FEHB

2027 MHBP AND MEDICARE



97%
satisfaction rate among MHBP members

A GUIDE FOR FEDERAL MHBP RETIREE HEALTH AND PRESCRIPTION DRUG PLANS

MHBP℠

MHBP AND MEDICARE...



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YOU'VE EARNED IT.

Federal employees are fortunate to carry their FEHB coverage into retirement. So why should you consider enrolling in Medicare?

Well, most plans offered through FEHB require cost sharing. Cost sharing refers to your out-of-pocket costs such as deductibles, coinsurance and copayments for covered care you receive. Working or retired, we know this can add up.

How can you save money?

Signing up for Medicare might just be your answer. With Medicare Parts A and B, your Standard Option plan will lower your costs by waiving certain deductibles or coinsurance. Additionally, enrolling in the Aetna Medicare℠ Plan (PPO) also known as Aetna Medicare Advantage for MHBP Standard Option members, allows you to receive a Part B premium reduction of up to **$900** per person, per year.

Get a complete Medicare Advantage plan without having to suspend your FEHB coverage.

Enrolling in the Aetna Medicare Advantage for MHBP Standard Option offers more thorough coverage and programs to help you reach your health goals.

Enhanced coverage with Aetna Medicare Advantage for MHBP

$0 COPAYMENTS AND COINSURANCE FOR MEDICAL SERVICES

$900 ($75/MONTH) MEDICARE PART B PREMIUM REDUCTION FOR ELIGIBLE MEMBERS



SILVER SNEAKERS®



AETNA® HEALTHY HOME VISITS



TRANSPORTATION AND MEAL PROGRAMS

YOU'RE PROTECTED WITH MHBP AND MEDICARE

COVERAGE THAT FITS YOU.



What is Medicare?

At first glance, Medicare may seem like a lot to figure out, especially since you keep your Federal Employees Health Benefits (FEHB) Program coverage after you retire. But think of it this way—your FEHB plan has deductibles and coinsurance, which you pay out of pocket. Original Medicare does too.

With Aetna Medicare Advantage for MHBP Standard Option, your coinsurance and deductibles could be lowered to $0 for most medical expenses. When you're enrolled in Original Medicare, that's how these plans work. It's also possible to decrease your out-of-pocket medical expenses, as well as your monthly Part B 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



Covers most in-patient medical expenses like hospital stays and home health care. Generally, no premium is required. But with Original Medicare there is a deductible before any hospitalization costs are covered.

MEDICARE PART B = Medical insurance



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

MEDICARE PART C = Medicare Advantage



Part C is offered by private insurance companies and is approved by Medicare. It may offer added 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 is offered in two different ways - as a standalone prescription drug plan also known as a PDP or as a part of Medicare Advantage plan which is called an MAPD. It can also now be added to an FEHB plan, including MHBP.

Aetna Medicare Advantage for MHBP can help lower your medical and prescription out-of-pocket costs and reduce your Part B premium.

WHAT DO I NEED TO KNOW ABOUT MEDICARE ENROLLMENT?

There are several specific periods that allow you to enroll in Original Medicare. These periods consider different circumstances. 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 Special Enrollment Period.

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**

MEDICARE 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. The Part D late enrollment penalty is an additional premium that must be paid for Part D coverage if at any time after your initial enrollment period is over, there is a period of 63 days or more in a row when you did not have Part D or other creditable prescription drug coverage.





How do I enroll in Medicare Part B?

Local Social Security office

Online
(if you qualify)

Call
1-800-772-1213

After you enroll, update us on your Medicare elections and employment status. Just call **1-800-410-7778 (TTY: 711)**, **Monday–Friday, 7 AM–10 PM ET**.

Medicare.gov is an excellent resource for additional details regarding the Medicare process.

Learn about Medicare

For answers about eligibility or enrollment, call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. Deaf and hard of hearing people can call **1-877-486-2048**. You can also request a copy of the "Medicare & You" brochure when you call. Or just download it from Medicare's website: **Medicare.gov**

To contact Social Security, you can call **1-800-772-1213** or visit **SSA.gov**

Benefits wherever you are.

This plan lets you use any doctors and hospitals that are licensed to receive Medicare payment and willing to accept and bill your plan. And with the Aetna Medicare Advantage for MHBP Standard Option, your coverage follows you wherever you travel, nationwide.



BENEFITS AT-A-GLANCE

	MHBP Standard Option with Medicare	Aetna Medicare Advantage for MHBP Standard Option
Annual Part B premium reduction	N/A	**$900** per eligible person (**$75** per month)
	You pay	**You pay**
Deductible	**$0 deductible**	**$0 deductible**
Plan-specific out-of-pocket maximum	**$8,000** per person, limited to **$16,000** per Self Plus One or Self and Family enrollment (medical and prescription)	**$2,400** per person (prescription only)
Coinsurance	**$0 coinsurance**, except prescription drugs	**$0 coinsurance**, except Specialty drugs
Medical coverage	**You pay**	**You pay**
Adult annual physical exam	**$0 copay**	**$0 copay**
Lab, X-ray and other diagnostic tests	**$0 copay**	**$0 copay**

Benefit highlight

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the Official Plan Brochure (RI 71-007).

While federal employees are not required to elect any additional parts of Medicare, there are benefits to doing so.

	MHBP Standard Option with Medicare - You pay	Aetna Medicare Advantage for MHBP Standard Option - You pay
Primary care and specialty physician visits	$0 copay	$0 copay
Chiropractic services	$0 copay, limited to 40 visits	$0 copay, unlimited visits
Physical, occupational and speech therapy	$0 copay, limited to 40 visits combined maximum	$0 copay, unlimited visits
Home health services	$0 copay, limited to 50 visits	$0 copay*
Routine vision exam	All charges	$0 copay
Inpatient hospital	$0 copay	$0 copay
Outpatient hospital	$0 copay	$0 copay

Benefit highlight

*Part-time or intermittent skilled nursing and home health aide services up to 8 hours per day and 35 hours per week.

