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

aetna®

Power up with Aetna Medicare

2014 Aetna Individual Medicare Broker Training Presentation



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



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Disclosure

- **AGENT USE ONLY** Aetna Medicare 2014 Individual Product Offering. The intent of this document is to provide education to agents on 2014 product and service area information.
- This information should not be discussed with Medicare beneficiaries prior to October 1, 2013. Providing this information to Medicare beneficiaries prior to October 1, 2013, is a violation of your Aetna General Agent Agreement and/or Aetna Producer Agreement as well as CMS Marketing Guidance and Regulations.
- This information is intended for brokers only. Aetna Medicare Advantage Plans: Offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance (Aetna). Coverage is provided through a Medicare Advantage organization with a Medicare contract. Benefits, limitations, service areas and premiums are subject to change on January 1 of each year. Plans contain exclusions and limitations. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Home Delivery refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through mail order. All Producers must be properly licensed, certified and appointed with Aetna as a Medicare Producer before they begin to sell Aetna Medicare products.
- For more information about Aetna plans, refer to www.AetnaMedicare.com.

aetna

Aetna's Brand Value

Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Power up your portfolio with Aetna Medicare in 2014!

To be successful today, it takes more than the right carrier, value and plan options. It takes faster, smarter connections to the resources and insights you and your clients need. When you're selling Aetna, you're best in class.

163
years of
insurance
expertise

40 years serving Medicare

20 states plus D.C. (MA, MAPD)

50 states plus D.C. (PDP)

43 states (Medicare Supplement)

- A recognized leader in health insurance, Aetna has 163 years of insurance expertise, including more than 40 years serving Medicare members.
- Aetna Individual Medicare offers a comprehensive product portfolio that includes Medicare Advantage (MA), Medicare Advantage Prescription Drug (MAPD), Prescription Drug Plans (PDP), Medicare Supplement and complementary products (including Final Expense, Cancer Care, Nursing Facility Care Indemnity, Home Care, Continental Care Hospital Indemnity) to meet the varied needs of your clients.
- Aetna offers these products under multiple respected brands
 brands your clients can trust.
- Aetna Medicare Advantage plans (MA, MAPD) are available in 20 states plus D.C.
- We have standalone Medicare Prescription Drug plan (PDP) options in all 50 states.
- Our Medicare Supplement plans are in 43 states and growing.
- Our complementary products are available in 28 states and growing.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

What we will cover today:

- · Aetna's brand value
- Fast & responsive service
- ·Sales support to grow your business
- · Products & discounts
- · Making it easier to do business with Aetna



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Aetna's Brand Value

Backed by the right products, networks and ratings, the Aetna brand is well respected and easy to sell. And our CMS Star Rating is even better than in 2012. So you can exude even greater confidence.





Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

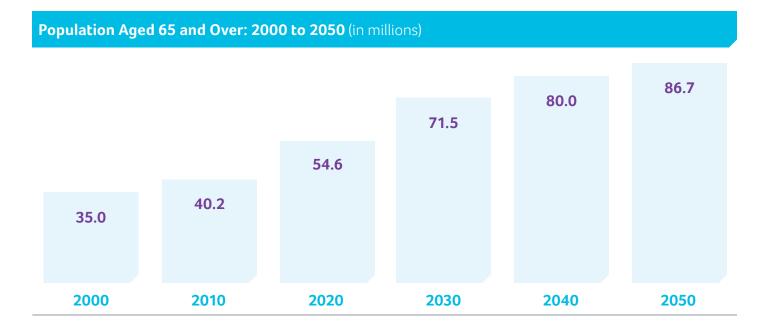
Aetna's brand value

> Medicare Demographics

Leader in Health Insurance
Respected Brands
Top Financial Ratings
Impressive Star Ratings
History, Reputation,
Innovation
The Aetna Way

The right demographics enhance your medicare 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.



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.



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Products & Discounts

Making It Easier to Do Business with Aetna

Aetna's brand value

Medicare Demographics

> Leader in Health Insurance

Respected Brands
Top Financial Ratings
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Innovation
The Aetna Way

Aetna: a recognized leader in health insurance



More than

1.05 million

Medicare members*

22 million

medical members**

14.3 million

dental members**

13.8 million

pharmacy members**

- * Medicare membership (includes Medicare Advantage, Medicare PDP and Medicare Supplement) as of May 2013.
- *** Medical, dental and pharmacy membership as of June 30, 2013.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Aetna's brand value

Medicare Demographics Leader in Health Insurance

→ Respected Brands

Top Financial Ratings
Impressive Star Ratings
History, Reputation,
Innovation

The Aetna Way

Respected brands your clients can trust

Aetna Individual Medicare offers a broad portfolio of products* under multiple respected brand names to meet the varied needs of your clients.

aetna	 Medicare Advantage/Medicare Advantage Prescription Drug Plans HMO Plans PPO Plans
aetna cvs/pharmacy	Standalone Prescription Drug Plans
l e e e e e e e e e e e e e e e e e e e	Aetna CVS/pharmacy Prescription Drug Plan (PDP)
aetna	Aetna Medicare Rx Premier (PDP)
aetna	Medicare Supplement Plans
detild	• Individual Medicare Supplement plans offered through Aetna Life Insurance
American Continental	Company (ALIC), American Continental Insurance Company (ACI) and
Insurance Company An Aetna Company	Continental Life Insurance Company of Brentwood, Tennessee (CLI), and Aetna Health and Life Insurance Company (AHLIC)
Continental Life Insurance Company	Additional Products
Of Brentwood, Tennessee	Final Expense (Whole Life) Insurance from ACI

Aetna Health and Life Insurance Company An Aetna Company

• Home Care from CLI

• Continental Care (Hospital Indemnity) from CLI

Cancer Plus (First Occurrence Cancer) from CLI
Nursing Facility (Care Indemnity) from CLI

An Aetna Company

^{*}Product availability varies by state. Not all products are available in every state.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Aetna's brand value

Medicare Demographics Leader in Health Insurance Respected Brands

→ Top Financial Ratings

Impressive Star Ratings
History, Reputation,
Innovation

The Aetna Way

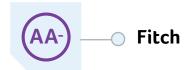
Aetna brands have top financial ratings

Aetna Life Insurance Company*









^{*}Financial strength as of June 18, 2013

ACI and CLI**



^{**}Financial strength as of November 18, 2011; AHLIC not yet rated



Fast & Responsive Service

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Making It Easier to Do Business with Aetna

Aetna's brand value

Medicare Demographics Leader in Health Insurance Respected Brands Top Financial Ratings

> Impressive Star Ratings

History, Reputation, Innovation

The Aetna Way

Aetna MAPD is better than ever

Check out our Star Ratings*.

On average, Aetna Medicare Advantage Prescription Drug Plan (MAPD) contracts achieved a 2013 Overall Rating of 3.53, ranking 4th among the top 11 publicly traded Medicare organizations – above national competitors CIGNA, WellPoint and UnitedHealth Group.

Spotlight on Aetna's MAPD stats: The results speak for themselves.

- 98.6% of current Aetna Medicare members are in contracts rated 3.5 stars or higher.
- No Aetna contracts received an Overall Rating below 3 stars. In fact, only 1 contract received an Overall Rating of 3 stars. All others received 3.5 stars or higher.



See www.medicare.gov. for individual plan ratings.

^{*} 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.



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Making It Easier to Do Business with Aetna

Aetna's brand value

Medicare Demographics
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Impressive Star Ratings

History, Reputation, Innovation

The Aetna Way

History, reputation, innovation



Aetna has 163 years of insurance expertise.

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



^{*} Source: The CT Mirror, "With future uncertain, Hartford celebrates Medicare's birthday," July 29, 2011.



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Products & Discounts

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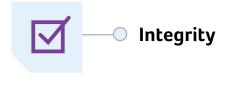
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> The Aetna Way

The Aetna Way

Our successful teamwork strategy blends all of the following:













Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

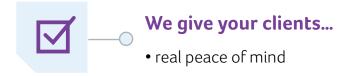
Making It Easier to Do Business with Aetna

Aetna's brand value

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What Aetna's brand value means for you:







Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Fast & Responsive Service

Our local broker representatives, national Broker Support Unit and broker website are dedicated to meeting the needs of our Medicare brokers, which means faster response and faster resolution.





Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Fast & responsive service

 Local Broker Representatives and National Broker Support Unit

Producer World® Website

Personal service you can count on

Local broker representatives and broker liaisons

- Helpful representatives located within your local markets
- Serve as your first point of contact
- Provide face-to-face product training and sales support
- Knowledgeable about your local market products, networks and competition

National broker support unit

• A first-class Broker Support Unit (BSU) dedicated exclusively to our Medicare producers – your one place for all administrative questions:

Phone: 1-888-247-1050

E-mail: BrokerService-MedicareTeam@aetna.com

Hours of operation: Monday-Friday, 8:30 a.m.-5 p.m., local time

Our BSU representatives can answer your questions regarding:

- Commissions
- License, appointment, certification
- Enrollment status
- Product and sales resources
- Online enrollment kit requests



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Fast & responsive service

Local Broker Representatives and National Broker Support Unit

> Producer World®
Website

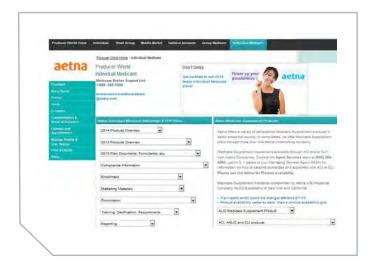
For self-service 24/7, there's nothing quite like Producer World®

Secure one-stop producer website for real-time:

- Application status
- Commission information
- Product details
- Ordering of customized enrollment kits and sales materials
- Licensing, appointment and certification status

Log onto: https://www.aetna.com/producer/Login.do

If you are not already registered for Producer World, register here: https://www.aetna.com/producer_public/registration/info.html





Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Fast & responsive service

Local Broker Representatives and National Broker Support Unit

Producer World® Website

What Aetna's broker service means for you:











Fast & Responsive Service

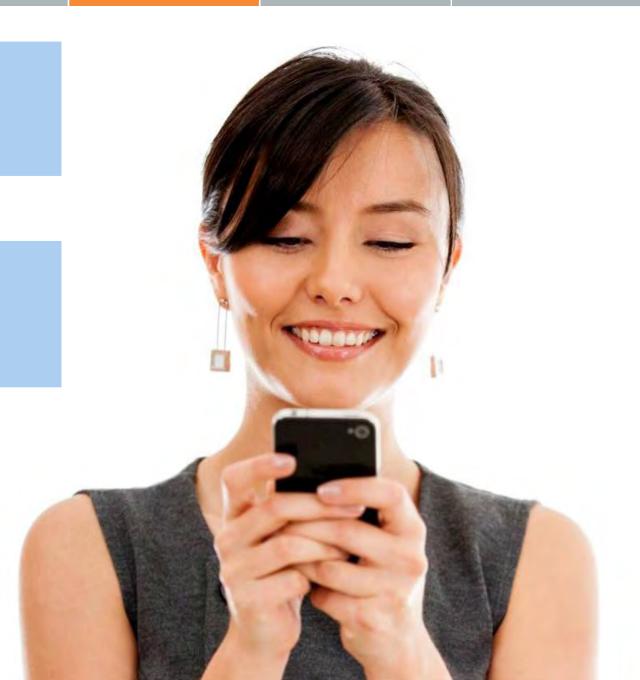
Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Sales Support to Grow Your Business

Nobody powers your selling like Aetna. We're using the latest technology to make it easier for you to sell and do business with Aetna.





Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Sales support to grow your business

› Broker Alerts & Newsletters

iPad Mobile Enrollment App and POET

DocFind, MAPD Video & Sales Presentations and Medicare Print Portal

Resources for Members

Front Runner Broker Rewards Program

Powerful tools and resources to grow your business...

Broker alerts & newsletters

Regular emails with the latest information on:

- Licensing, training, certification and appointment
- Product and regulatory updates
- Company and industry developments
- Health care reform news

Check your email regularly for important updates from Aetna.

Be sure to add <u>ProducerNews@info.aetna.com</u> to your email address book or contact list to prevent our alerts from being filtered as spam.

To update your email address, please email your name, National Producer Number (NPN), and new email address to Aetna's License and Appointment department at LAAUMedicare@aetna.com.





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Front Runner Broker Rewards Program

Powerful tools and resources to grow your business...

iPad mobile enrollment app for MA and PDP



Want to enroll your members even faster? This AEP, you can do it on your iPad! Our iPad Mobile Field Enrollment application will allow you to enter data directly on the iPad and submit enrollment information:

- Complies fully with CMS regulations
- Avoids the redundancy of paper submissions
- Compares plans and drugs, even when your iPad isn't online
- Eliminates processing delays by detecting input errors and omissions
- Tracks enrollment activity

Aetna's mobile field enrollment tool was recently featured in *Best's Review*, a monthly insurance news magazine. You can view the article on <u>Producer World</u>.

Agents can request to download this app by contacting their Aetna Medicare Broker Sales Representative or the Aetna Medicare Broker Support Unit.

Aetna's Producer Online Enrollment Tool (POET)



POET allows brokers to submit electronic enrollments directly to Aetna using our web portal. Register through <u>Producer World</u> or by contacting your Broker Sales Representative or the Aetna Medicare Broker Support Unit.

Note: If using POET, you must obtain a signed <u>Online Enrollment Authorization Form</u> and provide a signed hard copy to the beneficiary and to Aetna.



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Powerful tools and resources to grow your business...

DocFind for mobile devices



Next time prospects ask if their doctors are in-network, you'll have the answer in the palm of your hand:

www.AetnaMedicareDocFind.com

MAPD video & sales presentations



- Video complements our consumer sales presentations
- CMS-approved
- Available in Marketing Materials section on Producer World

Medicare print-on-demand marketing materials portal



- Personalized marketing materials and new collateral
- Comprehensive library of CMS-approved marketing materials
- Helps you stay compliant while you close more business
- Accessible 24/7 on Producer World website under Marketing Materials drop-down menu



Fast & Responsive Service

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> Resources for Members

Front Runner Broker Rewards Program

Powerful tools and resources to grow your business...

Resources for MA and PDP members

We help retain your members by offering them personal service, interactive web tools and mobile applications to help them manage their health care needs – anywhere at any time.

Personal Service:

- Personalized welcome calls to answer any questions
- Access to friendly and knowledgeable Member Service representatives
- 24/7 access to registered nurses for information related to health topics

Website Tools:

 New Member Website, which includes a welcome video to help them understand their plan (click on image to the right)





Fast & Responsive Service

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> Resources for Members

Front Runner Broker Rewards Program

Powerful tools and resources to grow your business...

Resources for MA and PDP members

Website Tools (continued):

- **Aetna Navigator**® our secure member website that's an easy-to-use online resource for benefits and health information available 24/7
- DocFind® to locate primary care doctors, specialists, hospitals and pharmacies in our network
- Formulary Finder to check covered prescription drugs and costs
- A **Personal Health Record** that keeps all their family medical records in one secure online place (automatically updated after claims activity)
- **Member Payment Estimator** that can show members out-of-pocket medical costs before they step into the doctor's office
- An online magazine to help them stay informed and connected

Mobile Applications:

- **Aetna Mobile Web** shows a streamlined view of Aetna.com and takes members directly to the most popular tools, such as finding a doctor and checking a claim
- **Aetna Mobile App** to access their health records, view claims, get reminders for tests, find doctors and check drug prices, all from their smartphones
- iTriage offers a proprietary Symptom-to-Provider™ pathway that helps people answer the two most common medical questions: "What could be wrong?" and "Where should I go for treatment?"



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> Front Runner Broker Rewards Program

Powerful tools and resources to grow your business...

Front Runner broker rewards program

A "thank you" to our best producers for contributing to our shared success, our Front Runner Program is your opportunity to earn special extras that go beyond our current offerings. As a Front Runner producer, here's what you receive:

- Free certification (a \$150 value)
- First-to-know communications with important news about Aetna and our industry
- Invitations to special events, including webinars on today's most important issues
- Priority ordering of enrollment kits before AEP and a higher enrollment kit ordering limit during AEP
- A discounted rate on Kaplan Insurance Continuing Education Courses Online for one year
- Special discounts on your online purchases at Staples
- Signage to recognize your elite status and showcase your business



Become a Front Runner for 2014 by selling 10 or more Aetna Individual Medicare (MA, MAPD or PDP) applications during this AEP!



Fast & Responsive Service

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Resources for Members

Front Runner Broker Rewards Program

What Aetna's sales support means for you:



We made it easier to sell our products and do business with Aetna.



You can enroll members faster.



We help you retain members.



We reward top brokers with special extras and discounts in appreciation for their efforts.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & Discounts

Price is important. So is value. We've got both. Our portfolio is broad, our pricing is competitive and our built-in services, discounts and extras are what you need to power up your selling efforts.





Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

> Medicare Overview

National Medicare Advantage Product Offering

National PDP Product Offering

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Medicare overview

Managed by the Federal Government					
Part A	Helps cover inpatient hospital, skilled nursing, home health and hospice care				
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 Insur	ance 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 program				
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 Insur	ance Companies; Regulated by States				
Medicare Supplement Plans	Purchased in addition to Medicare Part A and B, helps pay for some health care costs not covered by Parts A and B such as deductibles, coinsurance and copays; does not cover prescriptions drugs; known as Medigap				

Help with Medicare Costs

Some people with limited resources and income may be eligible for **Extra Help** with Medicare prescription drug costs, such as monthly premiums, annual deductibles, and prescription copays. To see if they qualify for Extra Help, beneficiaries can apply online at **www.socialsecurity.gov/extrahelp** or call Social Security at **1-800-772-1213 (TTY: 1-800-325-0778)**.

Beneficiaries also may be able to get help with other Medicare costs from their state through **Medicare Savings Programs**. These programs help pay for Medicare premiums. For some people, Medicare Savings Programs also may pay for Medicare Part A and Part B deductibles, coinsurance, and copays. For more information, beneficiaries can visit www.medicare.gov or call **1-800-MEDICARE (TTY: 1-877-486-2048)**.



Fast & Responsive Service

Sales Support to Grow Your Business

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Products & discounts

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National Medicare Advantage Product Offering

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MA AND PDP PLAN
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AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Aetna offers a variety of plan options



Medicare Advantage (MA) and Medicare Advantage-Prescription Drug Plans (MAPD) in 20 states plus D.C.



Standalone Part D Medicare Prescription Drug Plan (PDP) options in all 50 states plus D.C.



Medicare Supplement plans in 43 states



Complementary plans in 28 states



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

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Products & discounts

> Medicare Overview

National Medicare Advantage Product Offering

National PDP Product Offering

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Member Extras and Discounts

Aetna offers the following Medicare Advantage products*:

- Health Maintenance Organization (HMO)
- Traditional HMO has integrated prescription drug benefits
- Open Access HMO has integrated prescription drug benefits
- HMO medical-only plan does not have integrated prescription drug benefits**
- Preferred Provider Organization (PPO) has integrated prescription drug benefits

^{**}Named the Aetna Medicare Basic Plan (HMO). Available in limited service areas.

Traditional HMO	Open Access HMO	PPO
Requires a member to select and use a primary care physician (PCP)	PCP selection is not required, but it is recommended	Provides freedom to choose network providers at lower out-of-pocket costs or out-of-network providers at higher out-of-pocket costs
PCP coordinates care and provides referrals to other health care providers in the Aetna Medicare Plan HMO network	Members can go to any Aetna Medicare Plan HMO network provider they choose for covered services without a PCP referral	No referrals are required; members can go directly to any in-network specialist and pay the applicable specialist copay
Referrals are not needed for certain services that are considered "direct access," such as emergency and urgent care, routine eye exams, flu and pneumonia shots and annual mammograms	Members receive the same benefits as the Traditional HMO plan	
Members must use Aetna Medicare HMO network providers	Members must use Aetna Medicare HMO network providers	Members can use out-of-network providers
Plans have a maximum out-of-pocket amount	Plans have a maximum out-of-pocket amount	Plans have a maximum out-of-pocket amount

^{*} Medicare Advantage Optional Supplemental Benefits (OSBs) may be offered for an extra cost with some HMO plans. Plans vary by service area.



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Member Extras and Discounts

Aetna Medicare Prescription Drug Plans (MAPD and PDP)

Aetna uses five-tier formularies for each individual MAPD and standalone PDP.

