



# Game changer

**A 2024 health plan guide for  
federal retirees to help you save**

**[AetnaFeds.com/RetireePlans](https://AetnaFeds.com/RetireePlans)**

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# Your guide to 65 and beyond

**Whether you're turning 65, getting ready to retire, or would like to learn about your opportunity to change your health plan, we're here to help.**

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

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







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# Medicare and the Federal Employees Health Benefits (FEHB) Program

## Options to consider with FEHB

Federal employees are fortunate to continue coverage under FEHB when they retire. So why think about Medicare?

Well, plans offered through FEHB can 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 switch your FEHB plan to a plan that lets you opt in to a Medicare Advantage plan. It could lower your premium as well as your cost sharing expenses.

And with Aetna, switching your plan doesn't mean switching your doctors. You can see any provider as long as they accept Medicare and your plan.

## Aetna® and FEHB

Aetna is 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 designed to take care of you and help you save. They're also designed to work with Medicare and provide comprehensive coverage at an affordable price.

These are plans designed specifically for federal retirees with Medicare Parts A and B.

### Highlights of Aetna FEHB plans designed for retirees

- See any provider, even if they are not in network, as long as they accept Medicare and the Aetna plan
- Low premiums
- Low out-of-pocket costs
- National plans
- Helps you save on Medicare Part B premiums

# Aetna Medicare<sup>SM</sup> Plan (PPO)

**Aetna Medicare Advantage** was introduced to Federal retirees in 2020. It's a first of its kind offered through FEHB which allows you to opt in to a Medicare Advantage plan. And, each eligible member will receive a \$1,200 Medicare Part B premium reduction.

## How it works

First, you'll enroll in the FEHB Aetna Advantage plan. Then you'll opt in to Aetna Medicare Advantage by contacting us, without suspending your FEHB coverage.

Use any doctors and hospitals when they accept Medicare payment and your plan — even if they're not in the Aetna® network. And with the Aetna Medicare Advantage plan, your coverage follows you wherever you travel, nationwide.

You'll also get access to programs to help you reach your health goals, including SilverSneakers® fitness membership and more.

**New for 2024:** A \$30 allowance per quarter for certain over-the-counter items. Find out more at [AetnaFeds.com/RetireePlans](https://AetnaFeds.com/RetireePlans)

## Highlights of Aetna Medicare Advantage

- Low premiums
- \$1,200 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 copays as low as \$2
- No claim forms
- Nationwide coverage
- No referrals

## Switch your plan, not your doctors

You have the freedom to see any provider as long as they accept Medicare and your Aetna plan.



# Aetna Medicare Advantage benefits at a glance

KEY BENEFITS	
Medicare Part B premium reduction	Up to \$1,200 for each eligible member
	What you'll pay
Deductible	\$0 deductible
Primary care physician	\$0 copay
Specialist	\$0 copay
Coinsurance	0% coinsurance
MinuteClinic®	\$0 copay*
Teladoc Health™ consultation	\$0 copay
Inpatient/outpatient hospital	\$0 copay
Urgent care	\$0 copay
Emergency care	\$0 copay
Lab/X-ray/diagnostic	\$0 copay
Retail pharmacy (up to a 30-day supply of a covered drug)	Preferred generic: \$2
	Generic: \$10
	Preferred brand: \$40
	Non-preferred brand: \$75
	Specialty: 25% up to \$350
Mail-order pharmacy (up to a 90-day supply of a covered drug)	Preferred generic: \$4
	Generic: \$20
	Preferred brand: \$80
	Non-preferred brand: \$150

\*Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. This benefit is not available in all states.

# Your 2024 monthly premium for Aetna 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*
<b>Z24 Self</b>	<b>\$125.00</b>
<b>Z26 Self plus one</b>	<b>\$275.00</b>
<b>Z25 Self and family</b>	<b>\$331.25</b>

\* See details on the next page about premiums.

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

### Step 1 - Enroll

#### *(with the Federal Government)*

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

**Use the appropriate enrollment code:**

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

**-or-**

Call the Office of Personnel Management (OPM) Retirement Information Center at  
**1-888-767-6738 (TTY: 711)**  
Monday—Friday, 7:40 AM—5 PM ET.

### Step 2 - Opt in

#### *(with Aetna)*

Opt in 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 (TTY: 711)**,  
Monday—Friday, 8 AM—8 PM ET

**You'll need to provide the following:**

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



# A boost beyond Original Medicare

As an Aetna Medicare Advantage member, you also get programs that address the whole you —physical, emotional and social — at no additional cost.



