



TWU-MTA
Health and Welfare Trust



Transport Workers Union

MTA HEALTH & WELFARE TRUST

Summary of Benefits for 2020/2021

Cigna Health insurance				
	KelseyCare	HMO	PPO	
Primary Benefits			In-Network	Out-of-Network
Out of Pocket Maximum	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
	No Deductible	No Deductible	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
Primary Care Office Visit	\$20 co-pay	\$25 co-pay	\$40 co-pay	50% after deductible
Specialty Care Office Visit	\$40 co-pay	\$50 co-pay	\$80 co-payment	50% after deductible
Inpatient Hospital	10% no deductible	10% no deductible	\$500 co-pay per admission 70% after deductible	\$500 co-pay per admission 50% after deductible
Outpatient Hospital	10% no deductible	10% no deductible	\$250 co-pay 70% after deductible	\$250 co-pay 50% after deductible
Emergency Room	\$150 per visit Co-payment waived if admitted	\$200 per visit Co-payment waived if admitted	\$300 per visit Co-payment waived if admitted	\$300 per visit Co-payment waived if admitted
Lab and X-Ray	In the doctor's office - no charge Outpatient hospital - 20%	In the doctor's office - no charge Outpatient hospital - 20%	70% after deductible 100% after deductible in emergency room	50% after deductible 100% after deductible in emergency room
Urgent care	\$50 per visit	\$100 per visit	\$250 per visit	\$250 per visit
Ambulance	No Charge	No Charge	70% after deductible	70% after deductible
Preventive Care	No Charge	No Charge	No Charge	50% after deductible
Mamogram/PSA/Pap Smear/Maternity Screening	No Charge	No Charge	No Charge	50% after deductible
Physical/Occupational/ Cognitive/Speech Therapy	Primary care doctor - \$20 per visit Specialist - \$40 per visit	Primary care doctor - \$25 per visit Specialist - \$5 per visit	Primary care doctor \$40 per visit Specialist - \$80 per visit	
Home Health Care	No Charge	No Charge	70% after deductible	50% after deductible
Durable Medical Equip.	No Charge	No Charge	70% after deductible	50% after deductible
Hearing Aid	\$1500 per ear once every three years	\$1500 per ear once every three years	\$1500 per ear once every three years	\$1500 per ear once every three years
Pharmacy / Home Delivery	0.0 /0.0 generic \$5/\$13 preferred brand name \$15/\$38 non-preferred	0.0 /0.0 generic \$5/\$13 preferred brand name \$50 non-preferred	0.0 /0.0 generic \$25 preferred brand name \$50 non-preferred	50% of retail value

KelseyCare Advantage TWU-HWT Benefits Summary

Benefit	Cost Share
Maximum Out-Of-Pocket (MOOP)	\$2,500
Annual Wellness Exams	\$0
Routine Physical Exams	\$0
Medicare Covered Immunizations	\$0
Routine GYN Care (one routine visit)	\$0
Routine Mammography	\$0
Routine Prostate Cancer Screening	\$0
Routine Colorectal Screening	\$0
Routine Bone Mass Measurement	\$0
Additional Medicare Prevention Services	\$0
Diabetic Eye Exam	\$0
Routine Eye Exam	\$0
Routine Hearing Screening	\$0
Primary Care Visits	\$5
Specialist Visits	\$5
Outpatient Diagnostic Lab	\$5
Outpatient Diagnostic X-Ray	\$5
Outpatient Diagnostic Testing	\$5
Outpatient Complex Imaging	\$5
Urgently Needed Care; Worldwide	\$5
Emergency Care; Worldwide	\$50
Ambulance Services	\$50
Inpatient Hospital	\$175 per stay
Outpatient Surgery	\$50
Inpatient Mental Health	\$175 per stay
Inpatient Substance Abuse	\$175 per stay
Outpatient Substance Abuse	\$5
Skilled Nursing Facility Care (SNF)	\$0
Home Health Agency Care	\$0
Hospice Care	Covered by Medicare
Outpatient Rehab Services	\$0
Cardiac Rehab Services	\$5
Pulmonary Rehab	\$5

Radiation Therapy	\$0
Chiropractic Services	\$5
Durable Medical Equipment/Prosthetic	20%
Podiatry Services	\$5
Diabetic Supplies	\$0
Outpatient Dialysis	\$0
Medicare Part B Prescription	\$0
Vision Eyewear Reimbursement	\$70 once every 2 years
Hearing Aid Reimbursement	\$500 once every 3 years
Fitness Benefit	Silver Sneakers