- Aetna's formularies include brand and generic drugs
- Most plans offer a \$0 deductible, providing first dollar coverage on all Part D medications
- Most plans contain a robust formulary, providing low-cost access to over 800 Part D drugs on the Generic Drug tier
- For 2014, MAPD plans have a new fifth tier called Select Care, offers a \$0 cost share for low-cost highly utilized generic drugs for the treatment of high blood pressure, high cholesterol and diabetes
- Many MAPD plans offer \$0 copay gap coverage of Select Care generic drugs
- Aetna's formularies cover many, but not all, Part D drugs
- Brand drugs with an exact therapeutic generic equivalent typically are not included on the formulary (e.g., Zocor not included, but simvastatin, the chemical equivalent of Zocor, is included)
- Other Part D drugs for which equally effective but less expensive drugs are available typically are not included on the formulary

View <u>plan-specific formularies</u> on AetnaMedicare.com.

Use our Formulary Finder to check if prescriptions are covered under one of our plans.



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Products & discounts

> Medicare Overview

National Medicare Advantage Product Offering

National PDP Product Offering

MA AND PDP PLAN
OPTIONS BY REGION
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Mid-America Region

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Southeast Region

West Region

Member Extras and Discounts

2014 Medicare Part D standard benefit parameters

Each year CMS updates the Standard Medicare Prescription Drug Benefit. All Medicare prescription drug plans must be at least as good as or better than the Standard plan (MAPD and PDP).

	2013	2014
Deductible	\$325	\$310
Initial Coverage Limit (ICL)	\$2,970	\$2,850
True Out-of-Pocket (TrOOP)	\$4,750	\$4,550
Catastrophic Cost-Sharing for Generic drugs (including Brand drugs treated as Generic)	\$2.65	\$2.55
Catastrophic Cost-Sharing for all other drugs	\$6.60	\$6.35



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Products & discounts

> Medicare Overview

National Medicare Advantage Product Offering

National PDP Product Offering

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Mid-America Region

Northeast Region

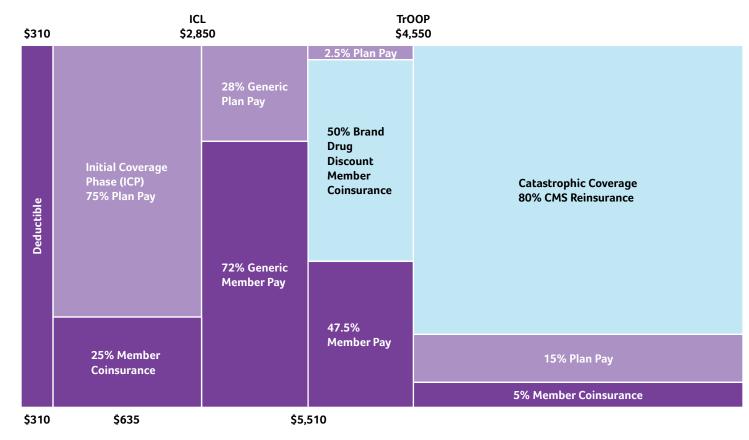
Southeast Region

West Region

Member Extras and Discounts

2014 Medicare Part D standard benefit parameters

Total Covered Drug Spending



Total Beneficiary Out-of-Pocket

aetna

Aetna's Brand Value

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National PDP Product Offering

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Donut hole phase-out

Commonly referred to as the "donut hole," a coverage gap occurs after a member's total covered prescription drug costs reach \$2,850 in 2014 and continues until the total a member pays out of pocket for covered Part D prescription drugs reaches \$4,550. This amount includes the member's annual deductible and copayments or coinsurance for covered prescription drugs (excluding premium). Once the member reaches \$4,550 in total out-of-pocket spending, the member will enter the next phase, called catastrophic coverage. During the catastrophic coverage phase, the member pays only a small coinsurance or copay for a covered prescription drug and the plan pays the rest of the cost for the remainder of the year.

Health Care Reform phases out the donut hole for members using the following schedule:

Year	Generic Plan Pay	Generic Member Liability	Brand Mfg Discount	Brand Plan Pay	Brand Member Liability
2010	0%	100% - \$250 Rebate	50%	0%	100% - \$250 Rebate
2011	7%	93%	50%	0%	50%
2012	14%	86%	50%	0%	50%
2013	21%	79%	50%	2.5%	47.5%
2014	28%	72%	50%	2.5%	47.5%
2015	35%	65%	50%	5%	45%
2016	42%	58%	50%	5%	45%
2017	49%	51%	50%	10%	40%
2018	56%	44%	50%	15%	35%
2019	63%	37%	50%	20%	30%
2020	75%	25%	50%	25%	25%



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National PDP Product Offering

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Aetna's extensive national Medicare Advantage health care network



1 million+

health care professionals

379,000+

primary care doctors and specialists

2.100+

hospitals (important to members who travel or have dual residences)

Over 65,000 pharmacies nationally,

including more than 7,300 CVS/pharmacy locations



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Provider Collaborations that benefit our members!

Aetna has formed provider collaborations with select physician groups.

Our shared goals are to help deliver:

- Improved quality and efficiency
- Optimal member satisfaction
- Improved care coordination with a dedicated nurse care manager

Care Management

Provider collaborations offer physicians incentives to help improve overall member health outcomes.

If a member is at risk for certain health conditions or has a chronic disease, **a dedicated nurse case manager** will work with the member, his/her doctor, and specialist to develop plans to help manage and improve the member's health.

Review state overview pages to see which provider collaborations are active in each state.

Member Benefits

- Better access and coordination of care, which can help decrease out-of-pocket costs
- Additional clinical support for chronic conditions
- Increased knowledge about health care resources and tools



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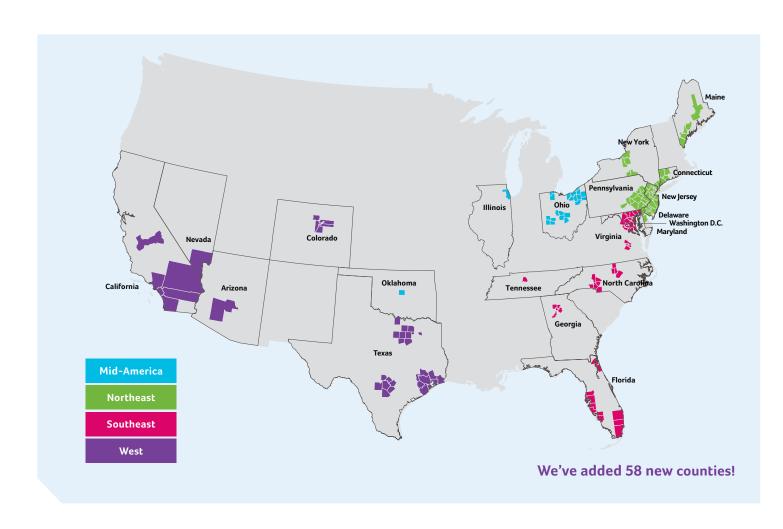
Northeast Region

Southeast Region

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Member Extras and Discounts

2014 Individual Medicare Advantage Product Offering





2014 Individual Medicare Advantage Product Offering

SE MA NE W Illinois Lorain Connecticut Sussex District of Frederick **Arizona Texas** Lucas Fairfield Union Columbia Harford Cook Maricopa Atascosa Mahoning Hartford Warren Howard District of Bexar **California** Ohio Medina Litchfield Montgomery **Brazoria** Columbia **New York Butler** Fresno Miami Prince George's New Haven Chambers Bronx Clark Florida Kern Montgomery Collin **North Carolina** Broome Clermont Delaware Broward Los Angeles **Portage** Comal Cayuga Cabarrus Cuyahoga Kent Orange Charlotte Stark Dallas **Durham** Delaware Kings Riverside New Castle Duval Summit Denton Gaston New York San Bernardino Fairfield Hillsborough Trumbull Ellis Maine Onondaga Iredell Franklin San Diego Union Lee **Fort Bend** Androscoggin Oswego Mecklenburg Geauga Warren Manatee Galveston Colorado Cumberland **Oueens** Orange Greene Wood Miami-Dade Guadalupe Adams Kennebec Richmond Person Hamilton Palm Beach Harris Oklahoma Arapahoe Penobscot Rockland Rowan Lake Pasco lefferson Oklahoma York Boulder Tioga Union Licking **Pinellas** Iohnson Broomfield Westchester Wake Saint Johns Kendall **New Jersey** Denver Sarasota Liberty Atlantic Tennessee **Pennsylvania** Douglas Medina Bergen Berks Davidson Georgia Jefferson Montague Burlington **Bucks** Cherokee Virginia Montgomery Nevada Camden Carbon Cobb Parker Alexandria City Cumberland Clark Chester Dekalb Rains Arlington Fssex Cumberland Forsyth Chesterfield Rockwall Gloucester Dauphin Fulton San Jacinto Faifax Hudson Delaware Gwinnett Tarrant Fairfax City Hunterdon Lancaster Waller Falls Church City Maryland Mercer Lebanon Wilson Hanover Middlesex Lehigh Anne Arundel Henrico Baltimore Monmouth Monroe Loudoun Morris **Baltimore City** Montgomery Manassas City Ocean Northampton Calvert Manassas Park City Passaic Carroll Philadelphia Prince William Salem Schuylkill Cecil **Richmond City** Somerset Charles

Bold = 2014 Expansion Counties.



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Competitive Medicare Advantage plans in expanded service areas!

20 states plus D.C.

58

new counties

132

\$0 premium plans For the first time since 2010, Aetna has expanded its Individual Medicare Advantage product offering. Here are some highlights:

- We've added 58 new counties; 54 of them will have \$0 premium plans*
- We have more \$0 premium plans than ever before 132 out of 183 counties will have \$0 premium plan options
- Coverage for a free membership to a fitness facility for all plans
- Travel Advantage benefit available for all HMO plans (in-network coverage that travels with the member) – PPO members also have access to the National Aetna MA network at in-network costs
- \$0 copays for Select Care Tier drugs that help manage high blood pressure, high cholesterol and diabetes, with many plans having coverage in the gap
- Free annual routine physical

Plans may also include hearing, vision and optional supplemental dental coverage. Check the following pages to see what is available in your market.

^{*} Member is still responsible for the Part B premium in addition to the monthly plan premium.



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2014 Individual Medicare Prescription Drug Plan Product Offering

For 2014, Aetna is offering two PDP options.¹ Please note that only the **Aetna Medicare Rx Premier (PDP)**² is eligible for new business and renewal commissions in 2014. The **Aetna CVS/pharmacy Prescription Drug Plan (PDP)**³ is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

Aetna recently completed our acquisition of **Coventry Health Care**, giving our PDP product portfolio added strength. Coventry is offering these two PDP options¹: **First Health Part D Essentials (PDP)**⁴ and **First Health Part D Premier Plus (PDP)**⁴. Both plans are eligible for new business and renewal commissions in 2014.

If you are interested in learning more about PDP products offered through Coventry Health Care, please visit the **Coventry Health Care Medicare Broker Portal**. Producers must be certified, licensed and appointed separately with Coventry Health Care to sell Coventry products.

¹ Premiums, copays and/or coinsurance may vary by region

² Available in all states except for HA, ME, NH

³ Available in all states except for AK, AR, CO, ID, OR, UT, WA. This plan is branded Aetna Medicare Rx Essentials in these seven (7) states.

⁴Available in all 50 states and D.C.



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Individual Medicare Product Details



Making It Easier to Do Fast & Responsive **Sales Support to Grow** Aetna's Brand Value **Products & Discounts** Service **Your Business** Illinois **Number of Medicare eligibles* Plan Highlights Strong Network** • \$0 premium HMO option • One of the largest hospital 744,317 Chicago networks in Cook county of any • \$0 copays for Select Care Tier MA carrier drugs that help manage high 744,317 **Total** blood pressure, high cholesterol and diabetes with prescription drug coverage in the gap • Coverage for a free membership to a fitness facility • In-network coverage that travels with the member • Free annual routine physical

^{*}MA State/County Penetration – May 2013, CMS.gov



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Illinois

Chicago Area

Cook

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (PPO)
CMS ID	H1419-001	H5521-016
Plan Type	HMO	PPO
Star Rating	NR	***
Premium	\$0	\$101
Deductible	\$0	\$1,000 [†]
OOP Max	\$6,700	\$5,000 / \$7,500
Primary Care	\$35	\$20
Specialist	\$50	\$50
Inpatient	\$260 copay per day for 1-7 days	\$260 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0-\$300	\$0 - \$260
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$21.30	N/A
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$31.30	N/A

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (PPO)
DME	20%	20%
Lab	\$35 - \$50	\$20 - \$50
X-Ray Routine /	\$35 - \$50 /	\$20 - \$50 /
Complex	20%	\$20 - \$260
Dialysis	\$30	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness / Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	30%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/	\$10/25%/50%/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Illinois

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-051	S5810-187
Plan Type	PDP	PDP
Premium	\$27.80	\$125.50
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$5/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Indiana

Aetna CVS/pharmacy Prescription	Aetna Medicare Rx Premier (PDP)
S5810-049	S5810-185
PDP	PDP
\$34.20	\$124.80
\$310 Deductible	\$0 Deductible
At CVS Pharmacies: \$2/ \$44/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$6/ \$45/ \$95/ 25%/ \$5	\$5/ 25%/ 45%/ 33%/ \$1
\$2,850	\$2,850
No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
CVS/pharmacy	N/A
	Drug Plan (PDP)* \$5810-049 PDP \$34.20 \$310 Deductible At CVS Pharmacies: \$2/\$44/\$95/25%/\$1 At All Other Network Pharmacies: \$6/\$45/\$95/25%/\$5 \$2,850 No Additional Gap Coverage

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.

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	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$31.40	\$140.60
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$35/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 24%/ 45%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Kansas

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-058	S5810-194
Plan Type	PDP	PDP
Premium	\$34.50	\$140.80
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$38/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.

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Kentucky

Aetna CVS/pharmacy Prescription	Aetna Medicare Rx Premier (PDP)
S5810-049	S5810-185
PDP	PDP
\$34.20	\$124.80
\$310 Deductible	\$0 Deductible
At CVS Pharmacies: \$2/ \$44/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$6/ \$45/ \$95/ 25%/ \$5	\$5/ 25%/ 45%/ 33%/ \$1
\$2,850	\$2,850
No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
CVS/pharmacy	N/A
	Drug Plan (PDP)* \$5810-049 PDP \$34.20 \$310 Deductible At CVS Pharmacies: \$2/\$44/\$95/25%/\$1 At All Other Network Pharmacies: \$6/\$45/\$95/25%/\$5 \$2,850 No Additional Gap Coverage

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Michigan

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-047	S5810-183
Plan Type	PDP	PDP
Premium	\$31.00	\$108.40
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$38/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Minnesota

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$31.40	\$140.60
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$35/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 24%/ 45%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Missouri

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-052	S5810-188
Plan Type	PDP	PDP
Premium	\$30.90	\$137.90
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$41/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$5/ 24%/ 43%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.

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Montana

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$31.40	\$140.60
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$35/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 24%/ 45%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Illinois

Indiana Iowa

Kansas

Kentucky

Michigan

Minnesota

Missouri

Montana

> Nebraska

North Dakota

Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Nebraska

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$31.40	\$140.60
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$35/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 24%/ 45%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Illinois

Indiana Iowa

Kansas

Kentucky

Michigan

Minnesota

Missouri

Montana

Nebraska

> North Dakota

Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

North Dakota

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$31.40	\$140.60
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$35/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 24%/ 45%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & Discounts

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Ohio

Total



Number of Med	care eligibles* NEW = New Area
Akron-Canton ••	199,080
Cincinnati 🕶	250,109
Cleveland 🕶	381,089
Columbus 💶	235,288
Dayton NEW	174,275
Toledo 🕶	95,254
Youngstown NEW	96,789

Strong Network

- Unique collaborative relationships with Cleveland Clinic (Cuyahoga county), Central Ohio Primary Care Physicians (Franklin/Delaware counties), ProMedica, Toledo Clinic and Oregon Clinic (Lucas County)
- Excellent network in Cuyahoga/ Summit counties: Cleveland Clinic, University Hospital, Metro, Akron General, Summa Health System; Franklin/Delaware counties: OhioHealth, Ohio State University, Mt. Carmel; and Lucas County: Mercy, ProMedica, UT Medical Center

Plan Highlights

- Added 19 new counties
- \$0 premium HMO option
- \$0 copays for Select Care Tier drugs that help manage high blood pressure, high cholesterol and diabetes, with prescription drug coverage in the gap
- Coverage for a free membership to a fitness facility
- In-network coverage that travels with the member
- Free annual routine physical

1,431,884

^{*}MA State/County Penetration – May 2013, CMS.gov



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Indiana

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Kansas Kentucky

Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Akron-Canton Area Expanded

Portage & Stark NEW

	Aetna Medicare Value Plan (HMO)
CMS ID	H3623-004
Plan Type	НМО
Star Rating	***
Premium	\$0
Deductible	\$0
OOP Max	\$5,100
Primary Care	\$20
Specialist	\$45
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$325
Emergency	\$65
Urgent Care	\$55

19.10	
29.10	
	319.10 329.10

	Aetna Medicare Value Plan (HMO)
DME	20%
Lab	\$20 - \$45
X-Ray Routine /	\$20 - \$50/ 20%
Complex	
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/ 25%/ 50%/ 33%/ \$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered in the Gap
Gap Coverage**	-

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Aetna Medicare

Aetna's Brand Value

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Indiana

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Kentucky

Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Akron-Canton Area Expanded

Summit

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (PPO)
CMS ID	H3623-004	H5521-020
Plan Type	НМО	PPO
Star Rating	***	***
Premium	\$0	\$101
Deductible	\$0	\$1,000 [†]
OOP Max	\$5,100	\$5,000 /\$7,500
Primary Care	\$20	\$20
Specialist	\$45	\$50
Inpatient	\$275 copay per day for 1-6 days	\$260 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$260
Ambulance	\$325	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$19.10	N/A
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$29.10	N/A

	Value Plan (HMO)	Standard Plan (PPO)
DME	20%	20%
Lab	\$20 - \$45	\$20 - \$50
X-Ray Routine /	\$20 - \$50/	\$20 - \$50/
Complex	20%	\$20 - \$260
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness / Nursing	Fitness/Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	25%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/	\$10/25%/50%/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

Aetna Medicare

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Mid-America Region

Illinois

Indiana

Iowa

Kansas

Kentucky

Michigan Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Cincinnati Area **Expanded**

Butler, Clermont & Warren NEW

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Premier Plan (HMO)
CMS ID	H3623-018	H3623-003
Plan Type	HMO	HMO
Star Rating	***	***
Premium	\$0	\$56
Deductible	\$0	\$0
OOP Max	\$3,350	\$3,200
Primary Care	\$5	\$0
Specialist	\$40	\$25
Inpatient	\$250 copay per day for 1-7 days	\$205 copay per day for 1-7 days
Skilled Nursing	\$50 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$0 per day copay, day(s) 1-4; \$50 per day copay, day(s) 5-20; \$152 per day copay, day(s) 21-100
Home Health	\$20	\$0
Outpatient	\$0 - \$250	\$0 - \$205
Ambulance	\$350	\$220
Emergency	\$65	\$65
Urgent Care	\$55	\$50
OSBs (Riders)		
Advantage Dental	\$19.10	\$19.10
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$29.10	\$29.10

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Premier Plan (PPO)
DME	20%	20%
Lab	\$5 - \$40	\$0 - \$25
X-Ray Routine /	\$5 - \$50/	\$0 - \$40/
Complex	\$5 - \$275	\$0 - \$205
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness / Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/	\$10/25%/50%/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{***} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Mid-America Region

Illinois

Indiana

Iowa

Kansas

Kentucky Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Cincinnati Area Expanded

Hamilton

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Premier Plan (HMO)
CMS ID	H3623-018	H3623-003
Plan Type	НМО	НМО
Star Rating	***	***
Premium	\$0	\$56
Deductible	\$0	\$0
OOP Max	\$3,350	\$3,200
Primary Care	\$5	\$0
Specialist	\$40	\$25
Inpatient	\$250 copay per day for 1-7 days	\$205 copay per day for 1-7 days
Skilled Nursing	\$50 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$0 per day copay, day(s) 1-4; \$50 per day copay, day(s) 5-20; \$152 per day copay, day(s) 21-100
Home Health	\$20	\$0
Outpatient	\$0 - \$250	\$0 - \$205
Ambulance	\$350	\$220
Emergency	\$65	\$65
Urgent Care	\$55	\$50
OSBs (Riders)		
Advantage Dental	\$19.10	\$19.10
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$29.10	\$29.10

