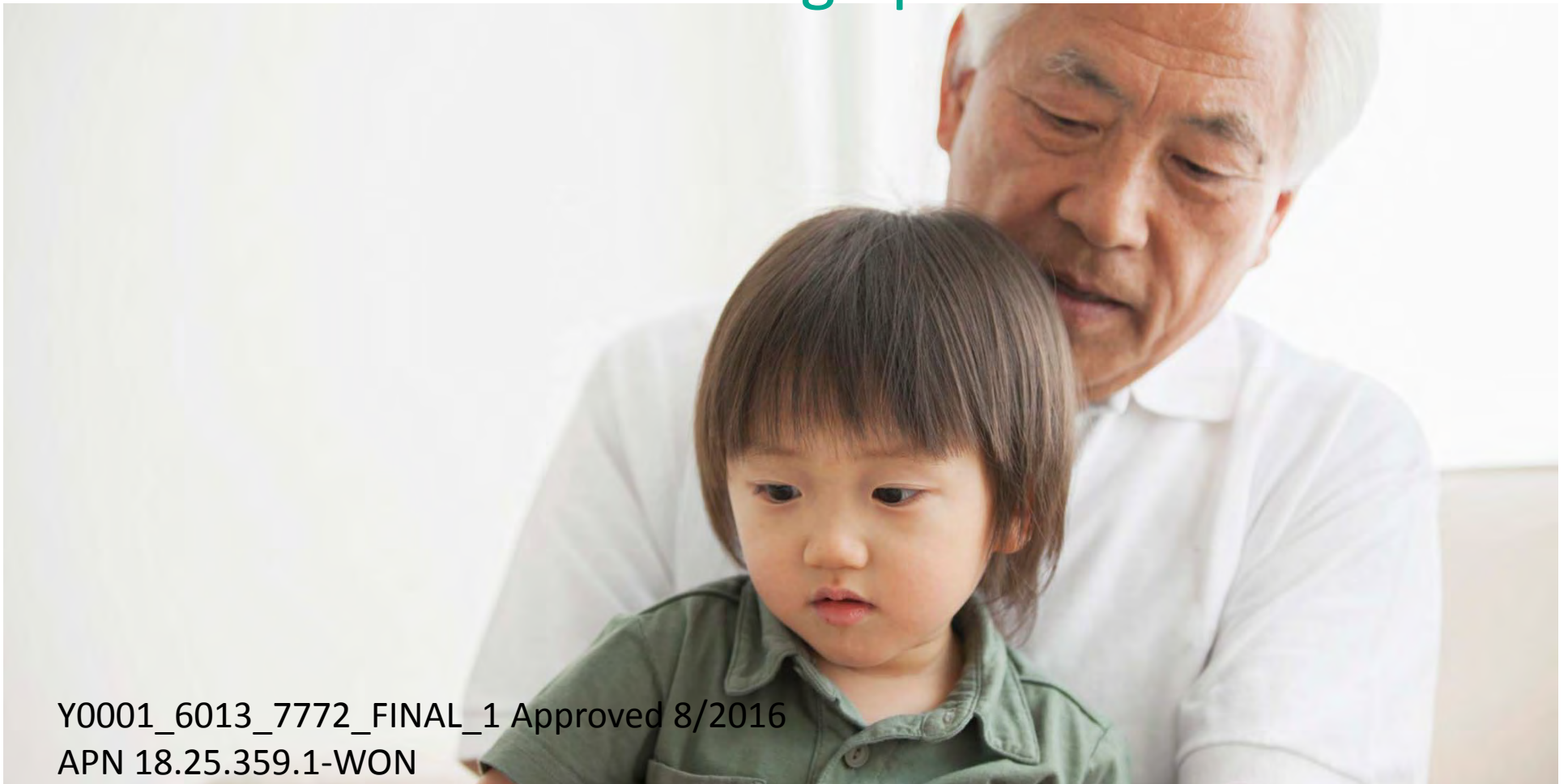


Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions



## 2017 Medicare Advantage plans



Y0001\_6013\_7772\_FINAL\_1 Approved 8/2016  
APN 18.25.359.1-WON

# Agenda

**Why choose Aetna?**

**Enrollment kit**

**Do you qualify?**

**How Medicare works**

**Enrollment period**

**Key terms**

**Pharmacy network**

**Formulary**

**Drug coverage**

**The Extra Help program**

**BenefitsCheckup<sup>®</sup>**

**Plan benefits**

**Extras**

**Support**

**Enrollment details**

# Why choose Aetna?

- We paid the very first Medicare claim in 1966.
- We've been in business for over 160 years.
- We cover more than **43** million members throughout the United States.
- We're guided by four main values: integrity, excellence, inspiration and caring.





