



Game changer

A 2021 health benefits guide
for federal retirees

[AetnaFeds.com/retireeplans](https://www.aetna.com/federal-retiree-plans)

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Y0001_GRP_4045_2878a_2021_M
19.38.308.1-FED H (11/20)



Your guide to 65 and beyond

Whether you're turning 65, getting ready to retire, or would like to take advantage of your opportunity to change your health plan, we're here to help.

You might have questions, or not know where to start. That's why we're providing you with this information — to help you make educated decisions.

On the following pages, you'll learn about two plans designed for federal retirees and offered through the Federal Employees Health Benefits (FEHB) Program.



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Medicare and the Federal Employee Health Benefits (FEHB) program

Options to consider with FEHB

Federal employees are fortunate to still have coverage under FEHB when they retire. So why think about Medicare? Well, most plans offered through FEHB are plans that require cost sharing. Cost sharing means you might pay deductibles, coinsurance and copays when you visit health care providers. And we all know this can add up. So how can you save money?

Signing up for Medicare might just be your answer. With Medicare Parts A and B, your FEHB plan may lower your costs by waiving certain deductibles or coinsurance. Or you could take the opportunity to change your FEHB plan to a Medicare Advantage plan. It could lower your premium as well as your cost sharing expenses.

Aetna and FEHB

Aetna has been a leader in offering plans that make sense for retired federal employees. You've worked hard, and it's time for you to enjoy your retirement years. We have two plans that were designed to take care of the whole you — body, mind and spirit. They were also designed to work with Medicare and provide you with comprehensive coverage at an affordable price.

Let's look at the Aetna FEHB health plans. These are plans designed specifically for federal retirees with Medicare Parts A and B to help you live life to the fullest.

Highlights of Aetna FEHB plans

- Plans to help you age actively in retirement
- Low premiums
- Low out of pocket costs
- National plans
- No referrals

Aetna MedicareSM Plan (PPO) with Extended Service Area (ESA)

Aetna Medicare Advantage was introduced to Federal retirees as a plan option in 2020. It's one of the first of its kind offered through FEHB. New for 2021, each eligible member will receive a \$900 Medicare Part B premium reduction.

How it works

Aetna Medicare Advantage provides the same coverage as Original Medicare but with extra benefits you wouldn't get, such as \$0 deductible and prescription benefits. You'll also get access to programs that may help you reach your health goals, including SilverSneakers® fitness membership and more.

This plan lets you use any doctors and hospitals that are licensed to receive Medicare payment and willing to accept your plan. And with the Aetna Medicare Advantage plan, your coverage follows you wherever you travel, nationwide.

Highlights of Aetna Medicare Advantage

- Low premiums
- \$900 Medicare Part B premium reduction for eligible members
- Added programs such as SilverSneakers and Healthy Home Visits
- \$0 deductible and coinsurance for medical care
- Prescription coverage
- Seamless coordination of claims — no claims forms
- Nationwide network and coverage
- No referrals



Aetna Medicare Advantage benefits at a glance

Key benefits

Medicare Part B premium reduction

\$900 for each eligible member

What you pay

Deductible

\$0

Primary care physician

\$0

Specialist

0%

Coinsurance

0%

Telehealth

0%

Preventive health

\$0

Surgical care

\$0

Inpatient/outpatient hospital

0%

Retail pharmacy

(30-day supply of a covered drug)

Preferred generic: \$2

Generic: \$10

Preferred brand: \$40

Non-preferred brand: \$75

Specialty: 25% (\$350 max.)

Mail-order pharmacy

(90-day supply of a covered drug)

Preferred generic: \$4

Generic: \$20

Preferred brand: \$80

Non-preferred brand: \$150

2021 your monthly premium for Aetna Medicare Advantage

These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer which maintains your health benefits enrollment.