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Premier Plan (PPO)
DME	20%	20%
Lab	\$5 - \$40	\$0 - \$25
X-Ray Routine /	\$5 - \$50/	\$0 - \$40/
Complex	\$5 - \$275	\$0 - \$205
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness /Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/	\$10/25%/50%/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Illinois

Indiana

lowa

Kansas

Kentucky

Michigan Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Cincinnati Area **Expanded**

Hamilton

	Aetna Medicare Standard Plan (PPO)
CMS ID	H5521-020
Plan Type	PPO
Star Rating	***
Premium	\$101
Deductible	\$1,000 [†]
OOP Max	\$5,000 / \$7,500
Primary Care	\$20
Specialist	\$50
Inpatient	\$260 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$260
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55
	-

	Aetna Medicare Standard Plan (PPO)
DME	20%
Lab	\$20 - \$50
X-Ray Routine /	\$20 - \$50/
Complex	\$20 - \$260
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	25%
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Mid-America Region

Illinois

Indiana

Iowa

Kansas Kentucky

Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Cleveland Area **Expanded**

Geauga, Lake, Lorain, Medina NEW

	Aetna Medicare Value Plan (HMO)
CMS ID	H3623-004
Plan Type	НМО
Star Rating	***
Premium	\$0
Deductible	\$0
OOP Max	\$5,100
Primary Care	\$20
Specialist	\$45
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$325
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)	
Advantage Dental	\$19.10
Advantage Dental + \$125/yr. Eyewear +	\$29.10
\$300/yr. Hearing Aids	

	Aetna Medicare Value Plan (HMO)
DME	20%
Lab	\$20 - \$45
X-Ray Routine /	\$20 - \$50/ 20%
Complex	
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/ 25%/ 50%/ 33%/ \$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered in the Gap
Gap Coverage**	

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Cleveland Area **Expanded**

Cuyahoga

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (PPO)
CMS ID	H3623-004	H5521-020
Plan Type	НМО	PPO
Star Rating	***	***
Premium	\$0	\$101
Deductible	\$0	\$1,000 [†]
ООР Мах	\$5,100	\$5,000 /\$7,500
Primary Care	\$20	\$20
Specialist	\$45	\$50
Inpatient	\$275 copay per day for 1-6 days	\$260 copay per day for1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$260
Ambulance	\$325	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$19.10	N/A
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$29.10	N/A

	Aetna Medicare	Aetna Medicare
	Value Plan (HMO)	Standard Plan (PPO)
DME	20%	20%
Lab	\$20 - \$45	\$20 - \$50
X-Ray Routine /	\$20 - \$50/	\$20 - \$50/
Complex	20%	\$20 - \$260
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness/Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
rrograms	Tiotainer reterrioriteoring	Trockiner reterrior iteorary
Out of Network	N/A	25%
Out of Network	N/A	25%
Out of Network Transportation	N/A Not Covered	25% Not Covered
Out of Network Transportation Rx Deductible	N/A Not Covered \$0 Deductible	25% Not Covered \$0 Deductible
Out of Network Transportation Rx Deductible	N/A Not Covered \$0 Deductible \$10/ 25%/ 50%/	25% Not Covered \$0 Deductible \$10/ 25%/ 50%/
Out of Network Transportation Rx Deductible Rx Benefit*	N/A Not Covered \$0 Deductible \$10/ 25%/ 50%/ 33%/ \$0	25% Not Covered \$0 Deductible \$10/ 25%/ 50%/ 33%/ \$0
Out of Network Transportation Rx Deductible Rx Benefit* Rx ICL	N/A Not Covered \$0 Deductible \$10/ 25%/ 50%/ 33%/ \$0 \$2,850	25% Not Covered \$0 Deductible \$10/ 25%/ 50%/ 33%/ \$0 \$2,850
Out of Network Transportation Rx Deductible Rx Benefit* Rx ICL Supplemental	N/A Not Covered \$0 Deductible \$10/ 25%/ 50%/ 33%/ \$0 \$2,850 T5 (Select Care	25% Not Covered \$0 Deductible \$10/ 25%/ 50%/ 33%/ \$0 \$2,850 T5 (Select Care

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Illinois

Indiana

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Kansas

Kentucky

Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Columbus Area **Expanded**

Fairfield, Licking & Union NEW

	Aetna Medicare Value Plan (HMO)
CMS ID	H3623-001
Plan Type	НМО
Star Rating	***
Premium	\$0
Deductible	\$0
OOP Max	\$6,700
Primary Care	\$15
Specialist	\$35
Inpatient	\$265 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$265
Ambulance	\$250
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)		
Advantage Dental	\$19.10	_
Advantage Dental +	\$29.10	
\$125/yr. Eyewear +		
\$300/yr. Hearing Aids		

0% 15 - \$35 15 - \$45/ 15 - \$265 0% 0
15 - \$35 15 - \$45/ 15 - \$265 0%
15 - \$45/ 15 - \$265 0%
15 - \$265 0% 0
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tness /Nursing Hotline/Telemonitoring
I/A
lot Covered
0 Deductible
10/ 25%/ 50%/ 33%/ \$0
2,850
5 (Select Care Drugs) Covered in the Gap
= .

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Illinois

Indiana

lowa Kansas

Kentucky

Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Columbus Area **Expanded**

Delaware & Franklin

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Select Plan (HMO)
CMS ID	H3623-001	H3623-019
Plan Type	HMO	HMO
Star Rating	***	***
Premium	\$0	\$0
Deductible	\$0	\$0
OOP Max	\$6,700	\$3,400
Primary Care	\$15	\$10
Specialist	\$35	\$40
Inpatient	\$265 copay per day for 1-6 days	\$270 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$1052 per day copay, day(s) 21-100	\$50 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$15
Outpatient	\$0 - \$265	\$0 - \$265
Ambulance	\$250	\$350
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$19.10	\$19.10
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$29.10	\$29.10

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Select Plan (HMO)
DME	20%	20%
Lab	\$15 - \$35	\$10 - \$40
X-Ray Routine /	\$15 - \$45/	\$10 - \$50/
Complex	\$15 - \$265	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid Allowance	Not Covered	Not Covered
	Not Covered	Not Covered
Eyewear Allowance		
Health & Wellness Programs	Fitness /Nursing Hotline/Telemonitoring	Fitness /Nursing Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/	\$7/ 25%/ 50%/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered in	Drugs) Covered in
	the Gap	the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Illinois

Indiana

Iowa

Kansas

Kentucky Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Columbus Area **Expanded**

Delaware & Franklin

	Aetna Medicare Standard Plan (PPO)
CMS ID	H5521-020
Plan Type	PPO
Star Rating	***
Premium	\$101
Deductible	\$1,000 [†]
OOP Max	\$5,000 / \$7,500
Primary Care	\$20
Specialist	\$50
Inpatient	\$260 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$260
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

	Aetna Medicare Standard Plan (PPO)
DME	20%
Lab	\$20 - \$50
X-Ray Routine /	\$20 - \$50/
Complex	\$20 - \$260
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	25%
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/ 25%/ 50%/ 33%/ \$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Kansas Kentucky

Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Dayton Area NEW

Clark, Greene, Miami & Montgomery NEW

	Aetna Medicare Select Plan (HMO)
CMS ID	H3623-020
Plan Type	HMO
Star Rating	***
Premium	\$0
Deductible	\$0
OOP Max	\$3,200
Primary Care	\$10
Specialist	\$40
Inpatient	\$250 copay per day for 1-8 days
Skilled Nursing	\$50 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$20
Outpatient	\$0 - \$250
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)	
Advantage Dental	\$6.70
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$16.70

	Aetna Medicare Select Plan (HMO)
	Actia Medicare Select Hall (111-10)
DME	20%
Lab	\$10 - \$40
X-Ray Routine /	\$10 - \$50/
Complex	\$10 - \$250
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered in the Gap
Gap Coverage**	-

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Indiana

Iowa

Kansas

Kentucky

Michigan Minnesota

Missouri

Missouri

Montana Nebraska

1 tobiaska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Toledo Area NEW

Wood **NEW**

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Premier Plan (HMO)
CMS ID	H3623-018	H3623-003
Plan Type	HMO	HMO
Star Rating	***	***
Premium	\$0	\$56
Deductible	\$0	\$0
OOP Max	\$3,350	\$3,200
Primary Care	\$5	\$0
Specialist	\$40	\$25
Inpatient	\$250 copay per day for 1-7 days	\$205 copay per day for 1-7 days
Skilled Nursing	\$50 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$0 per day copay, day(s) 1-4; \$50 per day copay, day(s) 5-20; \$152 per day copay, day(s) 21-100
Home Health	\$20	\$0
Outpatient	\$0 - \$250	\$0 - \$205
Ambulance	\$350	\$220
Emergency	\$65	\$65
Urgent Care	\$55	\$50
OSBs (Riders)		
Advantage Dental	\$19.10	\$19.10
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$29.10	\$29.10

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Premier Plan (HMO)
DME	20%	20%
Lab	\$5 - \$40	\$0 - \$25
X-Ray Routine /	\$5 - \$50/	\$0 - \$40/
Complex	\$5 - \$275	\$0 - \$205
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid Allowance	Not Covered	Not Covered
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness / Nursing	Fitness / Nursing
Programs	Hotline/ lelemonitoring	Hotline/Telemonitoring
Out of Network	Hotline/Telemonitoring N/A	N/A
Out of Network	N/A	N/A
Out of Network Transportation	N/A Not Covered	N/A Not Covered
Out of Network Transportation Rx Deductible	N/A Not Covered \$0 Deductible \$10/ 25%/ 50%/	N/A Not Covered \$0 Deductible \$10/ 25%/ 50%/
Out of Network Transportation Rx Deductible Rx Benefit*	N/A Not Covered \$0 Deductible \$10/ 25%/ 50%/ 33%/ \$0	N/A Not Covered \$0 Deductible \$10/ 25%/ 50%/ 33%/ \$0
Out of Network Transportation Rx Deductible Rx Benefit* Rx ICL	N/A Not Covered \$0 Deductible \$10/ 25%/ 50%/ 33%/ \$0 \$2,850	N/A Not Covered \$0 Deductible \$10/ 25%/ 50%/ 33%/ \$0 \$2,850
Out of Network Transportation Rx Deductible Rx Benefit* Rx ICL Supplemental	N/A Not Covered \$0 Deductible \$10/ 25%/ 50%/ 33%/ \$0 \$2,850 T5 (Select Care	N/A Not Covered \$0 Deductible \$10/ 25%/ 50%/ 33%/ \$0 \$2,850 T5 (Select Care

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Iowa

Kansas

Kentucky

Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Toledo Area NEW

Lucas

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Premier Plan (HMO)
CMS ID	H3623-018	H3623-003
Plan Type	НМО	НМО
Star Rating	***	***
Premium	\$0	\$56
Deductible	\$0	\$0
OOP Max	\$3,350	\$3,200
Primary Care	\$5	\$0
Specialist	\$40	\$25
Inpatient	\$250 copay per day for 1-7 days	\$205 copay per day for 1-7 days
Skilled Nursing	\$50 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$0 per day copay, day(s) 1-4; \$50 per day copay, day(s) 5-20; \$152 per day copay, day(s) 21-100
Home Health	\$20	\$0
Outpatient	\$0 - \$250	\$0 - \$205
Ambulance	\$350	\$220
Emergency	\$65	\$65
Urgent Care	\$55	\$50
OSBs (Riders)		
Advantage Dental	\$19.10	\$19.10
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$29.10	\$29.10

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Premier Plan (HMO)	
DME	20%	20%	
Lab	\$5 - \$40	\$0 - \$25	
X-Ray Routine /	\$5 - \$50/	\$0 - \$40/	
Complex	\$5 - \$275	\$0 - \$205	
Dialysis	20%	20%	
Preventive Care	\$0	\$0	
Hearing Aid	Not Covered	Not Covered	
Allowance			
Eyewear Allowance	Not Covered	Not Covered	
Health & Wellness	Fitness /Nursing	Fitness/Nursing	
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring	
Out of Network	N/A	N/A	
Transportation	Not Covered	Not Covered	
Rx Deductible	\$0 Deductible	\$0 Deductible	
Rx Benefit*	\$10/25%/50%/	\$10/25%/50%/	
	33%/\$0	33%/\$0	
Rx ICL	\$2,850	\$2,850	
Supplemental	T5 (Select Care	T5 (Select Care	
Gap Coverage**	Drugs) Covered	Drugs) Covered	
	in the Gap	in the Gap	

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & Discounts

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Indiana

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Kansas

Kentucky

Michigan Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Toledo Area NEW

Lucas

	Aetna Medicare Standard Plan (PPO)
CMS ID	H5521-020
Plan Type	PPO
Star Rating	***
Premium	\$101
Deductible	\$1,000 [†]
OOP Max	\$5,000 / \$7,500
Primary Care	\$20
Specialist	\$50
Inpatient	\$260 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$260
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

	Aetna Medicare Standard Plan (PPO)
DME	20%
Lab	\$20 - \$50
X-Ray Routine /	\$20 - \$50/
Complex	\$20 - \$260
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness / Nursing Hotline/Telemonitoring
Programs	
Out of Network	25%
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Minnesota

Missouri

Montana

Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Ohio

Youngstown Area NEW

Mahoning & Trumbull NEW

	Aetna Medicare Value Plan (HMO)
CMS ID	H3623-004
Plan Type	НМО
Star Rating	***
Premium	\$0
Deductible	\$0
ООР Мах	\$5,100
Primary Care	\$20
Specialist	\$45
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$325
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)	
Advantage Dental	\$19.10
Advantage Dental +	\$29.10
\$125/yr. Eyewear +	
\$300/yr. Hearing Aids	

	Aetna Medicare Value Plan (HMO)
DME	20%
Lab	\$20 - \$45
X-Ray Routine /	\$20 - \$50/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/ 25%/ 50%/ 33%/ \$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Sales Support to Grow Your Business

Products & Discounts

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MA AND PDP PLAN **OPTIONS BY REGION** AND STATE:

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Illinois

Indiana

lowa Kansas

Kentucky

Michigan

Minnesota

Missouri

Montana Nebraska

North Dakota

> Ohio

Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and **Discounts**

Ohio

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-048	S5810-184
Plan Type	PDP	PDP
Premium	\$27.60	\$115.40
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$5/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Making It Easier to Do Fast & Responsive **Sales Support to Grow** Aetna's Brand Value **Products & Discounts** Service **Your Business** Oklahoma **Number of Medicare eligibles* Plan Highlights Strong Network** • \$0 copays for Select Care Tier • Network includes INTEGRIS 110,518 Oklahoma drugs that help manage high Baptist Medical Center blood pressure, high cholesterol 110,518 **Total** and diabetes, with prescription drug coverage in the gap • Coverage for a free membership to a fitness facility • In-network coverage that travels with the member • Free annual routine physical

^{*}MA State/County Penetration - May 2013, CMS.gov



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do

Products & discounts

MA AND PDP PLAN **OPTIONS BY REGION** AND STATE:

Mid-America Region

Illinois

Indiana

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Kansas

Kentucky Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

Ohio

> Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Oklahoma

Oklahoma Area

Oklahoma

	Aetna Medicare Value Plan (HMO)
CMS ID	H5832-001
Plan Type	HMO
Star Rating	NR
Premium	\$42
Deductible	\$0
OOP Max	\$6,700
Primary Care	\$35
Specialist	\$50
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$275
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

	Aetna Medicare Value Plan (HMO)
DME	20%
Lab	\$35 - \$50
X-Ray Routine /	\$35 - \$50/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered in the Gap
Gap Coverage**	-

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

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MA AND PDP PLAN OPTIONS BY REGION AND STATE:

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Missouri

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Nebraska

North Dakota

Ohio

> Oklahoma

South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Oklahoma

Aetna CVS/pharmacy Prescription	Aetna Medicare Rx Premier (PDP)
S5810-057	S5810-193
PDP	PDP
\$28.40	\$142.30
\$310 Deductible	\$0 Deductible
At CVS Pharmacies: \$2/\$42/\$94/25%/\$1	\$5/ 24%/ 44%/ 33%/ \$1
\$5/ \$45/ \$95/ 25%/ \$4	
\$2,850	\$2,850
No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
CVS/pharmacy	N/A
	Drug Plan (PDP)† \$5810-057 PDP \$28.40 \$310 Deductible At CVS Pharmacies: \$2/\$42/\$94/25%/\$1 At All Other Network Pharmacies: \$5/\$45/\$95/25%/\$4 \$2,850 No Additional Gap Coverage

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Illinois

Indiana

lowa Kansas

Kentucky

Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

Ohio

Oklahoma

> South Dakota

Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

South Dakota

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$31.40	\$140.60
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$35/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 24%/ 45%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & Discounts

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Products & discounts

MA AND PDP PLAN **OPTIONS BY REGION** AND STATE:

Mid-America Region

Illinois

Indiana

lowa Kansas

Kentucky

Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

Ohio

Oklahoma

South Dakota

> Wisconsin

Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and **Discounts**

Wisconsin

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-050	S5810-186
Plan Type	PDP	PDP
Premium	\$33.90	\$131.30
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$40/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 25%/ 45%/ 33%/ \$3
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.

Power up with Aetna Medicare



Aetna's Brand Value

Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Illinois

Indiana Iowa

Kansas

Kentucky

Michigan

Minnesota

Missouri

Montana

Nebraska

North Dakota

Ohio

Oklahoma

South Dakota

Wisconsin

> Wyoming

Northeast Region

Southeast Region

West Region

Member Extras and Discounts

Wyoming

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$31.40	\$140.60
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$35/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 24%/ 45%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY
REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut

Delaware

Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

New York

Pennsylvania

Rhode Island

Vermont

Southeast Region

West Region

Member Extras and

Discounts

2014 Northeast Region

Individual Medicare Product Details



Making It Easier to Do Fast & Responsive **Sales Support to Grow** Aetna's Brand Value **Products & Discounts** Service **Your Business** Connecticut **Number of Medicare eligibles* Plan Highlights Strong Network** • \$0 premium plan options • Norwalk Hospital now participating 481,969 Connecticut in Aetna's Medicare network • No referrals needed with Open Access HMO & PPO plan options • Network includes collaborative 481,969 **Total** relationships with ProHealth, • \$0 copays for Select Care Tier PriMed and the Connecticut State drugs that help manage high Medical Society IPA blood pressure, high cholesterol and diabetes, with prescription drug coverage in the gap • Coverage for a free membership to a fitness facility • In-network coverage that travels with the member

^{*}MA State/County Penetration – May 2013, CMS.gov



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

> Connecticut

Delaware

Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

New York

Pennsylvania

Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

Connecticut

Connecticut Area

Fairfield, Hartford, Litchfield & New Haven

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (HMO)
CMS ID	H5793-001	H5793-008
Plan Type	Open Access HMO	Open Access HMO
Star Rating	***	***
Premium	\$0	\$107
Deductible	\$0	\$0
OOP Max	\$6,700	\$3,400
Primary Care	\$20	\$10
Specialist	\$50	\$30
Inpatient	\$275 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$50 per day copay, day(s) 1-20; \$100 per day copay, day(s) 21- 59; \$0 per day copay, day(s) 60-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$275
Ambulance	\$350	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$18.90	\$14.40
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$28.90	N/A

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (HMO)
DME	20%	20%
Lab	\$20 - \$50	\$10 - \$30
X-Ray Routine /	\$20 - \$40/	\$10 - \$35/
Complex	\$20 - \$275	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Up to \$500 for every
Allowance		36 months
Eyewear Allowance	Not Covered	Up to \$50 for every
		24 months
Health & Wellness	Fitness / Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/\$45/\$95/	\$10/\$45/\$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered in
	in the Gap	the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

> Connecticut

Delaware

Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

New York

Pennsylvania

Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

Connecticut

Connecticut Area

Fairfield, Hartford, Litchfield & New Haven

	Aetna Medicare Standard Plan (PPO)	
CMS ID	H5521-013	
Plan Type	PPO	
Star Rating	***	
Premium	\$101	
Deductible	\$1,000 [†]	
OOP Max	\$6,700 / \$10,000	
Primary Care	\$10	
Specialist	\$40	
Inpatient	\$275 copay per day for 1-6 days	
Skilled Nursing	\$25 per day copay, day(s) 1-20;	
	\$152 per day copay, day(s) 21-100	
Home Health	\$0	
Outpatient	\$0 - \$225	
Ambulance	\$300	
Emergency	\$65	
Urgent Care	\$55	

