

2018 Emeriti Health Plans

POST-65 GROUP COVERAGE UNDERWRITTEN BY AETNA



EmeritiHealth.org

CHOOSE ONE MEDICAL PLAN

| | Medicare Advantage PPO Premium | Medicare Advantage PPO Plus | Medicare Advantage PPO Standard |
|----------------------------|--|--|--|
| Plan Deductible | \$0* | \$0* | \$0* |
| Medicare Deductible | \$0 | \$0 | \$0 |
| Primary Care | \$15 copay * | 15% coinsurance (<i>in-network</i>) 25% coinsurance (<i>out-of-network</i>) | \$15 copay (<i>in-network</i>) 30% coinsurance (<i>out-of-network</i>) |
| Specialist | \$15 copay * | 15% coinsurance (<i>in-network</i>) 25% coinsurance (<i>out-of-network</i>) | \$40 copay (<i>in-network</i>) 30% coinsurance (<i>out-of-network</i>) |
| Hospital | Covered 100% | \$500 per admission. No day limit. (<i>in-network</i>) 25% per admission. No day limit. (<i>out-of-network</i>) | \$200 per day (1-7). No day limit. (<i>in-network</i>) 30% per admission. No day limit. (<i>out-of-network</i>) |
| Preventive Care | Covered 100% | Covered 100% | Covered 100% |
| Out-of-Pocket Limit | \$2,000 * | \$2,750 (<i>in-network</i>) \$5,500 (<i>out-of-network</i>) | \$6,700 (<i>in-network</i>) \$10,000 (<i>out-of-network</i>) |

*In- and out-of-network

To receive personalized counseling about the plans, call 1-855-212-5666
To enroll, call the Emeriti Service Center, call 1-866-EMERITI (1-866-363-7484)

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CHOOSE ONE MEDICARE PART D PRESCRIPTION DRUG PLAN

| Rx Premium | Rx Plus | Rx Standard |
|--|--|--|
| Open Formulary | Open Formulary | GRP B2 Formulary |
| Deductible: \$100 | Deductible: \$100 | Deductible: \$310 |
| Initial Coverage Limit: 15% generic, 25% preferred brand, 40% non-preferred brand | Initial Coverage Limit: 15% generic, 25% preferred brand, 50% non-preferred brand | Initial Coverage Limit: 15% generic, 25% preferred brand |
| Coverage Gap: Same coverage, same coinsurance level | Coverage Gap:* 15% copay for Tier 1 generic drugs, 35% brand | Coverage Gap:* 44% generic, 35% brand |
| Catastrophic Coverage: 100% coverage, you pay nothing | Catastrophic Coverage: 95% coverage, you pay 5% | Catastrophic Coverage: 95% coverage, you pay 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.*

CONSIDER DENTAL COVERAGE

| | |
|--|----------------------|
| Preventive Service | 100% coverage |
| Annual Deductible (basic and major services) | \$100 |
| Basic Services Coverage (fillings, standard crowns, extractions) | 50% |
| Major Services Coverage (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.*