Enrollment code	Monthly premium
Z24 Self	\$125.00
Z26 Self plus one	\$275.00
Z25 Self and family	\$331.25

Additional Medicare Advantage details

Enrolling in Aetna Medicare Advantage is a two-step process when you have Medicare Parts A and B:

Step 1

(with the Federal Government)

Enroll using the Federal Retirement office website at: **RetireeFEHB.OPM.gov**

Use the appropriate enrollment code:

- **Z24 Self only**
- **Z26 Self plus 1**
- **Z25 Self and family**

Step 2

(with Aetna)

To complete your Aetna Medicare Advantage enrollment:

Log in to **AetnaRetireeHealth.com/FEHBP**

-or-

Call the Aetna Retiree Solutions service center at **1-866-241-0262**, Monday – Friday, 9AM – 6PM in all time zones

You'll need to provide the following:

- **Medicare A and B effective dates**
- **Medicare number (MBI)**



The Aetna DirectSM plan

Aetna Direct was introduced by Aetna in 2015 as a great alternative for federal retirees who felt they were paying too much for their health plan. Not only does **Aetna Direct** offer low premiums, it provides a fund that will help pay for out-of-pocket expenses — even help pay Part B premiums.

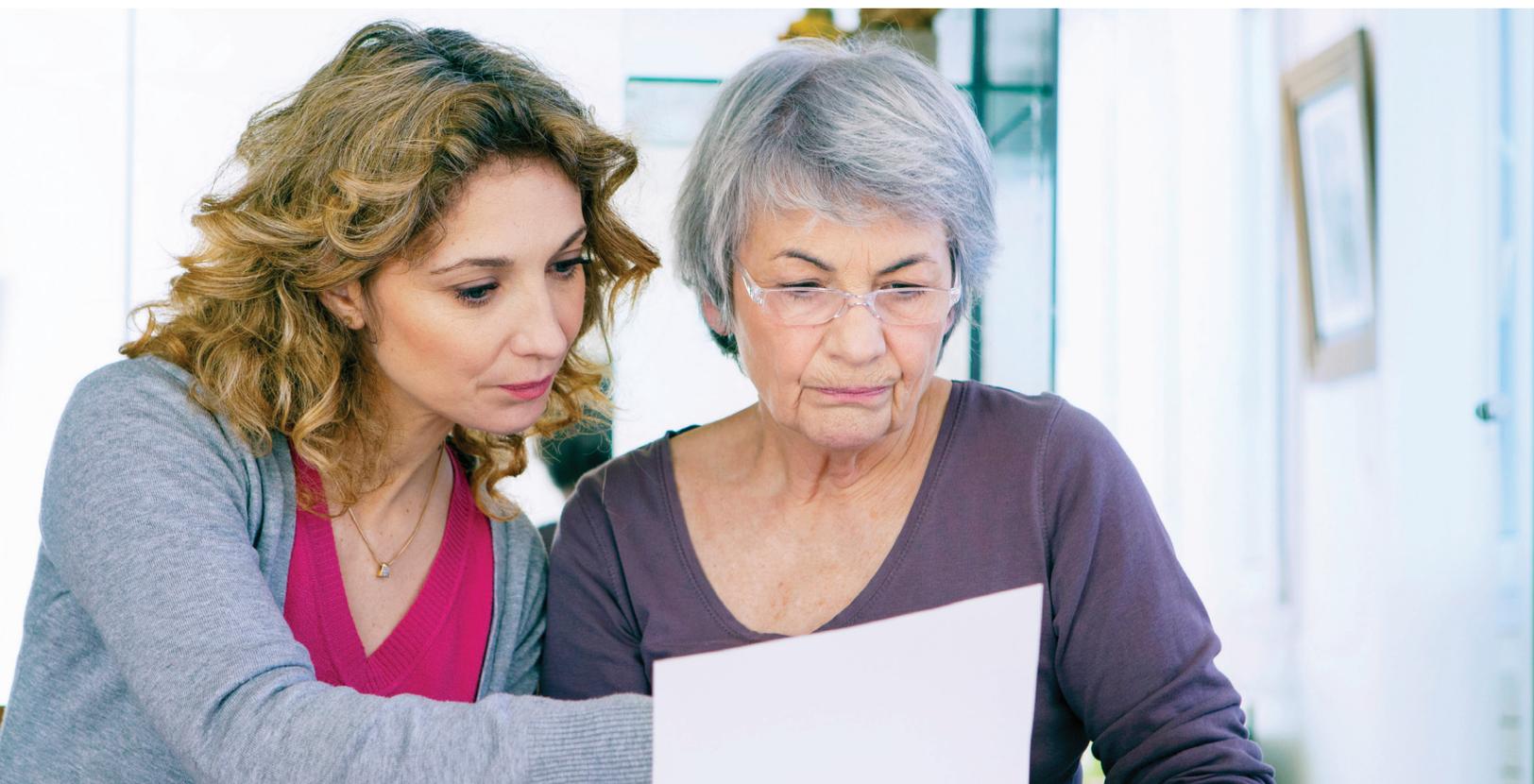
How it works

When combined with Medicare Parts A and B, Aetna Direct members usually pay nothing extra for medical services. When providers accept Medicare, the deductible and coinsurance are waived.

It's not Medicare, but it works seamlessly with Medicare. With Aetna Direct you can get unmatched money saving features — low plan premiums, low out-of-pocket costs and a large national network of doctors.

Highlights of Aetna Direct

- Low Premiums
- A fund to help you save money on your Part B premiums
- Waived deductibles and coinsurance for medical care when Medicare Parts A and B are primary
- Prescription coverage
- Seamless coordination of claims — no claims forms
- Nationwide network and coverage
- No referrals



Aetna Direct benefits at a glance

Key benefits	With Medicare Parts A & B as primary*
Fund	\$900 self \$1,800 self plus one \$1,800 self and family
Part B premium reimbursement	You can use your fund to help reimburse yourself for Medicare Part B premiums
Deductible	Waived
What you pay*	
Primary care doctor	\$0
Specialist	\$0
Coinsurance	\$0
Inpatient hospital	\$0
Outpatient hospital	\$0
Urgent care	\$0
Emergency care	\$0
Lab/X-ray/diagnostic	\$0
Rx retail pharmacy	<ul style="list-style-type: none"> • \$6 per covered generic formulary drug • 30% up to \$600 per covered brand name formulary drug • 50% up to \$600 per covered non-formulary (generic or brand name) drug