	Aetna Medicare Standard Plan (PPO)	
DME	20%	
Lab	\$10 - \$40	
X-Ray Routine /	\$10 - \$45	
Complex	\$10 - \$125	
Dialysis	20%	
Preventive Care	\$0	
Hearing Aid	Not Covered	
Allowance		
Eyewear Allowance	Not Covered	
Health & Wellness	Fitness / Nursing Hotline/Telemonitoring	
Programs		
Out of Network	30%	
Transportation	Not Covered	
Rx Deductible	\$0 Deductible	
Rx Benefit*	\$7/ \$45/ \$95/ 33%/ \$0	
Rx ICL	\$2,850	
Supplemental	T5 (Select Care Drugs) Covered	
Gap Coverage**	in the Gap	

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Sales Support to Grow Your Business

Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

> Connecticut

Delaware

Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

New York

Pennsylvania

Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

Connecticut

	Aetna CVS/pharmacy Prescription Drug Plan (PDP) [†]	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-036	S5810-172
Plan Type	PDP	PDP
Premium	\$26.30	\$120.50
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$5/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Making It Easier to Do Fast & Responsive **Sales Support to Grow** Aetna's Brand Value **Products & Discounts Business with Aetna** Service **Your Business Delaware Number of Medicare eligibles* Plan Highlights Strong Network** = Expanded Area Added 1 new county • Seamless multi-state network: 113,681 Delaware

Delaware Delaware members may use • \$0 copays for Select Care Tier providers in Pennsylvania, drugs that help manage high 113,681 Maryland and any U.S. state as **Total** blood pressure, high cholesterol long as they are in our Aetna and diabetes, with prescription Medicare network drug coverage in the gap Network includes St. Francis • Coverage for a free membership to Hospital-Wilmington, Christiana a fitness facility Hospital and Alfred I. Dupont • \$0 hearing and vision screenings Hospital • In-network coverage that travels with the member

^{*}MA State/County Penetration – May 2013, CMS.gov



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region
Connecticut

> Delaware

Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

New York

Pennsylvania

Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

Delaware

Delaware Area **Expanded**

Kent NEW

	Aetna Medicare Standard Plan (HMO)	Aetna Medicare Premier Plan (HMO)
CMS ID	H5813-003	H5813-006
Plan Type	НМО	НМО
Star Rating	***	***
Premium	\$38	\$122
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$10	\$5
Specialist	\$50	\$35
Inpatient	\$275 copay per day for 1-6 days	\$205 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55

OSBs (Riders)			
Advantage Dental	\$29.80	\$29.80	

	Aetna Medicare Standard Plan (HMO)	Aetna Medicare Premier Plan (HMO)
DME	20%	20%
Lab	\$10 - \$50	\$5 - \$35
X-Ray Routine /	\$10 - \$50/	\$5 - \$45/
Complex	20%	\$5 - \$150
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Up to \$500 for every	Up to \$500 for every
Allowance	36 months	36 months
Eyewear Allowance	Up to \$100 for every	Up to \$100 for every
	24 months	24 months
Health & Wellness	Fitness / Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$8/ \$45/ \$95/	\$8/ \$45/ \$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered in
	in the Gap	the Gap
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^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region
Connecticut

> Delaware

Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

New York

Pennsylvania

Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

Delaware

Delaware Area **Expanded**

New Castle

	Aetna Medicare Standard Plan (HMO)	Aetna Medicare Premier Plan (HMO)
CMS ID	H5813-003	H5813-006
Plan Type	НМО	НМО
Star Rating	***	***
Premium	\$38	\$122
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$10	\$5
Specialist	\$50	\$35
Inpatient	\$275 copay per day	\$205 copay per day
	for 1-6 days	for 1-6 days
Skilled Nursing	\$25 per day copay,	\$25 per day copay,
	day(s) 1-20;	day(s) 1-20;
	\$152 per day copay,	\$152 per day copay,
	day(s) 21-100	day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55

OSBs (Riders)			
Advantage Dental	\$29.80	\$29.80	

	Aetna Medicare Standard Plan (HMO)	Aetna Medicare Premier Plan (HMO)
DME	20%	20%
Lab	\$10 - \$50	\$5 - \$35
X-Ray Routine /	\$10 - \$50/	\$5 - \$45/
Complex	20%	\$5 - \$150
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Up to \$500 for every	Up to \$500 for every
Allowance	36 months	36 months
Eyewear Allowance	Up to \$100 for every	Up to \$100 for every
	24 months	24 months
Health & Wellness	Fitness / Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$8/\$45/\$95/	\$8/ \$45/ \$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered in
	in the Gap	the Gap
	<u> </u>	<u> </u>

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region
Connecticut

> Delaware

Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

New York

Pennsylvania

Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

Delaware

Delaware Area **Expanded**

New Castle

	Aetna Medicare Premier Plan (PPO)
MS ID	H8684-001
lan Type	PPO
Star Rating	***
remium	\$181
eductible	\$500 [†]
OOP Max	\$6,700 / \$10,000
rimary Care	\$15
pecialist	\$40
npatient	\$275 copay per day for 1-6 days
killed Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
lome Health	\$0
Outpatient	\$0 - \$300
mbulance	\$300
mergency	\$65
Irgent Care	\$55

	Aetna Medicare Premier Plan (PPO)
DME	20%
Lab	\$15 - \$40
X-Ray Routine /	\$15 - \$45/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Up to \$500 for every 36 months
Allowance	
Eyewear Allowance	Up to \$100 for every 24 months
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	20%
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$8/ \$45/ \$95/ 33%/ \$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region Connecticut

> Delaware

Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

New York

Pennsylvania

Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

Delaware

Aetna CVS/pharmacy Prescription	Aetna Medicare Rx Premier (PDP)
S5810-039	S5810-175
PDP	PDP
\$31.00	\$121.40
\$310 Deductible	\$0 Deductible
At CVS Pharmacies: \$2/ \$36/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 25%/ 44%/ 33%/ \$1
\$2,850	\$2,850
No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
CVS/pharmacy	N/A
	Drug Plan (PDP)† \$5810-039 PDP \$31.00 \$310 Deductible At CVS Pharmacies: \$2/\$36/\$95/25%/\$1 At All Other Network Pharmacies: \$5/\$45/\$95/25%/\$4 \$2,850 No Additional Gap Coverage

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Making It Easier to Do Fast & Responsive **Sales Support to Grow** Aetna's Brand Value **Products & Discounts Business with Aetna** Service **Your Business** Maine **Number of Medicare eligibles* Plan Highlights Strong Network** = Expanded Area • Added 2 new counties • Network includes collaborative 176,632 Maine 💶 relationships with Central and • \$0 premium plan options Western Maine PHO, Maine • \$0 Primary Care Doctor 176,632 Medical Center PHO, Maine **Total** copay option Network for Health, Novahealth, • \$0 copays for Select Care Tier Kennebec Region PHO and drugs that help manage high PrimeCare Physician Association blood pressure, high cholesterol and diabetes, with prescription drug coverage in the gap • Coverage for a free membership to a fitness facility • In-network coverage that travels with the member

^{*}MA State/County Penetration – May 2013, CMS.gov



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware

> Maine

Massachusetts
New Hampshire
New Jersey
Northern New Jersey
Southern New Jersey
New York
Pennsylvania
Rhode Island
Vermont

Southeast Region

West Region

Member Extras and Discounts

Maine

Maine Area **Expanded**

Androscoggin & Kennebec

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (HMO)
CMS ID	H3597-001	H3597-002
Plan Type	Open Access HMO	Open Access HMO
Star Rating	****	****
Premium	\$0	\$58
Deductible	\$0	\$0
OOP Max	\$5,900	\$3,400
Primary Care	\$5	\$0
Specialist	\$35	\$25
Inpatient	\$225 copay per day for 1-7 days	\$150 copay per day for 1-10 days
Skilled Nursing	\$25 per day copay, day(s) 1-21; \$100 per day copay, day(s) 22-100	\$0 per day copay, day(s) 1-20; \$105 per day copay day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$225	\$0 - \$150
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (HMO)
DME	20%	20%
Lab	\$5 - \$35	\$0 - \$25
X-Ray Routine /	\$5 - \$30/	\$0 - \$25/
Complex	\$5 - \$125	\$0 - \$100
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Up to \$500 for every	Up to \$500 for every
Allowance	36 months	36 months
Eyewear Allowance	Up to \$75 for every	Up to \$100 for every
	24 months	24 months
Health & Wellness	Fitness / Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$6/\$45/\$95/	\$6/\$45/\$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered in
	in the Gap	the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware

> Maine

Massachusetts
New Hampshire
New Jersey
Northern New Jersey
Southern New Jersey
New York
Pennsylvania
Rhode Island
Vermont

Southeast Region

West Region

Member Extras and Discounts

Maine

Maine Area **Expanded**

Cumberland, Penobscot & York

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (HMO)
CMS ID	H3597-001	H3597-002
Plan Type	Open Access HMO	Open Access HMO
Star Rating	****	****
Premium	\$0	\$58
Deductible	\$0	\$0
OOP Max	\$5,900	\$3,400
Primary Care	\$5	\$0
Specialist	\$35	\$25
Inpatient	\$225 copay per day for 1-7 days	\$150 copay per day for 1-10 days
Skilled Nursing	\$25 per day copay, day(s) 1-21; \$100 per day copay, day(s) 22-100	\$0 per day copay, day(s) 1-20; \$105 per day copay day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$225	\$0 - \$150
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (HMO)
DME	20%	20%
Lab	\$5 - \$35	\$0 - \$25
X-Ray Routine /	\$5 - \$30/	\$0 - \$25/
Complex	\$5 - \$125	\$0 - \$100
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Up to \$500 for every	Up to \$500 for every
Allowance	36 months	36 months
Eyewear Allowance	Up to \$75 for every	Up to \$100 for every
	24 months	24 months
Health & Wellness	Fitness / Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$6/\$45/\$95/	\$6/\$45/\$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered in
	in the Gap	the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do

Products & discounts

MA AND PDP PLAN **OPTIONS BY REGION** AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware

> Maine

Massachusetts New Hampshire New Jersey Northern New Jersey Southern New Jersey New York Pennsylvania Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Maine

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	
CMS ID	S5810-035	
Plan Type	PDP	
Premium	\$54.20	
Rx Deductible	\$310 Deductible	
Rx Benefit*	At CVS Pharmacies: \$2/ \$35/ \$90/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	
Rx ICL	\$2,850	
Supplemental Gap Coverage**	No Additional Gap Coverage	
Preferred Retail Pharmacy	CVS/pharmacy	

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine

Massachusetts

New Hampshire New Jersey Northern New Jersey Southern New Jersey New York Pennsylvania Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Massachusetts

Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
S5810-036	S5810-172
PDP	PDP
\$26.30	\$120.50
\$310 Deductible	\$0 Deductible
At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$5/ 25%/ 45%/ 33%/ \$2
\$2,850	\$2,850
No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
CVS/pharmacy	N/A
	Drug Plan (PDP)† \$5810-036 PDP \$26.30 \$310 Deductible At CVS Pharmacies: \$2/\$45/\$95/25%/\$1 At All Other Network Pharmacies: \$5/\$45/\$95/25%/\$4 \$2,850 No Additional Gap Coverage

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Sales Support to Grow Your Business

Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Delaware Maine Massachusetts

Connecticut

> New Hampshire

New Jersey Northern New Jersey Southern New Jersey New York Pennsylvania Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

New Hampshire

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	
CMS ID	S5810-035	
Plan Type	PDP	
Premium	\$54.20	
Rx Deductible	\$310 Deductible	
Rx Benefit*	At CVS Pharmacies: \$2/ \$35/ \$90/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	
Rx ICL	\$2,850	
Supplemental Gap Coverage**	No Additional Gap Coverage	
Preferred Retail Pharmacy	CVS/pharmacy	

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

New Jersey



Number of Medicare eligibles*

= Expanded Area

Northern 🕛

1,041,400

Southern

355,612

Total

1,397,012

Strong Network

- Network includes Cooper University Hospital, Virtua and Atlantic Health System
- Seamless multi-state network: New Jersey members may use providers in Pennsylvania, New York and any U.S. state as long as they are in our Aetna Medicare network



- Added 3 new counties
- \$0 premium plan options (MA Only) in Northern NJ
- \$0 Primary Care Doctor copay option in Northern NJ
- No referrals needed with Open Access HMO options available in Northern NJ
- \$0 copays for Select Care Tier drugs that help manage high blood pressure, high cholesterol and diabetes. Some plans with prescription drug coverage in the gap
- Coverage for a free membership to a fitness facility
- \$0 hearing and vision screenings
- In-network coverage that travels with the member

^{*}MA State/County Penetration – May 2013, CMS.gov



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware

Maine

Massachusetts

New Hampshire

New Jersey

> Northern New Jersey

Southern New Jersey

New York

Pennsylvania

Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

New Jersey

Northern New Jersey Area Expanded

Hunterdon, Somerset & Warren

	Aetna Medicare Value Plan (HMO)
CMS ID	H3152-046
Plan Type	НМО
Star Rating	***
Premium	\$44
Deductible	\$0
OOP Max	\$6,700
Primary Care	\$15
Specialist	\$45
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)	
Advantage Dental	\$15.40
Advantage Dental +	\$25.40
\$125/yr. Eyewear +	
\$300/yr. Hearing Aids	

	Aetna Medicare Value Plan (HMO)
DME	20%
Lab	\$15 - \$45
X-Ray Routine /	\$15 - \$50/
Complex	\$15 - \$225
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$8/\$45/\$95/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered in the Gap
Gap Coverage**	

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware Maine

Massachusetts

New Hampshire

New Jersey

> Northern New Jersey

Southern New Jersey New York

Pennsylvania Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

New Jersey

Northern New Jersey Area Expanded

Bergen, Monmouth & Union

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Premier Plan (HMO)
CMS ID	H3152-045	H3152-048
Plan Type	Open Access HMO	Open Access HMO
Star Rating	***	***
Premium	\$0	\$145
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$0	\$0
Specialist	\$45	\$30
Inpatient	\$275 copay per day for 1-6 days	\$150 copay per day for 1-8 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$200
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$15.40	\$15.40
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$25.40	N/A

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Premier Plan (HMO)
DME	20%	20%
Lab	\$0 - \$45	\$0 - \$30
X-Ray Routine /	\$0 - \$50/	\$0 - \$45/
Complex	\$0 - \$195	\$0 - \$175
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid Allowance	Not Covered	Up to \$500 for every 36 months
Eyewear Allowance	Not Covered	Up to \$100 for every 24 months
Health & Wellness	Fitness /Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	N/A	\$0 Deductible
Rx Benefit*	N/A	\$8/ \$45/ \$95/ 33%/ \$0
Rx ICL	N/A	\$2,850
Supplemental	N/A	T5 (Select Care
Gap Coverage**		Drugs) Covered in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware

Maine

Massachusetts

New Hampshire

New Jersey

> Northern New Jersey

Southern New Jersey New York

Pennsylvania Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

New Jersey

Northern New Jersey Area Expanded

Essex, Hudson & Ocean

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Value Plan (HMO)
CMS ID	H3152-045	H3152-046
Plan Type	Open Access HMO	HMO
Star Rating	***	***
Premium	\$0	\$44
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$0	\$15
Specialist	\$45	\$45
Inpatient	\$275 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$15.40	\$15.40
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$25.40	\$25.40

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Value Plan (HMO)
DME	20%	20%
Lab	\$0 - \$45	\$15 - \$45
X-Ray Routine /	\$0 - \$50/	\$15 - \$50/
Complex	\$0 - \$195	\$15 - \$225
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid Allowance	Not Covered	Not Covered
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness Programs	Fitness/Nursing Hotline/Telemonitoring	Fitness/Nursing Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	N/A	\$0 Deductible
Rx Benefit*	N/A	\$8/ \$45/ \$95/ 33%/ \$0
Rx ICL	N/A	\$2,850
Supplemental Gap Coverage**	N/A	T5 (Select Care Drugs) Covered in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{***} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware

Maine

Massachusetts New Hampshire

New Jersey

> Northern New Jersey

Southern New Jersey New York

Pennsylvania Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

New Jersey

Northern New Jersey Area Expanded

Essex, Hudson & Ocean

	Aetna Medicare Premier Plan (HMO)	Aetna Medicare Standard Plan (PPO)
CMS ID	H3152-048	H5521-037
Plan Type	Open Access HMO	PPO
Star Rating	***	***
Premium	\$145	\$70
Deductible	\$0	\$1,000 [†]
OOP Max	\$6,700	\$6,700 / \$10,000
Primary Care	\$0	\$20
Specialist	\$30	\$45
Inpatient	\$150 copay per day for 1-8 days	\$220 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$200	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$15.40	N/A

	Aetna Medicare	Aetna Medicare
	Premier Plan (HMO)	Standard Plan (PPO)
DME	20%	20%
Lab	\$0 - \$30	\$20 - \$45
X-Ray Routine /	\$0 - \$45/	\$20 - \$50/
Complex	\$0 - \$175	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Up to \$500 for every	Not Covered
Allowance	36 months	
Eyewear Allowance	Up to \$100 for every	Not Covered
	24 months	
Health & Wellness	Fitness / Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	30%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$8/ \$45/ \$95/	\$7/\$45/\$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware

Maine

Mass a chusetts

New Hampshire

New Jersey

> Northern New Jersey

Southern New Jersey New York

Pennsylvania Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

New Jersey

Northern New Jersey Area Expanded

Essex, Hudson & Ocean

	Aetna Medicare Premier Plan (PPO)
CMS ID	H5521-038
Plan Type	PPO
Star Rating	***
Premium	\$197
Deductible	\$500 [†]
ООР Мах	\$6,700 / \$10,000
Primary Care	\$5
Specialist	\$35
Inpatient	\$200 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$200
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55
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	Aetna Medicare Premier Plan (PPO)
	Aetha Medicale Fleihlei Flah (FFO)
DME	20%
Lab	\$5 - \$35
X-Ray Routine /	\$5 - \$45/
Complex	\$5 - \$175
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Up to \$500 for every 36 months
Allowance	
Eyewear Allowance	Up to \$100 for every 24 months
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	35%
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$7/ \$45/ \$95/ 33%/ \$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware Maine

Massachusetts

New Hampshire

New Jersey

> Northern New Jersey

Southern New Jersey New York Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

New Jersey

Northern New Jersey Area **Expanded**

Middlesex, Morris & Passaic

	Aetna Medicare	Aetna Medicare
	Basic Plan (HMO)	Premier Plan (HMO)
CMS ID	H3152-045	H3152-048
Plan Type	Open Access HMO	Open Access HMO
Star Rating	***	***
Premium	\$0	\$145
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$0	\$0
Specialist	\$45	\$30
Inpatient	\$275 copay per day for 1-6 days	\$150 copay per day for 1-8 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$200
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$15.40	\$15.40
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$25.40	N/A

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Premier Plan (HMO)
DME	20%	20%
Lab	\$0 - \$45	\$0 - \$30
X-Ray Routine /	\$0 - \$50/	\$0 - \$45/
Complex	\$0 - \$195	\$0 - \$175
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid Allowance	Not Covered	Up to \$500 for every 36 months
Eyewear Allowance	Not Covered	Up to \$100 for every 24 months
Health & Wellness	Fitness /Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	N/A	\$0 Deductible
Rx Benefit*	N/A	\$8/ \$45/ \$95/ 33%/ \$0
Rx ICL	N/A	\$2,850
Supplemental	N/A	T5 (Select Care
Gap Coverage**		Drugs) Covered in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware Maine

Mass a chusetts

New Hampshire

New Jersey

> Northern New Jersey

Southern New Jersey New York Pennsylvania Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

New Jersey

Northern New Jersey Area Expanded

Middlesex, Morris & Passaic

	Aetna Medicare Standard Plan (PPO)	Aetna Medicare Premier Plan (PPO)
CMS ID	H5521-037	H5521-038
Plan Type	PPO	PPO
Star Rating	***	***
Premium	\$70	\$197
Deductible	\$1,000 [†]	\$500 [†]
OOP Max	\$6,700 / \$10,000	\$6,700 / \$10,000
Primary Care	\$20	\$5
Specialist	\$45	\$35
Inpatient	\$220 copay per day	\$200 copay per day
	for 1-7 days	for 1-7 days
Skilled Nursing	\$25 per day copay,	\$25 per day copay,
	day(s) 1-20;	day(s) 1-20;
	\$152 per day copay,	\$152 per day copay,
	day(s) 21-100	day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$200
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55