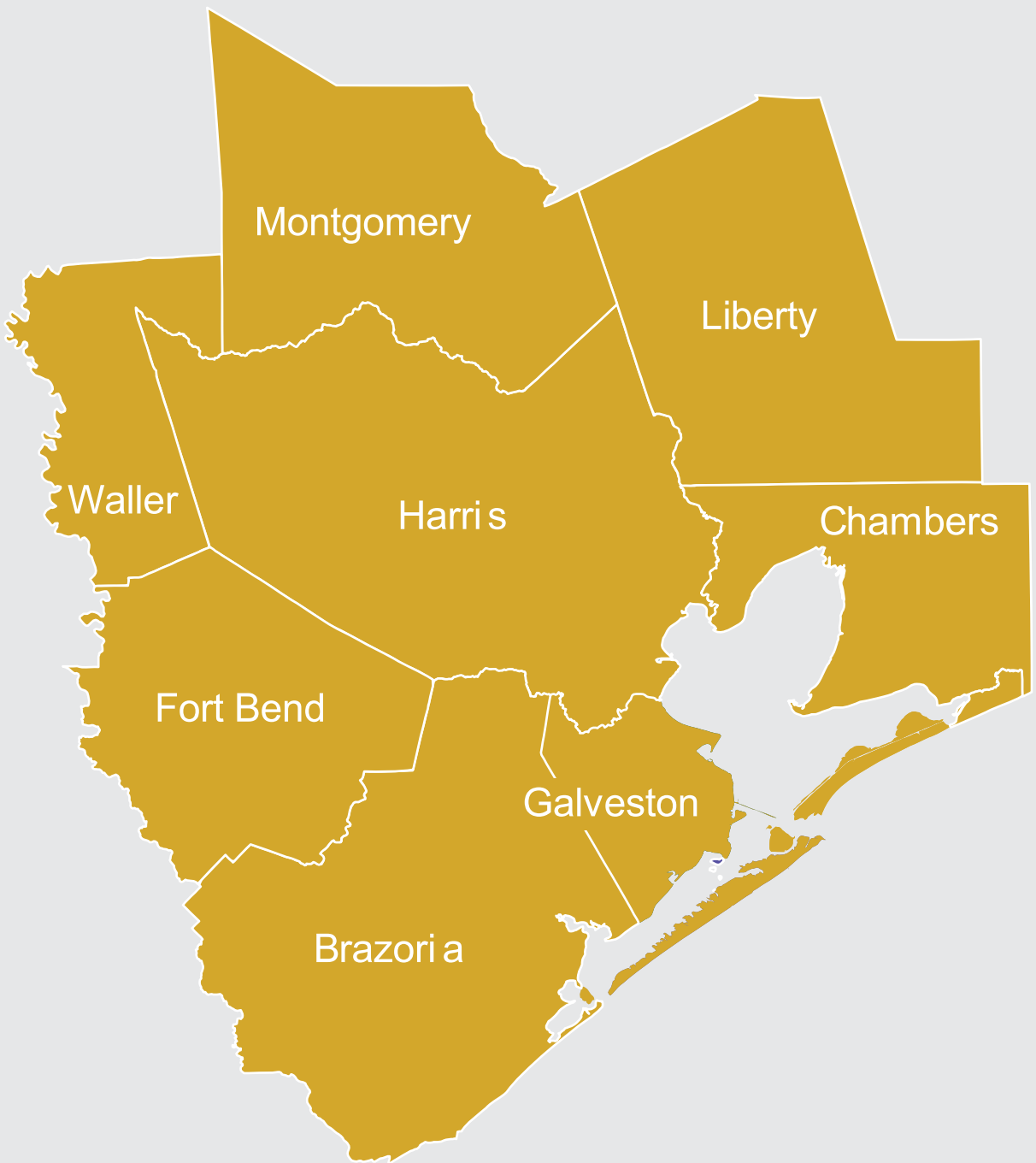
Prescription Drugs

PREFERRED NETWORK (Kelsey Pharmacy, HEB and CVS)	
Tier 1- Preferred Generic	\$10
Tier 2- Generic	\$20
Tier 3- Preferred Brand	\$20
Tier 4- Non-Preferred Brand	\$40
Tier 5 – Specialty	25%
NON-PREFERRED NETWORK - All Other Pharmacies	
Tier 1- Preferred Generic	\$15
Tier 2- Generic	\$25
Tier 3- Preferred Brand	\$25
Tier 4- Non-Preferred Brand	\$50
Tier 5 – Specialty	25%

*Please see the Evidence of Coverage document for plan specific details. This document is only to be used as a guide.



