



WORTHINGTON
ENTERPRISES

Retirement Booklet

A Guide for Employees

Effective January 1, 2024

Contents

RETIREMENT BOOKLET	1
1. RETIREMENT OVERVIEW	3
1.1 ELIGIBILITY.....	3
1.2 BENEFITS YOU CAN CONTINUE	3
1.3 BENEFITS THAT ARE DISCONTINUED	4
2. HEALTHCARE	5
2.1 RETIREE HEALTH ACCESS (RHA) NON-MEDICARE PLAN (UNDER AGE 65)	5
2.2 RETIREE HEALTH ACCESS (RHA) MEDICARE PLAN (AGE 65 OR OLDER).....	6
2.3 HOW TO ENROLL IN RHA.....	6
2.4 COBRA.....	6
3. 401(K) AND PAYROLL.....	7
3.1 401(K).....	7
3.2 VACATION.....	8
3.3 PROFIT SHARING/BONUS.....	8
3.4 FINAL PAYCHECK	8
4. APPENDIX	8
4.1 MEDICARE FACT SHEET.....	8
4.2 RHA PRE-65 PLAN SUMMARY	8
4.3 RHA MEDICARE PLAN SUMMARY	8



This guide is intended only as a general summary and every effort has been made to report information accurately. A more complete summary of benefits and the terms under which they are provided, including limitations and exclusions, are contained in the plan documents. If there are any discrepancies between information contained in this Benefits Guide and the plan documents, the plan documents are the controlling documents. The company reserves the right to modify or terminate the plans described in this Benefits Guide at any time without notice.

1. RETIREMENT OVERVIEW

1.1 Eligibility

All regular full-time employees who are at least age 55 with a minimum of 5 years of service are eligible for retirement if age plus years of service equals 65 or more.

Note: Years of service includes time spent with acquisitions.

1.2 Benefits You Can Continue

Benefit	Description	Contact
Retiree Healthcare	You may choose between Retiree Health Access (RHA) plans through Aetna and COBRA continuation coverage administered by WEX.	RHA: 800.426.4584 COBRA: 877.837.5017
Dental & Vision	You may continue your Dental & Vision coverage as a retiree. You will receive payment instructions and coupons in the mail from WEX.	WEX 877.837.5017
Life Insurance	Coverage will terminate at midnight of your retirement date. However, you may convert or port your coverage by contacting Securian within 30 days of your retirement date.	Securian 866.293.6047
Legal Plan	You may continue your access to the legal plan by contacting ARAG.	ARAG 800.247.4184
BMI Federal Credit Union	Once you have opened an account, you have a lifetime membership. Contact BMI for rates and account questions.	BMI 800.233.6880
Columbus Fitness Center	Access to the Fitness Center is available during regular hours. Monthly payments can be made by cash or check (rates are subject to change).	Worthington's People Center 877.840.6506
Barber Shop	Access to the Barber Shop is available during regular hours. You must contact the Barber Shop and schedule your appointment in advance. Payment can be made by cash or check.	Varies by Location
Medical Center & Pharmacy	You have continued access to the Medical Center & Pharmacy. You may need to pay out-of-pocket costs and then be reimbursed by your Healthcare benefit provider. Contact the Medical Center or Pharmacy for any questions or to schedule an appointment.	Worthington Industries Medical Center 888.490.3500
Health Fair	You are welcome to attend the Health Fair, typically held in late October. Notify Worthington's People Center of any address changes to ensure you receive mailings.	Worthington's People Center 877.840.6506