	Aetna Medicare	Aetna Medicare
	Standard Plan (PPO)	Premier Plan (PPO)
DME	20%	20%
Lab	\$20 - \$45	\$5 - \$35
X-Ray Routine /	\$20 - \$50/	\$5 - \$45/
Complex	20%	\$5 - \$175
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Up to \$500 for every
Allowance		36 months
Eyewear Allowance	Not Covered	Up to \$100 for every
		24 months
Health & Wellness	Fitness / Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	30%	35%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$7/\$45/\$95/	\$7/ \$45/ \$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware

Maine

Massachusetts

New Hampshire

New Jersey

> Northern New Jersey

Southern New Jersey New York Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

New Jersey

Northern New Jersey Area Expanded

Sussex

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Value Plan (HMO)
CMS ID	H3152-045	H3152-046
Plan Type	Open Access HMO	НМО
Star Rating	***	***
Premium	\$0	\$44
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$0	\$15
Specialist	\$45	\$45
Inpatient	\$275 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55

OSBs (Riders)			
Advantage Dental	\$15.40	\$15.40	
Advantage Dental +	\$25.40	\$25.40	
\$125/yr. Eyewear +			
\$300/yr. Hearing Aids			

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Value Plan (HMO)
DME	20%	20%
Lab	\$0 - \$45	\$15 - \$45
X-Ray Routine /	\$0 - \$50/	\$15 - \$50/
Complex	\$0 - \$195	\$15 - \$225
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness / Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	N/A	\$0 Deductible
Rx Benefit*	N/A	\$8/ \$45/ \$95/
		33%/\$0
Rx ICL	N/A	\$2,850
Supplemental	N/A	T5 (Select Care
Supplemental Gap Coverage**	N/A	T5 (Select Care Drugs) Covered

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware Maine

Massachusetts

New Hampshire

New Jersey

> Northern New Jersey

Southern New Jersey New York Pennsylvania Rhode Island

Southeast Region

West Region

Vermont

Member Extras and Discounts

New Jersey

Northern New Jersey Area Expanded

Sussex

	Aetna Medicare Premier Plan (HMO)
CMS ID	H3152-048
Plan Type	Open Access HMO
Star Rating	***
Premium	\$145
Deductible	\$0
OOP Max	\$6,700
Primary Care	\$0
Specialist	\$30
Inpatient	\$150 copay per day for 1-8 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$200
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)		
Advantage Dental	\$15.40	

	Aetna Medicare Premier Plan (HMO)
	Actila Medicare Fremier Flair (Fin-10)
DME	20%
Lab	\$0 - \$30
X-Ray Routine /	\$0 - \$45/
Complex	\$0 - \$175
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Up to \$500 for every 36 months
Allowance	
Eyewear Allowance	Up to \$100 for every 24 months
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$8/\$45/\$95/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware

Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

New York Pennsylvania

Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

New Jersey

Southern New Jersey Area

Atlantic, Burlington, Camden, Cumberland, Gloucester & Salem

	Aetna Medicare Standard Plan (HMO)
CMS ID	H3152-022
Plan Type	НМО
Star Rating	***
Premium	\$102
Deductible	\$0
OOP Max	\$6,700
Primary Care	\$35
Specialist	\$50
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)	
Advantage Dental	\$10.00

	A : 14 II G: 1 101 (1110)	
	Aetna Medicare Standard Plan (HMO)	
DME	20%	
Lab	\$35 - \$50	
X-Ray Routine /	\$35 - \$50/	
Complex	20%	
Dialysis	20%	
Preventive Care	\$0	
Hearing Aid	Up to \$500 for every 36 months	
Allowance		
Eyewear Allowance	Up to \$100 for every 24 months	
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring	
Programs		
Out of Network	N/A	
Transportation	Not Covered	
Rx Deductible	\$310 Deductible	
Rx Benefit*	\$4/ \$42/ \$95/ 25%/ \$0	
Rx ICL	\$2,850	
Supplemental	No Additional Gap Coverage	
Gap Coverage**		

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware

Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

New York Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

New Jersey

Southern New Jersey Area

Mercer

	Aetna Medicare Standard Plan (HMO)
CMS ID	H3152-077
Plan Type	НМО
Star Rating	***
Premium	\$66
Deductible	\$0
OOP Max	\$6,700
Primary Care	\$35
Specialist	\$50
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)		
Advantage Dental	\$13.70	

	A-b M-d' Chdd Dl (UMO)	
	Aetna Medicare Standard Plan (HMO)	
DME	20%	
Lab	\$35 - \$50	
X-Ray Routine /	\$35 - \$50/	
Complex	20%	
Dialysis	20%	
Preventive Care	\$0	
Hearing Aid	Up to \$500 for every 36 months	
Allowance		
Eyewear Allowance	Up to \$100 for every 24 months	
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring	
Programs		
Out of Network	N/A	
Transportation	Not Covered	
Rx Deductible	\$0 Deductible	
Rx Benefit*	\$6/\$45/\$95/33%/\$0	
Rx ICL	\$2,850	
Supplemental	T5 (Select Care Drugs) Covered in the Gap	
Gap Coverage**	•	

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

New York Pennsylvania Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

New Jersey

	Aetna CVS/pharmacy Prescription Drug Plan (PDP) [†]	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-038	S5810-174
Plan Type	PDP	PDP
Premium	\$35.20	\$138.50
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$38/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

New York



Number of Medicare eligibles*

Total	1,534,304
Upstate	172,943
New York and Queens	568,553
Hudson Valley	208,950
Bronx, Kings and Richmond	583,858

Strong Network

 Seamless multi-state network: New York members may use providers in Connecticut, New Jersey and any U.S. state as long as they are in our Aetna Medicare network

Plan Highlights

- \$0 premium plan options
- \$0 Primary Care Doctor copay options
- \$0 copays for Select Care Tier drugs that help manage high blood pressure, high cholesterol and diabetes, with prescription drug coverage in the gap
- Coverage for a free membership to a fitness facility
- No referrals needed with Open Access HMO and PPO plan options available in Metro NY and Upstate NY
- In-network coverage that travels with the member
- \$0 hearing and vision screenings

^{*}MA State/County Penetration - May 2013, CMS.gov



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine
Massachusetts
New Hampshire

New Jersey

Northern New Jersey Southern New Jersey

> New York

Pennsylvania Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

New York

Bronx, Kings & Richmond Area

Bronx & Kings

	A short Mardiano	Ashra Madiasus
	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
CMS ID	H3312-002	H3312-061
Plan Type	Open Access HMO	Open Access HMO
Star Rating	***	***
Premium	\$0	\$41
Deductible	\$0	\$0
OOP Max	\$3,400	\$3,200
Primary Care	\$0	\$0
Specialist	\$30	\$20
Inpatient	\$195 copay per day for 1-10 days	\$400 per stay
Skilled Nursing	\$50 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$50 per day copay, day(s) 1-20; \$100 per day copay, day(s) 21- 59; \$0 per day copay, day(s) 60-100
Home Health	\$0	\$0
Outpatient	\$0 - \$325	\$0 - \$125
Ambulance	\$300	\$200
Emergency	\$65	\$65
Urgent Care	\$55	\$30
OSBs (Riders)		
Advantage Dental	\$17.20	\$17.20
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$27.20	N/A

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
DME	20%	20%
Lab	\$0 - \$30	\$0 - \$20
X-Ray Routine /	\$0 - \$30/	\$0 - \$25/
Complex	20%	\$0 - \$100
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Up to \$500 for every
Allowance		36 months
Eyewear Allowance	Not Covered	Up to \$50 for every
		24 months
Health & Wellness	Fitness / Nursing	Fitness/Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$6/\$45/\$95/	\$6/\$45/\$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine
Massachusetts
New Hampshire
New Jersey
Northern New Jersey
Southern New Jersey

> New York

Pennsylvania Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

New York

Bronx, Kings & Richmond Area

Richmond

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
CMS ID	H3312-002	H3312-061
Plan Type	Open Access HMO	Open Access HMO
Star Rating	***	***
Premium	\$0	\$41
Deductible	\$0	\$0
OOP Max	\$3,400	\$3,200
Primary Care	\$0	\$0
Specialist	\$30	\$20
Inpatient	\$195 copay per day for 1-10 days	\$400 per stay
Skilled Nursing	\$50 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$50 per day copay, day(s) 1-20; \$100 per day copay, day(s) 21- 59; \$0 per day copay, day(s) 60-100
Home Health	\$0	\$0
Outpatient	\$0 - \$325	\$0 - \$125
Ambulance	\$300	\$200
Emergency	\$65	\$65
Urgent Care	\$55	\$30
OSBs (Riders)		
Advantage Dental	\$17.20	\$17.20
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$27.20	N/A

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
DME	20%	20%
Lab	\$0 - \$30	\$0 - \$20
X-Ray Routine /	\$0 - \$30/	\$0 - \$25/
Complex	20%	\$0 - \$100
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Up to \$500 for every
Allowance		36 months
Eyewear Allowance	Not Covered	Up to \$50 for every
		24 months
Health & Wellness	Fitness / Nursing	Fitness/Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$6/\$45/\$95/	\$6/\$45/\$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware

Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

> New York

Pennsylvania

Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

New York

Bronx, Kings & Richmond Area

Richmond

	Aetna Medicare Standard Plan (PPO)	
CMS ID	H5521-040	
Plan Type	PPO	
Star Rating	***	
Premium	\$87	
Deductible	\$500 [†]	
OOP Max	\$6,700 / \$10,000	
Primary Care	\$10	
Specialist	\$25	
Inpatient	\$275 copay per day for 1-6 days	
Skilled Nursing	\$25 per day copay, day(s) 1-20;	
	\$152 per day copay, day(s) 21-100	
Home Health	\$0	
Outpatient	\$0 - \$300	
Ambulance	\$300	
Emergency	\$65	
Urgent Care	\$55	

	Aetna Medicare Standard Plan (PPO)
DME	20%
Lab	\$10-\$25
X-Ray Routine /	\$10-\$30/
Complex	\$10-\$175
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	40%
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$6/\$45/\$95/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine
Massachusetts
New Hampshire
New Jersey
Northern New Jersey
Southern New Jersey

> New York

Pennsylvania Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

New York

Hudson Valley Area

Rockland & Westchester

	Aetna Medicare Value Plan (HMO)	
CMS ID	H3312-018	
Plan Type	Open Access HMO	
Star Rating	***	
Premium	\$90	
Deductible	\$0	
OOP Max	\$6,700	
Primary Care	\$20	
Specialist	\$45	
Inpatient	\$275 copay per day for 1-6 days	
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	
Home Health	\$0	
Outpatient	\$0 - \$300	
Ambulance	\$300	
Emergency	\$65	
Urgent Care	\$55	

OSBs (Riders)		,
Advantage Dental	\$17.20	
Advantage Dental +	\$27.20	
\$125/yr. Eyewear +		
\$300/yr. Hearing Aids		

	Aetna Medicare Value Plan (HMO)
DME	20%
Lab	\$20 - \$45
X-Ray Routine /	\$20 - \$50/
Complex	\$20 - \$225
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$7/\$45/\$95/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered in the Gap
Gap Coverage**	-

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware

Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

> New York

Pennsylvania

Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

New York

New York & Queens Area

New York & Queens

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (PPO)
CMS ID	H3312-060	H5521-040
Plan Type	Open Access HMO	PPO
Star Rating	***	***
Premium	\$0	\$87
Deductible	\$0	\$500 [†]
OOP Max	\$6,700	\$6,700 / \$10,000
Primary Care	\$5	\$10
Specialist	\$45	\$25
Inpatient	\$275 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$300
Ambulance	\$350	\$300
Emergency	\$65	\$65
Urgent Care	\$50	\$55
OSBs (Riders)		
Advantage Dental	\$17.20	N/A
	1	

OSBs (Riders)			
Advantage Dental	\$17.20	N/A	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$27.20	N/A	

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (PPO)
DME	20%	20%
Lab	\$5 - \$45	\$10-\$25
X-Ray Routine /	\$5 - \$35/	\$10-\$30/
Complex	\$5 - \$275	\$10-\$175
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness /Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	40%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$6/\$45/\$95/	\$6/\$45/\$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware Maine

Mass a chusetts

New Hampshire

New Jersey

Northern New Jersey

Southern New Jersey

> New York

Pennsylvania Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

New York

Upstate New York Area

Broome, Cayuga, Onondaga, Oswego & Tioga

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (PPO)
CMS ID	H3312-048	H5521-040
Plan Type	Open Access HMO	PPO
Star Rating	***	***
Premium	\$0	\$87
Deductible	\$0	\$500 [†]
OOP Max	\$6,700	\$6,700 / \$10,000
Primary Care	\$0	\$10
Specialist	\$35	\$25
Inpatient	\$275 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$180	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55

	Aetna Medicare	Aetna Medicare
	Value Plan (HMO)	Standard Plan (PPO)
DME	20%	20%
Lab	\$0 - \$35	\$10-\$25
X-Ray Routine /	\$0 - \$35/	\$10-\$30/
Complex	\$0 - \$100	\$10-\$175
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness / Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	35%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$6/\$45/\$95/	\$6/\$45/\$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do

Products & discounts

MA AND PDP PLAN **OPTIONS BY REGION** AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware Maine Massachusetts New Hampshire New Jersey

Northern New Jersey

Southern New Jersey > New York

Pennsylvania Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

New York

Aetna CVS/pharmacy Prescription	Aetna Medicare Rx Premier (PDP)
S5810-037	S5810-239
PDP	PDP
\$61.40	\$144.40
\$310 Deductible	\$0 Deductible
At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$5/ 25%/ 45%/ 33%/ \$2
\$2,850	\$2,850
No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
CVS/pharmacy	N/A
	Drug Plan (PDP)† \$5810-037 PDP \$61.40 \$310 Deductible At CVS Pharmacies: \$2/\$45/\$95/25%/\$1 At All Other Network Pharmacies: \$5/\$45/\$95/25%/\$4 \$2,850 No Additional Gap Coverage

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do **Business with Aetna**

Pennsylvania

Total



321,265 Central 165,098 Lehigh Valley 237,752 Philadelphia 427,995 Southeastern 1,152,110

Number of Medicare eligibles*

Key Providers

- Network includes Doylestown Hospital, Main Line Health System, Crozer-Keystone Health System, Einstein Medical Center Montgomery, Lancaster General Hospital, Lehigh Valley Hospital, Hospital of the University of Pennsylvania and Jefferson Health System
- Seamless multi-state network: Pennsylvania members may use providers in New Jersey, Delaware and any U.S. state as long as they are in our Aetna Medicare network

Plan Highlights

- \$0 premium plan options (MA-Only)
- \$0 copays for Select Care Tier drugs that help manage high blood pressure, high cholesterol and diabetes. Some plans with with prescription drug coverage in the gap
- Coverage for a free membership to a fitness facility
- \$0 hearing and vision screenings
- In-network coverage that travels with the member

^{*}MA State/County Penetration - May 2013, CMS.gov



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do

Products & discounts

MA AND PDP PLAN **OPTIONS BY REGION** AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware Maine

Massachusetts New Hampshire

New Jersey Northern New Jersey

Southern New Jersey New York

> Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Pennsylvania

Central Pennsylvania Area

Berks, Lancaster, Lebanon & Schuylkill

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Standard Plan (HMO)
CMS ID	H3931-054	H3931-070
Plan Type	НМО	НМО
Star Rating	***	***
Premium	\$0	\$61
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$35	\$35
Specialist	\$50	\$50
Inpatient	\$275 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$13.80	N/A

orgenic care	Ψ33	Ψ33
OSBs (Riders)		
Advantage Dental	\$13.80	N/A

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Standard Plan (HMO)
DME	20%	20%
Lab	\$35 - \$50	\$35 - \$50
X-Ray Routine /	\$35 - \$50/	\$35 - \$50/
Complex	\$35 - \$175	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid Allowance	Not Covered	Not Covered
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness Programs	Fitness /Nursing Hotline/Telemonitoring	Fitness/Nursing Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	N/A	\$0 Deductible
Rx Benefit*	N/A	\$7/ \$45/ \$95/ 33%/ \$0
Rx ICL	N/A	\$2,850
Supplemental Gap Coverage**	N/A	T5 (Select Care Drugs) Covered in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region
Connecticut

Delaware Maine

Massachusetts

New Hampshire

New Jersey

Northern New Jersey Southern New Jersey

New York

> Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Pennsylvania

Central Pennsylvania Area

Berks, Lancaster, Lebanon & Schuylkill

	Aetna Medicare Premier Plan (PPO)
CMS ID	H5521-012
Plan Type	PPO
Star Rating	***
Premium	\$141
Deductible	\$250 [†]
OOP Max	\$6,700 / \$10,000
Primary Care	\$15
Specialist	\$50
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

	Aetna Medicare Premier Plan (PPO)
DME	20%
Lab	\$15 - \$50
X-Ray Routine /	\$15 - \$50/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	25%
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$7/\$45/\$95/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do

Products & discounts

MA AND PDP PLAN **OPTIONS BY REGION** AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware Maine Massachusetts New Hampshire New Jersey

Northern New Jersey Southern New Jersey

New York

> Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Pennsylvania

Central Pennsylvania Area

Cumberland & Dauphin

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Standard Plan (HMO)
CMS ID	H3931-054	H3931-070
Plan Type	НМО	НМО
Star Rating	***	***
Premium	\$0	\$61
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$35	\$35
Specialist	\$50	\$50
Inpatient	\$275 copay per day	\$275 copay per day
	for 1-6 days	for 1-6 days
Skilled Nursing	\$25 per day copay,	\$25 per day copay,
	day(s) 1-20;	day(s) 1-20;
	\$152 per day copay,	\$152 per day copay,
	day(s) 21-100	day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$13.80	N/A

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OSBs (Riders)		
Advantage Dental	\$13.80	N/A

Aetna Medicare Basic Plan (HMO)	Aetna Medicare Standard Plan (HMO)
20%	20%
\$35 - \$50	\$35 - \$50
\$35 - \$50/	\$35 - \$50/
\$35 - \$175	20%
20%	20%
\$0	\$0
Not Covered	Not Covered
Not Covered	Not Covered
Fitness /Nursing Hotline/Telemonitoring	Fitness /Nursing Hotline/Telemonitoring
N/A	N/A
Not Covered	Not Covered
N/A	\$0 Deductible
N/A	\$7/ \$45/ \$95/ 33%/ \$0
N/A	\$2,850
N/A	T5 (Select Care Drugs) Covered in the Gap
	Basic Plan (HMO) 20% \$35 - \$50 \$35 - \$50/ \$35 - \$175 20% \$0 Not Covered Not Covered Fitness /Nursing Hotline/Telemonitoring N/A Not Covered N/A N/A

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do

Products & discounts

MA AND PDP PLAN **OPTIONS BY REGION** AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware Maine Massachusetts New Hampshire

Northern New Jersey Southern New Jersey

New York

New Jersey

> Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Pennsylvania

Lehigh Valley Area

Carbon, Lehigh, Monroe & Northampton

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Standard Plan (HMO)
CMS ID	H3931-054	H3931-070
Plan Type	НМО	НМО
Star Rating	***	***
Premium	\$0	\$61
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$35	\$35
Specialist	\$50	\$50
Inpatient	\$275 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$13.80	NI/A

Orgenic care	455	ΨΟΟ	
OSBs (Riders)			
Advantage Dental	\$13.80	N/A	

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Standard Plan (HMO)
DME	20%	20%
Lab	\$35 - \$50	\$35 - \$50
X-Ray Routine /	\$35 - \$50/	\$35 - \$50/
Complex	\$35 - \$175	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid Allowance	Not Covered	Not Covered
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness Programs	Fitness /Nursing Hotline/Telemonitoring	Fitness/Nursing Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	N/A	\$0 Deductible
Rx Benefit*	N/A	\$7/ \$45/ \$95/ 33%/ \$0
Rx ICL	N/A	\$2,850
Supplemental Gap Coverage**	N/A	T5 (Select Care Drugs) Covered in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine
Massachusetts
New Hampshire
New Jersey
Northern New Jersey
Southern New Jersey
New York

> Pennsylvania Rhode Island

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Pennsylvania

Lehigh Valley Area

Carbon, Lehigh, Monroe & Northampton

	Aetna Medicare Premier Plan (PPO)
CMS ID	H5521-012
Plan Type	PPO
Star Rating	***
Premium	\$141
Deductible	\$250 [†]
ООР Мах	\$6,700 / \$10,000
Primary Care	\$15
Specialist	\$50
npatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