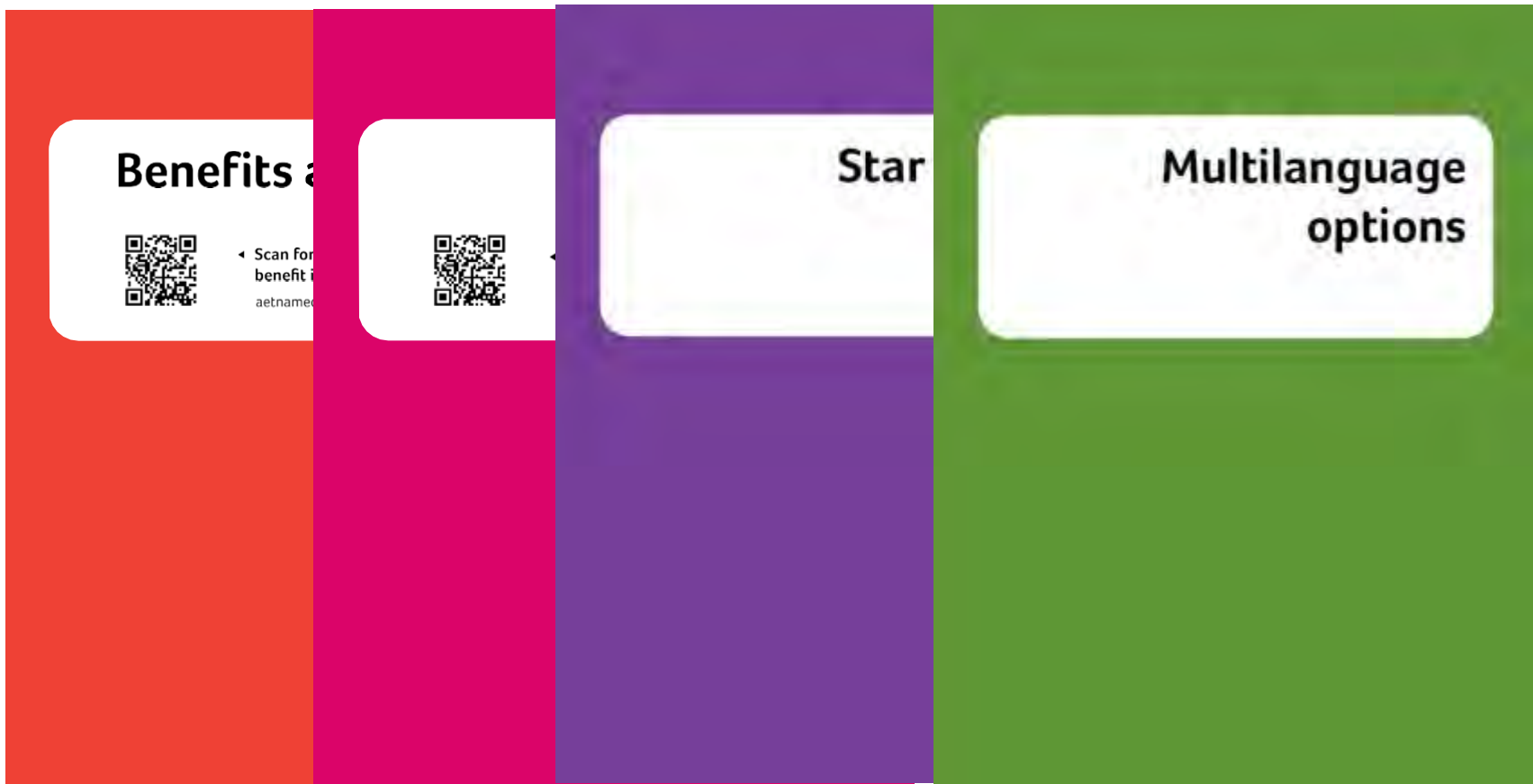
# What is in the enrollment kit?

What you learn today can help you make the right choice.



# What is in the enrollment kit?

What you learn today can help you make the right choice.