1.3 Benefits That Are Discontinued

Benefit	Description	Contact
Worthington Enterprises Healthcare	Your coverage will continue through the end of the month in which you retire. If you enrolled in the HRA plan, any unused amount in your fund will be forfeited.	Worthington's People Center 877.840.6506
Health Savings Account	You may keep your HealthEquity HSA. However, your account will no longer be affiliated with Worthington Enterprises and fees may apply.	HealthEquity 866.346.5800
Employee Assistance Program (EAP)	You have access for 30 days from your retirement date.	SupportLinc 888.881.5462
Flexible Spending Accounts	You may continue to submit claims for eligible expenses incurred through your retirement date.	HealthEquity 866.346.5800
Salary Plan	Coverage terminates at midnight of your retirement date.	Worthington's People Center 877.840.6506
Disability Insurance	Coverage terminates at midnight of your retirement date.	Worthington's People Center 877.840.6506
Tuition Reimbursement	Coverage terminates at midnight of your retirement date. Any previously approved reimbursement requests that have not been paid are revoked.	Worthington's People Center 877.840.6506
Stock Purchase Plan	Although your participation will be discontinued after the last regular and/or supplemental check, your account will not automatically close. Contact Broadridge to discuss your options.	Broadridge 844.943.0717
Stock Options	Any unvested stock options will be discontinued as of your retirement date. You may exercise vested options at any time before the earlier of 36 months from your retirement date <u>or</u> the expiration date specified in your grant agreement. Contact Worthington's Legal Department with any questions at stockadministration@wthg.com .	Worthington Legal Dept. 614.840.4995
Restricted Stock	Any unvested restricted stock will vest as of your retirement date, on a prorate basis (based on the number of full months since the date of the grant). Contact Worthington's Legal Department with any questions at stockadministration@wthg.com .	Worthington Legal Dept. 614.840.4995

2. HEALTHCARE

As a Worthington Enterprises retiree, you can choose from the following options for healthcare coverage:

1. Retiree Health Access (RHA) Non-Medicare Plan (Under age 65)
2. Retiree Health Access (RHA) Medicare Plan (Age 65 or older)
3. COBRA Coverage

Age and eligibility for Medicare are important factors when planning for coverage during your retirement.

Healthcare Option	Ages 55-64	Age 65 or Older
COBRA	You and/or dependents may continue for up to 18 months	Not recommended: COBRA is secondary to Medicare
Aetna RHA Plans	You and/or dependents may enroll: <ol style="list-style-type: none"> 1. upon retirement; 2. after 18 months of COBRA; 3. via a life event; 4. During RHA's annual open enrollment 	Not Eligible
Aetna RHA Medicare Plans	Not Eligible	You and/or dependents may enroll: <ol style="list-style-type: none"> 1. upon retirement; 2. via a life event; 3. upon reaching Medicare eligibility; 4. during RHA's annual open enrollment

2.1 Retiree Health Access (RHA) Non-Medicare Plan (Under age 65)

At Worthington Enterprises, we are committed to providing our retirees access to quality healthcare and pharmacy benefit plans. We have joined with other leading national employers, in partnership with Aetna, to offer Retiree Health Access plans.

If you are under age 65, you will be able to choose between high and low deductible RHA health plans. Your benefits could be retroactive to your retirement date. See the Pre-65 Benefit Summary in the appendix for plan details and costs.

2.2 Retiree Health Access (RHA) Medicare Plan (Age 65 or older)

If you are at least age 65, you are eligible for the RHA Medicare Plan. This is a Medicare Advantage Plan (Medicare Part C) that includes prescription drugs, with one medical and pharmacy identification card. You are also required to sign up for Medicare parts A&B (see the Medicare Factsheet in the appendix). If you elect this plan, your coverage will start the first of the month following the month in which you enroll. See the PPO Plan Summary in the appendix for details. The monthly cost for individual coverage is currently \$146.77.

Note: You and your spouse can enroll in separate plans. For example, if you are over 65 and your spouse is under age 65, you could enroll in the Medicare Plan and your spouse could enroll in the Non-Medicare Plan.

2.3 How to Enroll In RHA

To review the RHA plans prior to retirement, you can contact the RHA Retiree Service Center to model your benefit options. The service center representatives can review the information with you by phone, and they will set up a personalized login to allow you to view the plan options and costs online. You will be able to see the plans that are available based on zip code and Medicare availability.

To enroll in one of the RHA plans immediately upon retirement, you must register on the RHA website or call within 90 days of your official retirement date. Please note that it typically takes 5-10 business days for RHA to receive your retirement information, and you will not be able to register until that time.

Currently, you have the option to enroll following COBRA, after a qualifying life event, or during the following year's Open Enrollment period if you choose not to participate in the RHA plans right away.

RHA Contact Information:

Website: www.retireehealthaccess.net/worthington

Phone: 800.426.4584

2.4 COBRA

If you don't wish to enroll in RHA at this time, you may continue your existing healthcare coverage by electing COBRA for up to 18 months from your retirement date. A COBRA notice will be mailed to you by WEX.

