

Yale

Retiree Medical Brochure



PLEASE KEEP THIS BROCHURE FOR REFERENCE

Dear Yale Retiree

Congratulations on your retirement. As a Yale retiree, the university provides you with an option to enroll in one of three Aetna Medicare plans. These plans offer benefits, services, and programs above and beyond basic Medicare coverage and include a comprehensive retiree service center and website.

- If you are a retiree turning age 65, your current medical coverage will end the month you become eligible for Medicare. If you enroll in an Aetna Medicare plan through Yale, your covered dependents can continue their current coverage. If you do not enroll in an Aetna Medicare plan offered by the university when you become eligible for Medicare, your dependents' coverage will end.
- If you are a spouse turning age 65, your current medical coverage will end the month you become eligible for Medicare. You can elect to enroll in an Aetna Medicare plan through Yale or you can enroll in a plan outside of Yale.
- If you are age 65 or older, you can choose from three Aetna Medicare plans, but you must enroll in Medicare Parts A and B at least 30 days before you elect your Medicare Advantage retiree coverage.

Yale and Aetna have prepared the following materials to guide you through your decisions and to ensure you meet deadlines:

1. This brochure, which includes an enrollment checklist, the steps necessary to enroll, and an overview of the medical and prescription drug plans.
2. Your Personalized Enrollment Worksheet, which details the date by which you need to enroll, as well as costs for your medical plan options; and
3. Plan benefits summary, shows the complete plan coverage details.

It is recommended that you keep all of the communications you receive, as they will serve as useful references for your medical benefits.

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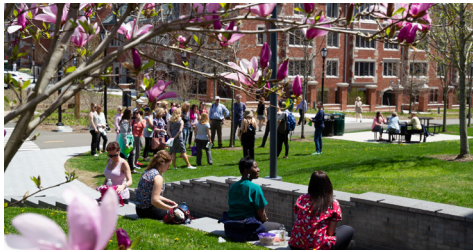
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Your Yale Retiree Medical Benefits

You can choose to enroll in one of these three plans:

The Aetna Medicare Advantage Choice ESA (Extended Service Area) Open Access Preferred Provider Organization (PPO) plan provides access to any provider who participates in the Medicare program including Yale Health (if you were enrolled in YH before retiring). You will pay a copay for non-preventive care services such as Specialist Visits, Inpatient Hospital stays and Diagnostic Procedures.

The Aetna Medicare Advantage Legacy ESA (Extended Service Area) Open Access Preferred Provider Organization (PPO) plan provides access to any provider who participates in the Medicare program, including Yale Health (if you were enrolled in Yale Health before retiring).

The Aetna Medicare Preferred Provider Organization (PPO) plan provides access to in-network and out-of-network providers, except for Yale Health, which is excluded from this plan's network and cannot be accessed as an out-of-network provider. If you use providers who are not part of the plan's network, your cost sharing amount will be higher.

These plans offer:

- Health and well-being programs at no additional cost to you.
- Access to the National Medical Excellence Program, which is a select network of doctors and facilities. They treat members with complex illnesses or injuries and ensure you get the right care.
- Coverage for emergency or urgently needed medical treatments, even when traveling outside the United States.
- Online tools at aetnaretireehealth.com/yale and a Retiree Service Center at 1-800-338-4533 (TTY: 711) with designated Customer Service Representatives.
- A 24-hour toll-free nurse hotline at 1-800-556-1555.
- Silverscripts Medicare prescription drug plan (PDP) benefits – the plan benefits summary provides plan details. Note that the Centers for Medicare & Medicaid Services (CMS) has certain enrollment requirements. You can have only one stand-alone Medicare PDP. So, if you enroll in a Yale Medicare Advantage plan provided through Aetna, CMS will cancel any individual PDP coverage you may have.

What is a Medicare Advantage Plan?

Medicare Advantage plans are offered by private insurance companies that contract with the Medicare program to provide beneficiaries with Medicare Part A (hospital) and Part B (doctor and outpatient) benefits, as well as a variety of additional benefits and services intended to improve member health and well-being. The Medicare Advantage program is known as Medicare Part C.

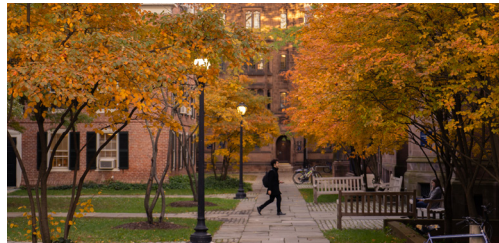
Compare Plans

The main difference among the plans are what you will pay when you seek services, as shown in the chart below. Please note that this chart is a summary of the main provisions. Complete details on the medical plans, the network of providers, and the prescription drug plan are in the plan benefit summary and available on the retiree benefits website at aetnaretireehealth.com/yale.