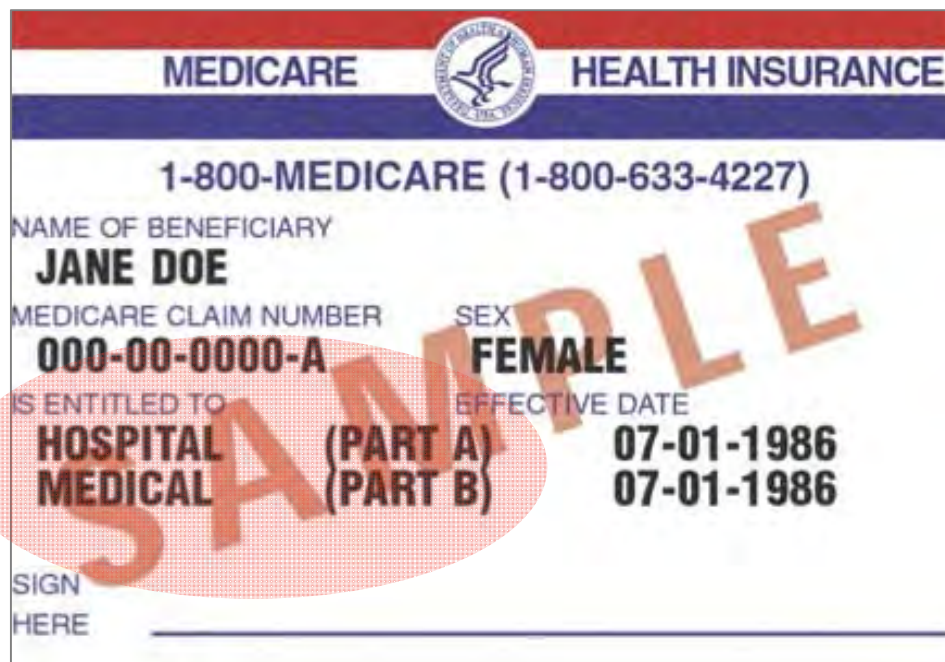


# Do you qualify?

## You must:

- Have both Medicare Parts A and B
- Live in the plan's service area

*If you have end stage renal disease (ESRD), you can only join a Medicare Advantage plan in certain situations.*



A sample Medicare Health Insurance card for Jane Doe. The card features the Medicare logo and the text "MEDICARE HEALTH INSURANCE". It includes the phone number 1-800-MEDICARE (1-800-633-4227). The beneficiary's name is JANE DOE. The Medicare claim number is 000-00-0000-A and the sex is FEMALE. The card indicates entitlement to Hospital (Part A) and Medical (Part B) benefits, both with an effective date of 07-01-1986. A large "SAMPLE" watermark is overlaid on the card. At the bottom left, there is a "SIGN HERE" label with a line for a signature.

MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY <b>JANE DOE</b>	
MEDICARE CLAIM NUMBER <b>000-00-0000-A</b>	SEX <b>FEMALE</b>
IS ENTITLED TO <b>HOSPITAL (PART A)</b> <b>MEDICAL (PART B)</b>	EFFECTIVE DATE <b>07-01-1986</b> <b>07-01-1986</b>
SIGN HERE _____	

# How Medicare works

## The four parts of Medicare

(**\$** = Available at additional cost through a private insurer)

Government Programs (Original Medicare)		Private Medical Plans	Private Drug Plans
<b>A</b> <b>Hospital Care</b>	<b>B</b> <b>Medical Care</b> <small>You pay a premium</small>	<b>\$</b> <b>C</b> <b>Medicare Advantage</b>	<b>\$</b> <b>D</b> <b>Prescription Drugs</b>
<ul style="list-style-type: none"> <li>Inpatient care in hospitals</li> <li>Skilled nursing facility care</li> <li>Hospice care</li> <li>Home health care</li> </ul>	<ul style="list-style-type: none"> <li>Services from doctors and other health care providers</li> <li>Outpatient and home health care</li> <li>Durable medical equipment</li> <li>Some preventive services</li> </ul>	<ul style="list-style-type: none"> <li>Includes <b>Part A</b> and <b>Part B</b> benefits and services</li> <li>Can include Medicare PDP (<b>Part D</b>)</li> <li>May add extra benefits and services</li> <li>Run by Medicare-approved private insurance companies</li> </ul>	<ul style="list-style-type: none"> <li>Helps cover the cost of prescription drugs</li> <li>Helps protect against higher costs in the future</li> <li>Run by Medicare-approved private insurance companies</li> </ul>



