

2017 RETIREMENT HEALTH BENEFIT

Open Enrollment Newsletter



INSIDE:

- Aetna's 2017 insurance plans
- Medicare & Affordable Healthcare Act updates
- Next steps

The Basics

Emeriti will continue to offer the following pre- and post-65 insurance plans in 2017:

- 3 Medicare Advantage Plans
- 2 Supplemental Retiree Plans K & L
- 3 Medicare Part D prescription drug plans
- 3 Pre-65 Retiree/Dependent plans
- 1 optional dental plan

Emeriti's open enrollment:



Your insurance kit will be mailed in late October

Aetna Insurance Premium Rates in 2017

The medical & prescription drug plans will see modest premium increases for 2017, as follows:

- Aetna Medicare Advantage plan premiums will increase 6.5%
- Aetna Supplemental Retiree Medical plans K & L premiums will increase 3.5%
- Aetna prescription drug plan premiums will increase 4.3%
- Aetna pre-65 insurance plan premiums will increase 10%
- Aetna's dental plan premiums will not increase in 2017

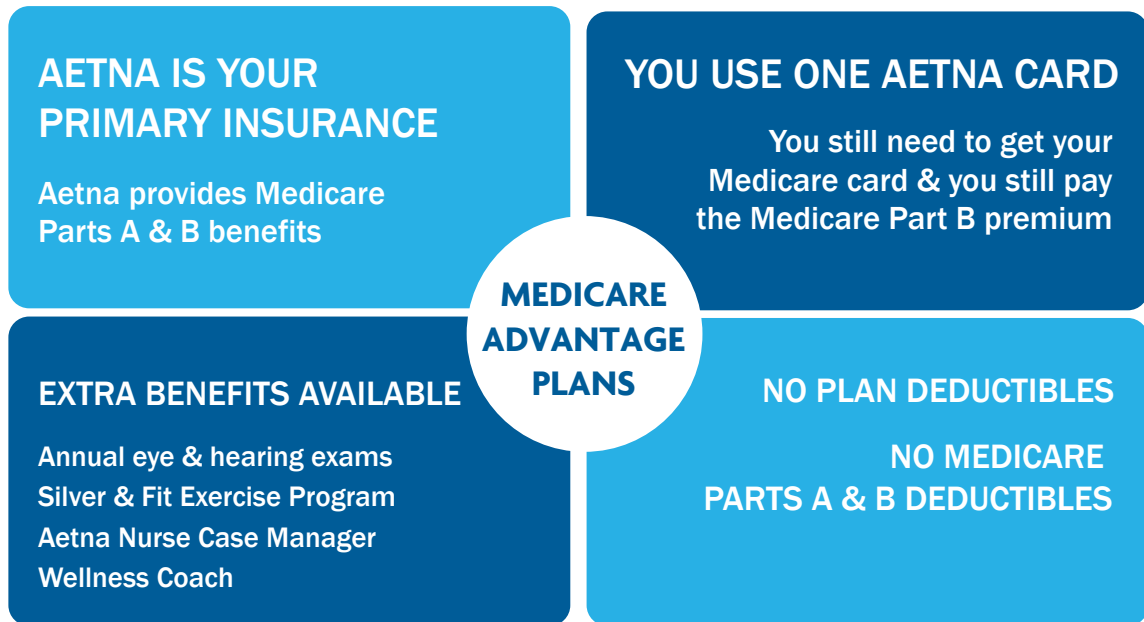
Switch Between Plans Or Do Nothing

You may switch between any of the medical and prescription drug plans, and enroll in the optional dental plan during Emeriti's open enrollment.

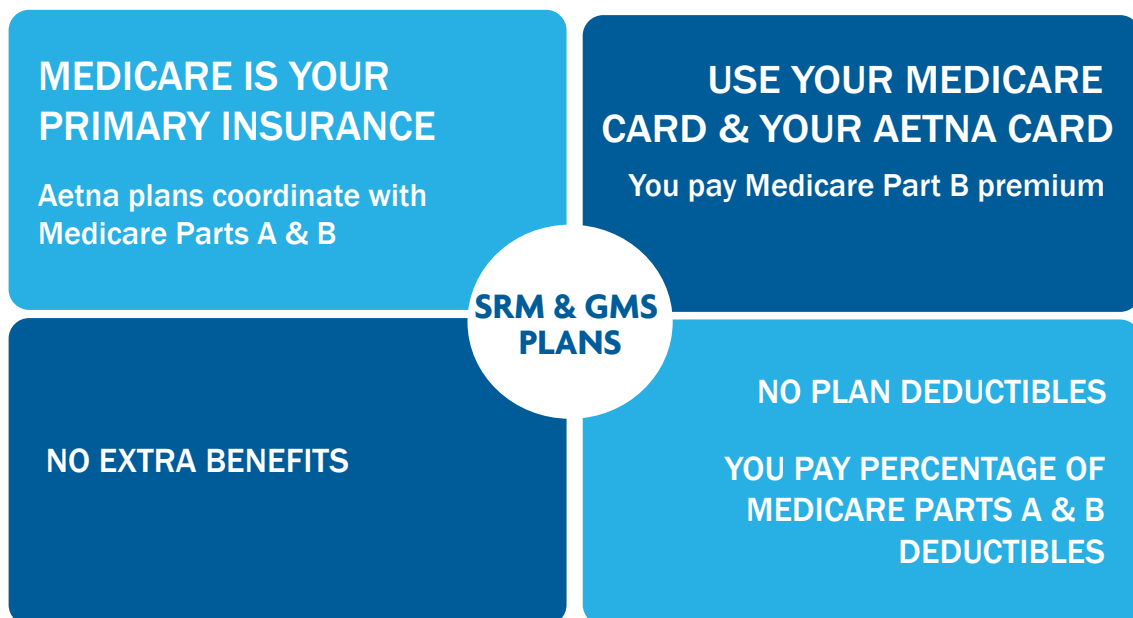
If you're satisfied with your current coverage, you don't need to do anything - you will be automatically enrolled in the same plans for 2017.