Mail-order pharmacy (up to 90-day supply)	<ul style="list-style-type: none"> • \$2 per covered generic formulary drug • 30% up to \$100 per covered brand name formulary drug • 50% up to \$200 per covered non-formulary (generic or brand name) drug

*If Medicare Part B is primary, your out-of-pocket costs depend on whether your physician accepts Medicare and the services are covered by both Medicare and Aetna.

If your physician accepts Medicare, you pay nothing extra for covered charges. If your physician does not accept Medicare, you pay the difference between the “limiting charge” or the “physician charge” (whichever is less) and our payment combined with Medicare’s payment.

2021 your monthly premium for Aetna Direct

These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer which maintains your health benefits enrollment.

Enrollment code	Monthly premium
N61 Self	\$153.96
N63 Self plus one	\$337.64
N62 Self and family	\$388.27



What is Medicare and what does it cover?

Here's a quick overview :

Medicare Part A — hospital insurance

Most people, 65 and over or with certain health conditions qualify for Part A. It covers things such as inpatient hospital care, skilled nursing facilities, hospice, lab tests and surgery. There is usually no cost for Part A, however you would share the cost for your related expenses. There is a deductible you would be responsible for, before Medicare begins covering hospitalization costs. After that, Medicare would pay most of the remaining costs — a larger percentage, and you would pay your share — coinsurance. Medicare usually pays 80 percent after you pay your deductible, and you would pay the remaining 20 percent.

Medicare Part B — medical insurance

Part B covers doctor and other health care provider services and outpatient care. Part B also covers durable medical equipment and some preventive services. There is a monthly premium you would pay for Part B, and again, you have to meet your deductible before Medicare begins covering services.

Part A + Part B = Original Medicare

Together, both parts provide coverage in and out of the hospital. Most people generally sign up for Parts A and B at the same time.

Important note on Part B

If you don't enroll in Medicare Part B during your initial enrollment period, you may pay a late enrollment penalty for as long as you have Part B coverage.