# How Medicare Advantage (MA) works

- Provided by private insurance companies, like Aetna
- Approved by the Centers for Medicare & Medicaid Services (CMS)
- Combines Medicare Part A, Part B and Part D into one MAPD Plan (some MA plans don't include Part D)



# Medicare Advantage (MA) plans offer more

## Medicare Advantage plans:

- Are sometimes called Part C plans
- Include everything that Original Medicare covers and may add other benefits like prescription drug coverage, fitness and more
- Are offered by private companies approved by Medicare, like Aetna
- Aren't Medigap plans (Medicare Supplement plans).

**Note:** Medigap plans fill in the gaps of Original Medicare



# When can you enroll in a Medicare Advantage plan?

<b>Enrollment Period</b>	<b>Dates</b>	<b>Action</b>
Annual Enrollment Period (AEP)	<b>October 15 to December 7</b>	When you can enroll in or disenroll from a Medicare plan. Enrollments during this time will be effective <b>January 1, 2017</b> .
Special Enrollment Period (SEP)	Varies	You may be able to join, switch or drop a Medicare plan during a Special Enrollment Period. if: <ul style="list-style-type: none"><li>• You move out of your plan's service area</li><li>• You have Medicaid</li><li>• You qualify for <b>Extra Help</b></li></ul>

**Note:** There are other times to enroll, such as when you are first eligible for Medicare.

# If you choose Medicare Advantage

You may have choices like:

## A Health Maintenance Organization (HMO)

- You'll use doctors in the network.
- You might need a referral to see a specialist.

## A Health Maintenance Organization with a Point of Service (HMO-POS)

- You'll use doctors in the network.
- You may also go out of the network but often for a higher copay or coinsurance.

## A Preferred Provider Organization (PPO)

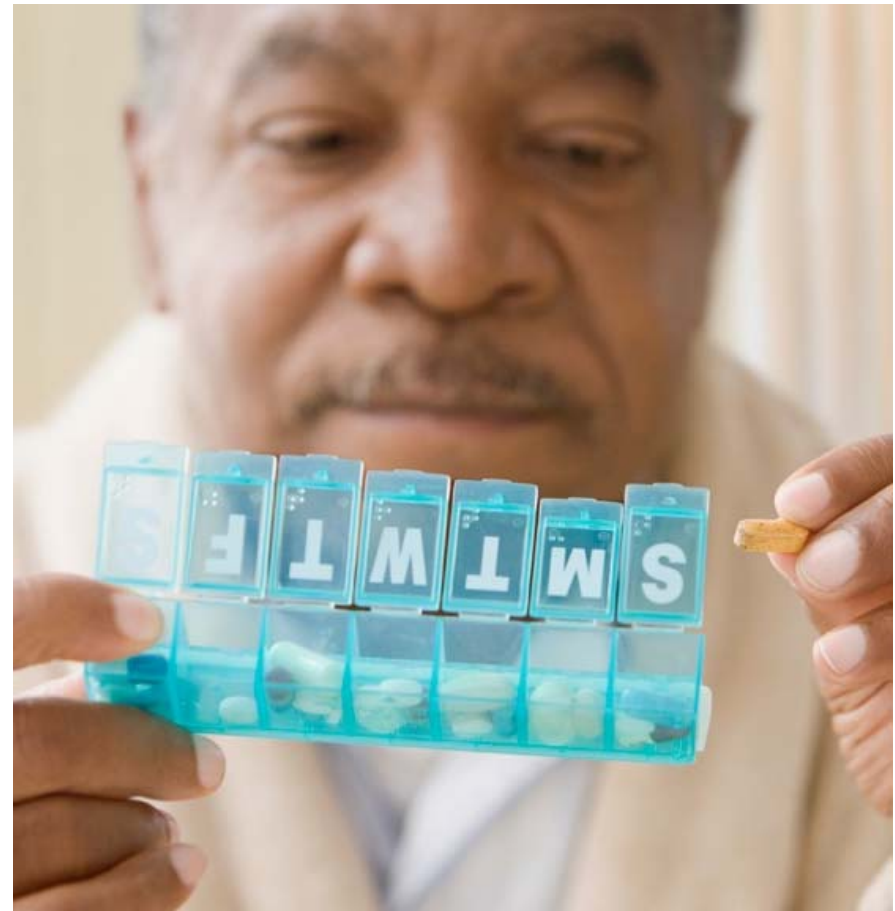
- You can use doctors and hospitals out of the network, but often for a higher copay.