You have 60 days from the date you receive the COBRA notice to sign up for COBRA coverage. If you elect COBRA coverage, your benefits will continue at the full COBRA premium rate retroactive to the first of the month following your retirement date. Shortly after you elect COBRA, WEX will mail a payment coupon book to you.

COBRA participants are not eligible for Company HSA contributions. If the employee became entitled to Medicare less than 18 months prior to their retirement, COBRA coverage for dependents can be extended for up to 36 months after the date of the employee's Medicare entitlement.

2.5 COBRA Rates

2024 Monthly COBRA Rates (with 2% admin fee)

Benefit Type	Plan Name	EE Only	EE + Spouse	EE + Child(ren)	EE + Family
Healthcare	HSA Blue Plan	\$626.18	\$1,397.22	\$1,107.48	\$1,976.70
Healthcare	HSA Green Plan	\$580.61	\$1,292.47	\$1,029.96	\$1,817.52
Healthcare	HRA Blue Plan	\$703.56	\$1,547.84	\$1,266.46	\$2,110.74
Healthcare	HRA Green Plan	\$637.45	\$1,401.91	\$1,147.07	\$1,911.74
Dental	Value Plan	\$17.40	\$32.60	\$47.59	\$71.06
Dental	Premium Plan	\$25.88	\$49.16	\$64.52	\$98.00
Vision	Value Plan	\$9.02	\$12.81	\$15.17	\$24.25
Vision	Premium Plan	\$12.61	\$17.89	\$21.19	\$33.86

3. 401(k) and Payroll

3.1 401(k)

Your retirement account is 100% vested and includes your own voluntary contributions as well as the Company Match (50% up to 4%) and the Company provided deferred profit sharing (3% of eligible wages). Our plan offers an age 59 ½ withdrawal that permits active employees to take a distribution or rollover of employee and match contributions after age 59 ½.

You will continue to receive your voluntary and company contributions through your last regular pay and/or supplemental pay.

If you have an outstanding Fidelity loan, you have 90 days from your retirement date to pay off your loan or to set up ACH payments with Fidelity. If the loan is not paid in full, you will be taxed on the remaining balance, and you may also have to pay a tax penalty.

After your retirement date, please call Fidelity to discuss your distribution options. Options will vary based on your age and your account balance.

Fidelity Contact Information

Website: www.401k.com

Phone: 800.835.5091

3.2 Vacation

As a retiree, you are eligible to receive payment for any unused vacation. To qualify, you must work at least the number of days/weeks of eligible vacation into the year to receive your full unused vacation allotment. You can select one of two options:

1. You can receive a lump sum payment in your last paycheck. For example, if you have 10 days of unused vacation remaining when you retire, you will receive payment for 80 hours of vacation.
2. You can use the remaining vacation days to delay the beginning of your retirement. If you have 10 days of unused vacation remaining when you retire, your official retirement date will be 10 business days after your actual last day worked. If you choose this option, you will not be able to access your Fidelity accounts until after your official retirement date.

3.3 Profit Sharing/Bonus

You will be paid profit sharing for your last quarter worked through your official retirement date. Your profit sharing or bonus check will be paid on the next regularly scheduled profit sharing/supplemental pay date.

3.4 Final Paycheck

Your last paycheck will be paid to you on the next regularly scheduled pay date through the same way your prior checks were processed. Please be sure to contact Worthington's People Center at 877.840.6506 for any address changes.

4. Appendix

4.1 Medicare Fact Sheet

4.2 RHA Pre-65 Plan Summary

4.3 RHA Medicare Plan Summary

What is Medicare?

Medicare is health insurance for people 65 or older, people under 65 with certain disabilities, and people of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

What are the different parts of Medicare?

Medicare Part A (Hospital Insurance) helps cover:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health care

Medicare Part B (Medical Insurance) helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment
- Some preventive services, including certain vaccines and cancer screenings

Medicare Part C (also called “Medicare Advantage”):

- Includes all benefits and services covered under Part A and Part B provided by Medicare-approved private insurance companies
- May include extra benefits and services for an extra cost
- Usually includes Medicare prescription drug coverage (Part D) as part of the plan

Medicare Part D (Medicare prescription drug coverage):

- Helps cover your prescription drug costs
- Run by Medicare-approved private insurance companies
- May help lower your prescription drug costs and help protect against higher costs in the future

Other Medicare terms

Some other terms you might need to know include:

Original Medicare: Original Medicare is sometimes called “traditional Medicare.” Original Medicare coverage is managed by the Federal Government. If you don’t choose a Medicare Advantage Plan (such as a Medicare HMO or PPO), you will have Original Medicare.

