

EMERITI HEALTH INSURANCE PLAN OPTIONS FOR 2007

		Plan I (Very Rich Medical & Very Enhanced RX)	Plan II (Rich Medical & Enhanced RX)	Plan III (Very Rich Medical & Standard RX)	Plan IV (Enhanced RX Only)	Plan V (Standard RX Only)
<b>Prescription Drug Benefits (Building on Medicare D)</b>	Formulary**	Open	Open	Closed	Open	Closed
	Annual Deductible Paid by Participant (Stage 1)	\$100	\$250	\$265	\$125	\$265
	+ Initial Coinsurance Paid by Participant (Balance Paid by Plan) (Stage 2)	15% generic drugs on formulary 25% brand drugs on formulary 35% drugs not on formulary	20% generic drugs on formulary 35% brand drugs on formulary 50% drugs not on formulary	\$5 copayment generic drugs on formulary \$35 copayment brand drugs on formulary 25% copayment specialty medications on formulary <sup>+</sup>	15% generic drugs on formulary 25% brand drugs on formulary 35% copayment drugs not on formulary	\$5 copayment generic drugs on formulary \$35 copayment brand drugs on formulary 25% copayment specialty medications on formulary <sup>+</sup>
	= Total Cost Paid by Participant and Plan In Stages 1+2	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400
	+ Secondary Coinsurance in "the Gap" Paid by Participant (Balance Paid by Plan) (Stage 3)	20% generic drugs on formulary 30% brand drugs on formulary 40% drugs not on formulary	20% generic drugs on formulary 35% brand drugs on formulary 50% drugs not on formulary	100%	100%	100%
	= True Out-of-Pocket (TrOOP) Expenses Paid by Participant (Stages 1+2+3) to Reach Catastrophic Threshold	\$3,850	\$3,850	\$3,850	\$3,850	\$3,850
	Catastrophic Coverage Begins (Amount the Participant Pays When "Gap" is Met). Participant Pays: (Stage 4)	0%	0%	Greater of \$2.15 or 5% generic drugs Greater of \$5.35 or 5% all other drugs	5%	Greater of \$2.15 or 5% generic drugs Greater of \$5.35 or 5% all other drugs
	Step Therapy***	Excluded	Excluded	Included	Excluded	Included
<b>Major Medical Benefits (Building on Medicare A and B)*</b>	Preventive Care Services	Annual physical (\$300 allowance) Routine vision exam once every 24 months (\$100 allowance) Routine hearing exam once every 24 months (\$100 allowance)	Annual physical (\$300 allowance) Routine vision exam once every 24 months (\$100 allowance) Routine hearing exam once every 24 months (\$100 allowance)	Annual physical (\$300 allowance) Routine vision exam once every 24 months (\$100 allowance) Routine hearing exam once every 24 months (\$100 allowance)	Not applicable	Not applicable
	Annual Deductible Paid by Participant	\$200 (medical costs only)	\$750 (medical costs only)	\$200 (medical costs only)	Not applicable	Not applicable
	Coinsurance Paid by Participant (Balance Paid by Plan) ▪ General and Special Office Visits ▪ Inpatient Hospital, Skilled Nursing and Hospice Care ▪ Urgent Care Services ▪ Foreign Travel Emergency Benefit	20% up to the catastrophic threshold	20% up to the catastrophic threshold	20% up to the catastrophic threshold	Not applicable	Not applicable
	Total Deductible + Coinsurance Paid by Participant to Reach Catastrophic Threshold	\$1,000	\$2,000	\$1,000	Not applicable	Not applicable

\* Expenses the participant pays to meet Medicare Part A and B deductibles are eligible for reimbursement under the Emeriti Health Insurance Plan Options. Like all eligible expenses, that reimbursement is subject to the deductible specific to the participant's elected Health Plan Option.

\*\* A formulary is a catalog of the prescription medications covered on a preferred basis. An open formulary means your pharmacy benefit covers drugs that are on the formulary, as well as many drugs that are not on the formulary. A closed formulary means your pharmacy benefit does not generally cover drugs that are not included on the formulary unless your doctor obtains a medical exception from Aetna. You may view the formulary at [www.aetna.com/members/individuals/medicare/medicare\\_resources/covered\\_drugs.html](http://www.aetna.com/members/individuals/medicare/medicare_resources/covered_drugs.html). Once there, click on "Download the Aetna Medicare RX Preferred Drug List Now."

\*\*\* Step Therapy is a process where in certain cases one or more clinically equivalent drugs must be tried before the prescribed drug is approved. Step Therapy is generally required when a prescribed drug is more expensive or has more serious potential side effects than other clinically equivalent drugs.