# What is the Medicare Part D late enrollment penalty?

The late enrollment penalty fee may be added to your Part D premium if you don't have creditable prescription drug coverage. It may apply if you don't have creditable coverage when:

- Your initial enrollment period is over
- There's a period of 63 days or more in a row when you don't have Part D or other creditable prescription drug coverage

**Note:** If you get **Extra Help**, you don't pay a late enrollment penalty.



# Key Terms

- **Cost share** - The amount you pay when you get health care services or prescriptions.
- **Deductible** - The amount you must pay for health care or prescriptions before Original Medicare, your Medicare Advantage Plan, your prescription drug plan or your other insurance begins to pay.
- **Copayment** - The amount you may have to pay as your share of the cost for a medical service or supply. This includes doctor visits, hospital outpatient visits or prescription drugs on the formulary. A copayment is a set amount, not a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.
- **Coinsurance** - The amount you have to pay as your share of the cost for services or prescription drugs after you pay any deductible. Coinsurance is a percentage (like, 20%).
- **Total drug cost** – The amount of money both you and the plan spend on a prescription drug.
- **Premium** - The monthly payment to Medicare, an insurance company or a Medicare plan for health or prescription drug coverage.
- **True out-of-pocket costs (TrOOP)** - The payments that count toward your Medicare drug plan out-of-pocket threshold of \$4,950 (for 2017). TrOOP costs determine when your catastrophic coverage begins.
- **Creditable coverage** - Another source of drug coverage that is expected to pay, at least as much as Medicare's standard prescription drug coverage.

# Pharmacy network

- There are over 60,000 pharmacies in our network. More than 20,000 offer preferred cost sharing.
- You can find a network pharmacy in the online network directory at <http://www.aetnamedicare.com/findpharmacy>.

***Note:** Cost sharing for members who get **Extra Help** is the same at preferred and network pharmacies. The formulary and pharmacy network may change at any time. You will receive notice when necessary*

# Pharmacy savings

## Some pharmacies offer preferred cost sharing

We want you to pay the lowest price possible for your drugs. When you choose to get your drugs at one of these retail pharmacies, you'll typically pay a lower amount.

And with over 20,000 retail pharmacies with preferred cost-sharing, finding one is easy.

Albertsons	Hy-Vee	Walgreens
A-S Medication Solutions LLC™	Kroger	Walmart
Bi-Lo	Meijers	Wegmans
Brookshire Grocery	Publix	
Cardinal MCC	Quick Check	
Coborns	Save-mart	
Costco	Shopko	
Giant Eagle	Super Valu Pharmacies	
HEB	Thrifty White	

**We also have many local independent pharmacies as well.** Visit our network directory online at <http://www.aetnamedicare.com/findpharmacy>, to locate network pharmacies, including those that offer preferred cost sharing.