Medicare Supplement Insurance (also called **Medigap**): Medigap helps pay some of the costs that Original Medicare does not cover, such as copayments and deductibles. You need both Part A and Part B to purchase a Medigap policy.

Get the help you need

Consult other Fact Sheets in this series to help with the decisions you need to make, including:

- *Medicare Decisions for Someone Nearing Age 65*
- *Deciding Whether to Enroll in Medicare Part A and Part B When You Turn 65*
- *Medicare Decisions for Those Over 65 and Planning to Retire in the Next 6 Months*

Get Information from Medicare:

- Call **1-800-MEDICARE (1-800-633-4227)** to get Medicare information and important phone numbers. If you need help in a language other than English or Spanish, say “Agent” to talk to a customer service representative. TTY users should call 1-877-486-2048.
- **Visit Medicare.gov** to get detailed information about the Medicare health and prescription drug plans in your area, find participating health care providers and suppliers, get quality of care information, and more.
- **Look at the most recent “Medicare & You” handbook** to learn what’s new and get information about what Medicare covers. If you don’t have the most recent Handbook, you can download it on Medicare.gov or request a copy by calling 1-800-MEDICARE.

Call Social Security (1-800-772-1213) to:

- Find out if you’re eligible for Part A and/or Part B and how to enroll,
- Ask questions about Part A and Part B premiums,
- Apply for “Extra Help” with Medicare prescription drug costs,
- Report a change to your address or name, or
- Get a replacement Medicare or Social Security card.

TTY users should call 1-800-325-0778. You can also visit [SocialSecurity.gov](https://www.SocialSecurity.gov).

Contact your benefits administrator, insurer, or plan if you have coverage through a former or current employer or union or other source. Talk with your administrator, insurer, or plan before making any changes to your coverage.

Call the Benefits Coordination & Recovery Center (BCRC) (1-855-798-2627) to find out if Medicare or your other insurance pays first. Let the BCRC know if you have other insurance, or if you need to report changes in your insurance information. TTY users should call 1-855-797-2627.

Contact your local State Health Insurance Assistance Program (SHIP) to get free personalized help making decisions about your health coverage. You can also get help with Medicare claims and appeals and help for people with limited income and resources. Call 1-800-MEDICARE or visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts) to get the phone number for your local SHIP.



Retiree Health Access® Program – Non-Medicare Eligible (Pre-65)

	Network Option Standard (Formerly B2)		Network Option High (HDHP) (Formerly C)		Network Option Low (HDHP) (Formerly D)		Network Option Value (Formerly E)	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Annual Deductible (single/family)	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000 ^{5 6}	\$5,000/\$10,000 ^{5 6}	\$3,950/\$7,900 ^{5 6}	\$3,950/\$7,900 ^{5 6}	\$5,750/\$11,500	\$11,500/\$23,000
Annual Out-of-Pocket Maximum Includes annual deductible ¹ (single/family)	\$4,000 / \$8,000	\$10,000/\$20,000	\$5,000/\$10,000 ^{5 6}	\$10,000/\$20,000 ^{5 6}	\$6,650/\$13,300 ^{5 6}	\$15,000/\$30,000 ^{5 6}	\$6,650/\$13,300	\$20,000/\$40,000
Plan Coinsurance	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Lifetime Maximum	\$1.25 million lifetime maximum \$50,000 AYR		\$1.25 million lifetime maximum \$50,000 AYR		\$1.25 million lifetime maximum \$50,000 AYR		\$1.25 million lifetime maximum \$50,000 AYR	
Adult Routine Physical Exam One exam every 24 months Routine Gynecological Exam One gynecological exam per year with one pap smear and related lab fees Routine Mammogram Routine Prostate-Specific Antigen Test (PSA) and Digital Rectal Exam (DRE)	0% coinsurance deductible, copay waived	40% after deductible	0%, deductible waived	40% after deductible	0%, deductible waived	40% after deductible	0%, deductible waived	50% after deductible
Routine Eye Exam one exam every 24 months	0% after \$50 specialist copay	40% after deductible	0%, no deductible	40% after deductible	0%, no deductible	40% after deductible	0%, no deductible	50% after deductible
Routine Hearing Exam one exam every 24 months	0% after \$50 specialist copay	40% after deductible	0%, no deductible	40% after deductible	0%, no deductible	40% after deductible	0%, no deductible	50% after deductible
Primary Care Office Visit	\$25 copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Specialist Office Visit	0% after-\$50 copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient Surgery - surgeon charges	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Diagnostic X-Ray and Lab As part of an office visit and billed by physician	0%, after office visit copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Diagnostic X-Ray and Lab Performed in an outpatient setting	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Complex Imaging Services MRA/MRS, MRI, CT Scan, PET Scan	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Emergency Room Visit	0% after \$200 copay	0% after \$200 copay	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Application of Plan Deductible to Emergency Room Expenses	N/A		Plan deductible applies; then coinsurance		Plan deductible applies; then coinsurance		Plan deductible applies; then coinsurance	
Urgent Care	0% after \$75 copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Hospital Room and Board	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Skilled Nursing (maximum 60 days per year)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Home Health (maximum 120 days per year)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible

