

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

aetna®

2017 Medicare Advantage plans



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APN 18.25.359.1 A

Instructions for using this sales presentation:

We want to help you deliver a compliant, effective sales presentation. Brokers/agents **MUST** follow not only the slides, but also the notes section.

Each notes page provides you with a list of talking points – **“What to cover on this slide.”** Make sure you cover each of these points. (Use the convenient check boxes on your copy of the PowerPoint.)

Some pages also feature **“Compliance Reminders.”** Make sure you review these as a guide for ensuring a compliant sales presentation.

Compliance Reminders:

Below are common reasons why agents/brokers are found to be non-compliant when delivering a sales presentation. Make sure they don't trip you up!

- You MUST use the notes pages in this sales presentation as your script.**
- Failing to secure a Scope of Appointment (SoA) form – You MUST have a signed SoA form before you can meet with a beneficiary. (face-to-face, one-on-one meetings) (Scope of Appointment forms are not required for a public seminar.)*
- Using superlatives like “best” and “highest rated” – Unless you have specific, documented proof of your statements, you MUST qualify superlatives by saying things like, “among the best” or “one of highest rated.”*
- Failing to state the product you will be presenting – **You MUST refer specifically to the type of product(s) (e.g. HMO, PPO) you will be discussing (sales meetings).***
- Failing to explain the Part D late enrollment penalty and Low Income Subsidy (LIS) for Part D coverage.*

Agenda

Why choose Aetna?	The Extra Help program
Enrollment kit	BenefitsCheckup®
Do you qualify?	Plan benefits
How Medicare works	Extras
Enrollment period	Support
Key terms	Enrollment details
Pharmacy network	
Formulary	
Drug coverage	

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What to cover on this slide:

- You should introduce yourself and the agency/company that employs you or that you represent.
- YOU MUST STATE the type of product(s) you will be discussing (HMO, PPO).**
- Go over agenda and explain what will be discussed.

Compliance Reminders:

- You can only discuss the products that were advertised (if a seminar) or in the scope of appointment (if a one-on-one meeting).*

For sales events:

- Use of a sign in sheet MUST be optional. If used, it must be the Aetna-approved sign in sheet.*
- You may not require beneficiaries to provide personal contact information in order to participate in a raffle or drawing.*

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.



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What to cover on this slide:

You can read these points:

- 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 are guided by four main values: integrity, excellence, inspiration and caring.

Compliance Reminders:

- Do not use any additional statistics about Aetna other than what is on this slide.
- Do not use superlatives to describe Aetna, such as "the best", "the most experienced", etc.



If you are using the sales video, begin the video now. Explain that the video will cover the next 28 slides. When finished playing the compliance video, skip to slide 32.

If you are not using the sales video, simply continue on with the PowerPoint presentation.

What is in the enrollment kit?

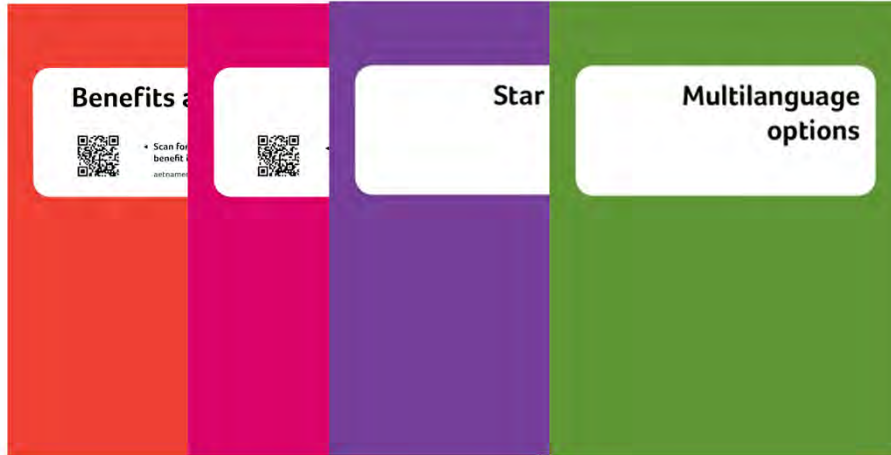
What you learn today can help you make the right choice.