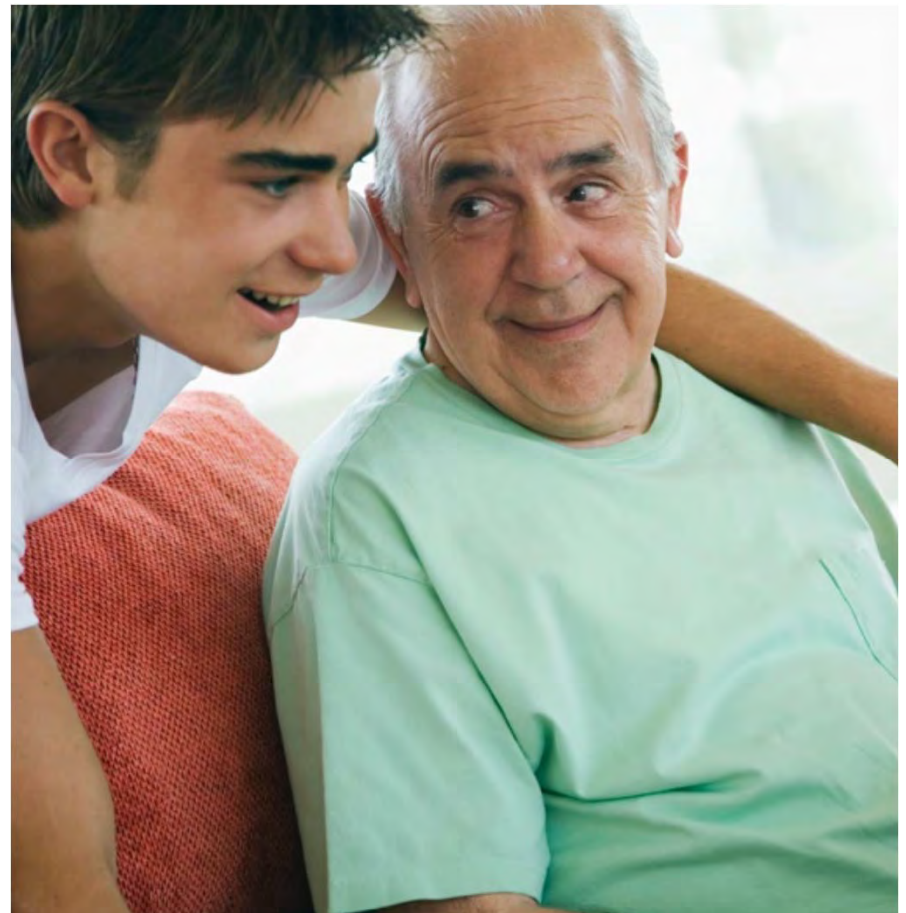
Note: Other pharmacies are available in our network. Members who get “extra help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. The formulary and pharmacy network may change at any time. You will receive notice when necessary.



# Important formulary tips

You can view our formularies at <http://www.aetnamedicare.com/formulary>

- Sometimes our formularies change.
  - We give you 60-day advance notice on certain formulary changes.
  - We post formulary change notices on our website.
- Call **1-877-238-6211 (TTY: 711)**, 24 hours a day, seven days a week to get more formulary information



# Prescription drug coverage: How it works

Deductible	Initial coverage	Coverage gap (donut hole)	Catastrophic coverage
<p><b>You pay:</b> Full discounted cost of formulary drugs until you reach your yearly deductible</p>	<p><b>You pay:</b> Part of the cost for your drugs <b>For example:</b> \$2 per 30-day supply for lisinopril \$47 per 30-day supply for CRESTOR</p>	<p>After your total yearly drug costs reach \$3,700:</p>	<p>After your total covered out-of-pocket costs reach \$4,950:</p>
<p>You stay in this stage until you have paid your yearly deductible amount</p>	<p><b>Your plan pays:</b> the rest of the cost.  Until the combined amount (plus any deductible) reaches \$3,700</p>	<p><b>You pay:</b> 40%* of the plan's cost for covered brand drugs and 51%* for covered generic drugs</p> <p><small>*Some plans have additional coverage in the gap. You will pay a copayment/coinsurance for covered drugs.</small></p>	<p><b>You pay:</b> \$3.30 for generics and \$8.25 for brand drugs, or 5% of the total cost (whichever is greater)</p>

# Guide for using your prescription drug benefit

- **Formulary** - A list of drugs covered by your plan.
- **Drug tiers** - Each drug belongs to a tier, which determines how much you will pay for that drug.
- **Network** - The pharmacy options you have for getting your prescription drugs.
- **Transition process** - You may get a one-time fill of a drug that isn't covered on the formulary.
- **Initial Coverage Limit** - The combined amount you and your plan pays for prescription drugs before you enter the coverage gap (donut hole).



# Your plan may also have drug coverage rules:

- **Prior authorization (PA)\*** - Some drugs require prior authorization. Your doctor must first show a medical need for you to use the drug before the plan will cover it.
- **Quantity limits\*** - Limits on how much you can get at a time.
- **Step therapy (ST)\*** - You must first try another drug on the plan's formulary before you can move up a "step" to a more expensive drug.



\*The above are for safety purposes with your health in mind

# Need help with your Medicare costs? You may qualify.

You may qualify for **Extra Help** if you have limited income and resources.

**Extra Help** is a Medicare program that helps pay some Medicare prescription drug costs, like:

- Monthly plan premium
- Yearly deductible
- Coinsurance
- Co-pay
- Coverage gap

## To see if you qualify:

---

**Call 1-800-MEDICARE**

**(1-800-633- 4227)**

(TTY: 1-877-486-2048)

24 hours a day/7 days a week

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**Call Social Security**

1-800-772-1213

(TTY: 1-800-325-0778)

7 a.m. to 7 p.m.