## **SilverSneakers® fitness program**

Join any of over 16,000 participating locations nationwide. Participate in online classes or get a home fitness kit.



## **Resources for Living® program**

Get referrals for services in your area. Things like house cleaning, lawn care, and caregiver support. You just pay for the cost of the services you use.



## **Healthy Home visit**

If you choose to participate, a licensed clinical professional will come to your home to review your health needs, do a home safety assessment, review your medications and ask about your medical and family history.



## **Meal delivery**

Delicious and nutritious meals following a hospital stay delivered right to your home.



## **Nonemergency transport**

Optional transportation to medical appointments. Safe and comfortable rides at no extra cost.

\*The Social Security Administration (SSA) can require additional premium for a Medicare Advantage plan with prescription drug coverage (MAPD). This plan is an MAPD plan. If your income is above a certain limit, you may be required to pay an Income Related Monthly Adjustment Amount, or IRMAA, to SSA. This is in addition to the standard premium amount. You'll receive a notice from SSA if IRMAA applies. They'll provide details, how to pay and information on your right to appeal. The amount they determine can change each year.

Aetna® is not responsible for IRMAA, please see the SSA website for more information.

# The Aetna Direct<sup>SM</sup> plan

**Aetna Direct was introduced 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 to help pay out-of-pocket expenses — including Part B premiums.**

## How it works

When Medicare Parts A and B are primary, 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.

## 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 claim forms
- Nationwide network and coverage
- No referrals

## New for 2024:

When you have Medicare Part A and/or Part B, your prescriptions will be covered under Aetna Medicare Rx<sup>®</sup> offered by SilverScript<sup>®</sup>. This new plan feature will lower your prescription drug copays for greater savings.

Aetna Medicare Rx is a Medicare Part D plan. If you have Medicare your prescription coverage will automatically be updated. Check our website for the Formulary List at **AetnaFeds.com/Pharmacy**. Your prescriptions will be covered but you'll want to check the tiers.

Besides lower copays, the biggest change will be a second ID card for prescriptions. You'll show your new ID card when you pick up your prescriptions.

Contact us at **AetnaFedsLive.com** and we'll be happy to answer your questions. You can also view details and watch a video at **AetnaFeds.com/AetnaDirect**

**Note:** The Social Security Administration (SSA) could require you to pay more. With a higher income (\$97,000 if you file individually or \$194,000 if you're married and file jointly), you could be subject to Part D-Income Related Monthly Adjustment Amount (Part D IRMAA). SSA will contact you if you have to pay Part D IRMAA, based on your income.

If you would like to opt out of your new Medicare Part D coverage, you can contact us at **1-833-271-9775** to return to the plan's original prescription coverage. Or visit **AetnaRetireeHealth.com/FEHBP**

If you don't have Medicare or opt out of Aetna Medicare RX offered by SilverScript, visit **AetnaFeds.com/AetnaDirect** to view your prescription coverage.



# 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'll pay
Primary care physician	\$0 copay
Specialist	\$0 copay
Coinsurance	0% coinsurance
MinuteClinic®	\$0 copay**
CVS Health Virtual Care™	\$0 copay
Inpatient/outpatient hospital	\$0 copay
Urgent care	\$0 copay
Emergency care	\$0 copay
Lab/X-ray/diagnostic	\$0 copay
<b>30 day supply Retail Aetna Medicare RX</b> offered by SilverScript, 5 Tier plan*** (30 day supply of covered drugs)	
	What you'll pay
	Preferred and Standard Pharmacies
Tier 1 - Preferred generic	\$0 copay
Tier 2 - Generic	Preferred \$1 / Standard \$2
Tier 3 - Preferred brand	\$45
Tier 4 - Non-preferred brand	\$75
Tier 5 - Specialty Includes high-cost/ unique generic and brand drugs	25%, but not more than \$250

> Continued on next page

\*If Medicare 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 provider 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.

\*\*Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. This benefit is not available in all states.