	Network Option Standard (Formerly B2)		Network Option High (HDHP) (Formerly C)		Network Option Low (HDHP) (Formerly D)		Network Option Value (Formerly E)	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Durable Medical Equipment/Prosthetics (\$10,000 annual maximum)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Chiropractic Care	0% after \$50 specialist copay ³	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Retail Rx Copay (preferred generic / preferred brand / non preferred generic & brand) ^{2,7}	10% 20%/\$50 max ⁴ 50%/\$150 max ⁴	40% after applicable in-network retail copay	10%-25%-50% after annual deductible		10%-25%-50% after annual deductible		10%-25%-50% after annual deductible	
Mail-Order Rx Copay (preferred generic / preferred brand / non preferred generic & brand) ^{2,7}	10% 20%/\$100 max ⁴ 50%/\$300 max	Not applicable	10%-25%-50% after annual deductible	Not applicable	10%-25%-50% after annual deductible	Not applicable	10%-25%-50% after annual deductible	Not applicable
Monthly Premiums	Single: \$2,134.95 Family: \$4,310.27		Single: \$1,723.98 Family: \$3,480.02		Single: \$1,325.87 Family: \$2,675.58		Single: \$994.40 Family: \$2,006.69	

• Plan designs reflect the retiree's cost-sharing. State mandates may apply.

¹ Copays do not reduce the out-of-pocket maximums.

² Member pays the difference in cost between a brand and generic drug, in addition to their copayment or coinsurance, if a generic drug is available but a brand drug is dispensed.

³ If rendered in a physicians office, otherwise plan coinsurance applies after deductible.

⁴ The pharmacy coinsurance copay is subject to a maximum (as noted) per prescription for preferred brand and non preferred generic & brand.

⁵ Amounts intended to be the minimum deductible and out-of-pocket limits required under current law for a high-deductible health plan (HDHP) to qualify an individual as eligible to contribute to an HSA. If other than single coverage, family deductible must be met before the plan will pay.

⁶ Amounts intended to be the maximum deductible and out-of-pocket limits required under current law for a high-deductible health plan (HDHP) to qualify an individual as eligible to contribute to an HSA. If other than single coverage, family deductible must be met before the plan will pay. If other than single coverage, family out of pocket limit must be met before the plan pays at 100%.

⁷ Step Therapy and Precert applies. Specialty Drugs included, require use of Specialty Network.

Eligibility rules apply for all plans.

TTY: 711

برای راهنمایی به زبان فارسی، بدون هیچ هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)

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Benefits and Premiums are effective January 1, 2024 through December 31, 2024

SUMMARY OF BENEFITS
 PROVIDED BY AETNA LIFE INSURANCE COMPANY

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.

PLAN FEATURES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Monthly Premium	Please contact the Aetna Retiree Service Center for more information on your plan premium.	