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What is in the enrollment kit?

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



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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 is titled "MEDICARE HEALTH INSURANCE" and 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 MEDICAL (PART A)" and "MEDICAL (PART B)", both with an effective date of "07-01-1986". There is a "SIGN HERE" line at the bottom. A large "SAMPLE" watermark is overlaid on the card.

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What to cover on this slide:

- Review the 2 eligibility statements on the slide for a Medicare Advantage Plan and the ESRD requirement.
- Explain/verify Part D Eligibility requirement.**
- Explain that enrollment may impact current medical and/or prescription drug coverage, such as employer-sponsored coverage, Tricare, VA, Medicaid.

Compliance Reminders:

- Verify prospect's eligibility using these criteria as well as those on the enrollment checklist included with the application.*
- There are certain exceptions for the ESRD requirement. Refer to plan summary of benefits.*

How Medicare works

The four parts of Medicare

(S = Available at additional cost through a private insurer)

Government Programs (Original Medicare)		Private Medical Plans	Private Drug Plans
A	B	C	D
Hospital Care	Medical Care <small>You pay a premium</small>	Medicare Advantage	Prescription Drugs
Inpatient care in hospitals Skilled nursing facility care Hospice care Home health care	Services from doctors and other health care providers Outpatient and home health care Durable medical equipment Some preventive services	Includes Part A and Part B benefits and services Can include Medicare PDP (Part D) May add extra benefits and services Run by Medicare-approved private insurance companies	Helps cover the cost of prescription drugs Helps protect against higher costs in the future Run by Medicare-approved private insurance companies

What to cover on this slide:

Medicare can be confusing. Explain the 4 parts briefly:

- Parts A and B are Original Medicare.
- Part A covers some hospital, skilled nursing facility, home health and hospice care. There is typically no premium for Part A for people with Medicare.
- Part B covers some doctors’ services, durable medical equipment, hospital outpatient services, laboratory tests, X-rays and mental health services. People with Medicare pay a premium for Part B that can vary each year depending on your income.
- YOU MUST READ ALOUD: You must continue to pay your Medicare Part B premium** (if not paid for by Medicaid or another third party) in addition to the plan’s monthly plan premium.
- Your premium can change each year based on your income.**
- Part C is Medicare Advantage (MA). This is provided through private insurance companies, like Aetna (additional MA details on next slide).
- Part D is prescription drug coverage. Part D coverage is provided through private insurance companies, like Aetna. Coverage is often included in MA plans or can be purchased on a stand-alone basis.
- Explain that a MA plan is not a Medicare Supplement and you don’t need a Medigap policy if joining a MA plan.

Compliance Reminder:

- Be clear that a MA plan replaces Original Medicare and if you have a Supplement it will not pay with this plan.*
- Make sure not to make blanket statements about Supplements like “all cost more” or “none of them provide as much coverage as a MA plan.”*

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)



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What to cover on this slide:

Explain that you must inform prospects of the following disclaimers:

- If you choose to enroll, you will still be a Medicare beneficiary and a part of Medicare and receive all the benefits of Original Medicare.
- Aetna will pay for your health care services while you are enrolled in our plan, not Medicare.

Compliance Reminder:

You MUST read aloud all disclaimers! Check off each box below to make sure that you have covered them.

