DELAWARE RIVER AND BAY AUTHORITY
Aetna Medicare Plan (PPO)
Medicare (C04) ESA PPO
Custom Rx $10/$20/$35/$35

Benefits and Premiums are effective January 1, 2023 through December 31, 2023
SUMMARY OF BENEFITS
PROVIDED BY AETNA MEDICARE

Primary Care Physician (PCP): You have the option to choose a PCP. When we know who your provider is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.

Prior Authorizations: Your doctor will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

CONTACT INFORMATION	
	Please contact Member Services at **1-888-267-2637** (TTY: 711). Hours are 8 AM to 9 PM ET, Monday through Friday.
	AetnaRetireePlans.com

PLAN FEATURES	
Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.
	This is what you pay for network and out-of-network providers
Annual Deductible	$0
	This is the amount you have to pay out-of-pocket before the plan will pay its share for your covered Medicare Part A and B services.
Annual Maximum Out-of-Pocket Amount	$0
	This is the most you will have to pay out-of-pocket for your medical services. The annual maximum out-of-pocket limit includes any deductible, copayments or coinsurance that you pay. It applies to all medical expenses **except hearing aid reimbursement, vision reimbursement and Medicare prescription drug coverage** that may be available on your plan.

PRIMARY BENEFITS	
	This is what you pay for network and out-of-network providers
Hospital Care*	
Inpatient Hospital Care	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Observation Stay	Your cost share for Observation Care is based upon the services you receive.
Outpatient Hospital Services and Surgery	$0
Ambulatory Surgery Center	$0
Physician Services	

PRIMARY BENEFITS	
	This is what you pay for network and out-of-network providers
Primary Care Physician Visits	$0
	Includes the services of an internist, general physician or family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.
Physician Specialist Visits	$0
Preventive Services	
Abdominal aortic aneurysm screenings	$0
Alcohol misuse screenings and counseling	$0
Annual well visit - one exam every 12 months	$0
Bone mass measurements	$0
Breast exams	$0
Breast cancer screening: mammogram - one baseline mammogram for members age 35-39; one annual mammogram for members age 40 and over	$0
Cardiovascular behavior therapy	$0
Cardiovascular disease screenings	$0
Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)	$0
Depression screenings	$0
Diabetes screenings	$0
HBV infection screening	$0
Hepatitis C screening tests	$0
HIV screenings	$0

PRIMARY BENEFITS	
	This is what you pay for network and out-of-network providers
Lung cancer screenings and counseling	$0
Medicare Diabetes Prevention Program (MDPP)	$0
Nutrition therapy services	$0
Obesity behavior therapy	$0
Pelvic exams - one routine GYN visit and Pap smear every 24 months	$0
Prolonged Preventive Services - prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service	$0
Prostate cancer screenings (PSA) - for all male patients aged 50 or older (coverage begins the day after 50th birthday)	$0
Sexually transmitted infections screening and counseling	$0
Tobacco use cessation counseling	$0
“Welcome to Medicare” preventive visit	$0
Immunizations	
Flu	$0
Hepatitis B	$0
Pneumococcal	$0
Additional Medicare Preventive Services	
Barium enema - one exam every 12 months	$0
Diabetes self-management training (DSMT)	$0

PRIMARY BENEFITS	
	This is what you pay for network and out-of-network providers
Digital rectal exam (DRE)	$0
EKG following welcome exam	$0
Glaucoma screening	$0
Emergency and Urgent Medical Care	
Emergency Care (includes services worldwide)	$0
Urgent Care (includes services worldwide)	$0
Diagnostic Procedures*	
Diagnostic Radiology (CT scans)	$0
Diagnostic Radiology (other than CT scans)	$0
Diagnostic Testing and Procedures	$0
Lab Services	$0
Outpatient X-rays	$0
Hearing Services	
Hearing Exam (routine)	$0
	Coverage: one every twelve months
Hearing Exam (Medicare-covered)	$0
Dental Services*	
Dental Services	$0
	Medicare-covered benefits only
Vision Services	
Eye Exam (routine)	$0
	Coverage: one every 12 months
Diabetic Eye Exam	$0

