2027 Flex Retirees (Medicare Eligible) plan options at a glance



Review this chart for your Medicare plan options. You won't lose the benefits you get with Original Medicare Part A and Part B. In fact, you must have Original Medicare to be enrolled in a Medicare Advantage plan.

Plan features	Flex Retirees (Medicare Eligible) plans		
	Medicare (S02) ESA PPO (MAP) **(in- and out-of-network benefits)**	**Medicare (S05) HMO (MAP)** **(in-network benefits only)** HMO plans require a PCP	**Medicare Coordinated plan** **(in- and out-of-network benefits)**
Annual medical deductible			
Individual	$0 deductible	$0 deductible	$0 deductible
Family	N/A	N/A	N/A
Annual medical out-of-pocket maximum	$3,000	$1,190	$0
Lifetime maximum	None	None	None
Physician			
Office visits (including specialists)	$40 copay	$30 copay	$0 copay
Urgent care	$40 copay	$30 copay	$0 copay
Hospital visits	Covered under inpatient facility benefit	Covered under inpatient facility benefit	$0 copay
Outpatient surgery	$0 copay	$0 copay	$0 copay
Hospital			
Inpatient facility	$250 copay per stay	$250 copay per stay	$0 copay per stay
Outpatient surgery	$0 copay	$0 copay	$0 copay
Skilled nursing facility	$0 copay per day, days 1–100 (limited to 100 days per Medicare benefit period)	$0 copay per day, days 1–100 (limited to 100 days per Medicare benefit period)	$0 copay per stay
Emergency room	$125 copay (waived if admitted)	$125 copay (waived if admitted)	$0 copay

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Radiology (outpatient)	$0 copay	$0 copay	$0 copay
Ambulance	$0 copay	$0 copay	$0 copay
Lab (outpatient)	$0 copay	$0 copay	$0 copay
Outpatient rehabilitation (physical, occupational, speech, cardiac)	$40 copay	$30 copay	$0 copay
Pulmonary rehabilitation	$20 copay	$20 copay	$0 copay
Behavioral health			
Inpatient	$250 copay per stay	$250 copay per stay	$0 copay
Outpatient (individual visit)	$40 copay	$30 copay	$0 copay
Preventive care	$0 copay	$0 copay	$0 copay
Acupuncture (in lieu of anesthesia and for treatment of chronic pain)	$40 copay (30 visits every year)	$30 copay (30 visits every year)	$0 copay
Allergy testing	$40 copay	$30 copay	$0 copay
Chiropractic services (Medicare covered benefits only)	$20 copay	$20 copay	$0 copay
Durable medical equipment/ prosthetic devices	$0 copay	$0 copay	$0 copay
Over-the-counter allowance	$45 quarterly	$45 quarterly	N/A
SilverSneakers®	Included	Included	N/A
Meals after inpatient stay	14 days/28 meals	14 days/28 meals	N/A
Transportation	60 miles/24 trips	60 miles/24 trips	N/A

Aetna Medicare is a HMO or PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. 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. 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). If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance. Out-of-network/non-contracted providers are under no obligation to treat plan 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. 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.

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