

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

aetnaSM

Begin Your Path to Success **with Individual Medicare Supplement from:**

Aetna Companies:

- American Continental Insurance (ACI)
 - Continental Life Insurance Company of Brentwood, Tennessee (CLI)
- Genworth Companies (administered by Aetna Life Insurance Company):**
- Genworth Life and Annuity Insurance Company (GLAIC)
 - Genworth Life Insurance Company (GLIC)

For Agent Use Only. Not to be shared with Medicare beneficiaries.
Aetna Inc. Proprietary and Confidential.



Disclosure

- **AGENT USE ONLY** – individual Medicare Supplement products offered through ACI, CLI, GLAIC, and GLIC. This is for agent training use only. Not for public use or distribution.
- See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage.
- For plan availability go to **aetnaseniorproducts.com** (agent side).

What we will cover today:

- **Aetna's Brand Value**
- **Fast & Responsive Service**
- **Sales Support to Grow Your Business**
- **Product Choices & Benefits**
- **Information to Keep You Current**

01

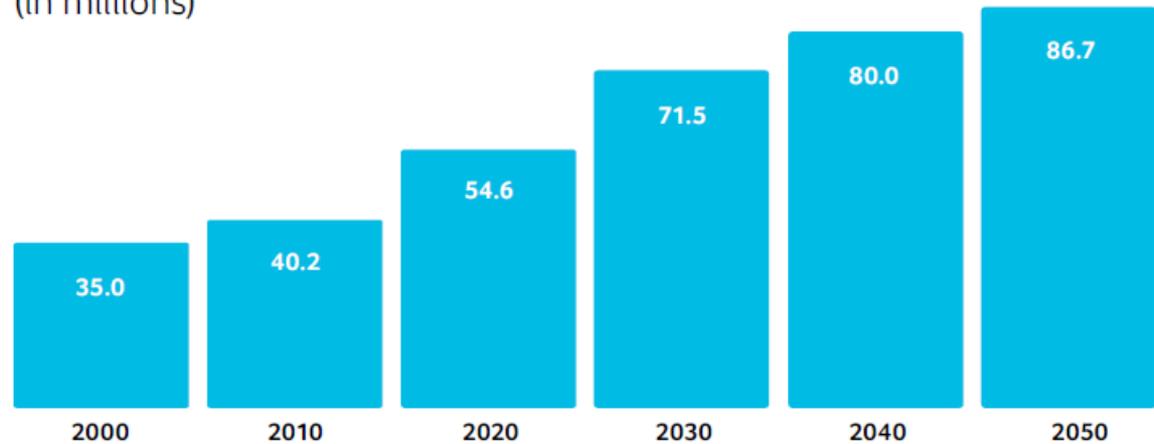
Aetna's Brand Value

The Right Demographics Enhance Your Medicare Supplement Opportunity

- The 65+ age group is projected to grow by 14.4M individuals, a 35% increase, over the next decade (2010 – 2020).
- The senior population will double from 40M to 80M, and represent one out of every five U.S. citizens (20%) over the next 30 years.

Population Aged 65 and Over: 2000 to 2050

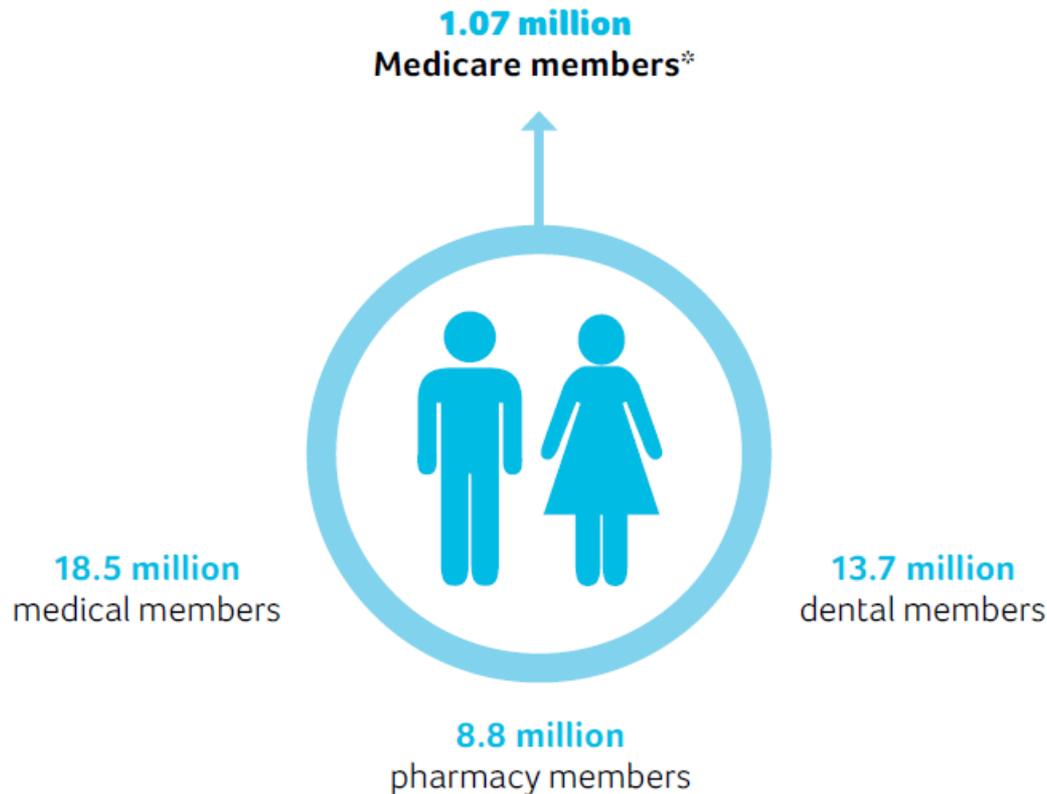
(in millions)



