



# Game changer

**2025 health plan guide for  
federal retirees to help you save**

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

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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 with federal retirees in mind. 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?

Many plans offered through the FEHB Program 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.

But 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.

### 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 Advantage** allows you to opt in to a Medicare Advantage plan offered through FEHB. And, each eligible member will receive up to 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. You will not be suspending your FEHB coverage.

Use any doctors and hospitals if they are eligible to receive payment under Medicare and will bill and accept payment from Aetna<sup>®</sup> — 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<sup>®</sup> fitness membership and more.

Find out more at [AetnaFeds.com/RetireePlans](https://www.aetna.com/RetireePlans)

## Highlights of Aetna Medicare Advantage

- Low premiums
- Up to a **\$1,200** Medicare Part B premium reduction (\$100 per month) for eligible members
- Added programs such as SilverSneakers<sup>®</sup> and Healthy Home Visits
- **\$0** deductible and coinsurance for medical care
- Prescription copays as low as **\$2**
- A **\$30** per quarter allowance for certain over-the-counter items
- 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 <b>\$1,200</b> for each eligible member
	What you'll pay
Deductible	<b>\$0</b> deductible
Primary care physician	<b>\$0</b> copay
Specialist	<b>\$0</b> copay
Coinsurance	<b>0%</b> coinsurance
MinuteClinic	<b>\$0</b> copay*
Teladoc Health consultation	<b>\$0</b> copay
Inpatient/outpatient hospital	<b>\$0</b> copay
Emergency and Urgent care	<b>\$0</b> copay
Physical therapy	<b>\$0</b> copay
Lab/X-ray/diagnostic	<b>\$0</b> copay
Chiropractic care	<b>\$0</b> copay
Hearing aid reimbursement	we pay <b>\$2,500</b> once every 36 months
Retail pharmacy - (30 day supply of covered drugs)	
Tier 1 - Preferred generic	<b>\$2</b> copay
Tier 2 - Generic	<b>\$10</b> copay
Tier 3 - Preferred brand	<b>\$40</b> copay
Tier 4 - Non-preferred brand	<b>\$75</b> copay
Tier 5 - Specialty Includes high-cost/ unique generic and brand drugs	<b>25%</b> coinsurance up to <b>\$350</b>
Mail order pharmacy - (up to a 90-day supply of a covered drug)	
Tier 1 - Preferred generic	<b>\$4</b> copay
Tier 2 - Generic	<b>\$20</b> copay
Tier 3 - Preferred brand	<b>\$80</b> copay
Tier 4 - Non-preferred brand	<b>\$150</b> copay
Tier 5 - Specialty Includes high-cost/ unique generic and brand drugs	limited to a one month supply

\* 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 2025 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*
Z24 Self	\$115.34
Z26 Self plus one	\$253.74
Z25 Self and family	\$305.63

See details on page 11 about premiums. With Medicare Part B and/or D you could be required to pay IRMAA.

## 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

A fitness benefit that includes a basic membership with access to thousands of participating facilities nationwide, plus live or on-demand physical fitness videos and interactive health and well-being classes.



## Over-the-counter (OTC) benefit

The OTC benefit offers members a convenient way to get over-the-counter (OTC) health and wellness products online, by phone or in store at participating CVS Pharmacy® locations. You get a **\$30** allowance every three months.



## Healthy Home visit

If you choose to participate, a licensed clinician 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.



## Post-discharge meal benefit program

After a qualifying inpatient hospital stay, Aetna® teams up with NationsMarket™ to deliver healthy, precooked meals. The program offers eligible members 14 home delivered meals at no additional cost -- convenient quality nutrition while you focus on recuperating.



## Nonemergency transportation program

This program helps you get to and from doctors or hospital appointments without having to rely on family or friends.



# The Aetna Direct 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 **\$0** deductibles and copays 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
- Seamless coordination of claims — no claim forms
- Network coverage in all 50 states
- No referrals

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 plan has lower prescription drug copays than the standard coverage, 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](https://www.aetna.com/medicare/medicare-rx/formulary)**

You'll receive a second ID card to use when you pick up your prescriptions.