Plan Feature	Medicare Choice ESA Open Access PPO You pay*:	Medicare Legacy ESA Open Access PPO You pay*:	Medicare PPO	
			In-Network You pay:	Out-of-Network You pay:
Additional Well-Being Benefits	See the “Well-Being” Benefits section on the next page			
Preventive Care (Annual Wellness/Routine Physical Exam)	\$0	\$0	\$0	20% (coinsurance) of the cost for the annual wellness or routine physical exam
PCP Visit (other than an Annual Wellness/Routine Physical Visit)	\$0	\$0	\$10 copay	20% coinsurance for most services
Annual Deductible	\$0	\$0	\$0	\$500
Annual Out-of-Pocket Maximum (including deductible and copays)	\$1,500	\$0	\$1,500	\$4,000 (combined in- and out-of-network)
Lifetime Maximum (paid by plan)	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospitalization	\$250 per stay	\$0 per stay	\$0 per stay	20% coinsurance per stay
Specialist Visit	\$25	\$0	\$25 copay	20% coinsurance
Emergency Room (worldwide coverage)	\$90 Waived if admitted	\$0	\$50 copay Waived if admitted	\$50 copay Waived if admitted
Urgent Care (worldwide coverage)	\$25	\$0	\$25 copay	\$25 copay
Medicare Part B Drugs	5%	\$0	\$0	\$0

*The amount you pay is the same for out-of- network benefits.

Well-Being Benefits



Retiree Service Center Hours

The Retiree Service Center has designated Service Center Representatives who are available Monday through Friday during these hours:

8 a.m. to 6 p.m. ET,
between February 1 and
September 30

8 a.m. to 8 p.m. ET,
between October 1 and
January 31

1-800-338-4533
(TTY: 711)

Our plans offer these additional programs and services to help you manage your short- and long-term health and well-being needs.

SILVERSNEAKERS

Access fitness equipment, group exercise classes, and more at over 13,000 participating SilverSneakers locations nationwide at no additional cost to you.

VISION AND HEARING AID ALLOWANCE

You receive a \$175 allowance for vision eyewear once every 24 months and a \$500 allowance for hearing aids once every 36 months. You will receive more information after you enroll in one of the plans.

TELEMEDICINE

Talk with a doctor over the phone (except in Idaho) or through an online video consultation, where permitted. Teladoc provides you with access to a national network of physicians. These doctors can diagnose, treat, and prescribe medication for many common medical issues.

RESOURCES FOR LIVING

Connect to resources in your community to help you find a wide range of life services in your area – from personal care, housekeeping, and maintenance to caregiver relief and support.

CASE MANAGEMENT

Need extra assistance and support for managing chronic conditions and complex medical issues? Aetna will assign you a case manager who will work with you and your physicians to support your care plan. It's like having a nurse in the family.

PREFERRED DIABETIC SUPPLY PROGRAM

Get OneTouch® by LifeScan blood glucose meters and test strips at no cost.

HEALTHY HOME VISIT

If you choose to participate, a licensed health care professional will come to your home to review your health needs and do a home safety assessment. They'll also review your medicines and ask about your medical history.

Your Enrollment Checklist



This checklist outlines steps to take to be covered by one of the three medical plans offered by Yale:

- Aetna Medicare Choice ESA Open Access PPO plan; Aetna Medicare Legacy ESA Open Access PPO plan; or
- Aetna Medicare PPO plan.

Is Your Doctor In-Network?

Use the provider search tool on aetnaretireehealth.com/yale to find if your doctors are in network for a plan, and to find in-network specialists, hospitals, pharmacies, and other health care facilities.

Step 1: Enroll in Medicare Parts A and B

To be eligible for enrollment in a Yale Medicare plan, **you must be enrolled in Medicare Parts A and B**. You'll need to continue to pay your Part B premium.

- If you are not enrolled in Medicare Part A and Part B, go to **medicare.gov** or call 1-800-633-4227. TTY users should call 1-877-486-2048. You can also visit your local Social Security office in person. Information is available 24 hours a day, including weekends.
- If you are not sure if you are enrolled in Medicare Parts A and B, call the Social Security Administration Office at 1-800-633-4227 or go to **medicare.gov**. Information is available 24 hours a day, including weekends.

Step 2: Understand Your Options

Read this guide and additional enclosed materials to fully understand the plans, your costs, whether your providers are in the networks, your enrollment deadline, and what to expect after you enroll. If you have any questions, call the Retiree Service Center at 1-800-338-4533 (TTY: 711).

Once you decide on the plan that fits your needs, it is time to enroll.

Step 3: Enroll

You have two ways to enroll.

ONLINE:

Log in to the retiree benefits website at aetnaretireehealth.com/yale.

- You'll need to register if you haven't yet.
- Once you're logged in, click on "Enroll Now."
- Follow the prompts to enroll.

BY PHONE:

Call the Retiree Service Center at 1-800-338-4533 (TTY: 711).

Make sure you enroll by the deadline shown on your Personalized Enrollment Worksheet. **You must make your election on the Aetna retiree website or by phone before your coverage effective date.**



After You Enroll

After you enroll in a Yale Medicare Advantage plan you will receive (or have access to) more information about your medical and prescription drug coverage. Below is an overview of what you can expect to receive, and by when.