Annual Deductible	\$200	\$400
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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.

Services Exempt from Deductible:

Annual wellness exams, routine physical exam, routine mammograms, diagnostic mammogram, routine hearing exam, routine colorectal screening, routine prostate screening, bone mass measurement, immunization, routine GYN, routine eye care, kidney disease education, Medicare diabetic prevention program (MDPP), Medicare-covered \$0 preventive services, additional Medicare preventive care services, Part B Drugs - Insulin, Continuous Glucose Monitors (CGM), emergency room, emergency ambulance services, some Medicare-covered diagnostic tests and labs (Urine protein, Prothrombin testing, HBA1C, FIT Screening, Fundus Testing, gFOBT Testing and COVID lab tests), MDLive Wigs, and urgently needed care.

Out-of-network services exempt from Deductible:



Annual wellness exams, routine physical exam, routine mammograms, routine hearing exam, routine colorectal screening, routine prostate screening, bone mass measurement, immunization, routine GYN, routine eye care, kidney disease education, Medicare diabetic prevention program (MDPP), Medicare-covered \$0 preventive services, additional Medicare preventive care services, emergency room, emergency ambulance services, Wigs, and urgently needed care.

Annual Maximum Out-of-Pocket Amount	Network Services:	Network and out-of-network services:
Annual maximum out-of-pocket limit amount includes any deductible, copayment or coinsurance that you pay.	\$4,000	\$8,950 for in and out-of-network services combined
It will apply to all medical expenses except Hearing Aid Reimbursement , Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.		

HOSPITAL CARE*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Inpatient Hospital Care	\$250 per stay	25% 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	Your cost share for Observation Care is based upon the services you receive
Frequency:	per stay	per stay
Outpatient Services & Surgery	\$0	25%
Ambulatory Surgery Center	\$0	25%

PHYSICIAN SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Primary Care Physician Visits	\$25	25%
Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.		
Physician Specialist Visits	\$25	25%

PREVENTIVE CARE	This is what you pay for network providers.	This is what you pay for out-of-network providers.



Medicare-covered Preventive Services	\$0	25%
<ul style="list-style-type: none"> • Abdominal aortic aneurysm screenings • Alcohol misuse screenings and counseling • Annual Well Visit - One exam every 12 months. • Bone mass measurements • Breast exams • Breast cancer screening: mammogram - one baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over. • Cardiovascular behavior therapy • Cardiovascular disease screenings • Cervical and vaginal cancer screenings (Pap) - one routine GYN visit and pap smear every 24 months. • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screenings • Diabetes screenings • HBV infection screening • Hepatitis C screening tests • HIV screenings • Lung cancer screenings and counseling • Medicare Diabetes Prevention Program - 12 months of core session for program eligible members with an indication of pre-diabetes. • Nutrition therapy services • Obesity behavior therapy • Pelvic Exams - one routine GYN visit and pap smear every 24 months. • 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 • Prostate cancer screenings (PSA) - for all male patients aged 50 and older (coverage begins the day after 50th birthday) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling • Welcome to Medicare preventive visit 		

Immunizations	\$0	\$0
<ul style="list-style-type: none"> • Flu 		



- Hepatitis B
- Pneumococcal

Additional Medicare Preventive Services \$0 25%

- Barium enema - one exam every 12 months.
- Diabetes self-management training (DSMT)
- Digital rectal exam (DRE)
- EKG following welcome exam
- Glaucoma screening

EMERGENCY AND URGENT MEDICAL CARE	This is what you pay for network providers.	This is what you pay for out-of-network providers.
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Emergency Care; Worldwide (waived if admitted)	\$95	\$95
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Urgently Needed Care; Worldwide	\$25	\$25
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DIAGNOSTIC PROCEDURES*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
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Diagnostic Radiology CT scans	\$25	25%
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Diagnostic Radiology Other than CT scans	\$25	25%
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Lab Services	\$25	25%
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Diagnostic testing & procedures	\$25	25%
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Outpatient X-rays	\$25	25%
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HEARING SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
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Routine Hearing Screening We cover one exam every twelve months	\$0	25%
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Medicare Covered Hearing Examination	\$25	25%
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Hearing Aid Reimbursement	\$1,000 once every 36 months	
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DENTAL SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Medicare Covered Dental* Non-routine care covered by Medicare.	\$25	25%
VISION SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Routine Eye Exams One annual exam every 12 months.	\$0	25%
Diabetic Eye Exams	\$0	25%
Medicare Covered Eye Exam	\$25	25%
Vision Eyewear Reimbursement Applies to in or out of network	\$100 once every 24 months	
MENTAL HEALTH SERVICES*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Inpatient Mental Health Care The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$250 per stay	25% per stay
Outpatient Mental Health Care Individual visit	\$25	25%
Partial Hospitalization	\$25	25%
Inpatient Substance Abuse The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	\$250 per stay	25% per stay
Outpatient Substance Abuse Individual visit	\$25	25%