Note: The reference population for these data is the resident population.

Sources: 2000, U.S. Census Bureau, 2001, Table PCT12; 2010 to 2050, U.S. Census Bureau, 2004.

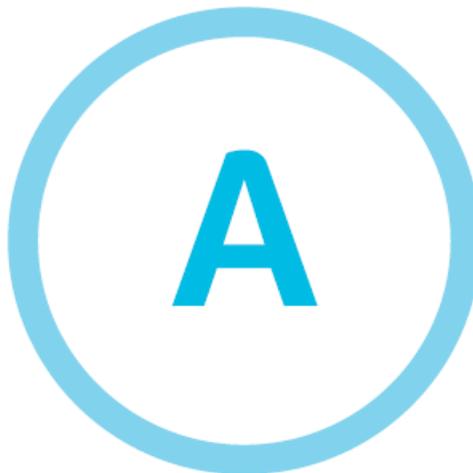
Aetna: A Recognized Leader In Health Insurance



*As of January 2012; includes 168K GNW/ALIC Medicare Supplement members

Top Financial Ratings

ACI and CLI financial strength as of November 18, 2011



A.M. Best

“A” Excellent is the third highest rating out of sixteen possible ratings by A. M. Best Company. Founded in 1899, A.M. Best Company is the world’s oldest and most authoritative insurance rating and information source.

History, Reputation, Innovation



Aetna has more than 155 years of insurance expertise.

FACT: Aetna paid the industry's first Medicare claim in 1966.

History, Reputation, Innovation

ACI and CLI:

- Has more than 28 years of experience specializing in the senior market
- Focus on being a distributor-preferred company
- Supports the long-term success of our valued agents
- Has small company personality with BIG company capability
- Offers a diverse portfolio of products consumers know and trust

The Aetna Way

Our successful teamwork strategy blends all of the following:

- Integrity
- Caring
- Excellence
- Inspiration



What Aetna's Brand Value Means for You:

We give **YOU**...

confidence

We give **YOUR CLIENTS**...

real peace of mind



02

Fast & Responsive Service

We emphasize personal service for our distribution with...

- A dedicated Agent Services team with one number for all administrative questions 800-264-4000 option 3, 1, and
- Knowledgeable Regional Vice Presidents located within five geographic areas:
 - Northeast: Greg Etchison
 - Southeast: Steve Patton
 - Midwest: George Pelekanos
 - Northwest: Tony Clark
 - Southwest: Frank Bell

Available to answer your questions regarding:

- License, appointment, certification
- Product support and sales materials
- New business
- Underwriting
- Commissions
- Policyholder services

Information you need at your fingertips.

Aetnaseniorproducts.com

- a website dedicated to supporting your business:

- Producer dashboard
 - Pending new business report
 - Recently issued business
 - Potential Policy Lapse
(a policy conservation report)
 - Policy termination
 - Policy search
- Product and supplies
 - View, download or order materials
- Promotions (sales contests)
 - Track your progress toward qualification
- Commission statements



What Our Agent Service Means for You:

- ✓ Friendly, personalized service — we appreciate your business
- ✓ Easy to do business with us
- ✓ Streamlined access to important sales information
- ✓ Field support to help manage your business better