SERVICE AREA





HOSPITAL NETWORK

NPI Number	Facility Name	Address	City	State	Zip	Facility Phone Number
1295843787	Memorial Hermann Northeast Hospital	18951 N Memorial Dr	Humble	TX	77338	281-540-7700
1407990088	St. Luke's Patients Medical Center	4600 East Sam Houston Pkwy S	Pasadena	TX	77505	713-948-7064
1134166192	HCA-Texas Orthopedic Hospital	7401 S Main	Houston	TX	77030	713-799-8600
1750819025	HCA-Tomball Regional Medical Center	605 Holderreith Blvd	Tomball	TX	77375	281-351-1623
1174576698	HCA-Bayshore Medical Center	4000 Spencer Hwy	Pasadena	TX	77504	713-359-2000
1275580938	HCA-West Houston Medical Center	12141 Richmond Ave	Houston	TX	77082	281-558-3444
1962455816	HCA-Conroe Regional Medical Center	504 Medical Center Blvd	Conroe	TX	77304	936-539-7178
1063466035	HCA-Clear Lake Regional Medical Center	500 Medical Center Blvd	Westber	TX	77598	281-338-3366
1063466035	HCA-Mainland Medical Center	6801 Emmett F Lowry Expressway	Texas City	TX	77591	281-338-3366
1609275585	HCA-Pearland Medical Center	11100 Shadow Creek Pkwy	Pearland	TX	77584	713-770-7100
1811942238	HCA-Kingwood Medical Center	22999 US Hwy 59N	Kingwood	TX	77339	281-348-8000
1730132234	Memorial Hermann Pearland Hospital	16100 South Freeway	Pearland	TX	77584	713-413-5000
1184868879	St. Luke's Lakeside Hospital	17400 St Luke's Way	The Woodlands	TX	77384	936-266-9000
1710314141	St. Luke's Hospital at The Vintage	20171 Chasewood Park Dr	Houston	TX	77070	832-534-5000
1740233782	Memorial Hermann Memorial City Hospital	921 Gessner Dr	Houston	TX	77024	713-392-3000
1659559573	St. Luke's Sugar Land Hospital	1317 Lake Pointe Pkwy	Sugar Land	TX	77478	281-637-7000
1730132234	Memorial Hermann Greater Heights Hospital	1635 N Loop W	Houston	TX	77008	713-867-2000
1730132234	Memorial Hermann Southeast Hospital	11800 Astoria Blvd	Houston	TX	77089	281-929-6100
1730132234	Memorial Hermann Southwest Hospital	7600 Beechnut	Houston	TX	77074	713-776-5000
1295788735	Memorial Hermann Sugar Land Hospital	17500 W Grand Pkwy S	Sugar Land	TX	77479	281-274-7000
1730132234	Memorial The Woodlands Medical Center	9250 Pinecroft Dr	The Woodlands	TX	77380	281-364-2300
1982666111	Memorial Hermann Hospital	6411 Fannin	Houston	TX	77030	713-704-4000
1942208616	CHI St. Luke's The Woodlands Hospital	17200 St Luke's Way	The Woodlands	TX	77384	936-266-2000
1184622847	CHI St. Luke's Health Baylor College of Medicine Medical Center	6720 Bertner Ave	Houston	TX	77030	832-355-1000
1023065794	HCA-Woman's Hospital of Texas	7600 Fannin	Houston	TX	77054	713-790-1234
1982666111	Memorial Hermann Cypress Hospital	27800 Northwest Frwy	Cypress	TX	77433	346-231-4140
1073043592	HCA-Park Plaza Hospital	1313 Hermann Dr	Houston	TX	77004	713-527-5000
1740450121	HCA-Houston Northwest Medical Center	710 Cypress Creek Parkway	Houston	TX	77090	281-440-1000
1164952685	HCA-Cypress Fairbanks Medical Center	10655 Steepletop Dr	Houston	TX	77065	281-890-4285
1932152337	Memorial Hermann Katy Hospital	23900 Katy Fwy	Katy	TX	77493	713-792-2121