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Call your state Medicaid office or  
visit **[www.medicare.gov](http://www.medicare.gov)**

# More help is available — BenefitsCheckUp<sup>®</sup>

There are benefits you may be missing! **BenefitsCheckUp** quickly finds federal, state and private benefit programs to help you save money on prescription drugs, utilities, taxes, meals and more.

[www.benefitscheckup.org/aetna](http://www.benefitscheckup.org/aetna)

The screenshot shows the top section of the BenefitsCheckUp website. At the top left is the logo for BenefitsCheckUp, featuring a blue checkmark icon and the text "BenefitsCheckUp<sup>®</sup> National Council on Aging". To the right is the Aetna logo in purple. Below the logos is a navigation bar with four buttons: "Home", "Find Benefits", "Apply for Extra Help", and "Find Applications". The main content area starts with the heading "Get Started Now!" followed by a paragraph: "There are benefits you may be missing! BenefitsCheckUp helps you find and enroll in public and private benefits programs. You can also find an online application for Medicare's Extra Help. It's simple and free and always includes the most up-to-date information." Below this are three feature boxes: 1. "Find Benefits Programs" with a magnifying glass icon and the text "Find and enroll in programs that can help save you money." 2. "Medicare Rx Extra Help" with a pill icon and the text "Apply now for Medicare's Extra Help and also find out if you qualify for other valuable benefit programs." 3. "Application Forms Center" with a magnifying glass icon and the text "Get applications and fact sheets for programs that help pay for prescription drugs and health care."

# Plan benefits

January 1, 2017–December 31, 2017

## **Summary of Benefits**

# Stay healthy with these extras!

**Aetna offers you special programs to help you keep up your good health\*:**

- Informed Nurse Line (24-hour access to a registered nurse for health information)
- Nurse case manager
- Nurse health coaches
- An in-home health assessment at no extra cost to you
- Fitness benefits



\*May not apply to all plans



# You get 24/7 online support

- [aetnamedicare.com](https://www.aetnamedicare.com): Find a doctor, search our plan drug list and compare plans and costs.
- **Aetna Navigator**<sup>®</sup>: Review claims, get a new ID card and more through our secure member website.



# What are Medicare Star Ratings?

Each year, Medicare rates all health and prescription drug plans based on a Five–Star Quality Rating System.

The Centers for Medicare and Medicaid Services (CMS), rates plans on a scale of 1 to 5 stars, with 5 stars being the highest quality. They use information from member satisfaction surveys, health plans and healthcare providers to give overall performance star ratings to plans.

CMS Star Ratings can help you compare plans based on quality and performance. You can find Aetna Plan Star ratings in your area here:

[www.aetnamedicare.com/en/compare-plans-enroll/star-ratings.html](http://www.aetnamedicare.com/en/compare-plans-enroll/star-ratings.html)

# Enrollment is as easy as 1-2-3

1

Review your enrollment kit, then pick a plan.

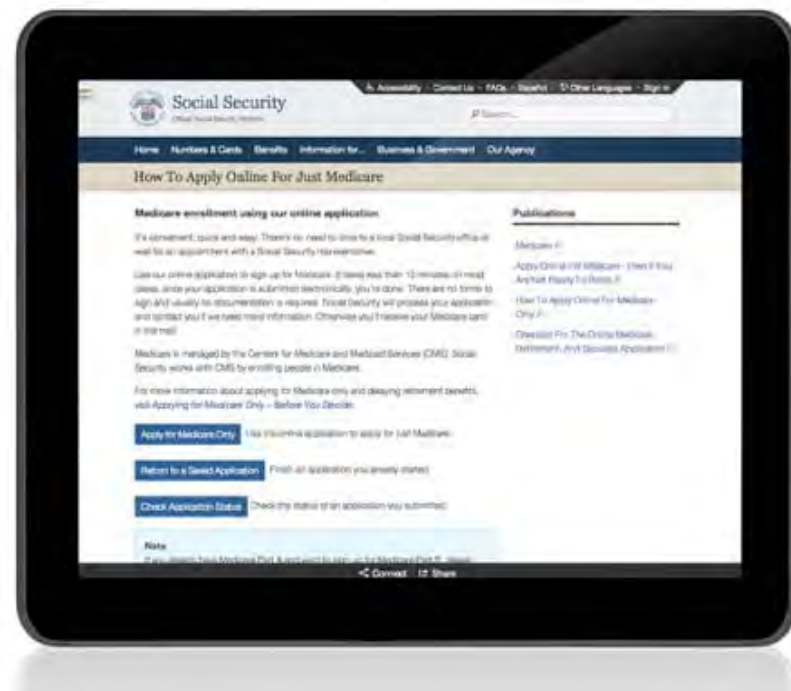
2

Complete the enrollment form.