2017 Aetna Medical Plans

Three Aetna Medicare Advantage Preferred Provider Organization Plans (PPO)



Aetna Supplemental Retiree Medical (SRM) Plans K & L¹ (National) Aetna Group Medicare Supplemental (GMS) Plans A and L (Florida)



¹Plans K and L are not available in Florida, Vermont, Minnesota, Maryland, Washington, & American Samoa. Emeriti will offer Aetna Group Medicare Supplement Insurance (GMS) Plans A and L to retirees living in Florida. You will receive detailed information in your annual enrollment kit.

2017 Aetna Prescription Drug Plans

Emeriti will continue to offer three Medicare-approved Part D drug plans – Premium, Plus, and Standard benefit options.¹ Premium rates will vary depending on which drug plan you choose and in which state you live.

Aetna will continue to provide an Emeriti-specific formulary guide, representing the three tiers of generic, preferred brand, and non-preferred brand, that are specific to Emeriti's Part D plans. The guide will be available later this fall on the Emeriti website (EmeritiHealth.org).



¹The Rx Mid-High Plan is no longer available for new entrants.



2017 Aetna Dental Plan

Dental coverage may be added to medical and prescription drug coverage, or in combination with the stand-alone Rx Standard Plan. If you dis-enroll from the dental plan, you will not be able to re-enroll again. (The dental plan will not be available in Maryland.)

2017 Medicare Updates

Changes to Centers for Medicaid and Medicare (CMS) Cost Sharing

1. Cost sharing for pulmonary rehabilitation cannot be greater than \$30.
2. Cost sharing for the first 20 days of skilled nursing facility care will not be greater than \$20.

2017 Aetna Plan Update

Aetna will provide diabetic eye exams at \$0 cost share when performed by network providers.

2017 Affordable Care Act (ACA) Updates

- The Medicare Coverage Gap Discount Program will continue to provide manufacturer discounts on brand name drugs to Part D beneficiaries who reach the Coverage Gap and are not already receiving “Extra Help.” A 50% discount on the negotiated price of preferred and non-preferred brand drugs (excluding the dispensing fee) will be available from manufacturers that have agreed to provide the discount at point-of-purchase.
- The Coverage Gap will continue to close between now and 2020. In 2017, if you are not already receiving “Extra Help,” **your cost share in the Coverage Gap can be no more than 51% for covered Part D generic drugs and 40% for brand-name drugs.** Some of the Emeriti plans offer enhanced coverage in the gap, which means your member cost share could be lower. Please refer to your insurance enrollment kit (mailed in late October) for details about each plan.

Good News! Emeriti Fee Reduced

We are pleased to inform you that the Emeriti participant fee has been reduced by 40%.

Emeriti reduced its fee from \$5 to \$3 per participant per month, effective July 1, 2016. If you have an Emeriti Health Account balance, you will see the fee reduction first reflected in the 2016 third quarter TIAA statement. If you don't have a balance in your Emeriti Health Account, and are paying for premiums through your bank account, the fee reduction will be reflected in the amount withdrawn from your account each month. Alternatively, your employer may be paying for your Emeriti fee.

Join An Informational Phone Call

Emeriti & Aetna representatives will review the 2017 insurance plans & answer your questions live during the call.



Monday, November 21st from 10:00AM to 11:00AM (ET).

Please call (855) 803-2539 & enter ID: 69063956

Thursday, December 8th from 2:00PM to 3:00PM (ET).

Please call (855) 803-2539 & enter ID: 69155817

NEXT STEPS



Starting In Late October

Review insurance enrollment kit mailed to your residence.



During Open Enrollment (Nov 14 - Dec 9)

Change coverage or do nothing & be defaulted into the plans you had in 2016.



In November & December

Join one of Emeriti's informational phone calls for more details about the 2017 Emeriti insurance plans.

You may have or will soon be receiving an Aetna mailing called “Annual Notice of Change” for the Prescription Drug plan and the Medicare Advantage PPO (or PPO ESA) plan, in which you are currently enrolled. These required documents outline your current plan benefits that will change in 2016. This newsletter and the enrollment kit that will be mailed to you later this fall reflect all of the provisions for the 2016 benefits.