- 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.**
- 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 copayments/coinsurance may change on January 1 of each year.**
- With a MA plan, you're still enrolled in Medicare. But your Part A hospital and Part B medical coverage is from Aetna, not Original Medicare.**

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



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What to cover on this slide:

You can read these points:

- Medicare Advantage plans are sometimes called “Part C” or “MA plans.”
- Medicare Advantage plans Include everything that Original Medicare covers and may add prescription drug coverage, fitness and more.
- Medicare Advantage plans are offered by private companies approved by Medicare.
- Medicare Advantage plans are not Medigap/Medicare Supplement plans. You don't need a Medigap policy if you have a Medicare Advantage plan.

When can you enroll in a Medicare Advantage plan?

Enrollment Period	Dates	Action
Annual Enrollment Period (AEP)	October 15 to December 7	When you can enroll in or disenroll from a Medicare plan. Enrollments during this time will be effective January 1, 2017 .
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">You move out of your plan's service areaYou have MedicaidYou qualify for <i>Extra Help</i>

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

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What to cover on this slide:

Provide an overview of the different enrollment periods.

- Annual Enrollment Period (AEP) – When you can enroll in, or disenroll from, a Medicare Advantage or Part D plan.
- Special Enrollment Period (SEP) – When you may join, switch or drop a Medicare plan due to a qualifying circumstance (as determined by CMS), such as your plan is no longer being offered. Review the enrollment checklist in application if needed.

Compliance Reminder:

- Review all enrollment periods.*

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.

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What to cover on this slide:

Explain these key terms:

- A Health Maintenance Organization (HMO)
 - In Network doctors
 - Might need a referral to see a specialist
- A Health Maintenance Organization with a Point of Service (HMO-POS)
 - In-network doctors
 - 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.



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What to cover on this slide:

Explain the Part D late enrollment penalty. You can read these points:

- It is a fee that's added on to your Part D premium if you don't have creditable drug coverage when you first become eligible, or if you went 63 days in a row without coverage.
- You can find out if the penalty applies to you and how much will be added to your premium when you enroll in a plan.
- If the penalty applies to you but you disagree, you can get a "reconsideration request form" from your plan.
- If you qualify for a Low Income Subsidy, also known as Extra Help, you do not 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.

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What to cover on this slide:

Explain these key terms:

- Cost share
- Deductible
- Copayment
- Coinsurance
- Total drug cost
- Premium
- True out-of-pocket costs (TrOOP)
- Creditable 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.*

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What to cover on this slide:

- Aetna has over 60,000 pharmacies in their network.
 - More than 20,000 offer preferred cost sharing
- You can find a network pharmacy in the online network directory at www.aetnamedicare.com.

Compliance Reminder:

You MUST read aloud all disclaimers! Check off each box below to make sure that you have covered them.

- Cost sharing for members who get “Extra Help” is the same at preferred and network pharmacies.**

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.

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What to cover on this slide:

Explain preferred pharmacies.

You can save even more on your prescriptions when you get your drugs at a preferred pharmacy.

- With over 20,000 retail pharmacies with preferred cost sharing, finding one is easy. Go to www.aetnamedicare.com.

We also have many local independent pharmacies as well. Check the network pharmacy online.

Compliance Reminder:

You MUST read aloud all disclaimers! Check off each box below to make sure that you have covered them.

- Other pharmacies are available in our network.***

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



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What to cover on this slide:

Review these important formulary tips:

- Formularies are available online at www.aetnamedicare.com.
- Formularies can change. If that happens, Aetna gives you 60-day advance notification. Plus you can also find those on the website.
- You can call any time, 24 hours a day, seven days a week to get more formulary information as well.

Compliance Reminder:

You MUST read aloud all disclaimers! Check off each box below to make sure that you have covered them.