Medicare Part C — Medicare Advantage plans

They are plans offered by private insurance companies who are approved by Medicare and must follow rules set by Medicare. To join a Medicare Advantage plan, you must have Original Medicare (Parts A and B). Part C plans will cover all Medicare services but typically lower your cost sharing expenses (the deductibles and coinsurance required under Parts A and B).

Most Medicare Advantage plans also offer coverage for things that aren't covered by Original Medicare, such as hearing, prescription drugs and wellness programs. They may also cover extra benefits including transportation to doctor visits, Healthy Home Visits and other health-related services that promote your health and wellness.

Medicare Part D — prescription drug coverage

Part D is also offered through private insurance companies and helps pay prescription drug costs.

Medicare.gov is an excellent resource for additional details.

What do I need to know about Medicare Enrollment?

There are several specific periods that allow you to enroll in Original Medicare. These periods consider different circumstances. The first two are without penalty. The third would be considered late-enrollment which could increase your costs significantly.

1. Initial Enrollment Period (IEP)

For most people, the Medicare enrollment period opens three months before the month you turn 65 and ends three months after your birthday month. You can apply online at [SocialSecurity.gov](https://www.SocialSecurity.gov) or enroll at your local Social Security office.

2. Special Enrollment Period (SEP)

After your IEP ends, you may still sign up for Medicare if you meet the criteria for a Special Enrollment Period.

If you are still working and you're covered under a group health plan (usually through your employer), you have an 8-month SEP to sign up. This SEP begins with whichever comes first:

- The month after your employment ends
- The month after the group health plan insurance ends

Usually, you don't pay a late enrollment penalty if you sign up during a SEP.

3. General Enrollment Period (GEP)

Between January 1 and March 31, each year, Original Medicare offers a GEP.

You can sign up during the GEP any year if both are true:

- You didn't sign up when you were first eligible (during your IEP)
- You aren't eligible for a SEP

Part B late enrollment penalty

If you don't sign up for Part B when you're first eligible, your monthly premium may go up 10% for each 12-month period you were eligible but didn't sign up. In most cases, you'll have to pay this penalty for as long as you have Part B. And, the penalty increases the longer you go without Part B coverage.

We hope this information will help you on your journey to a healthy and happy retirement. At Aetna, we believe in the need to take care of the whole you — body, mind and spirit. That's why we take a total approach to health and wellness, so you can age actively.

Connect live with our team

Chat with us online, watch webinars, schedule a one-on-one appointment and more. Just visit **AetnaFedsLive.com**.

Or call us at **1-855-277-4356** Monday through Friday, 9 AM–6 PM all time zones. You can also go to **AetnaFeds.com/retireeplans** for more information.

Ready to enroll?

- You can enroll online at **RetireeFEHB.OPM.gov**.
- Or call the Office of Personnel Management (OPM) Retirement Information Center at **1-888-767-6738 (TTY: 711)**.

To enroll in the Aetna Medicare Advantage plan you'll need to take a second step:

- Log in to **AetnaRetireeHealth.com/FEHBP**

-or-

- Call the Aetna Retiree Solutions service center at **1-866-241-0262**, Monday – Friday, 9AM – 6PM in all time zones

We'll need the following information to complete your enrollment:

- Medicare A and B effective dates
- Medicare number (MBI)

If you're currently an active federal employee, you'll find the enrollment tools and forms you'll need on the OPM website at **OPM.gov/insure**.

Questions? Call **1-855-277-4356 (TTY: 711)** or visit **AetnaFeds.com/retireeplans**

Or connect with us live at **AetnaFedsLive.com**

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Try **AetnaFedsLive.com** where you can quickly chat online or schedule a convenient time to have a conversation.

Live chat

Connect with our team online. Type out a question using the “Chat Now” function on AetnaFedsLive, and you’ll get a response right away from a federal team member. Start up a chat when you don’t feel like picking up the phone.

One-on-one consultations

Schedule a one-on-one appointment with a team member. You can even handpick the person you’d like to meet with before your session. Check out **“Meet the Team”** or **“Schedule a One-on-One”** to get started. We’ll call you at the time you choose.

We look forward to hearing from you!

Aetna Medicare is an HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. 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, provider 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 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. 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. 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.

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