3

Submit it to us.

You can also enroll at:  
[www.aetnamedicare.com](http://www.aetnamedicare.com) or  
[www.medicare.gov](http://www.medicare.gov)



# Enrollment — what happens next

**When you fill out an enrollment form, your enrollment request goes through a short process:**

- We'll review it and send it to CMS for confirmation.
- Once that's complete, we'll send you a letter.



# Once you're a member, you'll get:

- Your ID card\*
- Your Evidence of Coverage
- A Formulary (if you choose drug coverage)
- Letters and/or phone calls from our partners and us

- \*expect to receive in 10-15 days

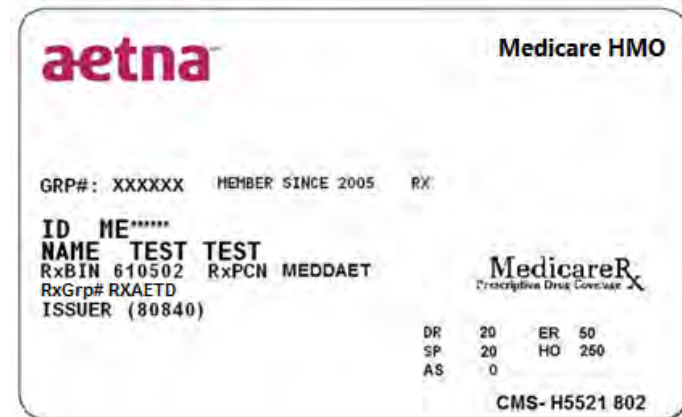


# We're here to help when you need us

Just call the Member Services number on your plan ID card.

We can help you with:

- Your claims
- Your benefits
- Using your plan
- Finding a doctor
- Doctor and specialist referrals (if needed)
- Translation services



# Here's what we give you

- Benefits beyond Original Medicare
- Medicare Advantage plans that offer you the same benefits as Original Medicare (Parts A and B)
- Coverage for added benefits, like prescription drug coverage, fitness and more
- Your benefits in one plan; you choose what's right for you







# Disclaimer

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. Our dual-eligible Special Needs Plan is available to anyone who has both Medical Assistance from the state and Medicare. 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. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. Members who get “extra help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. You must continue to pay your Medicare Part B premium. The Part B premium is covered for full-dual members. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Other pharmacies/physicians/providers are available in our network. Out-of-network/non-contracted providers are under no obligation to treat Aetna Medicare members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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. Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next. Aetna’s pharmacy network offers limited access to pharmacies with preferred cost sharing in Suburban NY; and Rural ME, NY, UT and WY. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-800-282-5366 and TTY 711 or consult the online pharmacy directory at <http://www.aetnamedicare.com/findpharmacy20>. This information is available for free in other languages. Please call our customer service number at 1-800-282-5366 and TTY 711. Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con Servicios al Cliente al 1-800-282-5366 (TTY: 711). Horario de atención: de 8 a. m. a 8 p. m., los siete días de la semana. 本資訊也有其他語言的免費版本可供選擇。請致電 1 (800) 282-5366 與我們的客戶服務部聯絡以瞭解更多資訊。

(聽障人士請致電 711。) 辦公時間為每週 7 天、當地時間上午 8 時至晚間 8 時

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# Disclaimer

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, free language assistance services are available. Visit our website at [www.aetnamedicare.com](http://www.aetnamedicare.com) or call the phone number listed in this material.

ESPAÑOL (SPANISH): ATENCIÓN: Si usted habla español, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web en [www.aetnamedicare.com](http://www.aetnamedicare.com) o llame al número de teléfono que se indica en este material.

繁體中文 (CHINESE): 請注意：如果您說中文，您可以獲得免費的語言協助服務。請造訪我們的網站[www.aetnamedicare.com](http://www.aetnamedicare.com) 或致電本材料中所列的電話號碼。

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