SKILLED NURSING SERVICES*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Skilled Nursing Facility (SNF) Care	\$0 per day, days 1-20; \$100 per day, days 21-100	25% 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.

PHYSICAL THERAPY SERVICES*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Outpatient Rehabilitation Services (Speech, physical, and occupational therapy)	\$25	25%

AMBULANCE SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Ambulance Services	\$25	25%

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 SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Transportation (non-emergency)	24 one-way trips with 60 miles allowed per trip	



MEDICARE PART B PRESCRIPTION DRUGS*	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Medicare Part B Prescription Drugs	20%	25%
MEDICARE PART D PRESCRIPTION DRUGS	This is what you pay for network providers.	This is what you pay for out-of-network providers.

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



ADDITIONAL PROGRAMS AND SERVICES	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Allergy Shots	20%	25%
Allergy Testing	\$25	25%
Blood	\$0	25%
All components of blood are covered beginning with the first pint.		
Cardiac Rehabilitation Services	\$25	25%
Intensive Cardiac Rehabilitation Services	\$25	25%
Chiropractic Services*	\$15	25%
Medicare covered benefits only.		
Diabetic Supplies*	\$0	25%
Includes supplies to monitor your blood glucose from LifeScan.		
Durable Medical Equipment/ Prosthetic Devices*	20%	25%
Home Health Agency Care*	\$0	25%
Hospice Care	Covered by Original Medicare at a Medicare certified hospice.	
Medical Supplies*	Your cost share is based upon the provider of services	Your cost share is based upon the provider of services
Medicare Covered Acupuncture	\$25	25%
Outpatient Dialysis Treatments*	\$25	\$25
Podiatry Services	\$25	25%
Medicare covered benefits only.		
Pulmonary Rehabilitation Services	\$15	25%
Supervised Exercise Therapy (SET) for PAD Services	\$15	25%
Radiation Therapy*	\$25	25%
ADDITIONAL PROGRAMS (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Healthy Rewards	Covered	



Meals	\$0	
Covered up to 14 meals following an inpatient stay.		
Resources For Living[®]	Covered	
For help locating resources for every day needs.		
Teladoc[™]	\$0	
Telemedicine services with a Teladoc [™] provider. State mandates may apply.		
Telehealth	Covered	
Telemedicine Services. Member cost share will apply based on services rendered.		
Telehealth PCP	\$25	25%
Telehealth Specialist	\$25	25%
Telehealth Occupational Therapy Services	\$25	25%
Telehealth PT and SP Services	\$25	25%
Telehealth Other Health care Providers	\$25	25%
Telehealth Individual Mental Health	\$25	25%
Telehealth Group Mental Health	\$25	25%
Telehealth Individual Psychiatric Services	\$25	25%
Telehealth Group Psychiatric Services	\$25	25%
Telehealth Individual Substance Abuse Services	\$25	25%
Telehealth Group Substance Abuse Services	\$25	25%
Telehealth Behavioral Health	\$0	
Vendor: MD Live		
Telehealth Kidney Disease Education Services	\$0	25%
Telehealth Diabetes Self-Management Training	\$0	25%
Telehealth Opioid Treatment Program Services	\$25	25%
Telehealth Urgent care	\$25	\$25
Wigs*	\$0	\$0
Maximum	\$400	
Frequency	one wig every year	



ADDITIONAL SERVICES (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network providers.	This is what you pay for out-of-network providers.
Routine Physical Exams One exam per calendar year	\$0	25%

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

Calendar-Year deductible for Prescription drugs \$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 P1

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (<http://www.aetnaretireplans.com>.)