+ Specialty medications per Medicare (CMS) definition are high cost, unique items like genomic and biotech products with a cost of at least \$500 for a one-month supply.

**NOW AVAILABLE:**  
**PLAN VI PRIVATE FEE FOR SERVICE PLAN / DENTAL PPO PLAN**  
 SEE THE INSERT INCLUDED IN THIS PACKET FOR PLAN DETAILS

## WHAT'S NOT COVERED

These plans do not cover all health care expenses and include exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally **not covered**. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased.

- All medical or hospital services not specifically covered in, or which are limited or excluded in plan documents
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Dental care and X-rays
- Donor egg retrieval
- Experimental and investigational procedures
- Hearing aids
- Immunizations for travel or work
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapies, supplies or counseling
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications, food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

Additional benefits provisions may apply based on state of residency. The plan is not available for institutions with 50 or fewer employees. Aetna will provide comprehensive coverage, including medical and prescription drug benefits, for institutions in 48 states and the District of Columbia. In addition, as a national PDP, Aetna will provide stand-alone prescription insurance for institutions in all 50 states and the District of Columbia. HealthPartners will provide comprehensive coverage for institutions and their retirees located in Minnesota. Emeriti will select a carrier to provide comprehensive coverage for institutions and their retirees in New Mexico.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna Life Insurance Company (Aetna) arranges for the provision of health care services. However, Aetna itself is not a provider of health care services and, therefore, cannot guarantee any results or outcomes.

These plans cover outpatient prescription drugs. Many drugs are subject to rebate arrangements between Aetna and the manufacturer of the drugs. Aetna receives rebates from the manufacturers of many drugs. These rebates do not reduce the amount the enrollee pays for an individual prescription drug. However, they help control the overall costs of prescription drug coverage.

The availability of a plan or program may vary by geographic service area and by plan design. These plans contain exclusions and some benefits are subject to limitations or visit maximums. Consult the plan documents to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. While this material is believed to be accurate as of the print date, it is subject to change.



FOR MORE INFORMATION ABOUT EMERITI  
RETIREMENT HEALTH SOLUTIONS, CALL:  
1-866-685-6565 (INSTITUTIONS)  
1-866-EMERITI (INDIVIDUALS)  
OR VISIT [WWW.EMERITIHEALTH.ORG](http://WWW.EMERITIHEALTH.ORG).



## EMERITI HEALTH INSURANCE PLAN OPTIONS COMPARISON CHART (UNDERWRITTEN BY AETNA LIFE INSURANCE COMPANY)

*One benefits solution, up to six plan options to provide a range of coverages and costs to meet your health insurance needs in retirement.*

**Plans I and II:** Comprehensive major medical insurance that builds on the foundations of Medicare Parts A and B, plus enhanced Medicare-approved Part D prescription drug coverage.

**Plan III:** The same comprehensive major medical benefits as Plan I, with a standard Medicare-approved Part D prescription drug coverage plan (Emeriti's "best buy").

**Plan IV:** Enhanced Medicare-approved Part D prescription drug coverage only plan.

**Plan V:** Standard Medicare-approved prescription drug coverage only plan.

**Plan VI:** A Private Fee for Service plan, with standard Medicare-approved Part D prescription drug coverage. For more information, call 1-866-EMERITI.

### Featuring:

- Group retiree medical plans priced more favorably than individual plans
- Access to any doctor or facility accepting Medicare
- Access to more than 90% of U.S. retail pharmacies
- Convenient, cost-saving mail order prescription service with substantial discounts
- Special protection against adverse drug interactions
- A members-only website to help you manage your care
- 24/7 health information from a registered nurse

### Standard Medicare-Approved Part D Prescription Drug Benefit Plan

#### An Overview of How it Works

The standard plan design includes several stages of cost sharing by the individual enrollees and the plan. Enrollees will pay a monthly premium for the coverage, an annual deductible (Stage 1) and an initial level of coinsurance until their prescription drug costs reach a certain level (Stage 2). At that point, if they have additional prescription drug costs in that year, they pay 100% of the costs (Stage 3), called "the Gap," until their total True Out-of-Pocket expenses (the amounts paid by the individual in Stages 1, 2 and 3) reach \$3,850 (called TrOOP). If that level is reached, the plan provides catastrophic benefits of 95%, with the enrollee paying 5% for the rest of the year (Stage 4).

The following chart illustrates the Stages of the standard Part D plan, with the typical deductible and coinsurance amounts. (The Emeriti Part D benefits in Plans III, V and VI work this way.)