NEXT LEVEL URGENT CARE NETWORK

CHAMPIONS

15882 Champion Forest Dr.
Spring, TX 77379
281-809-6615

CINCO RANCH

10705 Spring Green
Blvd Suite 600
Katy, TX 77494
281-907-9646

CONROE

1246 N Farm to Market
3083 Rd W Ste B
Conroe, TX 77304
936-647-0330

COPPERFIELD

8100 Highway
6 North Suite E
Houston, TX 77095-1900
832-304-2314

LONG MEADOW

7101 Grand Parkway #180
Richmond, TX 77407
832-304-2309

MEYERLAND

4936 Beechnut Street
Houston, TX 77096
713-893-1223

PEARLAND

8325 Broadway Suite 220
Pearland, TX 77581
281-783-8162

SIENNA PLANTATION

8720 Highway 6 Suite 400
Missouri City, TX 77459
832-342-9204

SUGAR LAND

16902 Southwest
Freeway Suite 108
Sugar Land, TX 77479
832-342-9205

KATY

1420 Katy Fort Bend Road
Katy, TX 77493
281-907-9646

TANGLEWOOD

5749 San Felipe Street
Houston, TX 77057
281-612-3600

THE WOODLANDS

25750 Kuykendahl
Rd Suite A
Tomball, TX 77375
281-783-8162

Exclusively for KelseyCare Members!

KelseyCare

TELEMEDICINE SERVICES



It's Efficient. It's Convenient. It's Kelsey-Seybold Quality.

KelseyCare Telemedicine Services means you can get convenient medical care for a number of conditions when and where you need it. With E-visits or Video Visits, your care is delivered by a Kelsey-Seybold board-certified provider who can access your medical record and send prescriptions to the pharmacy of your choice.

Primary & Specialty Care Video Visits

Have a real-time conversation with a Kelsey-Seybold board-certified provider.

365 Days a Year!
Days, Evenings, and Weekend Hours



Schedule on the MyChart App

Cost: Your primary care or specialty care office visit co-pay.*

Primary Care	
50 Conditions Adult Video Visits (18 years+)	24 Conditions Pediatric Video Visits (4-11 years)
<ul style="list-style-type: none"> Cold/flu Ear infection Eczema GERD Laryngitis Shingles Sprained ankle/knee 	<ul style="list-style-type: none"> Acne Allergy Burns Cold, flu, or sinus infection Diarrhea Lice Rash
Specialty Care	
<ul style="list-style-type: none"> Endocrinology Gastroenterology Neurology Post-Op Orthopedic Surgery Post-Op Plastic Surgery 	<ul style="list-style-type: none"> Pulmonary Medicine Supportive Medicine Urology More Specialties Coming in 2018!
Spanish language adult Video Visits also available. (Select Carlos Rivera, M.D. or Isabel Garcia, M.D.)	

Adult & Pediatric E-visits

Get a response from a Kelsey-Seybold board-certified provider **in an hour or less!**

Mon. – Fri., 8 a.m. to 9 p.m.
Sat. & Sun., 10 a.m. to 4 p.m.


E-visits are available on:



MyChart App



MyKelseyOnline.com
Your Secure Health Portal

20 Conditions Adult E-visits (18 years+)	11 Conditions Pediatric E-visits (4-17 years)
<ul style="list-style-type: none"> Allergy Anxiety Back pain Cold/Flu Cough Diarrhea Gastroesophageal reflux Red eye Sinus problems Sore throat Urinary (bladder) infection Hypothyroidism, and more. 	<ul style="list-style-type: none"> Allergies Cold Constipation Cough Diarrhea Flu Heartburn Red eye Sinus problems Acne Rash
 365 Days a Year	

Go to kelsey-seybold.com/telemedicine for the latest information.

If you don't have a MyKelseyOnline account, call the MKO Help Line at 713-442-6565.

*Video Visits are a covered benefit for many health plans and will accumulate to your MOOP. Check with your health plan for more details. Please note that controlled substances and narcotic pain medications cannot be prescribed.



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TRANSPORT WORKERS UNION - MTA HEALTH & WELFARE
TRUST

Aetna MedicareSM Plan (PPO)
Medicare (C04) ESA PPO Plan
Custom RX \$10/20/40/25%

Benefits and Premiums are effective January 1, 2021 through December 31, 2021

SUMMARY OF BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	Network & out-of-network providers
Annual Deductible	\$0
This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.	
Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.
Annual Maximum Out-of-Pocket Amount	\$2,500
Annual maximum out-of-pocket limit amount includes any deductible, copayment or coinsurance that you pay. 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 & out-of-network providers
Inpatient Hospital Care	\$175 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay. Prior authorization or physician's order may be required.	
Outpatient Hospital Care	\$50
Prior authorization or physician's order may be required.	
PHYSICIAN SERVICES	This is what you pay for network & out-of-network providers
Primary Care Physician Visits	\$5
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	\$5