PRIMARY BENEFITS	
	This is what you pay for network and out-of-network providers
Eye Exam (Medicare-covered)	$0
Mental Health Services*	
Inpatient Mental Health Care	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Mental Health Care	$0 (individual sessions) $0 (group sessions)
Partial Hospitalization	$0
Inpatient Substance Abuse	$0 per stay
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Substance Abuse	$0 (individual sessions) $0 (group sessions)
Skilled Nursing Services*	
Skilled Nursing Facility (SNF) Care	$0 per day, days 1-100
	Limited to 100 days per Medicare benefit period. The member cost sharing applies to covered benefits incurred during a member's inpatient stay. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.
Outpatient Rehabilitation Services*	

PRIMARY BENEFITS	
	This is what you pay for network and out-of-network providers
Occupational Therapy Rehabilitation Services	$0
Physical and Speech Therapy Rehabilitation Services	$0
Ambulance* and Transportation Services	
Ambulance Services	$0
Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.	
Transportation (non-emergency)	Not Covered
Medicare Part B Prescription Drugs*	
Medicare Part B Prescription Drugs	$0
Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.	

Medicare Part D Prescription Drugs

Part D drugs are covered. See PHARMACY - PRESCRIPTION DRUG BENEFITS section on page 11 for your plan benefits at each Part D stage, including cost share and other important pharmacy benefit information.

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	
	This is what you pay for network and out-of-network providers
Allergy Shots	$0

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	
	This is what you pay for network and out-of-network providers
Allergy Testing	$0
Blood	$0
	All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	$0
Chiropractic Services*	$0
	Medicare-covered benefits only
Diabetic Supplies*	$0
	Includes supplies to monitor your blood glucose from LifeScan, or from a non-preferred provider when a prior authorization is received.
Durable Medical Equipment (DME)	$0
Prosthetic Devices	$0
Home Health Agency Care*	$0
Hospice Care	Covered by Original Medicare at a Medicare-certified hospice.
Medical Supplies*	Your cost share is based upon the provider of services
Acupuncture Services	$0
	Medicare-covered benefits only
Outpatient Dialysis Treatments*	$0
Podiatry Services	$0
	Medicare-covered benefits only
Pulmonary Rehabilitation Services	$0

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	
	This is what you pay for network and out-of-network providers
Radiation Therapy*	$0
Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.	

ADDITIONAL PROGRAMS (not covered by Original Medicare)	
Resources for Living®	This program is offered to help you locate resources for everyday needs.
ADDITIONAL SERVICES AND SUPPLIES (not covered by Original Medicare)	**This is what you pay for network and out-of-network providers**
Teladoc™	$0
	Telemedicine services with a Teladoc provider. State mandates may apply.
Telehealth PCP	$0
Telehealth Specialist	$0
Telehealth Other Health Care Providers	$0
Telehealth Individual Mental Health	$0
Telehealth Behavioral Health	$0
Telehealth Group Mental Health	$0
Telehealth Individual Psychiatric Services	$0
Telehealth Group Psychiatric Services	$0
Telehealth Urgent Care	$0
Physical Exam	$0
	A routine physical exam is offered once per calendar year.

ADDITIONAL SERVICES AND SUPPLIES (not covered by Original Medicare)	This is what you pay for network and out-of-network providers
Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.	

