

# 2025 OPEN ENROLLMENT



## 1

### IMPORTANT CHANGES TO YOUR BENEFITS

As you prepare for open enrollment, here's a summary of key updates for the 2025 plan year across Medicare Advantage, prescription drug plans, pre-65 medical plans for dependents, and optional dental coverage.



#### Medicare Advantage Plans

- **Premiums:** No changes for 2025. Premiums will remain at 0%.



#### Prescription Drug Plans

- **Rx Premium Plan:** Premiums will increase by an average of 85%.
- **Rx Plus Plan:** Premiums will decrease by an average of 24%.
- **Rx Standard Plan:** Premiums will increase by an average of 40%.

#### Pre-65 Medical/Rx Plans for Dependents

- **Premiums:** Premiums will increase by an average of 8%



#### Optional Dental Plan

- **Premiums:** No changes. Premiums will remain the same for 2025.
- **Out-of-Pocket Maximum:** A new maximum of \$2,000 has been set for 2025.

Be sure to review your current plan selections and consider these updates to make the best choices for your healthcare needs in 2025.

## 2

### AETNA BENEFITS OVERVIEW

For full details on your 2025 Medical, Dental and Prescription Drug Benefits, please click the button below.

[2025 Emeriti Retiree Health Benefits](#)





## 3

### IMPORTANT UPDATES: PRESCRIPTION DRUG BENEFITS




**The Inflation Reduction Act (IRA)** provides enhancements and changes to Medicare Part D plans. The program makes improvements to Medicare to make most Part D plans richer than they are today, reducing member cost share.

**Effective January 1, 2025, key aspects of the IRA include:**

-  A \$2,000 per member annual out-of-pocket limit compared to the \$8,000 true out-of-pocket (TrOOP) cost threshold currently in place for 2024.
-  A new Medicare Prescription Payment which may be beneficial if you have \$500 or more in monthly Part D drug costs. The plan works by letting you spread out payments monthly instead of paying in full at the pharmacy or for mail order.

Refer to your Annual Notice of Change documents for more details.

#### Your plan has prescription drug coverage rules

-  **Prior Authorization**  
Some drugs require that your doctor first show a medical need for you to use the drug before the plan will cover it.
-  **Quantity Limits**  
This places a limit on how much of a drug you can get at one time.
-  **Step Therapy**  
You must first try another drug on the plan's formulary before you can move to another drug.

Note: The above rules are for safety purposes and to help keep your costs down. They were created with your health in mind.

#### QUESTIONS?

Call Aetna® Member Services at 1-855-212-5666 (TTY:711), Monday to Friday, 8 AM to 8 PM ET.

To learn more about rates or to enroll, call the Emeriti Service Center at 1-866-EMERITI (1-866-363-7484), Monday to Friday 8:00 AM to 5:30 PM ET.