03

Sales Support to Grow Your Business

Regional Vice Presidents

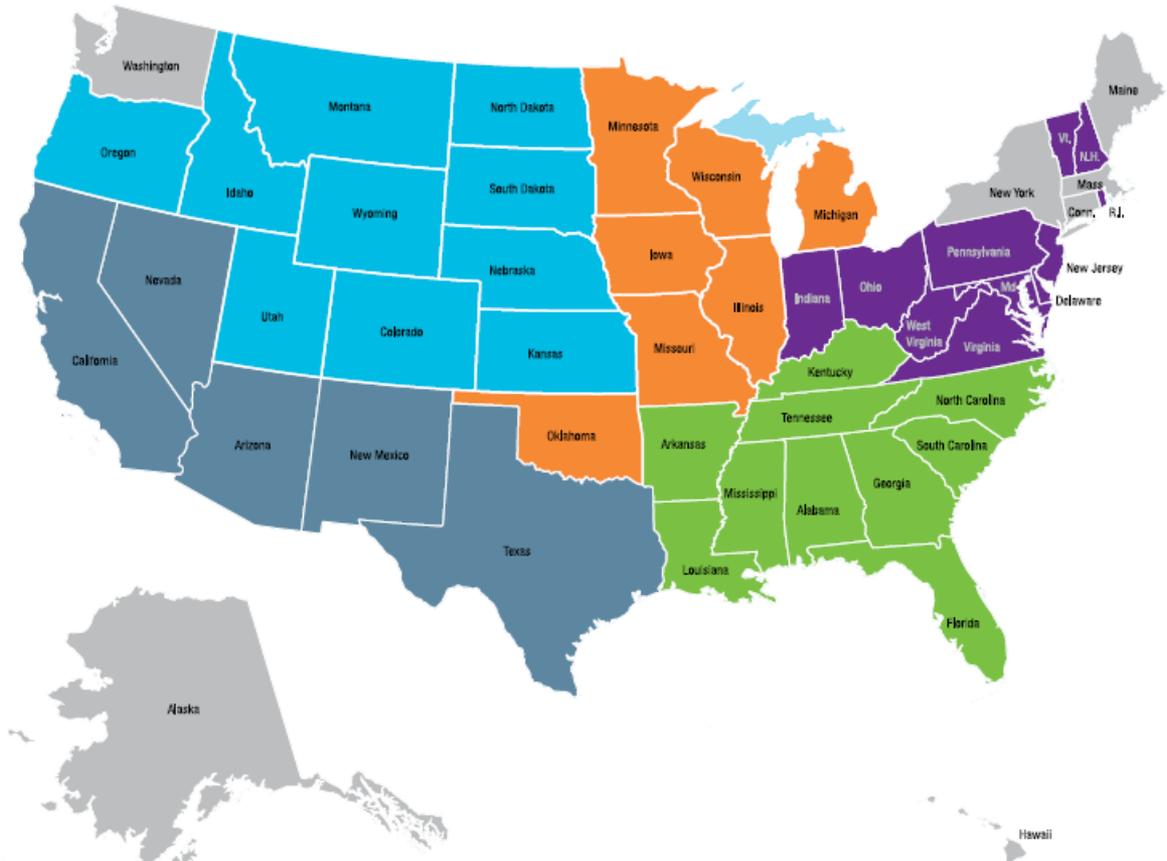
Tony Clark, CLTC
Northwest

George Pelekanos
Midwest

Greg Etchison
Northeast

Steve Patton
Southeast

Frank Bell, LUTCF, CLTC
Southwest



Our Regional Vice Presidents Are Here for You:

- ✓ Agent seminars and webinars that help you reach more qualified prospects get more referrals and grow your business
- ✓ Product training to help you identify new ways to help you close more business
- ✓ Support in the field by qualified sales professionals



04

Product Choices & Benefits

Medicare Overview

MANAGED BY THE FEDERAL GOVERNMENT

Part A Helps cover inpatient hospital, skilled nursing, home health and hospice care; does not cover Part D prescription drugs

Part B Helps pay for doctor bills, as well as outpatient surgery and medical services, such as labs and x-rays; does not cover Part D prescription drugs

OFFERED BY PRIVATE INSURANCE COMPANIES WITH AN APPROVED MEDICARE CONTRACT

Part C Provides coverage for Parts A, B and often includes Part D — all in one plan, with extra features and services; also known as the Medicare Advantage (MA) program or Medicare Advantage with prescription drug coverage (MAPD)

Part D Purchased in addition to Medicare Parts A and/or B, provides coverage for Medicare Part D prescription drugs only; also known as the Medicare prescription drug benefit

OFFERED BY PRIVATE INSURANCE COMPANIES; REGULATED BY STATES

Medicare Supplement Plans Purchased in addition to Medicare Parts A and B, and covers deductibles, copays and other out-of-pocket expenses not covered by Medicare; does not cover Part D prescription drugs; also known as Medigap Standardized benefit plans since 1992. MIPPA Plans*, available since June 1, 2010, include Plans A, B, C, D, F, High Deductible F, G, K, L, M, and N.