Aetna Medicare Premier Plan (PPO)
20%
\$15 - \$50
\$15 - \$50/
20%
20%
\$0
Not Covered
Not Covered
Fitness /Nursing Hotline/Telemonitoring
25%
Not Covered
\$0 Deductible
\$7/ \$45/ \$95/ 33%/ \$0
\$2,850
T5 (Select Care Drugs) Covered

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut Delaware Maine

Massachusetts New Hampshire

New Jersey Northern New Jersey

Southern New Jersey New York

> Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Pennsylvania

Philadelphia Area

Philadelphia

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Standard Plan (HMO)
CMS ID	H3931-054	H3931-065
Plan Type	НМО	НМО
Star Rating	***	***
Premium	\$0	\$75.50
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$35	\$35
Specialist	\$50	\$50
Inpatient	\$275 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55

OSBs (Riders)			
Advantage Dental	\$13.80	\$13.80	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	N/A	\$23.80	

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Standard Plan (HMO)
DME	20%	20%
Lab	\$35 - \$50	\$35 - \$50
X-Ray Routine /	\$35 - \$50/	\$35 - \$50/
Complex	\$35 - \$175	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness /Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	N/A	\$260 Deductible
Rx Benefit*	N/A	\$7/ \$41/ \$95/
		25%/\$0
Rx ICL	N/A	\$2,850
Supplemental	N/A	No Additional Gap
Gap Coverage**		Coverage

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine
Massachusetts
New Hampshire
New Jersey
Northern New Jersey
Southern New Jersey
New York

> Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Pennsylvania

Philadelphia Area

Philadelphia

	Aetna Medicare Premier Plan (HMO)
CMS ID	H3931-058
Plan Type	НМО
Star Rating	***
Premium	\$172
Deductible	\$0
OOP Max	\$6,700
Primary Care	\$20
Specialist	\$40
Inpatient	\$250 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$225
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)		
Advantage Dental	\$13.80	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$23.80	

	Aetna Medicare Premier Plan (HMO)
DME	20%
Lab	\$20 - \$40
X-Ray Routine /	\$20 - \$45/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$7/ \$45/ \$95/ 33%/ \$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine
Massachusetts
New Hampshire
New Jersey

Northern New Jersey Southern New Jersey

New York

› Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Pennsylvania

Southeastern Pennsylvania Area

Bucks, Chester & Delaware

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Standard Plan (HMO)
CMS ID	H3931-055	H3931-064
Plan Type	НМО	НМО
Star Rating	***	***
Premium	\$25	\$71
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$35	\$15
Specialist	\$50	\$45
Inpatient	\$275 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OCDo (Didovo)		

OSBs (Riders)			
Advantage Dental	\$13.80	\$13.80	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$23.80	\$23.80	

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Standard Plan (HMO)
DME	20%	20%
Lab	\$35 - \$50	\$15 - \$45
X-Ray Routine /	\$35 - \$50/	\$15 - \$50/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness /Nursing Hot-	Fitness /Nursing Hot-
Programs	line/Telemonitoring	line/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	N/A	\$275 Deductible
Rx Benefit*	N/A	\$7/\$43/\$95/
		25%/\$0
Rx ICL	N/A	\$2,850
Supplemental	N/A	No Additional Gap
Gap Coverage**		Coverage

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine
Massachusetts
New Hampshire
New Jersey
Northern New Jersey
Southern New Jersey

New York

> Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Pennsylvania

Southeastern Pennsylvania Area

Bucks, Chester & Delaware

	Aetna Medicare Premier Plan (HMO)
CMS ID	H3931-004
Plan Type	НМО
Star Rating	***
Premium	\$166
Deductible	\$0
OOP Max	\$6,700
Primary Care	\$10
Specialist	\$30
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)		
Advantage Dental	\$13.80	

	Aetna Medicare Premier Plan (HMO)
	,
DME	20%
Lab	\$10 - \$30
X-Ray Routine /	\$10 - \$40/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Up to \$500 for every 36 months
Allowance	•
Eyewear Allowance	Up to \$100 for every 24 months
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$7/\$45/\$95/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine
Massachusetts
New Hampshire
New Jersey
Northern New Jersey
Southern New Jersey
New York

> Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Pennsylvania

Southeastern Pennsylvania Area

Montgomery

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Standard Plan (HMO)
CMS ID	H3931-055	H3931-083
Plan Type	HMO	HMO
Star Rating	***	***
Premium	\$25	\$111
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$35	\$35
Specialist	\$50	\$50
Inpatient	\$275 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$300	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$13.80	\$13.80
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$23.80	\$23.80

	Aetna Medicare	Aetna Medicare
	Basic Plan (HMO)	Standard Plan (HMO)
DME	20%	20%
Lab	\$35 - \$50	\$35 - \$50
X-Ray Routine /	\$35 - \$50/	\$35 - \$50/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness / Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	N/A	\$275 Deductible
Rx Benefit*	N/A	\$6/\$43/\$95/
		25%/\$0
Rx ICL	N/A	\$2,850
Supplemental	N/A	No Additional Gap
Gap Coverage**		Coverage

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{***} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine
Massachusetts
New Hampshire
New Jersey
Northern New Jersey
Southern New Jersey
New York

› Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Pennsylvania

Southeastern Pennsylvania Area

Montgomery

	Aetna Medicare Premier Plan (HMO)
MS ID	H3931-084
Plan Type	НМО
Star Rating	***
Premium	\$191
Deductible	\$0
ООР Мах	\$6,700
Primary Care	\$15
pecialist	\$40
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
lome Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$300
mergency	\$65
Jrgent Care	\$55

OSBs (Riders)		
Advantage Dental	\$13.80	

	Aetna Medicare Premier Plan (HMO)
	Activa interior in the interior
DME	20%
Lab	\$15 - \$40
X-Ray Routine /	\$15 - \$40/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Up to \$500 for every 36 months
Allowance	
Eyewear Allowance	Up to \$100 for every 24 months
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$7/ \$45/ \$95/ 33%/ \$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine
Massachusetts
New Hampshire
New Jersey
Northern New Jersey
Southern New Jersey
New York

› Pennsylvania

Rhode Island Vermont

Southeast Region

West Region

Member Extras and Discounts

Pennsylvania

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-040	S5810-176
Plan Type	PDP	PDP
Premium	\$35.70	\$127.40
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$37/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 25%/ 43%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine
Massachusetts
New Hampshire
New Jersey
Northern New Jersey
Southern New Jersey
New York
Pennsylvania
Rhode Island

Vermont

Southeast Region

West Region

Member Extras and Discounts

Rhode Island

	Aetna CVS/pharmacy Prescription Drug Plan (PDP) [†]	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-036	S5810-172
Plan Type	PDP	PDP
Premium	\$26.30	\$120.50
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$5/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Connecticut
Delaware
Maine
Massachusetts
New Hampshire
New Jersey
Northern New Jersey
Southern New Jersey
New York
Pennsylvania
Rhode Island

Southeast Region

West Region

> Vermont

Member Extras and Discounts

Vermont

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-036	S5810-172
Plan Type	PDP	PDP
Premium	\$26.30	\$120.50
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$5/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & Discounts

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Products & discounts

MA AND PDP PLAN
OPTIONS BY
REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

Alabama

Arkansas

Washington D.C.

Florida

Georgia

Louisiana

Maryland

Mississippi

North Carolina

South Carolina

Tennessee

Virginia

West Virginia

West Region

Member Extras and Discounts

2014 Southeast Region

Individual Medicare Product Details



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Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

> Alabama

Arkansas

Washington D.C.

Florida

Georgia

Louisiana

Maryland

Mississippi

North Carolina

South Carolina

Tennessee

Virginia

West Virginia

West Region

Member Extras and Discounts

Alabama

	Aetna CVS/pharmacy Prescription Drug Plan (PDP) [†]	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-046	S5810-182
Plan Type	PDP	PDP
Premium	\$31.40	\$134.50
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$36/ \$90/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 24%/ 44%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region Alabama

> Arkansas

Washington D.C.

Florida

Georgia

Louisiana

Maryland

Mississippi

North Carolina South Carolina

Tennessee

Virginia

West Virginia

West Region

Member Extras and Discounts

Arkansas

	Aetna Medicare Rx Essentials (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-053	\$5810-189
Plan Type	PDP	PDP
Premium	\$31.50	\$114.70
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	\$3/\$42/\$95/25%/\$1	\$6/ 23%/ 45%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	N/A	N/A

[†] The Aetna Medicare Rx Essentials (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & Discounts

Making It Easier to Do Business with Aetna

District of Columbia



Number of Medicare eligibles*

Washington **83,767**

Total 83,767

Strong Network

 Network includes every hospital in D.C. area, except Children's National Medical Center

Plan Highlights

- \$0 copays for Select Care Tier drugs that help manage high blood pressure, high cholesterol and diabetes, with prescription drug coverage in the gap
- Coverage for a free membership to a fitness facility
- In-network coverage that travels with the member
- \$0 hearing and vision screenings with access to hearing aids, eyewear and dental services

^{*}MA State/County Penetration – May 2013, CMS.gov



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Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region Alabama

Arkansas

> Washington D.C.

Florida Georgia Louisiana

Maryland

Maryland

Mississippi North Carolina

South Carolina

Tennessee

Virginia

West Virginia

West Region

Member Extras and Discounts

District of Columbia

Washington, D.C. Area

District of Columbia

	Aetna Medicare Standard Plan (HMO)	Aetna Medicare Premier Plan (PPO)
CMS ID	H0901-004	H5521-015
Plan Type	НМО	PPO
Star Rating	NR	***
Premium	\$25	\$87
Deductible	\$0	\$750†
OOP Max	\$6,700	\$6,700 / \$10,000
Primary Care	\$5	\$15
Specialist	\$40	\$45
Inpatient	\$250 copay per day for 1-7 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$275	\$0 - \$275
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$60	\$55
OSBs (Riders)		
Advantage Dental	\$16.30	N/A
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$26.30	N/A

	Aetna Medicare Standard Plan (HMO)	Aetna Medicare Premier Plan (PPO)
DME	20%	20%
Lab	\$5 - \$40	\$15 - \$45
X-Ray Routine /	\$5 - \$45/	\$15 - \$45/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid Allowance	Not Covered	Not Covered
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness Programs	Fitness /Nursing Hotline/Telemonitoring	Fitness /Nursing Hotline/Telemonitoring
Out of Network	N/A	35%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$7/ \$45/ \$95/ 33%/ \$0	\$7/ \$45/ \$95/ 33%/ \$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered in the Gap	Drugs) Covered in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region Alabama

Arkansas

> Washington D.C.

Florida Georgia

Louisiana

Maryland

Mississippi

North Carolina

South Carolina

Tennessee

Virginia

West Virginia

West Region

Member Extras and Discounts

District of Columbia

Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
S5810-039	S5810-175
PDP	PDP
\$31.00	\$121.40
\$310 Deductible	\$0 Deductible
At CVS Pharmacies: \$2/ \$36/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 25%/ 44%/ 33%/ \$1
\$2,850	\$2,850
No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
CVS/pharmacy	N/A
	Drug Plan (PDP)† \$5810-039 PDP \$31.00 \$310 Deductible At CVS Pharmacies: \$2/\$36/\$95/25%/\$1 At All Other Network Pharmacies: \$5/\$45/\$95/25%/\$4 \$2,850 No Additional Gap Coverage

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & Discounts

Making It Easier to Do Business with Aetna

Florida



Jacksonville 167,864
South 943,807
Southwest 394,237
Tampa 503,406
Total 2,009,314

Strong Network

- Collaborative relationships with Baptist Primary Care, First Coast Primary Care and Family Care Partners in Jacksonville and Intercoastal Medical Group in Sarasota
- Excellent network in Palm Beach and Broward in South Florida; unique relationship with Cleveland Clinic and Boca Regional
- Only MAPD carrier in Southwest Florida contracted with Sarasota Memorial Hospital and First Physicians Group
- Strong MAPD plan in Tampa offering three provider collaboration partners (Diagnostic Clinic, PHC of Pinellas and BayCare)

Plan Highlights

- \$0 premium plan options
- \$0 Primary Care Doctor copay option in Southwest Florida
- \$0 copays for Select Care Tier drugs that help manage high blood pressure, high cholesterol and diabetes, with prescription drug coverage in the gap for select HMO plans
- Coverage for a free membership to a fitness facility
- \$0 hearing and vision screenings and access to hearing aids, eyewear and dental services
- In-network coverage that travels with the member

^{*}MA State/County Penetration – May 2013, CMS.gov



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MA AND PDP PLAN **OPTIONS BY REGION** AND STATE:

Mid-America Region

Northeast Region

Southeast Region

Alabama

Arkansas

Washington D.C.

> Florida

Georgia

Louisiana

Maryland

Mississippi

North Carolina

South Carolina

Tennessee

Virginia

West Virginia

West Region

Member Extras and Discounts

Florida

Jacksonville and South Florida Area

Duval, Saint Johns, Broward, Miami-Dade & Palm Beach

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Premier Plan (PPO)
CMS ID	H5414-019	H5521-033
Plan Type	HMO	PPO
Star Rating	***	***
Premium	\$0	\$35
Deductible	\$0	\$500 [†]
OOP Max	\$6,700	\$6,700 / \$10,000
Primary Care	\$10	\$10
Specialist	\$45	\$45
Inpatient	\$275 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$350	\$0 - \$300
Ambulance	\$335	\$300
Emergency	\$65	\$65
Urgent Care	\$60	\$55
OSBs (Riders)		
Advantage Dental	\$9.90	N/A
Advantage Dental + \$125/vr Evewear +	\$19.90	N/A

OSBs (Riders)			
Advantage Dental	\$9.90	N/A	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$19.90	N/A	

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Premier Plan (PPO)
DME	20%	20%
Lab	\$10 - \$45	\$10 - \$45
X-Ray Routine /	\$10 - \$45/	\$10 - \$45/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness / Nursing	Fitness/Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	30%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$310 Deductible
Rx Benefit*	\$10/\$45/\$95/	\$4/ \$45/ \$95/
	33%/\$0	25%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	No Additional Gap
Gap Coverage**	Drugs) Covered	Coverage
	in the Gap	

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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MA AND PDP PLAN **OPTIONS BY REGION** AND STATE:

Mid-America Region

Northeast Region

Southeast Region

Alabama

Arkansas

Washington D.C.

> Florida

Georgia

Louisiana

Maryland

Mississippi

North Carolina

South Carolina

Tennessee

Virginia

West Virginia

West Region

Member Extras and Discounts

Florida

Southwest Florida Area

Charlotte, Lee, Manatee & Sarasota

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Select Plan (HMO)
CMS ID	H5414-009	H5414-023
Plan Type	НМО	HMO
Star Rating	***	***
Premium	\$37	\$0
Deductible	\$0	\$0
OOP Max	\$4,900	\$4,900
Primary Care	\$10	\$0
Specialist	\$45	\$30
Inpatient	\$250 copay per day for 1-7 days	\$250 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$225	\$0 - \$275
Ambulance	\$300	\$350
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$9.90	\$9.90
Advantage Dental + \$125/yr. Eyewear +	\$19.90	\$19.90

OSBs (Riders)			
Advantage Dental	\$9.90	\$9.90	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$19.90	\$19.90	

Aetna Medicare Value Plan (HMO) Select Plan (HMO)			
DME 20% 20% Lab \$10 - \$45 \$0 - \$30 X-Ray Routine / Complex \$10 - \$45/ \$0 - \$30/ 20% 20% 20% Dialysis 20% 20% Preventive Care \$0 \$0 Hearing Aid Allowance Not Covered Not Covered Eyewear Allowance Not Covered Not Covered Health & Wellness Programs Fitness /Nursing Hotline/Telemonitoring Fitness /Nursing Hotline/Telemonitoring Out of Network N/A N/A			
Lab \$10 - \$45 \$0 - \$30 X-Ray Routine / Complex \$10 - \$45/ \$0 - \$30/ Complex 20% 20% Dialysis 20% 20% Preventive Care \$0 \$0 Hearing Aid Not Covered Not Covered Allowance Eyewear Allowance Not Covered Not Covered Health & Wellness Fitness /Nursing Fitness /Nursing Fitness /Nursing Hotline/Telemonitoring Hotline/Telemonitoring Out of Network N/A N/A		Value Plan (HMO)	Select Plan (HMO)
X-Ray Routine / \$10 - \$45/ \$0 - \$30/ Complex 20% 20% Dialysis 20% 20% Preventive Care \$0 \$0 Hearing Aid Not Covered Not Covered Allowance Eyewear Allowance Not Covered Not Covered Health & Wellness Fitness / Nursing Fitness / Nursing Hotline/Telemonitoring Out of Network N/A N/A	DME	20%	20%
Complex20%20%Dialysis20%20%Preventive Care\$0\$0Hearing Aid AllowanceNot CoveredNot CoveredEyewear AllowanceNot CoveredNot CoveredHealth & Wellness ProgramsFitness /Nursing Hotline/TelemonitoringFitness /Nursing Hotline/TelemonitoringOut of NetworkN/AN/A	Lab	\$10 - \$45	\$0 - \$30
Dialysis20%20%Preventive Care\$0\$0Hearing Aid AllowanceNot CoveredNot CoveredEyewear AllowanceNot CoveredNot CoveredHealth & Wellness ProgramsFitness / Nursing Hotline/TelemonitoringFitness / Nursing Hotline/TelemonitoringOut of NetworkN/AN/A	X-Ray Routine /	\$10 - \$45/	\$0 - \$30/
Preventive Care \$0 \$0 Hearing Aid Not Covered Not Covered Allowance Eyewear Allowance Not Covered Not Covered Health & Wellness Fitness / Nursing Fitness / Nursing Programs Hotline/Telemonitoring Hotline/Telemonitoring Out of Network N/A N/A	Complex	20%	20%
Hearing Aid Allowance Eyewear Allowance Not Covered Not Covered Not Covered Health & Wellness Programs Hotline/Telemonitoring N/A N/A N/A	Dialysis	20%	20%
Allowance Eyewear Allowance Not Covered Not Covered Health & Wellness Fitness / Nursing Fitness / Nursing Hotline/Telemonitoring Out of Network N/A N/A	Preventive Care	\$0	\$0
Eyewear AllowanceNot CoveredNot CoveredHealth & WellnessFitness / NursingFitness / NursingProgramsHotline/TelemonitoringHotline/TelemonitoringOut of NetworkN/AN/A	Hearing Aid	Not Covered	Not Covered
Health & Wellness Pitness / Nursing Fitness / Nursing Hotline/Telemonitoring Hotline/Telemonitoring Out of Network N/A N/A	Allowance		
ProgramsHotline/TelemonitoringHotline/TelemonitoringOut of NetworkN/AN/A	Eyewear Allowance	Not Covered	Not Covered
Out of Network N/A N/A	Health & Wellness	Fitness/Nursing	Fitness / Nursing
	Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Transportation Not Covered Not Covered	Out of Network	N/A	N/A
nansportation Not Covered Not Covered	Transportation	Not Covered	Not Covered
Rx Deductible \$310 Deductible \$0 Deductible	Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit * \$4/\$45/\$95/ \$7/\$45/\$95/	Rx Benefit*	\$4/ \$45/ \$95/	\$7/\$45/\$95/
25%/\$0 33%/\$0		25%/\$0	33%/\$0
Rx ICL \$2,850 \$2,850	Rx ICL	\$2,850	\$2,850
Supplemental No Additional Gap T5 (Select Care	Supplemental	No Additional Gap	T5 (Select Care
Gap Coverage ** Coverage Drugs) Covered	Gap Coverage**	Coverage	Drugs) Covered
in the Gap			in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

Alabama

Arkansas

Washington D.C.