Formulary (Drug List) Classic

Initial Coverage Limit (ICL) \$5,030

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):

5 Tier Plan	30-day Supply through Retail		90-day Supply through Retail or Mail		
	Preferred	Standard	Preferred Retail	Preferred Mail	Standard Retail or Mail
Tier 1 - Preferred Generic Generic Drugs	\$5	\$15	\$15	\$15	\$45
Tier 2 - Generic Generic Drugs	\$15	\$20	\$45	\$45	\$60
Tier 3 - Preferred Brand Includes some high-cost generic and preferred brand drugs	\$40	\$47	\$120	\$120	\$141
Tier 4 - Non-Preferred Drug Includes some high-cost generic and non-preferred brand drugs	\$75	\$100	\$225	\$225	\$300



5 Tier Plan	30-day Supply through Retail		90-day Supply through Retail or Mail		
	Preferred	Standard	Preferred Retail	Preferred Mail	Standard Retail or Mail
Tier 5 - Specialty Includes high-cost/unique generic and brand drugs	33%	33%	Limited to one-month supply	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 after the Initial Coverage Limit and until you reach \$8,000 in prescription drug expenses is indicated below.

5 Tier Plan	30 -day Supply through Retail		90 -day Supply through Retail or Mail		
	Preferred	Standard	Preferred Retail	Preferred Mail	Standard Retail or Mail
Tier 1 - Preferred Generic Generic Drugs	\$5	\$15	\$15	\$15	\$45
Tier 2 - Generic Generic Drugs	\$15	\$20	\$45	\$45	\$60
Tier 3 - Preferred Brand Includes some high-cost generic and preferred brand drugs	25%	25%	25%	25%	25%



5 Tier Plan	30 -day Supply through Retail		90 -day Supply through Retail or Mail		
	Preferred	Standard	Preferred Retail	Preferred Mail	Standard Retail or Mail
Tier 4 - Non-Preferred Drug Includes some high-cost generic and non-preferred brand drugs	25%	25%	25%	25%	25%
Tier 5 - Specialty Includes high-cost/unique generic and brand drugs	25%	25%	Limited to one-month supply	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.

Catastrophic Coverage: You pay \$0.

Catastrophic Coverage benefits start once \$8,000 in true out-of-pocket costs is incurred.

Requirements:

Precertification Applies

Step-Therapy Applies

Non-Part D Supplemental Benefit

- Not Covered

Medical Disclaimers



For more information about Aetna plans, go to www.AetnaRetireePlans.com or call Member Services at toll-free at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

Not all PPO Plans are available in all areas

The provider network may change at any time. You will receive notice when necessary.

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 a.m. to 9 p.m. EST, 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 Customer Service 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 (Medicare Part D, plan sponsor or member).

Aetna's pharmacy network includes limited lower-cost, preferred pharmacies in Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri, Urban Pennsylvania, Suburban Utah, Suburban West Virginia, Suburban Wyoming. 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, please call 1-866-241-0357 (TTY: 711) or consult the online pharmacy directory at <http://www.aetnaretireplans.com>.

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.

Members who get "extra help" don't need to fill prescriptions at preferred network pharmacies to get Low Income Subsidy (LIS) copays.

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.

The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at 1-866-241-0357, 24 hours a day, 7 days a week. TTY users call 711.

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.

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 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

Plan Disclaimers

Aetna Medicare is a HMO and 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.

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 2024 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 (<http://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 <http://www.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).

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-307-4830. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-307-4830. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-307-4830。我们的中文工作人员很乐意帮助您。这是一项免费服务。



Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-307-4830。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-307-4830. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-307-4830. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-307-4830 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-307-4830. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-307-4830번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-307-4830. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

:Arabic

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-307-4830. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-307-4830 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul



nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-307-4830. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-307-4830. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-307-4830. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-307-4830. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-307-4830にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ‘ōlelo kā mākou i mea e pane ‘ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā‘au lapa‘au paha. I mea e loa‘a ai ke kōkua māhele ‘ōlelo, e kelepona mai iā mākou ma 1-800-307-4830. E hiki ana i kekahi mea ‘ōlelo Pelekānia/‘Ōlelo ke kōkua iā ‘oe. He pōmaika‘i manuahi kēia.

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

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