Note: This chart assumes Medicare Parts A and B are primary and that covered services are provided by doctors and facilities that participate with Medicare. MHBP does not pay 100% when services are provided by a doctor under a private contract that provides for direct billing and no Medicare coverage. This is also a summary of Medicare features. For more information on Medicare call **1-800-MEDICARE** or visit **Medicare.gov**

Prescription coverage	MHBP Standard Option You pay	SilverScript Employer Prescription Drug Plan (PDP) for MHBP Standard Option You pay	Aetna Medicare Advantage for MHBP Standard Option members You pay
Preferred generic	N/A	N/A	**Preferred pharmacies:** **$0 copay** (30 days) **$0 copay** (90 days) **Standard pharmacies:** **$2** (30 days) **$4** (90 days)
Generic	**$5** (30 days) **$10** (90 days)	**$5** (30 days), **$10** (90 days)	**$5** (30 days) **$10** (90 days)
Preferred brand	**30%**† limited to **$200** (30 days) **30%**† limited to **$400** (90 days)	**$45** (30 days), **$55** (90 days)	**$35** (30 days) **$50** (90 days)
Non-preferred brand	**50%**† (30 days) **50%**† (90 days)	**$60** (30 days), **$80** (90 days)	**$40** (30 days) **$60** (90 days)
Specialty	Please see **MHBP.com** or official plan brochure for information	**15%** limited to **$225** (30 days), **$425** (90 days)	**15%** limited to **$200** (30 days) **$425** (90 days)

Benefit highlight

†Plus any difference between the allowance and the cost of a generic equivalent.

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the Official Plan Brochure (RI 71-007). If you have Medicare Part A and/or Part B, and do not opt in to the Medicare Advantage Plan for MHBP, you'll automatically be enrolled in our SilverScript® Employer Prescription Drug Plan (PDP) under Medicare Part D. Check our website for the formulary list at **MHBP.com/Retiree**. For information on how to opt out of the SilverScript Employer PDP for MHBP, go online at **MHBP.com/Retiree**



COMPARISON CHART

Standard Option with Medicare

Medicare Advantage for Standard Option

Description	SO	MA
$900 Medicare Part B premium reduction		✓
Medical copays, coinsurance and deductibles waived when Medicare Parts A and B are primary	✓	✓
Hearing aid benefit	✓	✓
Coverage for out-of-network services	✓	✓
Coverage for care outside the United States	✓	✓*
Pharmacy mail order coverage (including CVS Pharmacy® locations)	✓	✓
Eyewear reimbursement		✓

* Emergencies only

The enrollment process for Aetna Medicare Advantage for MHBP Standard Option members

It's easy to opt in with Aetna®

To complete your Aetna Medicare Advantage enrollment once you're enrolled in MHBP Standard Option:

Log in to:
AetnaRetireeHealth.com/MHBP
or
Call the Aetna Retiree Solutions Service Center:
1-866-241-0262 (TTY: 711)
Monday–Friday, 8 AM–8 PM ET

You'll need to provide the following:

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

Income-Related Monthly Adjustment Amount (IRMAA) information

If your income is above a certain limit, and you are enrolled in Medicare Parts B and D, you may be required to pay an Income-Related Monthly Adjustment Amount, or IRMAA, to the government. This is in addition to the standard premium amount.

Since Aetna is not responsible for IRMAA please see the chart provided by Medicare which lists extra costs by income at: **Medicare.gov/Basics/Costs/Medicare-costs**

If you must pay an extra amount, Social Security, not your Medicare plan, will send you a letter telling you what that extra amount will be and how to pay it. The Parts B and D extra amounts will be withheld from your Social Security, Railroad Retirement Board or Office of Personnel Management benefit check, no matter how you pay your plan premium.

For more information contact Medicare, Social Security or visit: **Medicare.gov/Basics/Costs/Medicare-costs**

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Aetna and CVS Pharmacy® 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. 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. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary. Plan features and availability may vary by service area.

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 time frame. Members may have the option to sign-up for automated mail-order delivery.

Your IEP is the 7-month period that begins three months before your 65th birthday, includes your birthday month and ends three months afterward. There is an exception if your birthday falls on the first of any month, your 7-month IEP begins and ends one month sooner.

SilverScript EGWPs are offered and administered by SSIC and sponsored by the Employer.

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.

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.

This is a summary of the MHBP Standard Option Plan. Before making a final decision, please read the Official Plan Brochure. A single annual $52 associate membership fee makes all MHBP plans available to you. All benefits are subject to the definitions, limitations and exclusions set forth in the official Plan Brochure. External websites links are provided for your information and convenience only and does not imply or mean that Aetna endorses the content of such linked websites or third party services. Aetna has no control over the content or materials contained therein. Aetna therefore makes no warranties or representations, express or implied, about such linked websites, the third parties they are owned and operated by, and the information and/or the suitability or quality of the products contained on them. Plan features and availability may vary by service area.

Satisfaction data are based on broad-based outreach to members of the MHBP Aetna MAPD plan. Survey responses were collected online and by phone. The 97% member satisfaction rate is based on responses from n=570 members and has a margin of error of approximately ±1.0 percentage point (95% confidence level).

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COVERAGE THAT FITS YOU.

Learn about us

Call **1-800-410-7778 (TTY: 711)**, Monday through Friday, 7 AM to 10 PM ET or vist **MHBP.com/Retiree** for one-on-one consultations, live chat and webinars.



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