Contact us at **[AetnaFedsLive.com](https://www.aetna.com/medicare/medicare-rx/live)** and we'll be happy to answer your questions. You can also view details and watch a video at **[AetnaFeds.com/AetnaDirect](https://www.aetna.com/medicare/medicare-rx/direct)**

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](https://www.aetna.com/medicare/medicare-rx/retiree)**

If you don't have Medicare or opt out of Aetna Medicare RX offered by SilverScript, visit **[AetnaFeds.com/AetnaDirect](https://www.aetna.com/medicare/medicare-rx/direct)** to view your prescription coverage.

# Aetna Direct benefits at a glance

<b>KEY BENEFITS - With Medicare Parts A &amp; B as primary*</b>	
<b>Fund</b>	<b>\$900</b> self, <b>\$1,800</b> self plus one <b>\$1,800</b> self and family
<b>Part B premium reimbursement</b>	You can use your fund to help reimburse yourself for Medicare Part B premiums
<b>Deductible</b>	Waived
	<b>What you'll pay</b>
<b>Primary care physician</b>	<b>\$0</b> copay
<b>Specialist</b>	<b>\$0</b> copay
<b>Coinsurance</b>	<b>0%</b> coinsurance
<b>MinuteClinic</b>	<b>\$0</b> copay**
<b>CVS Health Virtual Care™</b>	<b>\$0</b> copay
<b>Inpatient/outpatient hospital</b>	<b>\$0</b> copay
<b>Emergency and Urgent care</b>	<b>\$0</b> copay
<b>Physical therapy</b>	<b>\$0</b> copay
<b>Lab/X-ray/diagnostic</b>	<b>\$0</b> copay
<b>Hearing aid reimbursement</b>	we pay <b>\$3,000</b> once every 36 months
<b>30 day supply Retail Aetna Medicare RX offered by SilverScript, 5 Tier plan*** (30 day supply of covered drugs)</b>	
	<b>What you'll pay</b>
	<b>Preferred and Standard Pharmacies</b>
<b>Tier 1 - Preferred generic</b>	<b>\$0</b> copay
<b>Tier 2 - Generic</b>	Preferred <b>\$1</b> copay / Standard <b>\$2</b> copay
<b>Tier 3 - Preferred brand</b>	<b>\$45</b> copay
<b>Tier 4 - Non-preferred brand</b>	<b>\$75</b> copay
<b>Tier 5 - Specialty</b> Includes high-cost/ unique generic and brand drugs	<b>25%</b> coinsurance, but not more than <b>\$250</b>

> 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, preferred and standard pharmacies 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>Tier 1 - Preferred generic</b>	<b>\$0</b> copay
<b>Tier 2 - Generic</b>	<b>\$2</b> copay preferred, <b>\$4</b> copay standard
<b>Tier 3 - Preferred brand</b>	<b>\$75</b> copay
<b>Tier 4 - Non-preferred brand</b>	<b>\$125</b> copay
<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](https://www.aetna.com/feds) for your correct Rx copays and coinsurance

## Your 2025 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>\$166.53</b>
<b>N63 Self plus one</b>	<b>\$365.21</b>
<b>N62 Self and family</b>	<b>\$419.96</b>

See details on page 11 about premiums. With Medicare Part B and/or Part D you could be required to pay IRMAA.





# 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, **you might 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. Parts A and B are considered Original Medicare.

## 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 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. These plans are also now offered through FEHB with plans like the Aetna Medicare Advantage plan.

## 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.

\* **IRMAA.** If your income is above a certain limit, the Social Security Administration (SSA) will require an Income Related Monthly Adjustment Amount (IRMAA) based on your yearly income. This extra charge is in addition to your monthly Medicare premiums for Part B and/or Part D. (Including the Part D coverage of this Medicare Advantage Plan). If IRMAA applies SSA will notify you with information on how to pay IRMAA and your right to appeal. Aetna® is not responsible for IRMAA, please see the SSA website for more information.

# 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
Self and family	Z25	N62

- 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/live)**

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 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.**

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. ©2024 Tivity Health, Inc. All rights reserved. ©2024 NationsBenefits, LLC. All rights reserved. Marks are the property of their respective owners.

Health insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna). Before making a decision, please read the plan's applicable federal brochure(s). All benefits are subject to the definitions, limitations and exclusions set forth in these brochure(s). Plan features and availability may vary by location and are subject to change. Aetna does not provide care or guarantee access to health services.

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.

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.

For more information about Aetna plans, refer to **[AetnaFeds.com/RetireePlans](https://www.aetna.com/RetireePlans)**