NOTE: IN THE STATES OF NEW YORK, AND KENTUCKY, THE NAME OF THIS GROUP HEALTH PRODUCT IS THE “AETNA RETIREE MEDICAL PLAN”. IN THE STATE OF KANSAS AND TERRITORY OF PUERTO RICO, THE NAME OF THIS GROUP HEALTH PRODUCT IS THE “AETNA RETIREE MEDICAL INSURANCE PLAN”. IN ALL OTHER STATES, THE NAME OF THIS GROUP HEALTH PRODUCT IS THE “AETNA SUPPLEMENTAL RETIREE MEDICAL PLAN” (HEREINAFTER COLLECTIVELY REFERRED TO AS “RETIREE MEDICAL PLAN”).

The Retiree Medical Plan is offered, underwritten or administered by Aetna Life Insurance Company (Aetna). State mandates may apply.

CHCS Services, Inc. is currently the third party administrator (TPA) for the Retiree Medical Plan. This material is for informational purposes only. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Members must use a health care provider that is eligible to receive reimbursement under Medicare in order to receive benefits under this plan, except as otherwise noted in the plan documents.

The Aetna Supplemental Retiree Medical Plan/AETNA RETIREE MEDICAL PLAN/AETNA RETIREE MEDICAL INSURANCE PLAN is not a Medicare Supplement insurance plan or Medigap insurance plan. This is an employer group retiree medical plan and may provide benefits that are different from a Medicare Supplement plan. You must meet the eligibility criteria established by your former employer and be enrolled in Medicare Parts A & B to be eligible to enroll in this plan. The Retiree Medical Plan will not provide coverage for services, supplies or treatment that is covered under Original Medicare. The Retiree Medical Plan covers only Medicare-approved charges up to the Medicare allowable amount, unless otherwise noted in the plan documents. Your state may offer you counseling services and advice regarding your health insurance. For more information about Medicare and other insurance, review the “Guide to Health Insurance for People with Medicare” published by the federal government and available at www.medicare.gov.

While this material is believed to be accurate as of the print date, it is subject to change. In the event of a conflict or inconsistency between this material and plan documents, the terms of the plan documents shall govern.

This material is for information only and is not an offer or invitation to contract. This is a solicitation to sell Aetna Medicare Supplement coverage. The Aetna

Plans are offered by Aetna Life Insurance Company and its affiliates. Coverage is provided through a Medicare Advantage organization or a Medicare Prescription Drug plan sponsor with a Medicare contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. State mandates apply. Product availability may vary by state.

Emeriti, TIAA, CBIZ Savitz, Aetna Life Insurance Company, and HealthPartners are independent corporations and are not legally affiliated. The full name of Emeriti Retirement Health Solutions is The Emeriti Consortium for Retirement Health Solutions, an Illinois Not-For-Profit Corporation. Emeriti Retirement Health Solutions is not an insurance company, insurance broker or insurance provider.

The Emeriti Program is delivered in collaboration with TIAA, CBIZ Savitz, Aetna Life Insurance Company, and HealthPartners.

Teachers Insurance and Annuity Association of America (TIAA) will provide services to the plan and may issue plan communications on behalf of the plan sponsor, in its capacity as a plan recordkeeper.

Group Medicare Supplement Insurance Plan is offered, underwritten or administered by Aetna Life Insurance Company (Aetna). CHCS Services, Inc. is currently the third party administrator (TPA) for the Aetna Group Medicare Supplement Insurance Plan. This material is for informational purposes only. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Benefits and costs may vary depending upon the insurance plan and are subject to change. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Not connected with or endorsed by the U.S. Government or the Federal Medicare Program. Members must use a health care provider that is eligible to receive reimbursement under Medicare in order to receive benefits under this plan, except as otherwise noted in the plan documents. You must meet the eligibility criteria established by your former employer and be enrolled in Medicare Parts A & B to be eligible to enroll in this plan. Your state may offer you counseling services and advice regarding your health insurance. For more information about Medicare and other insurance, review the “Guide to Health Insurance for People with Medicare” published by the federal government and available at www.medicare.gov.

Discount programs provide access to discounted prices and are not insured benefits.

In the event of a conflict or inconsistency between this material and plan documents, the terms of the plan documents shall govern. This Plan provides for automatic adjustment of benefits necessary to cover changes in the coinsurance amount, deductible or coverage requirements of the Medicare program. Changes to Part A and Part B of Medicare are generally announced in October to take effect on the first day of January of the following calendar year.

Aetna will provide notice of any resulting changes in benefits or premium contributions. Any changes required will become effective on the effective date of the change in the Medicare program.

Your 2017 Emeriti Retirement Health Benefit



Inside you will find an overview of the 2017 health insurance plans available to you and your dependents through your Emeriti Plan.



Planning today for a healthier tomorrow

AETNANATIONAL2017

PRESORTED
FIRST-CLASS

Emeriti[®]
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