

2027 RETIREE HEALTH PLAN CHOICES

FRESNO UNIFIED SCHOOL DISTRICT



It's a new day,
it's a new **brighter** day ahead.

Remember Back: How We Got Here

Three important moments in the recent history of retiree health coverage.

1 Spring 2023 The Mandate



Retirees were required to move from traditional Medicare to Aetna MA.

2 January 2026 The Network Crisis



Hospitals dropped Aetna MA. Access became difficult and care was disrupted.

3 2026 Change of Course



Retiree choice approved to return beginning in **2027**.



Understanding this history helps explain why your Medicare choices today matter so much.
Let's take a closer look at each turning point.

SPRING 2023: GOOD NEWS:

Aetna Medicare Advantage for all.

SAME
BENEFITS –
ONLY BETTER.

ALL
GOOD.

YOU'LL BE
HAPPY.

NO
PREMIUMS.

LOW
COPAYS.

IS THIS
GOOD FOR
US?

GREAT
PACKAGE –
VISION, DENTAL,
GYM.

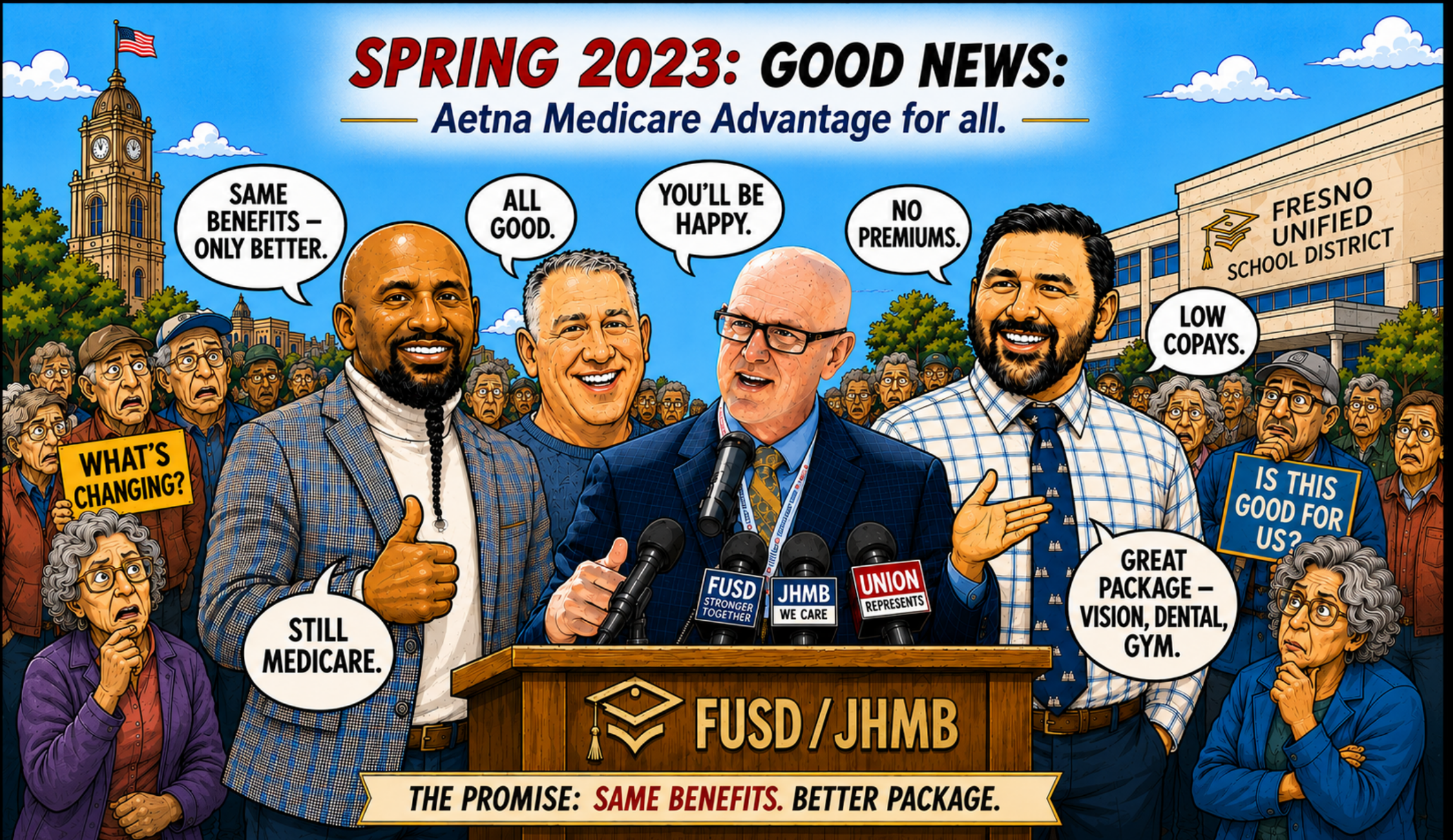
STILL
MEDICARE.