Plans that comply with the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA).

Medicare Supplement Plan Enrollment Qualifications

To be eligible to enroll into a Medicare Supplement Plan, an applicant must meet the following requirements:

- MUST be age 65 and enrolled in Medicare Part A AND Part B
- May be eligible to purchase a Medicare Supplement Plan if under the age of 65 and disabled
 - Plan availability and plan options for disabled applicants vary by state

What's Great About Medicare Supplement Plans

- **30 Days Free Look:** Return any policy for any reason within 30 days after receipt for a full refund of all premiums paid.
- **Guaranteed Renewable:** No worries of reduced benefits or cancelled coverage for the life of the policy, as long as the premiums are paid on time.
- **Freedom to Choose Your Doctors:** You control and choose the physicians who you trust for your care.
- **Go Direct to Your Doctors:** You can go directly to any physician and specialist you choose who accepts Medicare without pre-certifications and pre-approvals.
- **Benefits Stay the Same:** You always know what your benefits are with this standardized plan...no surprises or re-evaluations year-after-year.
- **Portable Coverage:** You are not restricted to use a network of health care providers. If you move, your coverage goes with you.

Medicare Supplement Plans Product Description

All Medicare Supplement Plans must cover the following Basic Benefits:

- Hospitalization – Part A coinsurance plus coverage for an additional 365 days after Medicare benefits end
- Medical Expenses – Part B coinsurance (generally 20% of Medicare approved expenses) or copayments for hospital outpatient services. Plans K, L and N require the insured to pay a portion of Part B coinsurance or copayments
- Blood – First three pints of blood each year
- Hospice – Part A coinsurance

How Medicare Supplement Plans Work

Part A Deductible – Applies To In-Patient Claims

- Only covered for one hospital stay per benefit period (60 days)
- For more than one hospital stay within a benefit period (60 days), **Medicare Supplement Plans** only pay the deductible once.

Skilled Nursing Facility Coinsurance

- Medicare pays 100% for the first 20 days the policyholder is hospitalized
- **Medicare Supplement Plans** pay coinsurance for the next 80 days (day 21 through 100)
- Medicare pays 100% after day 101

2013 DEDUCTIBLE

Cost of Hospital Stay	\$4,000
Maximum Medicare Supplement Plans Pays	\$1,184

How Medicare Supplement Plans Work (continued)

BASIC COVERAGE – PART B COINSURANCE*

Doctor bills	\$100
Medicare allowed amount is	\$80
Medicare covers 80% of the allowed charges	\$64
Medicare Supplement Policies pays 20% of the allowed charges	\$16

*example shown is after the individual has met their annual Part B deductible

How Medicare Supplement Plans Work (continued)

Part B Excess Charges

- If the doctor's office accepts Medicare assignment, the difference between the Medicare approved charges and the amount the doctor billed must be "written off" by the doctor's office
- If the doctor's office does not accept Medicare assignment, the doctor may bill the patient for up to 115% of the Medicare approved charges
- **Medicare Supplement Plans F, High F, and G will pay 100% of the excess charges. Other Medicare Supplement plans do not cover the Part B Excess charges.**

EXAMPLE

Doctor bills	\$50
Medicare allowed amount is	\$40
Allowed amount multiplied by 115%	\$46
Excess Charge (Maximum charge minus allowed)	\$6

How Medicare Supplement Plans Work (continued)

Foreign Travel Emergency

- **Medicare Supplement Plans** cover designated charges (outside a \$250 deductible) if the policyholder requires emergency medical care in a foreign country and policyholder:
 - Is enrolled in a MIPPA Plan C, D, F, High Deductible F, M, and N or has a 1992 Standardized Plan.
 - Is a U.S. citizen
 - Premium payments are current

Hospice

- **MIPPA Medicare Supplement** plans pay the amount of the copayment (calculated by Medicare)



Medicare Supplement Plan Options*

- A wide array of Individual Medicare Supplement Plans to meet the unique financial and health insurance needs of Medicare beneficiaries
- ACI/CLI Plan Options Vary By State — Product Not Available in All States

A	B	F	F (High Deductible)	G – NEW!	N – NEW!
Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER			
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible	Part B Deductible		
		Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			Requires a \$2,000 calendar year deductible		

Medicare Supplement Plans G and N (new in 2010)

Plan G:

- Similar to Plan F, except Plan G does not cover the beneficiary's Medicare Part B deductible

Plan N:

- A good fit for beneficiaries who want a plan with low monthly premiums AND are willing to pay some copays AND/OR Medicare beneficiaries leaving a Medicare Advantage or employer group health plan where they paid some out-of-pocket expenses and had a low monthly premium
- Plan N policyholders are responsible for office and ER visits AFTER paying their Part B deductible