- The formulary may change at any time. You will receive notice when necessary.***

Prescription drug coverage: How it works

Deductible	Initial coverage	Coverage gap (donut hole)	Catastrophic coverage
<p>You pay: Full discounted cost of formulary drugs until you reach your yearly deductible</p>	<p>You pay: Part of the cost for your drugs For example: \$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>Your plan pays: the rest of the cost. Until the combined amount (plus any deductible) reaches \$3,700</p>	<p>You pay: 40%* of the plan's cost for covered brand drugs and 51%* for covered generic drugs *Some plans have additional coverage in the gap. You will pay a copayment/coinsurance for covered drugs.</p>	<p>You pay: \$3.30 for generics and \$8.25 for brand drugs, or 5% of the total cost (whichever is greater)</p>

What to cover on this slide:

You can read these points:

- ❑ In the deductible phase, you pay the full discounted cost of formulary drugs until you reach your yearly deductible. You stay in this stage until you have paid your yearly deductible amount, if applicable.
- ❑ In the initial coverage phase, after you and Aetna have spent \$3,700 in 2017 for covered drugs, you have to pay all costs out-of-pocket for your drugs up to a yearly limit of \$4,950. Point out the two examples. Explain you must consider your year-to-date total drug costs, not just the copays or coinsurance paid out-of-pocket.
- ❑ Your copayments and/or coinsurance amounts all count toward this out-of-pocket limit of \$4,950. The limit doesn't include the drug plan's premium or what you pay for drugs not on the plan's formulary.
- ❑ If you reach the Part D coverage gap in 2017, you pay 40% of the plan's cost for covered brand drugs and 51% for covered generic drugs on the Aetna formulary.
- ❑ In the catastrophic phase, you pay \$3.30 for generics and \$8.25 for brand drugs, or 5% of the total cost (whichever is greater) after your total covered out-of-pocket costs reach \$4,950.

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).



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What to cover on this slide:

Explain these terms:

- Formulary
- Drug tiers
- Network
- Transition process
- Initial Coverage Limit

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

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What to cover on this slide:

Explain these formulary rules:

- Prior authorization (PA)
- Quantity limits
- Step therapy (ST)

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

Call Social Security

1-800-772-1213

(TTY: 1-800-325-0778)

7 a.m. to 7 p.m.

Call your state Medicaid office or visit www.medicare.gov

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What to cover on this slide:

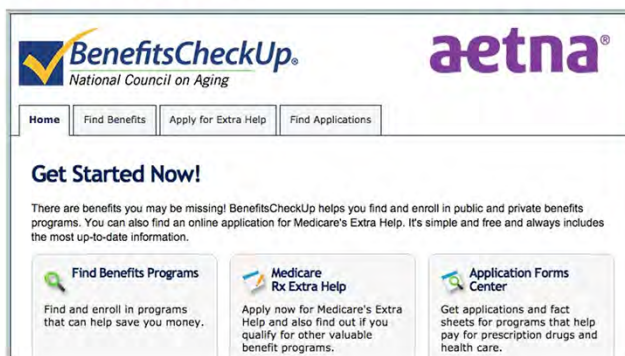
You can read these points:

- If you are dual-eligible (eligible for both Medicare and Medicaid), you can get Extra help with your expenses.
- There are many public and private programs available that can help seniors with their expenses. The government has recently changed eligibility criteria so that more people are eligible for Extra Help.
- Each program has specific eligibility requirements, determined by the applicable agency and not Aetna.
- You may contact Medicare, the Social Security Office and/or your State Medicaid office to find out about programs to help pay for your health care/drugs, eligibility requirements and how to apply.

More help is available — BenefitsCheckUp®

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



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What to cover on this slide:

You can read these points:

- In addition to the resources listed on the previous slide, BenefitsCheckUp can be used as a **one-stop resource** for additional assistance.
- With this site you complete ONE online questionnaire to determine eligibility for many types of programs.
- BenefitsCheckUp is a no-cost service that Aetna offers through a partnership with the National Council on Aging.
- You can download a personalized report that details what you may be eligible for, how to apply and what documentation you need to apply.