WHAT'S
CHANGING?



FUSD / JHMB

THE PROMISE: **SAME BENEFITS. BETTER PACKAGE.**



JANUARY 2026: Oops...

Community Hospitals Drop FUSD Aetna MA

The response from FTA/FUSD leaders:

JUST
ANOTHER
CONTRACT
DISPUTE.

NOTHING
TO SEE
HERE.

NOT OUR
FAULT.

NO ONE
DENIED
CARE.

WHERE
IS
CHOICE?

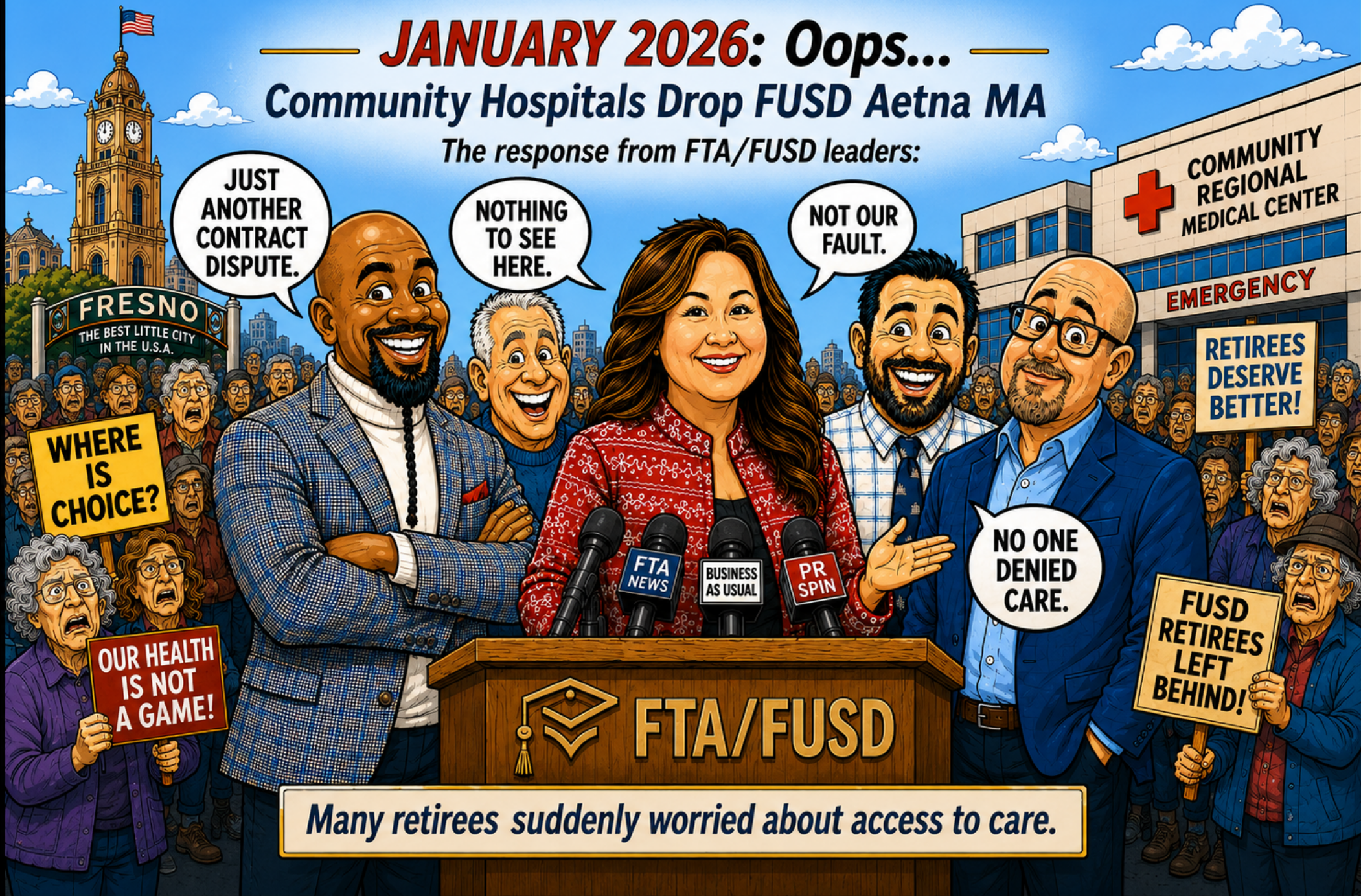
OUR HEALTH
IS NOT
A GAME!