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Primary Care Physician Selection	Optional
There is no requirement for member pre-certification. Your provider will do this on your behalf.	
Referral Requirement	None
PREVENTIVE CARE	This is what you pay for network & out-of-network providers
Annual Wellness Exams	\$0
One exam every 12 months.	
Routine Physical Exams	\$0
One exam every 12 months.	
Medicare Covered Immunizations	\$0
Pneumococcal, Flu, Hepatitis B	
Routine GYN Care (Cervical and Vaginal Cancer Screenings)	\$0
One routine GYN visit and pap smear every 24 months.	
Routine Mammograms (Breast Cancer Screening)	\$0
One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.	
Routine Prostate Cancer Screening Exam	\$0
For covered males age 50 & over, every 12 months.	
Routine Colorectal Cancer Screening	\$0
For all members age 50 & over.	
Routine Bone Mass Measurement	\$0
Medicare Diabetes Prevention Program (MDPP)	\$0
12 months of core session for program eligible members with an indication of pre-diabetes.	
Additional Medicare Preventive Services	\$0



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- Ultrasound screening for abdominal aortic aneurysm (AAA)
- Cardiovascular disease screening
- Diabetes screening tests and diabetes self-management training (DSMT)
- Medical nutrition therapy
- Glaucoma screening
- Screening and behavioral counseling to quit smoking and tobacco use
- Screening and behavioral counseling for alcohol misuse
- Adult depression screening
- Behavioral counseling for and screening to prevent sexually transmitted infections
- Behavioral therapy for obesity
- Behavioral therapy for cardiovascular disease
- Behavioral therapy for HIV screening
- Hepatitis C screening
- Lung cancer screening

EMERGENCY AND URGENT MEDICAL CARE	This is what you pay for network & out-of-network providers
Emergency Care; Worldwide (waived if admitted)	\$50
Urgently Needed Care; Worldwide	\$5
DIAGNOSTIC PROCEDURES	This is what you pay for network & out-of-network providers
Outpatient Diagnostic Laboratory	\$5
Prior authorization or physician's order may be required.	
Outpatient Diagnostic X-ray	\$5
Prior authorization or physician's order may be required.	
Outpatient Diagnostic Testing	\$5
Prior authorization or physician's order may be required.	



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Outpatient Complex Imaging \$5

Prior authorization or physician's order may be required.

HEARING SERVICES This is what you pay for network & out-of-network providers

Routine Hearing Screening \$0

One exam every 12 months.

Hearing Aid Reimbursement \$500 once every 36 months

Applies to in or out of network

DENTAL SERVICES This is what you pay for network & out-of-network providers

Medicare Covered Dental \$5

Non-routine care covered by Medicare.

Prior authorization or physician's order may be required.

VISION SERVICES This is what you pay for network & out-of-network providers

Routine Eye Exams \$0

One annual exam every 12 months.

Diabetic Eye Exams \$0

Vision Eyewear Reimbursement \$70 once every 24 months

Applies to in or out of network

MENTAL HEALTH SERVICES This is what you pay for network & out-of-network providers

Inpatient Mental Health Care \$175 per stay

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Prior authorization or physician's order may be required.

Outpatient Mental Health Care \$5

Prior authorization or physician's order may be required.

Inpatient Substance Abuse \$175 per stay



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The member cost sharing applies to covered benefits incurred during a member's inpatient stay. Prior authorization or physician's order may be required.

Outpatient Substance Abuse \$5

Prior authorization or physician's order may be required.

SKILLED NURSING SERVICES This is what you pay for Network & out-of-network providers

Skilled Nursing Facility (SNF) Care \$0

Limited to 100 days per Medicare Benefit Period*.

The member cost sharing applies to covered benefits incurred during a member's inpatient stay. Prior authorization or physician's order may be required.

*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 & out-of-network providers

Outpatient Rehabilitation Services \$0

(Speech, Physical, and Occupational therapy)

Prior authorization or physician's order may be required.

AMBULANCE SERVICES This is what you pay for network & out-of-network providers

Ambulance Services \$50

Prior authorization or physician's order may be required.