- Sometimes referred to as the “copay” plan but Plan N is NOT administered the same as a typical health insurance copay
 - Most copays are collected by the provider BEFORE the patient is seen or leaves the provider's office
 - Under Plan N, the provider will bill Medicare before collecting any copayment from the insured
- Plan N copays may be up to \$20 for an office visit and up to \$50 for an ER visit
 - The copay may actually be LESS
 - Policyholder will still pay the Provider for the copay but after the provider bills Medicare and the claim is processed by the Medicare Supplement insurance carrier

Plan N Examples

OFFICE VISIT WITH A CO-PAY LESS THAN \$20

Doctor bills	\$84
Medicare allowed amount is	\$50
Medicare covers 80% of the allowed charges	\$40
Policyholder's copay is	\$10

OFFICE VISIT WITH A CO-PAY OF \$20

Doctor bills	\$150
Medicare allowed amount is	\$130
Medicare covers 80% of the allowed charges	\$104
Policyholder's copay is	\$20
Plan N Pays	\$6

EMERGENCY ROOM VISIT WITH OTHER PROCEDURES

Hospital bills	\$1,000
Medicare allowed amount is	\$1,000
Total coinsurance amount (figured by Medicare)	\$102
Procedure 1 (coinsurance amount)	\$20
Procedure 2 (coinsurance amount)	\$30
Procedure 3 (coinsurance amount)	\$12
Emergency Room Procedure	\$40
Policyholder's copay is	\$50
Plan N Pays the coinsurance minus the copay	\$52
Contractual adjustment/ hospital write-off	\$258
Medicare covers the remaining balance ER Copay is waived if the policyholder is admitted to the hospital.	\$640
	\$1,000

Standardized Individual Medicare Supplement Plans Rating Types

Vary by State*:

• **Attained-age rates (used in most states):**

- Initial Premium is based on the current age of the individual (age attained), so the premium can increase as the individual gets older
- Premiums can vary based on the applicant's age, sex, tobacco usage and ZIP code area factor
- Subsequent premiums may also increase due to the plan's claim experience or increases in Medicare's coinsurance amounts

• **Issue Age rates:**

- Premium is based on the age of the individual when the Medicare Supplement plan is purchased
 - premiums for an issued policy do not increase with the policyholder's age

- Premium can vary based on applicant's tobacco usage and ZIP code area factor
- Subsequent premiums may increase due to the plan's claim experience or increases in Medicare's coinsurance amounts

• **Community Rate**

- Same premium is charged to all individuals who have the same Medicare Supplement plan regardless of age, sex or tobacco usage
- Subsequent premiums may increase due to the plan's claim experience or increases in Medicare's coinsurance amounts BUT not due to the policyholder's age, sex or tobacco usage.

*Refer to the agent rate card or Outline of Coverage to determine which rating type applies.

Minnesota

MEDICARE SUPPLEMENT BENEFIT	EFFECTIVE DATE ON OR AFTER JUNE 1, 2010
Basic Benefits (included in Basic, Extended Basic, High Deductible and Copayment Plans)	✓
Inpatient hospital care - Part A coinsurance	Includes Hospice Benefit
Medical costs - Part B coinsurance	✓
First 3 pints of blood each year	✓
Skilled Nursing Facility Care – coinsurance	✓
Foreign Travel Emergency	✓
Part A hospice coinsurance or copayment (New effective June 1, 2010)	✓
RIDERS Optional Riders to add to Basic Plan (Included in Extended Basic Plan)*	
Part A deductible	✓
Part B deductible	✓
Preventive Health Services	✓
Part B Excess Rider	Covers 100%
At-home Recovery	No longer Available

* Riders Not Available With High Deductible Plan Or Copayment Plan

Wisconsin

MEDICARE SUPPLEMENT BENEFIT	EFFECTIVE DATE ON OR AFTER JUNE 1, 2010
Basic Benefits	✓
Inpatient hospital care – Part A coinsurance	✓
Medical costs - Part B coinsurance	✓
First 3 pints of blood each year	✓
Preventative Care not covered by Medicare	✓
Part A hospice coinsurance or co-payment (New effective June 1, 2010)	✓
Medicare Part A Skilled Nursing Facility Coinsurance	✓
Inpatient Mental Health Coverage (175 days per lifetime in addition to Medicare)	✓
Home Health Care (40 visits in addition to those paid by Medicare)	✓
Outpatient Mental Health	✓
OPTIONAL RIDERS	
Medicare Part A deductible	✓
Medicare Part B deductible	✓
Medicare Part B excess charges 100%	✓
Additional Home Health Care	✓
Foreign Travel	✓
Medicare Coinsurance Deductible	✓

Medicare Open Enrollment (OE)