What to Expect Next	Description
Enrollment confirmation statement	Confirmation that Aetna has processed your enrollment.
Plan confirmation letter	Letter confirming that Aetna has received, and CMS has approved, your application for the plan.
Monthly billing statement	Lets you know how much you owe for your health plan premium each month.
Member ID cards	Member ID cards (Aetna Medicare Plan card and SilverScripts Prescription card) to share with providers.
Evidence of Coverage (EOC)	Booklet provides a full explanation of how your plan works.
Formulary* <small>*Applicable for SilverScripts Medicare Rx Plan (PDP)</small>	List of prescription drugs that are covered under your plan.
Health survey	An Aetna representative calls you to ask general questions regarding your health (or you can complete the survey on paper and mail it back to Aetna).

If you do not have your premium deducted from your pension check, you have two options for payment:

1. Payments can be made in real time on the Aetna retiree benefits website with a credit card, debit card, or ACH from your bank account. You can also set up automatic payments online. Alternatively, you can pay by check and mail in your payments. Contact Aetna Retiree Health Center with billing and payment questions at 800-338-4533.
2. **You can mail your payment directly to Aetna.** When you receive your statement, you will need to mail your premium payment to Aetna at the billing address provided in the billing statement. Be sure to check the address on your first Aetna Medicare billing statement you receive before you mail your payment. Generally, Faculty and Managerial and Professional retirees will be billed for premiums by Aetna. Hourly staff will have premiums deducted from pension, unless the pension does not cover the full amount of premium. Contact the Retiree Service Center at 1-800-338-4533 for guidance on whether your premium will be pension deducted or direct billed.

When You Can Expect It

Available online at aetnaretireehealth.com/yale as soon as Aetna processes your enrollment.

About 10 calendar days after Aetna receives approval from CMS.

Around the 20th of the month before your premium is due.

About 10 calendar days after Aetna receives approval from CMS.

Within 10 calendar days from the CMS confirmation date, or the last day of the month before the effective date, whichever is later.

Within 10 calendar days from the CMS confirmation date, or the last day of the month before the effective date, whichever is later.

Three to four weeks after your enrollment is received.

Notice regarding Medicare-eligible medical, pharmacy, and dental payments (if applicable)

Your payment is due on the date indicated on your billing statement. If the full payment is not received within 90 days of this due date, your benefits will terminate the first of the month following this 90-day grace period.

Questions and Answers

1. When I enroll in a Yale Aetna Medicare Advantage plan and Medicare Parts A and B, what cards will I receive and need to show when I receive care?

Once you enroll in one of the three Aetna Medicare plans offered by Yale, you will receive:

- An Aetna Medicare plan card, which you will show when you receive medical services; and
- A prescription drug card, which you will show when filling prescriptions at the pharmacy.

Your Medicare-eligible spouse will receive their own medical and prescription drug plan card with their own unique numbers.

Once you enroll in Medicare, you will receive a red, white, and blue Medicare card, but you will not need to show it for medical and prescription drug services. However, you should keep that card in a safe place.

2. Can I travel outside of the U.S. and still have coverage under the Aetna Medicare plan?

Yes, emergency and urgently needed services are covered under the Aetna Medicare plans when you travel outside the U.S. You may be required to pay the bill at the time of service and file the claim with Aetna for reimbursement. Aetna will reimburse you based on Medicare's allowable amounts at the time of service.

The plan will not provide a benefit for non-emergency, non-urgently needed services outside the U.S.

Moreover, if you are permanently relocated outside the U.S. and U.S. territories, you are not eligible for the Aetna Medicare plans. You should contact the Yale Employee Service Center at 203-432-5552 to discuss your options.

3. I currently use Yale Health. Can I continue to use it?

Yes, if you are enrolled in the Medicare Choice ESA Open Access PPO or the Medicare Legacy ESA Open Access PPO plan, are currently enrolled in Medicare, and currently using Yale Health, you can continue to access services as you do today, at the departments listed below.

- Acute Care
- Diagnostic Imaging
- Gynecology
- Internal Medicine
- Laboratory*
- Pharmacy**
- Immunizations***

* Billed separately by Quest Diagnostics.

** The Yale Health Pharmacy participates in the Aetna program. Provide your Aetna ID number and bring your SilverScripts prescription card to the Yale Health Pharmacy (or any other pharmacy) when ordering prescriptions or picking them up.

*** Flu, pneumococcal, and some other immunizations. Allergy services or shots are not available.

Resources



If you have questions about your plan, billing, eligibility, and/or enrollment information, you can find answers by:

Logging in to the retiree benefits website at aetnaretireehealth.com/yale

OR

Calling the Retiree Service Center at 1-800-338-4533 (TTY: 711).

Designated Service Center Representatives are available Monday through Friday, 8 a.m. to 8 p.m. ET.





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The benefit descriptions stated in this document are brief summaries of the benefits offered. If anything differs from what is stated in the legal plan documents, the legal plan documents will prevail.

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