TRANSPORTATION SERVICES This is what you pay for network & out-of-network providers

Transportation (non-emergency) 24 trips with 60 miles allowed per trip

MEDICARE PART B DRUGS This is what you pay for network & out-of-network providers

Medicare Part B Prescription Drugs \$0



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ADDITIONAL SERVICES	This is what you pay for network & out-of-network providers
Blood Covered in and out of network	All components of blood are covered beginning with the first pint.
Observation Care Covered in and out of network	Your cost share for Observation Care is based upon the services you receive.
Outpatient Surgery Prior authorization or physician's order may be required.	\$50
Home Health Agency Care Prior authorization or physician's order may be required.	\$0
Hospice Care	Covered by Original Medicare at a Medicare certified hospice.
Cardiac Rehabilitation Services	\$5
Pulmonary Rehabilitation Services	\$5
Radiation Therapy	\$0
Chiropractic Services Limited to Original Medicare - covered services for manipulation of the spine. Prior authorization or physician's order may be required.	\$5
Durable Medical Equipment/ Prosthetic Devices Prior authorization or physician's order may be required.	20%
Podiatry Services Limited to Original Medicare covered benefits only.	\$5
Diabetic Supplies Includes supplies to monitor your blood glucose from LifeScan. Prior authorization or physician's order may be required.	\$0
Outpatient Dialysis Treatments Prior authorization or physician's order may be required.	\$0



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ADDITIONAL NON-MEDICARE COVERED SERVICES	This is what you pay for network & out-of-network providers
Fitness Benefit	Silver Sneakers
Meals	Covered up to 14 meals following an inpatient stay. Prior authorization or physician's order may be required.
Resources For Living[®]	Covered
For help locating resources for every day needs.	
Teladoc	Covered
Telemedicine services	
Telehealth	Covered
Telemedicine services	
Wigs	\$0

See next page for Pharmacy-Prescription Drug Benefits.



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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 S2

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

Formulary (Drug List) GRP B2

Your cost for generic drugs is usually lower than your cost for brand drugs. However, Aetna in some instances combines higher cost generic drugs on brand tiers.

Initial Coverage Limit (ICL) \$4,130

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

4 Tier Plan	Retail cost sharing up to a 30 -day supply	Retail cost sharing up to a 90 -day supply	Preferred mail order cost sharing up to a 90 -day supply
Tier 1 - Generic Generic Drugs	\$10	\$0	\$0
Tier 2 - Preferred Brand Includes some high-cost generic and preferred brand drugs	\$20	\$40	\$40



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4 Tier Plan	Retail cost sharing up to a 30 -day supply	Retail cost sharing up to a 90 -day supply	Preferred mail order cost sharing up to a 90 -day supply
Tier 3 - Non-Preferred Drug Includes some high-cost generic and non-preferred brand drugs	\$40	\$80	\$80
Tier 4 - Specialty Includes high-cost/unique generic and brand drugs	25%	Limited to one-month supply	Limited to one-month supply

Coverage Gap

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage Limit. Here's your cost-sharing for covered Part D drugs after the Initial Coverage Limit and until you reach \$6,550 in prescription drug expenses:

Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. This means that you will generally continue to pay the same amount for covered drugs throughout the Coverage Gap stage of the plan as you paid in the Initial Coverage stage. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

Catastrophic Coverage:

Greater of 5% of the cost of the drug - or - \$3.70 for a generic drug or a drug that is treated like a generic and \$9.20 for all other drugs.



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Catastrophic Coverage benefits start once \$6,550 in true out-of-pocket costs is incurred.

Requirements:

Precertification	Applies
Step-Therapy	Applies

Enhanced Drug Benefit

- Agents when used for anorexia, weight loss, or weight gain
- Agents when used for the treatment of sexual or erectile dysfunction (ED)
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations

For more information about Aetna plans, go to www.aetna.com or call Member Services at toll-free at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 6 p.m. local time, Monday through Friday.

Medical Disclaimers

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

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

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



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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



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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).

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.

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

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-10 days. You can call 1-888-792-3862, (TTY users should call 711) 24 hours a day, seven days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. The amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.

Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.



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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

Your plan includes supplemental coverage for some drugs not typically covered by a Medicare Part D plan. Refer to the "Enhanced Drug Benefit" section in the chart above. Non-Part D drugs covered under the enhanced drug benefit can be purchased at the appropriate plan copay.



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Copayments and other costs for these prescription drugs will not apply toward the deductible, initial coverage limit or true out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan.

Plan Disclaimers

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

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

You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

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.

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 2021* 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).



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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 www.aetnaretireplans.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).

Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, go to www.aetna.com.

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

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