What to cover on this slide:

- Explain the definition of the Summary of Benefits. It gives a summary of what we cover and what you pay. It doesn't list every service or every limitation or exclusion. A complete list of services we cover is in the Evidence of Coverage**
- Explain what is contained in the Summary of Benefits and how to use it.
- Use additional CMS/Aetna approved tools such as Getting Started in the sales kit or the stand-alone Plan Guide to explain plan 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

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What to cover on this slide:

- Discuss special programs available with Aetna

You get 24/7 online support

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



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What to cover on this slide:

- www.aetnamedicare.com
- Aetna Navigator

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.

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What to cover on this slide:

- What are Star Ratings
- Centers for Medicare and Medicaid Services (CMS) is who rates plans on a scale of 1 to 5 Stars, with 5 Stars being the highest quality

Enrollment is as easy as 1-2-3

1

Review your enrollment kit, then pick a plan.

2

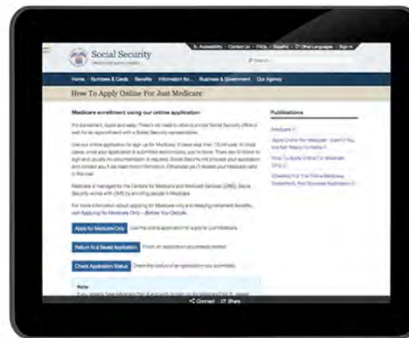
Complete the enrollment form.

3

Submit it to us.

You can also enroll at:

www.aetnamedicare.com or
www.medicare.gov



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What to cover on this slide:

Review the different ways to enroll (these are listed on the first page of the form).

- Make sure you understand the plan you want and how it works.
- Review the Enrollment Request Form. You'll need your Medicare card to fill in your Medicare claim number.
- You MUST sign and date form.
- Understand the application cancellation and disenrollment process.
- Once you are enrolled you can contact Customer Service for any kind of assistance.

Compliance Reminders:

- You must review all disclaimers on the Enrollment Request Form with the beneficiary when they enroll.*
- You should try to obtain a valid phone number.*
- You should not promise coverage unless it can be verified through plan documents (e.g. Summary of Benefits, Formulary, etc.).*
- Aetna must receive the application within 48 calendar hours of receipt from beneficiary.*

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.



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What to cover on this slide:

Explain **proposed** effective date and **review each step below:**

1. When Aetna receives your enrollment request, they review it and send it to CMS for confirmation.
2. Once that process is complete, you'll get a letter from Aetna that you're a member.

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



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What to cover on this slide:

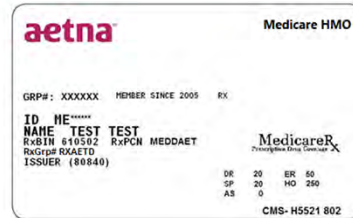
You can read these points:

- Once you enroll, you will receive a new ID card from Aetna. You should use this card when accessing care, NOT your red, white and blue Medicare card.
- You'll also receive your Evidence of Coverage. You should read the Evidence of Coverage document carefully. This explains the terms and conditions of your plan benefits.
- You'll receive a formulary.
- You may also receive letters and/or telephone calls from Aetna and Aetna partners.

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



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What to cover on this slide:

- You can call Aetna any time for help. The number is on the back of your plan ID card. We can help you with things like:
 - Claims
 - Benefits
 - How to use the plan
 - Finding a doctor
 - Doctor and specialists referrals
 - 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



What to cover on this slide:

Reiterate the value proposition:

- Aetna offer benefits beyond Original Medicare.
- Aetna's Medicare Advantage plans offer the same type of benefits as Original Medicare (Parts A and B).
- Plus, Aetna offers coverage for additional benefits, such as prescription drug coverage, fitness and more.
- You can get all your benefits in one plan, you choose what's right for you.



Video Ends Here

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/findpharmacy>. 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 and 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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ESPAÑOL (SPANISH): ATENCIÓN: Si usted habla español, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web en 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 或致電本材料中所列的電話號碼。