→ Florida

Georgia

Louisiana

Maryland

Mississippi

North Carolina

South Carolina

Tennessee

Virginia

West Virginia

West Region

Member Extras and Discounts

Florida

Southwest Florida Area

Charlotte, Lee, Manatee & Sarasota

	Aetna Medicare Premier Plan (PPO)
CMS ID	H5521-033
Plan Type	PPO
Star Rating	***
Premium	\$35
Deductible	\$500 [†]
OOP Max	\$6,700 / \$10,000
Primary Care	\$10
Specialist	\$45
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$O
Outpatient	\$0 - \$300
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

	Aetna Medicare Premier Plan (PPO)
DME	20%
Lab	\$10 - \$45
X-Ray Routine /	\$10 - \$45/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	30%
Transportation	Not Covered
Rx Deductible	\$310 Deductible
Rx Benefit*	\$4/ \$45/ \$95/ 25%/ \$0
Rx ICL	\$2,850
Supplemental	No Additional Gap Coverage
Gap Coverage**	

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

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Tampa Area

Hillsborough & Pinellas

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Premier Plan (HMO)
CMS ID	H5414-009	H5414-024
Plan Type	HMO	HMO
Star Rating	***	***
Premium	\$37	\$0
Deductible	\$0	\$0
OOP Max	\$4,900	\$5,000
Primary Care	\$10	\$10
Specialist	\$45	\$45
Inpatient	\$250 copay per day for 1-7 days	\$250 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$225	\$0 - \$275
Ambulance	\$300	\$350
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$9.90	\$6.80
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$19.90	N/A

OSBs (Riders)			
Advantage Dental	\$9.90	\$6.80	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$19.90	N/A	

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Premier Plan (HMO)
DME	20%	20%
Lab	\$10 - \$45	\$10 - \$45
X-Ray Routine /	\$10 - \$45/	\$10 - \$40/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid Allowance	Not Covered	Up to \$300 for every 36 months
Eyewear Allowance	Not Covered	Up to \$100 for every 24 months
Health & Wellness	Fitness / Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	\$4/ \$45/ \$95/ 25%/ \$0	\$7/ \$45/ \$95/ 33%/ \$0
Rx ICL	\$2,850	\$2,850
Supplemental	No Additional Gap	T5 (Select Care
Gap Coverage**	Coverage	Drugs) Covered in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Florida

Tampa Area

Hillsborough & Pinellas

	Aetna Medicare Premier Plan (PPO)
CMS ID	H5521-033
Plan Type	PPO
Star Rating	***
Premium	\$35
Deductible	\$500 [†]
ООР Мах	\$6,700 / \$10,000
Primary Care	\$10
Specialist	\$45
npatient	\$275 copay per day for 1-6 days
killed Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
lome Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

	Ashra Madiaaya Dyamiay Dlay (DDO)
	Aetna Medicare Premier Plan (PPO)
DME	20%
Lab	\$10 - \$45
X-Ray Routine /	\$10 - \$45/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	30%
Transportation	Not Covered
Rx Deductible	\$310 Deductible
Rx Benefit*	\$4/ \$45/ \$95/ 25%/ \$0
Rx ICL	\$2,850
Supplemental	No Additional Gap Coverage
Gap Coverage**	

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Tampa Area

Pasco

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Premier Plan (PPO)
CMS ID	H5414-009	H5521-033
Plan Type	HMO	PPO
Star Rating	***	***
Premium	\$37	\$35
Deductible	\$0	\$500 [†]
OOP Max	\$4,900	\$6,700 / \$10,000
Primary Care	\$10	\$10
Specialist	\$45	\$45
Inpatient	\$250 copay per day for 1-7 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$225	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$9.90	N/A
Advantage Dental +	\$19.90	N/A

OSBs (Riders)			
Advantage Dental	\$9.90	N/A	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$19.90	N/A	

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Premier Plan (PPO)
DME	20%	20%
Lab	\$10 - \$45	\$10 - \$45
X-Ray Routine /	\$10 - \$45/	\$10 - \$45/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness / Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	30%
Transportation	Not Covered	Not Covered
Rx Deductible	\$310 Deductible	\$310 Deductible
Rx Benefit*	\$4/ \$45/ \$95/	\$4/ \$45/ \$95/
	25%/\$0	25%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	No Additional Gap	No Additional Gap
Gap Coverage**	Coverage	Coverage

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Florida

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-045	S5810-240
Plan Type	PDP	PDP
Premium	\$75.00	\$119.60
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$7/ \$45/ \$95/ 25%/ \$6	\$5/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



eorgia Number of Medicare Atlanta	eligibles*		:::		
	eligibles*				
Atlanta		Strong Network		Plan Highl	lights
	397,162	 Market-leading network incluents exclusive arrangement with t 		• \$0 premium	
Total	397,162	Emory Patient-Centered Medi Home, which does not accept	ical		needed with Open O & PPO plan options
		other MA carriers		drugs that h blood pressu and diabetes drug coverage	or Select Care Tier nelp manage high ure, high cholesterol es, with prescription age in the gap ortation to and from
				doctor appo	
				 Coverage for a fitness facil 	r a free membership to ility
				• In-network of with the me	coverage that travels ember

^{*}MA State/County Penetration – May 2013, CMS.gov



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Member Extras and Discounts

Georgia

Atlanta Area

Cherokee

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Premier Plan (HMO)
CMS ID	H1109-005	H1109-001
Plan Type	Open Access HMO	Open Access HMO
Star Rating	***	***
Premium	\$0	\$39
Deductible	\$0	\$0
OOP Max	\$4,650	\$5,500
Primary Care	\$10	\$15
Specialist	\$35	\$40
Inpatient	\$260 copay per day for 1-7 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$295	\$0 - \$300
Ambulance	\$300	\$175
Emergency	\$65	\$65
Urgent Care	\$60	\$60
OSBs (Riders)		
Advantage Dental	\$13.10	\$13.10
Advantage Dental +	N/A	\$23.10

OSBs (Riders)			l .
Advantage Dental	\$13.10	\$13.10	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	N/A	\$23.10	

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Premier Plan (HMO)
DME	20%	20%
Lab	\$10 - \$35	\$15 - \$40
X-Ray Routine /	\$10 - \$35/	\$15 - \$40/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Up to \$100 for every 24 months	Not Covered
Health & Wellness	Fitness / Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	\$0 per Trip/ 24 One-Way Trips	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$7/\$45/\$95/	\$7/\$45/\$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap
Supplemental	T5 (Select Care Drugs) Covered	T5 (Select Care Drugs) Covered

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Georgia

Atlanta Area

Cobb

	Aetna Medicare Premier Plan (HMO)
CMS ID	H1109-001
Plan Type	Open Access HMO
Star Rating	***
Premium	\$39
Deductible	\$0
OOP Max	\$5,500
Primary Care	\$15
Specialist	\$40
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$175
Emergency	\$65
Urgent Care	\$60

OSBs (Riders)	
Advantage Dental	\$13.10
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$23.10

	Aetna Medicare Premier Plan (HMO)
DME	20%
Lab	\$15 - \$40
X-Ray Routine /	\$15 - \$40/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$7/\$45/\$95/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Georgia

Atlanta Area

Dekalb, Forsyth, Fulton & Gwinnett

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Premier Plan (HMO)
CMS ID	H1109-005	H1109-001
Plan Type	Open Access HMO	Open Access HMO
Star Rating	***	***
Premium	\$0	\$39
Deductible	\$0	\$0
OOP Max	\$4,650	\$5,500
Primary Care	\$10	\$15
Specialist	\$35	\$40
Inpatient	\$260 copay per day for 1-7 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$295	\$0 - \$300
Ambulance	\$300	\$175
Emergency	\$65	\$65
Urgent Care	\$60	\$60
OSBs (Riders)		
Advantage Dental	\$13.10	\$13.10
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	N/A	\$23.10

OSBs (Riders)			
Advantage Dental	\$13.10	\$13.10	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	N/A	\$23.10	

	Aetna Medicare	Aetna Medicare
	Select Plan (HMO)	Premier Plan (HMO)
DME	20%	20%
Lab	\$10 - \$35	\$15 - \$40
X-Ray Routine /	\$10 - \$35/	\$15 - \$40/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Up to \$100 for every	Not Covered
	24 months	
Health & Wellness	Fitness /Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	\$0 per Trip/	Not Covered
	24 One-Way Trips	
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$7/ \$45/ \$95/	\$7/\$45/\$95/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Georgia

Atlanta Area

Dekalb, Forsyth, Fulton & Gwinnett

	Aetna Medicare Standard Plan (PPO)
CMS ID	H1110-001
Plan Type	PPO
Star Rating	***
Premium	\$47
Deductible	\$O [†]
OOP Max	\$6,700 / \$10,000
Primary Care	\$15
Specialist	\$45
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55
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	Aetna Medicare Standard Plan (PPO)
DME	20%
Lab	\$15 - \$45
X-Ray Routine /	\$15 - \$45/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	35%
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$7/\$45/\$95/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Georgia

Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)	
S5810-044	S5810-180	
PDP	PDP	
\$32.40	\$121.00	
\$310 Deductible	\$0 Deductible	
At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$6/ \$45/ \$95/ 25%/ \$5	\$5/ 25%/ 45%/ 33%/ \$2	
\$2,850	\$2,850	
No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap	
CVS/pharmacy	N/A	
	Drug Plan (PDP)† \$5810-044 PDP \$32.40 \$310 Deductible At CVS Pharmacies: \$2/\$45/\$95/25%/\$1 At All Other Network Pharmacies: \$6/\$45/\$95/25%/\$5 \$2,850 No Additional Gap Coverage	

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Louisiana

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)	
CMS ID	S5810-055	S5810-191	
Plan Type	PDP	PDP	
Premium	\$32.10	\$131.20	
Rx Deductible	\$310 Deductible	\$0 Deductible	
Rx Benefit*	At CVS Pharmacies: \$2/ \$36/ \$92/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 24%/ 45%/ 33%/ \$1	
Rx ICL	\$2,850	\$2,850	
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap	
Preferred Retail Pharmacy	CVS/pharmacy	N/A	

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Number of Medicare eligibles* Baltimore 732,305 Total 732,305 Strong Network Comprehensive network participating with major hospital systems, including University of Maryland Medical System, Greater Baltimore Medical Center, Harbor Hospital Center, Harbor Hospital Center, Hospital System and MedStar Plan Highlights Strong Network Comprehensive network participating with major hospital systems, including University of Maryland Medical System, Greater Baltimore Medical Center, Hercy Hospital Center, Mercy Hospital System and MedStar Coverage for a free membership to a fitness facility In-network coverage that travels with the member So hearing and vision screenings with access to hearing aids, eyewear and dental services	Aetna's Brand Value	Fast & Responsive Service	Sales Support to Grow Your Business	Products &	Discounts	Making It Easier to Do Business with Aetna
Paltimore 732,305 Total 732,305 - Comprehensive network participating with major hospital systems, including University of Maryland Medical System, Greater Baltimore Medical Center, Harbor Hospital Center, Mercy Hospital System and MedStar - So copays for Select Care Tier drugs that help manage high blood pressure, high cholesterol and diabetes, with prescription drug coverage in the gap - Coverage for a free membership to a fitness facility - In-network coverage that travels with the member - So hearing and vision screenings with access to hearing aids,	Maryland					
Total 732,305 Total 732,305 Total 732,305 Total 732,305 Participating with major hospital systems, including University of Maryland Medical System, Greater Baltimore Medical Center, Harbor Hospital Center, Mercy Hospital System and MedStar Coverage for a free membership to a fitness facility In-network coverage that travels with the member \$0\$ hearing and vision screenings with access to hearing aids,	Number of Medicar	re eligibles*				
Maryland Medical System, Greater Baltimore Medical Center, Harbor Hospital Center, Mercy Hospital System and MedStar • Coverage for a free membership to a fitness facility • In-network coverage that travels with the member • \$0 hearing and vision screenings with access to hearing aids,	Baltimore	732,305	participating with major hosp		drugs th	nat help manage high
	Total	732,305	Maryland Medical System, Greater Baltimore Medical Ce Harbor Hospital Center, Merc	enter, cy	and diab drug coverag a fitness • In-netw with the • \$0 heard with account	petes, with prescription verage in the gap se for a free membership to se facility vork coverage that travels se member sing and vision screenings cless to hearing aids,

^{*}MA State/County Penetration – May 2013, CMS.gov



Fast & Responsive Service

Sales Support to Grow Your Business

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Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

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Northeast Region

Southeast Region

Alabama Arkansas

Washington D.C.

Florida

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Louisiana

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Mississippi North Carolina

South Carolina

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Member Extras and Discounts

Maryland

Baltimore Area

Anne Arundel, Baltimore, Baltimore City, Calvert, Carroll, Cecil, Charles, Frederick, Harford, Howard, Montgomery & Prince George's

	Aetna Medicare Basic Plan (HMO)	Aetna Medicare Standard Plan (HMO)
CMS ID	H2112-001	H2112-007
Plan Type	НМО	HMO
Star Rating	***	***
Premium	\$19	\$51
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$15	\$20
Specialist	\$45	\$50
Inpatient	\$275 copay per day for 1-6 days	\$295 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$275	\$0 - \$300
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$14.00	\$14.00

\$14.00	\$14.00	
\$24.00	\$24.00	
	4	4 :

	Aetna Medicare	Aetna Medicare
	Basic Plan (HMO)	Standard Plan (HMO)
DME	20%	20%
Lab	\$15-\$45	\$20 - \$50
X-Ray Routine /	\$15-\$45/	\$20 - \$50/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness /Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	N/A	\$0 Deductible
Rx Benefit*	N/A	\$7/\$45/\$95/
		33%/\$0
Rx ICL	N/A	\$2,850
Supplemental	N/A	T5 (Select Care
Gap Coverage**		Drugs) Covered
		in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Maryland

Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
S5810-039	S5810-175
PDP	PDP
\$31.00	\$121.40
\$310 Deductible	\$0 Deductible
At CVS Pharmacies: \$2/ \$36/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 25%/ 44%/ 33%/ \$1
\$2,850	\$2,850
No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
CVS/pharmacy	N/A
	Drug Plan (PDP)† \$5810-039 PDP \$31.00 \$310 Deductible At CVS Pharmacies: \$2/\$36/\$95/25%/\$1 At All Other Network Pharmacies: \$5/\$45/\$95/25%/\$4 \$2,850 No Additional Gap Coverage

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Mississippi

	Aetna CVS/pharmacy Prescription Drug Plan (PDP) [†]	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-054	S5810-190
Plan Type	PDP	PDP
Premium	\$29.20	\$127.90
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/\$43/\$95/25%/\$1 At All Other Network Pharmacies:	\$5/ 25%/ 44%/ 33%/ \$1
Rx ICL	\$5/ \$45/ \$95/ 25%/ \$4 \$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Making It Easier to Do **Business with Aetna**

North Carolina NEW



Number of Medicare eligibles*

NEW = New Area

254,925 Charlotte NEW

167,350 Raleigh-Durham NEW

422,275 **Total**

Strong Network

- Contracted with all major hospital systems in Raleigh, including Duke, UNC and WakeMed
- Charlotte network includes Carolina Health System and Novant Health System hospitals

Plan Highlights

- \$0 premium
- \$0 copays for Select Care Tier drugs that help manage high blood pressure, high cholesterol and diabetes, with prescription drug coverage in the gap
- Coverage for a free membership to a fitness facility
- Free transportation to and from doctor appointments
- \$0 hearing and vision screenings with hearing aids and eyewear allowances included in plan
- In-network coverage that travels with the member

^{*}MA State/County Penetration - May 2013, CMS.gov



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Member Extras and Discounts

North Carolina NEW

Charlotte Area NEW

Cabarrus, Gaston, Iredell, Mecklenburg, Rowan & Union

	Aetna Medicare Value Plan (HMO)
CMS ID	H3931-082
Plan Type	НМО
Star Rating	***
Premium	\$0
Deductible	\$0
OOP Max	\$4,400
Primary Care	\$10
Specialist	\$40
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$275
Ambulance	\$350
Emergency	\$65
Urgent Care	\$55
	·

	Aetna Medicare Value Plan (HMO)
DME	20%
Lab	\$10 - \$40
X-Ray Routine /	\$10 - \$40/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Up to \$300 for every 36 months
Allowance	•
Eyewear Allowance	Up to \$50 for every 24 months
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	\$0 per Trip/24 One-Way Trips
Rx Deductible	\$0 Deductible
Rx Benefit*	\$6/\$45/\$95/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

North Carolina NEW

Raleigh-Durham Area NEW

Durham, Orange, Person & Wake NEW

	Aetna Medicare Value Plan (HMO)
CMS ID	H3931-081
Plan Type	НМО
Star Rating	***
Premium	\$0
Deductible	\$0
OOP Max	\$4,400
Primary Care	\$5
Specialist	\$35
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$275
Ambulance	\$350
Emergency	\$65
Urgent Care	\$55
	-

	Aetna Medicare Value Plan (HMO)
DME	20%
Lab	\$5 - \$35
X-Ray Routine /	\$5 - \$35/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Up to \$300 for every 36 months
Allowance	
Eyewear Allowance	Up to \$50 for every 24 months
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	\$0 per Trip/24 One-Way Trips
Rx Deductible	\$0 Deductible
Rx Benefit*	\$7/\$45/\$95/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered in the Gap
Gap Coverage**	

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

North Carolina

	Aetna CVS/pharmacy Prescription Drug Plan (PDP) [†]	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-042	S5810-178
Plan Type	PDP	PDP
Premium	\$28.30	\$134.90
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$5/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

South Carolina

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-043	S5810-179
Plan Type	PDP	PDP
Premium	\$37.40	\$128.00
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$7/ \$45/ \$95/ 25%/ \$6	\$5/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Aetna's Brand Value Fast & Responsive Sales Support to Grow Products & Discounts
Service Your Business

Making It Easier to Do Business with Aetna

Tennessee Number of Medicare eligibles* Plan Highlights Strong Network • \$0 copays for Select Care Tier • Network includes Baptist 85,412 Nashville drugs that help manage high Memorial Hospital - Memphis blood pressure, high cholesterol and Vanderbilt University 85,412 **Total** Medical Center and diabetes, with prescription drug coverage in the gap • Coverage for a free membership to a fitness facility • In-network coverage that travels with the member • \$0 hearing and vision screenings and access to hearing aids, eyewear and dental services

^{*}MA State/County Penetration – May 2013, CMS.gov



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Member Extras and Discounts

Tennessee

Nashville Area

Davidson

	Aetna Medicare Value Plan (HMO)
CMS ID	H5950-001
Plan Type	НМО
Star Rating	NR
Premium	\$42
Deductible	\$0
OOP Max	\$6,700
Primary Care	\$10
Specialist	\$35
Inpatient	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$300
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)		
Advantage Dental	\$8.70	

	Aetna Medicare Value Plan (HMO)
DME	20%
Lab	\$10 - \$35
X-Ray Routine /	\$10 - \$35/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$7/\$45/\$95/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered in the Gap
Gap Coverage**	- · · · · · · · · · · · · · · · · · · ·

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Tennessee

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-046	S5810-182
Plan Type	PDP	PDP
Premium	\$31.40	\$134.50
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$36/ \$90/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 24%/ 44%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Making It Easier to Do Fast & Responsive **Sales Support to Grow** Aetna's Brand Value **Products & Discounts Business with Aetna** Service **Your Business** Virginia **Number of Medicare eligibles* Plan Highlights Strong Network** NEW = New Area Added 4 new counties • In Northern VA, 100% of all 231,027 Northern • \$0 premium in Richmond hospitals participate in our network, including Inova 139,857 • \$0 copays for Select Care Tier Richmond NEW Health System drugs that help manage high blood pressure, high cholesterol 370,884 **Total** and diabetes, with prescription drug coverage in the gap (except HMO in Northern VA) • Coverage for a free membership to a fitness facility • In-network coverage that travels with the member • \$0 hearing and vision screenings with hearing aids and eyewear allowances

^{*}MA State/County Penetration – May 2013, CMS.gov



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Member Extras and Discounts

Virginia

Northern Virginia Area

Alexandria City, Arlington, Fairfax, Fairfax City, Falls Church City, Loudoun, Manassas City, Manassas Park City & Prince William

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (PPO)
CMS ID	H4910-005	H5521-027
Plan Type	HMO	PPO
Star Rating	NR	***
Premium	\$40	\$77
Deductible	\$0	\$750 [†]
OOP Max	\$5,200	\$6,700 / \$10,000
Primary Care	\$10	\$15
Specialist	\$40	\$40
Inpatient	\$250 copay per day for 1-6 days	\$250 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$275	\$0 - \$275
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$60	\$55

	Aetna Medicare Value Plan (HMO)	Aetna Medicare Standard Plan (PPO)
DME	20%	20%
Lab	\$10 - \$40	\$15 - \$40
X-Ray Routine /	\$10 - \$40/	\$15 - \$40/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Up to \$300 for every	Not Covered
Allowance	36 months	
Eyewear Allowance	Up to \$50 for every	Not Covered
	24 months	
Health & Wellness	Fitness/Nursing	Fitness/Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	35%
Transportation	Not Covered	Not Covered
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	\$6/\$45/\$95/	\$7/\$45/\$95/
	25%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	No Additional Gap	T5 (Select Care
Gap Coverage**	Coverage	Drugs) Covered
		in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Virginia

Richmond Area NEW

Chesterfield, Hanover, Henrico & Richmond City NEW

	Aetna Medicare Value Plan (HMO)
CMS ID	H4910-006
Plan Type	НМО
Star Rating	NR
Premium	\$0
Deductible	\$0
OOP Max	\$5,550
Primary Care	\$5
Specialist	\$35
Inpatient	\$260 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$265
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55

	Aetna Medicare Value Plan (HMO)
DME	20%
Lab	\$5 - \$35
X-Ray Routine /	\$5 - \$35/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Up to \$300 for every 36 months
Allowance	
Eyewear Allowance	Up to \$50 for every 24 months
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$6/\$45/\$95/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Virginia

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Member Extras and Discounts

Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
S5810-041	S5810-177
PDP	PDP
\$27.20	\$125.00
\$310 Deductible	\$0 Deductible
At CVS Pharmacies: \$2/ \$40/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 25%/ 45%/ 33%/ \$3
\$2,850	\$2,850
No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
CVS/pharmacy	N/A
	Drug Plan (PDP)† \$5810-041 PDP \$27.20 \$310 Deductible At CVS Pharmacies: \$2/\$40/\$95/25%/\$1 At All Other Network Pharmacies: \$5/\$45/\$95/25%/\$4 \$2,850 No Additional Gap Coverage

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

Alabama

Arkansas

Washington D.C.