See next page for Pharmacy-Prescription Drug Benefits

PHARMACY - PRESCRIPTION DRUG BENEFITS

Deductible	**$0**
Prescription drug calendar-year deductible must be satisfied before any Medicare prescription drug benefits are paid. Covered Medicare prescription drug expenses will accumulate toward the pharmacy deductible.	
Pharmacy Network	**S2**
Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (AetnaRetireePlans.com).	
Formulary (Drug List)	**Comprehensive+**

INITIAL COVERAGE LIMIT (ICL)

The Initial Coverage Limit includes the plan deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied, if your plan has a deductible):	$4,660

4 Tier plan	30-day Supply through Retail	90-day Supply through Retail or Mail	
	Standard Retail	Preferred Mail	Standard Retail or Mail
Tier 1 Generic drugs	You pay $10	You pay $10	You pay $10
Tier 2 Preferred Brand drugs	You pay $20	You pay $20	You pay $20
Tier 3 Non-Preferred Brand drugs	You pay $35	You pay $35	You pay $35
Tier 4 Specialty drugs - Includes high-cost/unique brand and generic drugs	You pay $35	Limited to one-month supply	Limited to one-month supply

If you reside in a long-term care facility, your cost share is the same as a 30-day supply at a retail pharmacy and you may receive up to a 31-day supply.

COVERAGE GAP
The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage Limit. Your cost sharing for covered Part D drugs between the Initial Coverage Limit until you reach $7,400 in prescription drug expenses is indicated below.
Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. This means that you will generally continue to pay the same amount for covered drugs throughout the Coverage Gap stage of the plan as you paid in the Initial Coverage stage. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

CATASTROPHIC COVERAGE	
Catastrophic Coverage	Your share of the cost for a covered drug will be 5% but not greater than the cost share amounts listed in the Initial Coverage Stage section above.
Catastrophic Coverage benefits start once $7,400 in true out-of-pocket costs is incurred.	

REQUIREMENTS	
Precertification	Applies
Step Therapy	Does Not Apply

NON-PART D SUPPLEMENTAL BENEFIT
• Agents when used for anorexia, weight loss, or weight gain

MEDICAL DISCLAIMERS
For more information about Aetna plans, go to AetnaRetireePlans.com or call Member Services toll-free at 1-888-267-2637 (TTY:711). Hours are 8 AM to 9 PM ET, Monday through Friday.
The provider network may change at any time. You will receive notice when necessary.
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.

MEDICAL DISCLAIMERS

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The complete list of services can be found in the *Evidence of Coverage* (EOC). You can request a copy of the EOC by contacting Member Services at **1-888-267-2637** (TTY: 711). Hours are 8 AM to 9 PM ET, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your *Evidence of Coverage*.
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Aetna will pay any non-contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare-covered services under the plan.

PHARMACY DISCLAIMERS

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment

PHARMACY DISCLAIMERS
(Medicare Part D, plan sponsor or member).
The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.
You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30-day supply.
Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.
Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” Therefore, most specialty drugs are not available at the mail-order cost share.
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 1-866-235-5660 (TTY users should call 711), 24 hours a day, seven days a week, if you do not receive your mail-order drugs within this timeframe. You may have the option to sign up for automated mail-order delivery.
The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. The amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the Coverage Gap.
Coinsurance-based cost sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.
There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot: • Cover a drug that would be covered under Medicare Part A or Part B. • Cover a drug purchased outside the United States and its territories. • Generally cover drugs prescribed for “off label” use (any use of the drug other than indicated on a drug’s label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

PHARMACY DISCLAIMERS

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which an additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Your plan includes supplemental coverage for some drugs not typically covered by a Medicare Part D plan. Refer to the "Non-Part D Supplemental Benefit" section in the chart above. Non-Part D drugs covered under the non-Part D supplemental drug benefit can be purchased at the appropriate plan copay. Copayments and other costs for these prescription drugs will not apply toward the deductible, initial coverage limit or true out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan.

PLAN DISCLAIMERS

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

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna). 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.

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.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

PLAN DISCLAIMERS
Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.
If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.
You can read the *Medicare & You 2023* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call**1-888-267-2637** (TTY: 711). Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-267-2637** (TTY: 711). Traditional Chinese: 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 **1-888-267-2637** (TTY: 711).
You can also visit our website at AetnaRetireePlans.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

*****This is the end of this plan benefit summary*****

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