\*\*\*If you are enrolled in Medicare Parts A and/or B

If you do not have Medicare Parts A and/or B as primary please check [AetnaFeds.com/AetnaDirect](https://www.aetna.com/feds) for your correct Rx copays and coinsurance

**90 day supply retail or mail order****Aetna Medicare Rx** offered by SilverScript, 5 Tier plan\* (90 day supply of covered drugs)

	<b>What you'll pay</b>	
	<b>Preferred retail or preferred mail order</b>	<b>Standard retail or standard mail order</b>
<b>Tier 1 - Preferred generic</b>	\$0 copay	\$0 copay
<b>Tier 2 - Generic</b>	\$2	\$4
<b>Tier 3 - Preferred brand</b>	\$75	\$75
<b>Tier 4 - Non-preferred brand</b>	\$125	\$125
<b>Tier 5 - Specialty</b> Includes high-cost/ unique generic and brand drugs	Limited to a one-month supply	

\* If you are enrolled in Medicare Part A and/or Part B

If you do not have Medicare Parts A and B as primary please check **AetnaFeds.com/AetnaDirect** for your correct Rx copays and coinsurance

## Your 2024 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.

<b>Enrollment code</b>	<b>Monthly premium</b>
<b>N61 Self</b>	<b>\$160.80</b>
<b>N63 Self plus one</b>	<b>\$352.64</b>
<b>N62 Self and family</b>	<b>\$405.51</b>





# Need more information about Medicare?

Medicare may seem like a lot to figure out, especially since you keep your FEHB coverage after you retire. But think of it this way — if you're enrolled only in an FEHB plan you have deductibles and coinsurance, which you pay out of pocket. If you're enrolled in only Original Medicare, you pay out-of-pocket for deductibles and coinsurance.

But with the Aetna® plans in this booklet, those deductibles and coinsurance amounts can be lowered to \$0 for most medical expenses. When you're enrolled in Original Medicare, that's how these plans work. **You decrease your out-of-pocket medical expenses, as well as your monthly premiums.**

So, let's close the loop on Medicare with a brief description of its parts. Keep in mind, this does not consider your FEHB plan:

## Medicare Part A = Hospital insurance

Part A covers most inpatient medical expenses like hospital stays and home health care. Generally, no premium is required. But there is a deductible before any hospitalization costs are covered.

## Medicare Part B = Medical insurance

Part B covers doctor visits, durable medical equipment, outpatient procedures and lab services. Most pay a monthly premium and a deductible before Medicare covers services. After the deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services.

## Medicare Part A + Part B = Original Medicare

Together, both parts provide coverage in and out of the hospital.

## Medicare Part C = Medicare Advantage

Part C is offered by private insurance companies and is approved by Medicare. It may offer more benefits at a lower cost than Original Medicare. You must sign up for Part A and Part B before enrolling in Medicare Part C.

## Medicare Part D = Prescription drug plan

Part D is offered by private insurance companies and helps pay prescription drug costs. It's included in some Medicare Advantage plans or can be added to Original Medicare coverage. It can also now be added to an FEHB plan like Aetna Direct!

# What do I need to know about Medicare Enrollment?

**There are several specific periods that allow you to enroll in Original Medicare. 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** 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 SEP.

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.

**Medicare.gov** is an excellent resource for additional details.



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 and make healthier happen together.

## Enrolling in your new FEHB plan.

- **During Open Season**, anyone eligible to participate can change their health plan. Open Season usually runs from mid-November to mid-December.
- **Outside of Open Season**, you can change or enroll when specific events occur, like becoming eligible for Medicare. There are also Qualifying Life Events (QLE's), such as marriage, divorce or the loss of a spouse that allow you to change.

Check with your retirement center or schedule a one-on-one appointment at **AetnaFedsLive.com** for details.

## Ready to enroll?

You'll need your enrollment code:

	Aetna Advantage	Aetna Direct
Self	Z24	N61
Self plus one	Z26	N63

- You can enroll online at **RetireeFEHB.OPM.gov** during Open Season.
- Or call the Office of Personnel Management (OPM) Retirement Information Center at **1-888-767-6738 (TTY: 711)** Monday—Friday, 7:40 AM—5 PM ET.

**To enroll in the Aetna Medicare Advantage plan you won't suspend your FEHB coverage, 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 (TTY: 711)**, Monday—Friday, 8 AM—8 PM ET

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

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

**Questions?** Call us at **1-855-277-4356 (TTY: 711)** Monday–Friday, 8 AM—6 PM in all time zones, or visit **[AetnaFeds.com/RetireePlans](https://www.aetna.com/RetireePlans)**

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## Connect with us live at **[AetnaFedsLive.com](https://www.aetna.com/RetireePlans)**

It's an easy way to schedule a one-on-one appointment with a team member. You can even choose 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. Or for an even quicker response use the **"Chat"** feature.

**We look forward to hearing from you!**

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. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

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. The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in certain areas. 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 **[AetnaMedicare.com/PharmacyHelp](https://www.aetna.com/PharmacyHelp)**

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 7-10 days. You can call the number on the back of your ID card if you do not receive your mail-order drugs within this timeframe. 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. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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 **[Ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://www.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。

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