- OE is the six-month period of time that starts on the first day of the first month when the beneficiary is BOTH age 65 or older (or in some states under age 65 with a disability) AND is enrolled in Medicare Part B
- During a beneficiary's OE period, a Medicare Supplement plan carrier **may not** deny the individual coverage or perform medical underwriting
- Pre-existing condition limitations may apply during the OE
 - **IMPORTANT:** No pre-existing conditions apply to Medicare Supplement policies issued by **ACI, CLI, GLAIC** and **GLIC**
- **ACI, CLI, GLAIC** and **GLIC** accept Medicare Supplement applications six months prior to the applicant turning 65 in all states except Wisconsin*
- Individuals who are in their six-month OE period can apply for any Individual Medicare Supplement plan currently available in their state
 - Policy issue state is based on the applicant's state of residence. (Sales materials vary by state)

* In Wisconsin, applicants can apply for coverage no sooner than three months prior to turning age 65.

Guaranteed Issue (GI): At Time of Enrollment

Guaranteed Issue rights are made available to Medicare beneficiaries who lose their health coverage through no fault of their own (such as, when they leave a Medicare Advantage plan service area, the Medicare Advantage plan disenrolls from Medicare, etc.) Written proof of Creditable Coverage will be required of the applicant.

- GI rights are Medigap protections that individuals have in certain situations to enroll in a Medicare Supplement plan, regardless of health status
 - GI rights vary by state - for example, Missouri has a policy anniversary rule and California has a birthday rule
 - See “Guaranteed Issue Guidelines” for each state’s GI requirements and list of applicable situations

- During a beneficiary’s GI period, a Medicare Supplement plan carrier **may not** deny the individual coverage, perform medical underwriting, or apply limitations or exclusions for pre-existing conditions
 - Do NOT complete the health questions on the application and quote the preferred rate
- If a beneficiary does not apply for coverage during their OE period or when they have GI rights, the beneficiary will have to undergo the medical underwriting process to determine eligibility

Agents should familiarize themselves with the GI rights of the states they are licensed to do business in.

Pre-existing Condition Limitations

Unlike some Medicare Supplement plans, Pre-existing Condition limitations DO NOT apply to ACI, CLI, GLAIC or GLIC Medicare Supplement Policies

A **pre-existing condition** is any injury, sickness or disease for which the insured has received, or has had recommended, medical advice or treatment during the six months before the effective date

For Plans where a Pre-existing Condition does Apply:

- Plans do not pay benefits for loss which occurs within six months* after the effective date as a result of a pre-existing condition
- Pre-existing conditions will be covered after six months* from the policy effective date

- Individuals who apply during their OE period and, as of the date they applied, had a continuous period of Creditable Coverage of at least 6 months are not subject to the pre-existing conditions limitation
 - If period of creditable coverage is less than 6 months, the pre-existing condition limitation is reduced by the continuous period of creditable coverage the insured had within 63 days of the effective date of the Medicare Supplement policy

* The period for which a pre-existing condition is determined and/or for which benefits are not available can vary by carrier.

Why Sell ACI, CLI, GLAIC or GLIC Individual Medicare Supplement Plans?

- Choice of plans to meet the individual's needs
- Choice of any licensed doctor or hospital that is eligible to receive reimbursement from Medicare — no network constraints
- Competitive rates coupled with competitive commissions
- Plans are portable; policyholders don't have to worry about losing coverage when they relocate
- Plans available that cover emergency care outside the United States
- Claims are electronically submitted by the Original Medicare processor for Parts A and B
 - Beneficiary is generally not required to submit paper claims
- Electronic payment options (checking account) policyholders paying for monthly premiums
 - EFT results in better business persistency

Credit card payments not available at this time. List bill with other individual policies with the same underwriting company is available in some situations. Call Policyholder Services for details.

Why Sell ACI, CLI, GLAIC or GLIC Individual Medicare Supplement Plans? (continued)

- Medicare Supplement applications are accepted throughout the year for eligible applicants
- Backed by Aetna's financial strength
- Personable service for you and your clients
- Competitive commissions
- Sales incentives (visit exotic destinations)
- Consumer lead referral program
- PDP Referral Program



Can I sell an Aetna Medicare RX (PDP) Plan with an Individual Medicare Supplement Plan?

- Aetna PDP is one of the top 3 plans on CMS Medicare PDP Plan Finder
- Medicare Supplement Plans do not include prescription drug coverage; therefore, prescription drug coverage must be a standalone purchase
- Producers cannot solicit the purchase of a PDP plan with a Medicare Supplement Plan
 - PDP Referral Program pays \$45 per referral that results in a PDP
- If an individual initiates the conversation/question as to whether they can purchase a PDP plan from Aetna, the Producer can refer or sell the Aetna PDP product

To SELL Aetna PDP:

- Agent must be contracted with Aetna and satisfy ALL certification requirements before they can sell Aetna PDP
- And, the agent must satisfy these requirements each year to receive his/her Aetna PDP renewal commissions

Certification is NOT REQUIRED for agents who make PDP referrals

Can I sell an Aetna Medicare RX (PDP) Plan with an Individual Medicare Supplement Plan?

