preferred brand drugs (excluding the dispensing fee) will be available from manufacturers that have agreed to provide the discount.

2017 Dental Plan

Preventive service coverage	100%
Annual deductible (basic and major services)	\$100
Basic services coverage: (e.g. fillings, standard crowns, extractions)	50%
Major services coverage* (e.g. root canal therapy, surgical removals, dentures)	50%
Annual benefit maximum	\$1,500

*Subject to 12 month waiting period with no proof of prior continuing coverage.

NOTE: Dental is not available on a stand alone basis. If you dis-enroll from the dental plan, you will not be able to re-enroll again.