RETIREES
DESERVE
BETTER!

FUSD
RETIREES
LEFT
BEHIND!

FTA/FUSD

Many retirees suddenly worried about access to care.



2026: The Community Took Notice

After three years of dismissed concerns,
the issue became public—and the conversation changed.

ONE THING BOARD MEMBERS UNDERSTAND:

VOTERS:
RETIRES VOTE
IN LARGE NUMBERS!

WE'LL PROBABLY
CHANGE COURSE
AND RESTORE CHOICE.

“WE APPRECIATE
YOUR PATIENCE.
CHOICE RETURNS
IN 2027.”

— FUSD SUPERINTENDENT

REALLY?
NOW?

VALERIE F.
DAVIS

YVONNE
SPENCE, PH.D.

TIFFANY
NOURMAND, ED.D.

CRYSTAL
HERNÁNDEZ

CLAUDIA C.
CÁRDENAS

CHOICE FOR 46 YEARS—UNTIL 2023. IGNORED FOR THREE YEARS. NOW, RESTORED.

1977

2023

2027



SENIOR
POWER
=
VOTER
POWER!

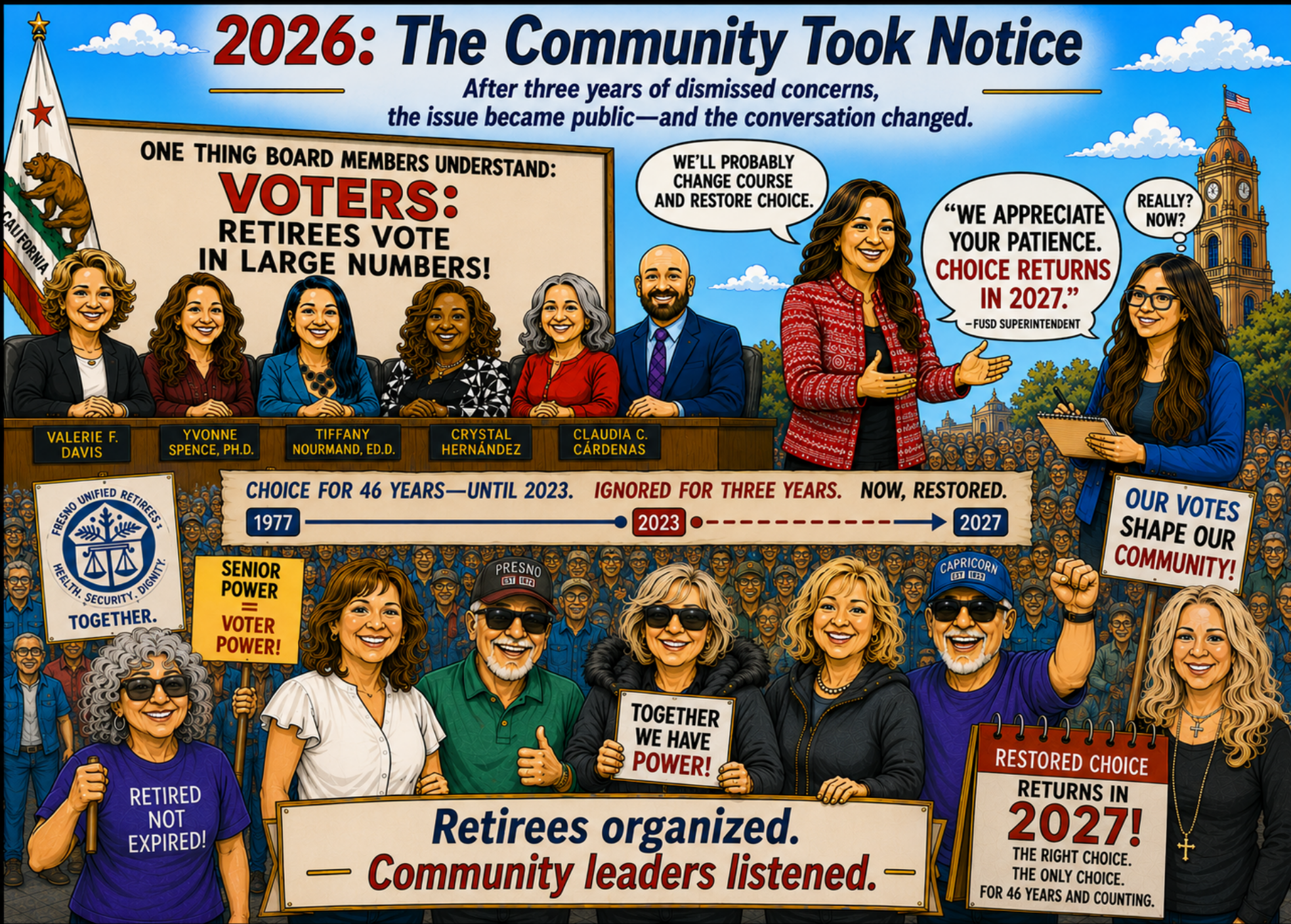
RETIRED
NOT
EXPIRED!