The Aetna PDP Referral Program:

- Aetna Referral Program Agreement required
 - AHIP or MA/MAPD/PDP certification is NOT required
 - Agent must be appointed with either ACI, CLI, GLAIC, or GLIC AND receive home office approval to participate
 - Agent receives a one time referral fee for any Aetna PDP plans sold
 - PDP Referral Specialist will help protect your ACI/CLI/GLAIC/GLIC Medicare Supplement business
- If an individual Medicare Supplement as well as an Aetna PDP is sold, it should be made clear to the individual that they will receive separate policies, membership ID cards, and premium notices will be sent separately. Premium remittance for the two "stand-alone" policies should be made to the appropriate underwriting company.

Who Typically Buys Medicare Supplement?

- Age-ins: just turning 65 in their Medicare Supplement Open Enrollment Period
- Retirees from employer groups who are age 65 and older where retiree coverage is not offered
- Medicare Beneficiaries who:
 - are dissatisfied with their current medical plan
 - wish to keep their Original Fee-For-Service Medicare Plan (Parts A and B)
 - prefer a non-network product and desire the freedom to access a provider of their choice
 - prefer comprehensive coverage that can help limit how much they have to pay for health care costs in a year
 - want coverage wherever they may live or travel to within the U.S.
 - want Guaranteed Renewable coverage

05

Information to
Keep you Current

Agent Alerts: Keeping You on Top of What is Happening.

- Email Blasts: Make sure we have your current email address on file
- Product launches
- Sales incentive announcements
- Product and regulatory updates
- Company and industry developments
- Operational updates
- Notice of upcoming webinars and seminars

Pacesetter

Sent to agents actively writing Aetna Senior Supplemental business

- Includes informative sales, administrative, and compliance articles
- Includes sales promotions and agent recognition

Aetnaseniorproducts.com

Agent message board – news alerts (to include office closings due to holidays or inclement weather, etc.)

Get out front of the market and be ready to sell...

Licensing and Appointment

IMPORTANT:

- You need **home office approval** to sell before you take an application
 - Indicate the states where you plan to sell in Section 4 of the Producer Information Form (PIF)
- Use approved marketing materials based on the policy issue state to sell ACI/CLI/GLAIC/GLIC Medicare Supplement plans
 - Sales kit includes all the required forms and sales materials (Sales kits vary by state)
- Unlike Medicare Advantage plans, no certification or tests are required
 - Agents need to be properly licensed AND appointed (with the appropriate underwriting company) in the state(s) where they wish to market the product

That's it! You're ready to sell.

To order supplies, become approved to sell, or for product information or training contact Agent Services team at:

Phone:

800-264-4000 option 3, 1 (Sales)
7:30 a.m. – 4:30 p.m. Central time

Fax:

855-690-0893

E-mail:

AetSSlinformation@aetna.com



Understanding Your Medicare Supplement Commission

- The commission amount paid is a percentage of the policy's paid premium as calculated at the time of the initial sales
 - No commission on rate increases or policy fee
 - Companies policy replacement rules can apply on internal policy replacement or policy exchanges
- Commission payments are processed based on receipt of the policyholder's premium payment:
 - ACI and CLI commissions are paid based on the premium mode (monthly, quarterly, semi-annual or annual) selected by the policyholder
 - Commission advancing is available on ACI and CLI commissions and requires home office approval
 - GLAIC and GLIC commissions are paid based on the first year annualized premium regardless of the premium mode selected
- Commissions can be paid by Electronic Funds Transfer or by check
- Commission payments are processed weekly (new business cutoff is the close of business on Saturday)
 - Bank and company holidays can vary new business cut off date
- Commission rules vary by state for policies issued to individuals under age 65

Enrollment and Applications

The Sales Kit includes everything you need and contents vary by state:

- Product Brochure
- Outline of Coverage (benefit summary, including premium rate information) — MUST be left with the applicant
- Form entitled “Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage”
- Application and Electronic Funds Transfer Form

- Copy of CMS’ booklet, “Choosing a Medigap Policy” (Required to be left with applicant)
- Business Reply Envelope
- New Business Fax Cover Sheet (use for EFT applications and get your business issued faster)
- Agent Checklist

Available separately:

- Agent rate card — shows monthly and annual rates

Online (electronic) applications are not available. Sales materials can be ordered as sales kits or individually through aetnaseniorproducts.com (agent website) or by calling the Agent Services team. Online forms can be downloaded and printed.