TOGETHER
WE HAVE
POWER!

Retirees organized.
— **Community leaders listened.** —

RESTORED CHOICE
RETURNS IN
2027!
THE RIGHT CHOICE.
THE ONLY CHOICE.
FOR 46 YEARS AND COUNTING.

OUR VOTES
SHAPE OUR
COMMUNITY!



Turning the Page to



UNDERSTANDING THE MEDICARE SYSTEM



The foundation behind your coverage choices.

The Medicare System

How Medicare Provides Coverage

The Medicare program has two parts

ORIGINAL MEDICARE

Government health insurance.



**MANAGED BY THE
FEDERAL MEDICARE PROGRAM**

- Manages coverage.
- Pays providers.

PART C (MEDICARE ADVANTAGE)

Private insurance plans.



**MANAGED BY
PRIVATE INSURANCE COMPANIES**

- Manages coverage.
- Pays providers.








TWO DIFFERENT PATHS. DIFFERENT RULES. DIFFERENT NETWORKS.

*Understanding the differences helps you make the **best choice** for you.*

BOTH CHOICES INCLUDE MEDICARE BENEFITS

You are covered. The difference is how the plan is managed.

MEDICARE BENEFITS <i>(Core benefits Medicare requires all plans to cover)</i>	COMMERCIAL PPO PLAN A/B (FUSD PLAN)	AETNA MEDICARE ADVANTAGE PPO
 Hospital Care (Inpatient)	✓	✓
 Doctor Visits (Outpatient)	✓	✓
 Diagnostic Services (Lab tests, X-rays, MRI/CT)	✓	✓
 Emergency Care	✓	✓
 Skilled Nursing Facility	✓ 120 days	✓ 100 days
 Home Health Care	✓	✓
 Mental Health Care	✓	✓
 Hospice Care	✓	✓

“Medicare Advantage plans must cover all medically necessary services that Original Medicare covers.”

Basic Medicare benefits are included in both choices.



Source: 42 U.S.C. § 1395w-22(a)(1)(A)
(Medicare law requires Medicare Advantage plans to provide all benefits that Original Medicare provides.)



THE REAL DIFFERENCE IS **HOW** CARE IS MANAGED AND ACCESSED.

Now We Get to the Most Important Part



THE REAL DIFFERENCES:
*It's Not About Benefits —
It's About How Health Care Is Managed.*



*Understanding management is the key
to understanding your choices and your risk.*

Two Plans. Two different networks.

The District comparison sheet shows the Aetna name on both plans—
but the provider networks are not the same.

Plan A/B (Commercial PPO)



Uses the Original Medicare network.
Accepted almost everywhere.



Most doctors and hospitals
accept it.



Works with Original Medicare providers.
Wide access and flexibility.



Most providers are already in the Medicare network.
Finding care is rarely the issue.

VS.

Aetna MA network



Uses Aetna's own network.
Much smaller.
Subject to changes and drops.



Not all doctors and hospitals
participate.



You may need to stay in-network
for most services and referrals.



If your provider is not in the network,
you may not be able to see them.



Same Aetna name. Completely different networks.

Plan A/B uses the Original Medicare network — NOT the Aetna MA network.
Your Plan A/B card may look similar to the employee card since Aetna administers the supplemental benefit, but **the network used is different.**

Original Medicare

Has Some Prior Authorization.



Yes, Original Medicare (Part B) does require prior authorization.
But it's limited to specific, specialized services and items.