Application Checklist

Before the Application is Submitted, the Producer is Responsible for Reviewing the Following Information:

- Make sure applicant is provided with all the required enrollment materials included in the Enrollment Kit (state laws vary)
- Make sure all information on all required forms is complete and legible
- Complete all required fields on the application, including the effective dates for Part A and Part B.
 - Incomplete applications will be returned to the applicant
- Make sure beneficiary's Medicare claim number is complete (include the alpha code)*
- Ensure all health questions are completed for individuals who enroll outside of their Open Enrollment (OE) and Guaranteed Issue (GI) periods.
 - **Use the Preferred Rate for all GI and OE applications**
 - **Do not answer the health questions on GI and OE applications (Applications received with health questions answered in a OE or GI period will be returned.)**
- Make sure the signature and date are valid on the application

* If the applicant is becoming eligible for Medicare and the Medicare claim number has not been issued, instruct the applicant to call Policyholder Services as soon as the ID card is received.

Application Checklist (continued)

- Complete and sign the agent information section of the application
- Include initial premium amount on the application, including applicable adjustments for increases for direct monthly billing or smoker status. Include the one time only Policy Fee (\$20 in most states)
- Include a voided check if the applicant elects to pay their monthly premium via Electronic Fund Transfer (EFT)
- Make check payable to the appropriate underwriting company. CA applications must include 1/12 of the annual premium
- Attach any necessary documentation of prior coverage for proof of Guaranteed Issue entitlement
- Make sure all state-required forms are included
- Submit the application on time, within 30 days of the signature date
- Do not sell a Medicare Supplement plan to an individual if they are not terminating their existing Medicare Advantage plan prior to the desired effective date of coverage
- Inform applicant if they are cancelling a Medicare Advantage plan that Aetna does not process the disenrollment
- Advise the applicant to retain their current coverage until they receive the new policy and accept the terms of coverage (30-day free look)
- Advise an applicant who is not applying during OE or GI that a company representative will be calling them to conduct a telephone interview. (They will be asked the same health questions asked on the application)

Individual Medicare Supplement Enrollments and Applications

Submit applications ONE of these ways:

- **By fax (recommended method – EFT apps only): 877-380-2777**
- **By mail (include initial payment):**

ACI

Bank of America Lockbox Services
P.O. Box 405925
Atlanta, GA 30384-5925

CLI

Bank of America Lockbox Services
P.O. Box 742214
Atlanta, GA 30374-2214

GLAIC/GLIC

Bank of America Lockbox Services
P.O. Box 404140
Atlanta, GA 30384-4140



Policy Issuance

- Unless otherwise requested, Policy is issued the first day of the month following receipt and acceptance of the completed application
 - Policy effective date cannot be the 29th, 30th, or 31st of a month
 - Policy effective date cannot be more than 90 days from the application date UNLESS the applicant is within 6 months (90 days in WI) of their Medicare Open Enrollment Period
- If application is missing information, the application will be pended until the missing information is received
 - The agent will be contacted for the missing information
- In addition to the applicant's notification, Agent will be informed by letter when policy is issued or if application is declined
- Agent may request delivery of policy directly to him/herself (except PA) or the policyholder
- Policy is sent on approval to the policyholder* and includes:
 - A welcome letter
 - ID card
 - Policy page reflects the member's name, policy number, effective date, and premium rate
 - HIPAA Notice of Privacy Practices
- Coverage may be canceled within the 30 day "free look" period for a full refund

State rules vary. Policy must be delivered to the Policyholder in some states, like PA.

Premium Rate and Billing Information

- Premiums may be paid on a monthly, quarterly, semi-annual* or annual basis
 - Electronic Funds Transfer (EFT) is available by monthly bank draft (EFT helps get your policies issued faster and results in better business persistency)
 - Unless requested differently, premium draft dates are based on the policy effective date (Call Policyholder Services or New Business for details)
 - Direct Bill is available for applicants who chose to pay annually, semi-annually, or quarterly
 - ACI, CLI, GLAIC and GLIC Individual Medicare Supplement plans include a one year rate guarantee
 - Premium rate adjustments are made on the policyholder's policy anniversary date
- IMPORTANT:** Guaranteed Renewable - coverage cannot be terminated as long as the policyholder pays their premium

Model rates will apply to premiums paid on a monthly, quarterly or semi-annual basis (except in CA).

Thank you for your
attention today.

Sales Support From Experienced Professionals Available to serve YOU in any way we can....

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Southwest	Frank Bell, LUTCF, CLTC <i>Regional Vice President</i>	Frank.Bell@Aetna.com	615 336.8327
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