Examples may include:



Certain
advanced
imaging



Power
wheelchairs /
scooters



Some
outpatient
procedures



Certain
injectable
drugs



Select
specialty
treatments

This list is not all inclusive.



*The issue is not whether prior authorization exists.
The issue is how broadly it affects routine care.*

Medicare Law: Reasonable and Necessary



Medicare law requires care to be **reasonable** and **necessary** for the diagnosis or treatment of illness or injury.



Based on Social Security Act §1862(a)(1)(A)



Who decides what “**reasonable and necessary**” means — **your doctor** or the insurance company?

Prior Authorization

Read the “*”

* may require prior authorization (as shown on the District comparison sheet)

PLAN A/B (Original Medicare + FUSD Supplement)



No listed “*” warnings on the District comparison sheet.



Prior authorization is much more limited.



Care usually proceeds based on medical need.

AETNA MEDICARE ADVANTAGE (MA)



The “*” means prior authorization **often required** before care.



Plan must approve many services before care.



Requests can be: **Approved** • **Delayed** • **Denied**



Initial reviews may be based on plan guidelines rather than your doctor’s recommendation.



Appeals required if denied.



CARE DEPENDS ON PLAN APPROVAL.



The “*” warnings appear under **Medicare Advantage** — not Plan A/B.

Prior Authorization Benefits that may be required in the Aetna Medicare Advantage Plan

* Outpatient Surgery

* Inpatient Hospital Care

- * Ambulance
- * Urgent Care
- * Speech, physical & occupational therapy
- * Diagnostic Radiology MRI/CT scans
- * Diagnostic testing (X-ray, blood work)
- * Skilled Nursing Facility
- * Outpatient Mental Health Services
- * Inpatient Substance Abuse Services

- * Outpatient Substance Abuse Services
- * Chiropractic Services
- * Chiropractic Diagnostic X-ray Benefit
- * Chiropractic Visits
- * Durable Medical Equipment
- * Prosthetic Devices
- * Diabetic Supplies (including supplies for glucose monitor from LifeScan)
- * Outpatient Dialysis Treatments

- * Radiation Therapy
- * Non-emergency Transportation (60 miles each way, up to 24 one-way trips)
- * Cardiac Rehabilitation Services
- * Pulmonary Rehabilitation Services
- * Durable Medical Equipment (listed above)

* Benefit that may require prior authorization

Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.



When Hospital Care Changes, Approval May Change Too



We know from the comparison that Outpatient Surgery and Inpatient Hospital Care may require prior authorization. **Once you are in the hospital, things can change.**



What Can Change

- Complications
- Recovery slower than expected
- Need for extra hospital days
- New tests or imaging
- Medication changes
- Therapy evaluation
- Rehab or skilled nursing need
- Discharge plan changes

Your condition can change.



What May Happen Under Aetna Medicare Advantage

- More review of your care
- More documentation may be required
- Continued-stay approval (for additional hospital days)
- New service approval (tests, procedures, therapies, medications)
- Post-acute care approval (rehab, skilled nursing, home health, etc.)
- Delay possible while approval is pending



The issue is not just getting into the hospital. It is what happens when your care changes after you are there.

Many decisions may have to be **re-submitted** to Aetna Medicare Advantage **for approval.**

Examples shown are common scenarios and not limited to every situation. Your doctor and the hospital must work with Aetna for approvals.

Now We Wrap It Up

LOOKING TO YOUR FUTURE HEALTH *and* CONCLUSION

What It Means for You — and What to Remember.



LOOKING TO
YOUR FUTURE
HEALTH



CONCLUSION
& SUMMARY

The most important slides are ahead.

The Future is Not Guaranteed. Make the Best Choice for You.



Today you may be healthy. Tomorrow is not promised.
The plan you choose today shapes the care you can get tomorrow.



Access to Care

Can you see the doctors
and hospitals you trust?



How Care is Managed

Approvals, networks,
and who makes decisions.



Peace of Mind

Will this plan support
your future needs?



Benefits on paper matter.

How care works in practice matters too.

Understand your options. Know your rights. Choose with confidence. ♥

The Big Takeaway



One Medicare system.

We began with the Medicare system.



Two entirely different management structures.

One is managed by Medicare.

The other is managed by a private insurance company.



Both include Medicare-required benefits.

You get the same core benefits either way.

Our focus today:

Two important topics that affect your health care.

1



Prior Authorization

Differences in how approvals are required.

2



Provider Networks

Differences in who accepts the plan.



Understand the differences.

Choose the plan that's best for you.