Florida

Georgia

Louisiana

Maryland

Mississippi

North Carolina

South Carolina

Tennessee

Virginia

> West Virginia

West Region

Member Extras and Discounts

West Virginia

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-040	S5810-176
Plan Type	PDP	PDP
Premium	\$35.70	\$127.40
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$37/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 25%/ 43%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & discounts

MA AND PDP PLAN
OPTIONS BY
REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

Alaska

Arizona

California

Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

Texas

Utah

Washington

Member Extras and

Discounts

2014 West Region

Individual Medicare Product Details



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Products & Discounts

Making It Easier to Do

Products & discounts

MA AND PDP PLAN **OPTIONS BY REGION** AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

> Alaska

Arizona

California

Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

Texas

Utah

Washington

Member Extras and Discounts

Alaska

	Aetna Medicare Rx Essentials (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-068	S5810-204
Plan Type	PDP	PDP
Premium	\$29.90	\$136.50
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	\$2/\$37/\$91/25%/\$1	\$4/ 25%/ 44%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	N/A	N/A

[†] The Aetna Medicare Rx Essentials (PDP) is NOT eliqible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Making It Easier to Do Fast & Responsive **Sales Support to Grow** Aetna's Brand Value **Products & Discounts Business with Aetna** Service **Your Business Arizona Number of Medicare eligibles* Plan Highlights Strong Network** • 4 STAR rating plan • Network includes Integrated 544,177 Arizona Medical Services, Inc., Banner • \$0 premium HMO option Primary Care Physicians Arizona 544,177 • \$0 copays for Select Care Tier **Total** LLC, Banner Thunderbird Medical drugs that help manage high Center, St. Joseph's Hospital and blood pressure, high cholesterol Medical Center and Abrazo and diabetes, with prescription Medical Group drug coverage in the gap • Coverage for a free membership to a fitness facility • In-network coverage that travels with the member • Free annual routine physical

^{*}MA State/County Penetration – May 2013, CMS.gov



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

Alaska

> Arizona

California

Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

Texas

Utah

Washington

Member Extras and Discounts

Arizona

Arizona Area

Maricopa

	Aetna Medicare Select Plan (HMO)
CMS ID	H0318-002
Plan Type	НМО
Star Rating	***
Premium	\$0
Deductible	\$0
OOP Max	\$6,700
Primary Care	\$10
Specialist	\$50
Inpatient	\$264 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$264
Ambulance	\$400
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)		
Advantage Dental	\$15.80	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$25.80	

	Aetna Medicare Select Plan (HMO)
DME	20%
Lab	\$10 - \$50
X-Ray Routine /	\$10 - \$60/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

Alaska

> Arizona

California

Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

Texas

Utah

Washington

Member Extras and Discounts

Arizona

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-062	S5810-198
Plan Type	PDP	PDP
Premium	\$29.70	\$135.10
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ 24%/ 45%/ 25%/ \$1 At All Other Network Pharmacies: \$5/ 24%/ 45%/ 25%/ \$4	\$3/ 25%/ 44%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

Making It Easier to Do Business with Aetna

California



Number of Med	icare engibles
Bakersfield	99,896
Central Valley	117,745
Inland Empire	539,789
Los Angeles	1,684,554
San Diego	432,848
Total	2,874,832

Number of Medicare eligibles*



Strong Network

- Fresno includes Santé Community
 Physicians, Fresno Heart and Surgical
 Hospital and Clovis Fresno Community
 Hospital and Medical Center
- Kern includes Bakersfield Family Medical Group/Heritage Provider Network and Bakersfield Memorial Hospital
- Los Angeles includes HealthCare Partners and Torrance Memorial Medical Center
- Orange includes St. Joseph Heritage Medical Group/Hospital Affiliated Physicians and St. Jude Heritage Medical Group/Affiliated Physicians
- Riverside/San Bernardino includes PrimeCare, Riverside Physician Network, Loma Linda University Medical Center-Murrieta and Beaver Medical Group
- San Diego includes Arch Health Partners, Mercy Physician Medical Group and Primary Care Associates Medical Group



- \$0 premium HMO option in all service areas
- \$0 copays for Select Care Tier drugs that help manage high blood pressure, high cholesterol and diabetes, with prescription drug coverage in the gap
- \$0 copay for Primary Care and Specialist Doctor visits in all service areas
- Coverage for a free membership to a fitness facility
- In-network coverage that travels with the member
- \$2,000 max out of pocket for Orange County Value Plan
- Free annual routine physical

^{*}MA State/County Penetration – May 2013, CMS.gov



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Sales Support to Grow Your Business

Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

Alaska

Arizona

> California

Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

Texas

Utah

Washington

Member Extras and Discounts

California

Bakersfield Area

Kern (Partial County) includes the following zip codes:

93203; 93205; 93206; 93220; 93222; 93224; 93225; 93226; 93238; 93240; 93241; 93243; 93251; 93252; 93255; 93263; 93268; 93276; 93285; 93301; 93302; 93303; 93304; 93305; 93306; 93307; 93308; 93309; 93311; 93312; 93313; 93314; 93380; 93381; 93382; 93383; 93384; 93385; 93386; 93387; 93388; 93389; 93390; 93501; 93502; 93504; 93505; 93518; 93558; 93560; 93561; 93581.

	Aetna Medicare Select Plan (HMO)
CMS ID	H0523-031
Plan Type	НМО
Star Rating	***
Premium	\$0
Deductible	\$0
OOP Max	\$3,400
Primary Care	\$0
Specialist	\$0
Inpatient	\$0 copay
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$ 0
Ambulance	\$400
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)		
Advantage Dental	\$12.70	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$22.70	

	Aetna Medicare Select Plan (HMO)
DME	20%
Lab	\$0
X-Ray Routine /	\$0/
Complex	20%
Dialysis	\$30
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/ 25%/ 50%/ 33%/ \$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow **Your Business**

Products & Discounts

Making It Easier to Do **Business with Aetna**

Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

Alaska

Arizona

> California

Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

Texas

Utah

Washington

Member Extras and Discounts

California

Central Valley Area

Fresno (Partial County) includes the following zip codes:

93242; 93245; 93602; 93605; 93606; 93607; 93608; 93609; 93611; 93612; 93613; 93616; 93618; 93619; 93620; 93621; 93622; 93624; 93625; 93626; 93627; 93628; 93630; 93634; 93640; 93641; 93642; 93646; 93648; 93649; 93650; 93651; 93652; 93654; 93656; 93657; 93660; 93662; 93664; 93664; 93664; 93664; 93667; 93660; 93651; 93652; 93654; 93656; 93657; 93606; 93704; 93704; 93705; 93706; 93707; 93708; 93709; 93710; 93711; 93712; 93714; 93715; 93716; 93717; 93718; 93720; 93721; 93722; 93723; 93724; 93725; 93726; 93727; 93728; 93729; 93730; 93737; 93740; 93741; 93744; 93745; 93747; 93750; 93755; 93760; 93761; 93762; 93764; 93765; 93771; 93772; 93773; 93774; 93775; 93776; 93777; 93778; 93779; 93780; 93784; 93786; 93790; 93791; 93792; 93793; 93794; 93844; 93888.

	Aetna Medicare Select Plan (HMO)
CMS ID	H0523-032
Plan Type	НМО
Star Rating	***
Premium	\$0
Deductible	\$0
ООР Мах	\$6,700
Primary Care	\$0
Specialist	\$0
Inpatient	\$264 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$264
Ambulance	\$400
Emergency	\$65
Urgent Care	\$55
OCDo (Didono)	_
OSBs (Riders)	
Advantage Dental	\$12.00
Advantage Dontal +	\$22.00

\$0 - \$264
\$400
\$65
\$55
\$12.00
\$22.00
upply at in-network retail pharmacies

	Actua Madicara Calact Dlan (HMO)
	Aetna Medicare Select Plan (HMO)
DME	20%
Lab	\$0
X-Ray Routine /	\$0 - \$10/
Complex	20%
Dialysis	\$30
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/ 25%/ 50%/ 33%/ \$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

Alaska Arizona

> California

Colorado

Coloradi

Hawaii

Idaho

Nevada

New Mexico

Oregon

Texas

Utah

Washington

Member Extras and Discounts

California

Inland Empire Area

Riverside (Partial County) & San Bernardino (Partial County)

Partial Riverside County includes the following zip codes: 91752; 92201; 92201; 92210; 92211; 92220; 92223; 92230; 92234; 92236; 92240; 92241; 92253; 92254; 92260; 92262; 92264; 92270; 92274; 92276; 92282; 92320; 92501; 92503; 92504; 92505; 92506; 92506; 92507; 92509; 92516; 92518; 92530; 92532; 92539; 92543; 92544; 92546; 92546; 92548; 92549; 92551; 92555; 92557; 92561; 92562; 92563; 92564; 92567; 92571; 92572; 92581; 92582; 92583; 92584; 92585; 92586; 92586; 92586; 92587; 92589; 92599; 92599; 92599; 92599; 92599; 92596; 92800; 92877; 92878; 92879; 92880; 92881; 92882, 92883.

Partial San Bernardino County includes the following zip codes: 91701; 91708; 91709; 91710; 91730; 91737; 91739; 91743; 91758; 91759; 91761; 91762; 91763; 91764; 91766; 91784; 91786; 91792; 91798; 92252; 92256; 92277; 92278; 92284; 92285; 92301; 92305; 92307; 92308; 92310; 92311; 92313; 92314; 92315; 92316; 92317; 92318; 92322; 92324; 92325; 92326; 92327; 92329; 92333; 92335; 92336; 92337; 92339; 92340; 92341; 92342; 92344; 92345; 92346; 92347; 92359; 92356; 92357; 92358; 92356; 92366; 92367; 92377; 92378; 92377; 92378; 92377; 92378; 92391; 92391; 92392; 92394; 92395; 92398; 92399; 92401; 92402; 92403; 92404; 92406; 92407; 92408; 92410; 92411; 924

	Aetna Medicare Select Plan (HMO)
CMS ID	H0523-022
Plan Type	HMO
Star Rating	***
Premium	\$0
Deductible	\$0
OOP Max	\$3,400
Primary Care	\$0
Specialist	\$0
Inpatient	\$264 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$264
Ambulance	\$400
OSBs (Riders)	
Advantage Dental	\$12.70
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$22.70

Emergency	\$65
Urgent Care	\$55
DME	20%
Lab	\$0
X-Ray Routine /	\$0 - \$10/
Complex	20%
Dialysis	\$30
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/ 25%/ 50%/ 33%/ \$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

Aetna Medicare Select Plan (HMO)

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Sales Support to Grow Your Business

Products & Discounts

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Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

Alaska

Arizona

> California

Colorado

Hawaii

iiawa

Idaho

Nevada

New Mexico

Oregon

Texas

Utah

Washington

Member Extras and Discounts

California

Los Angeles Area

Los Angeles

	Aetna Medicare Select Plan (HMO)
CMS ID	H0523-002
Plan Type	НМО
Star Rating	***
Premium	\$0
Deductible	\$0
OOP Max	\$6,700
Primary Care	\$0
Specialist	\$0
Inpatient	\$264 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$0
Outpatient	\$0 - \$264
Ambulance	\$400
Emergency	\$65
Urgent Care	\$55

OSBs (Riders)	
Advantage Dental	\$12.70
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$22.70

	Aetna Medicare Select Plan (HMO)	
DME	20%	
Lab	\$0	
X-Ray Routine /	\$0 - \$30/	
Complex	20%	
Dialysis	\$30	
Preventive Care	\$0	
Hearing Aid	Not Covered	
Allowance		
Eyewear Allowance	Not Covered	
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring	
Programs		
Out of Network	N/A	
Transportation	Not Covered	
Rx Deductible	\$0 Deductible	
Rx Benefit*	\$10/ 25%/ 50%/ 33%/ \$0	
Rx ICL	\$2,850	
Supplemental	T5 (Select Care Drugs) Covered	
Gap Coverage**	in the Gap	

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

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Products & discounts

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

Alaska

Arizona

> California

Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

Texas

Utah

Washington

Member Extras and Discounts

California

Los Angeles Area

Orange

	Aetna Medicare	Aetna Medicare
	Select Plan (HMO)	Value Plan (HMO)
CMS ID	H0523-002	H0523-060
Plan Type	HMO	HMO
Star Rating	***	***
Premium	\$0	\$0
Deductible	\$0	\$0
OOP Max	\$6,700	\$2,000
Primary Care	\$0	\$0
Specialist	\$0	\$0
Inpatient	\$264 copay per day for 1-7 days	\$0 copay
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$264	\$0
Ambulance	\$400	\$400
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OCD (D: 1)		
OSBs (Riders)		
Advantage Dental	\$12.70	\$12.70
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$22.70	\$22.70

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
DME	20%	20%
Lab	\$0	\$0
X-Ray Routine /	\$0 - \$30/	\$0 - \$10/
Complex	20%	20%
Dialysis	\$30	\$30
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness /Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/	\$5/ 25%/ 50%/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T1 (Generics) and T5
Gap Coverage**	Drugs) Covered	(Select Care Drugs)
	in the Gap	Covered in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Fast & Responsive Service

Sales Support to Grow Your Business

Products & Discounts

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Products & discounts

MA AND PDP PLAN
OPTIONS BY REGION
AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

Alaska

Arizona

> California

Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

Texas

Utah

Washington

Member Extras and Discounts

California

San Diego Area

San Diego

	Aetna Medicare Select Plan (HMO)	
CMS ID	H0523-052	
Plan Type	НМО	
Premium	\$0	
Deductible	\$0	
Star Rating	***	
OOP Max	\$4,900	
Primary Care	\$0	
Specialist	\$0	
Inpatient	\$264 copay per day for 1-7 days	
Skilled Nursing	\$25 per day copay, day(s) 1-20;	
	\$152 per day copay, day(s) 21-100	
Home Health	\$0	
Outpatient	\$0-\$264	
Ambulance	\$400	
Emergency	\$65	
Urgent Care	\$55	

OSBs (Riders)		
Advantage Dental	\$11.50	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$21.50	

	Aetna Medicare Select Plan (HMO)	
DME	20%	
Lab	\$0	
X-Ray Routine /	\$0 - \$10/	
Complex	20%	
Dialysis	\$30	
Preventive Care	\$0	
Hearing Aid	Not Covered	
Allowance		
Eyewear Allowance	Not Covered	
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring	
Programs		
Out of Network	N/A	
Transportation	Not Covered	
Rx Deductible	\$0 Deductible	
Rx Benefit*	\$10/25%/50%/33%/\$0	
Rx ICL	\$2,850	
Supplemental	T5 (Select Care Drugs) Covered	
Gap Coverage**	in the Gap	

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Hawaii

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Member Extras and Discounts

California

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-066	S5810-202
Plan Type	PDP	PDP
Premium	\$49.40	\$147.00
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$39/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$5/ \$45/ \$95/ 25%/ \$4	\$4/ 25%/ 44%/ 33%/ \$3
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Making It Easier to Do Fast & Responsive **Sales Support to Grow** Aetna's Brand Value **Products & Discounts Business with Aetna** Service **Your Business** Colorado **Number of Medicare eligibles* Plan Highlights Strong Network** • \$0 premium HMO available in all • Network includes Exempla 362,237 Colorado service areas except Arapahoe Physician Network, Rocky and Jefferson counties Mountain Medical Group, 362,237 **Total** Boulder Valley IPA and University • \$0 copays for Select Care Tier of Colorado Hospital drugs that help manage high blood pressure, high cholesterol and diabetes, with prescription drug coverage in the gap • Coverage for a free membership to a fitness facility • In-network coverage that travels with the member • Free annual routine physical

^{*}MA State/County Penetration – May 2013, CMS.gov



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Member Extras and Discounts

Colorado

Colorado Area

Adams, Boulder, Broomfield, Denver & Douglas

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
CMS ID	H6923-001	H6923-005
Plan Type	HMO	НМО
Star Rating	NR	NR
Premium	\$38	\$0
Deductible	\$0	\$0
OOP Max	\$4,400	\$6,700
Primary Care	\$25	\$5
Specialist	\$50	\$50
Inpatient	\$264 copay per day for 1-7 days	\$264 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$264	\$0 - \$225
Ambulance	\$350	\$350
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$12.40	\$12.40
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$22.40	\$22.40

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (HMO)
DME	20%	20%
Lab	\$25 - \$50	\$5 - \$50
X-Ray Routine /	\$25 - \$50/	\$5 - \$50/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid Allowance	Not Covered	Not Covered
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness Programs	Fitness / Nursing Hotline/Telemonitoring	Fitness / Nursing Hotline/Telemonitoring
Out of Network	N/A	N/A
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/ 33%/\$0	\$10/25%/50%/ 33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Colorado

Colorado Area

Adams, Boulder, Broomfield, Denver & Douglas

	Aetna Medicare Select Plan (PPO)	
CMS ID	H5521-028	
Plan Type	PPO	
Star Rating	***	
Premium	\$87	
Deductible	\$750 [†]	
OOP Max	\$6,700 / \$10,000	
Primary Care	\$25	
Specialist	\$50	
Inpatient	\$264 copay per day for 1-7 days	
Skilled Nursing	\$25 per day copay, day(s) 1-20;	
	\$152 per day copay, day(s) 21-100	
Home Health	\$0	
Outpatient	\$0 - \$264	
Ambulance	\$350	
Emergency	\$65	
Urgent Care	\$55	

	Aetna Medicare Select Plan (PPO)
DME	20%
Lab	\$25 - \$50
X-Ray Routine /	\$25 - \$50/
Complex	20%
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	40%
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Colorado

Colorado Area

Arapahoe & Jefferson

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Select Plan (PPO)
CMS ID	H6923-001	H5521-028
Plan Type	НМО	PPO
Star Rating	NR	***
Premium	\$38	\$87
Deductible	\$0	\$750 [†]
OOP Max	\$4,400	\$6,700 / \$10,000
Primary Care	\$25	\$25
Specialist	\$50	\$50
Inpatient	\$264 copay per day for 1-7 days	\$264 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$264	\$0 - \$264
Ambulance	\$350	\$350
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$12.40	N/A

OSBs (Riders)			
Advantage Dental	\$12.40	N/A	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$22.40	N/A	

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Select Plan (PPO)
DME	20%	20%
Lab	\$25 - \$50	\$25 - \$50
X-Ray Routine /	\$25 - \$50/	\$25 - \$50/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness / Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	40%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/	\$10/25%/50%/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Colorado

	Aetna Medicare Rx Essentials (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-061	S5810-197
Plan Type	PDP	PDP
Premium	\$60.20	\$132.70
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	\$3/ \$45/ \$95/ 25%/ \$1	\$6/ 25%/ 45%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	N/A	N/A

[†] The Aetna Medicare Rx Essentials (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Hawaii

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†
CMS ID	S5810-067
Plan Type	PDP
Premium	\$32.50
Rx Deductible	\$310 Deductible
Rx Benefit*	At CVS Pharmacies: \$3/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$9/ \$45/ \$95/ 25%/ \$7
Rx ICL	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage
Preferred Retail Pharmacy	CVS/pharmacy

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Idaho

	Aetna Medicare Rx Essentials (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-065	S5810-201
Plan Type	PDP	PDP
Premium	\$39.30	\$138.80
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	\$3/\$43/\$95/25%/\$1	\$6/ 24%/ 44%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	N/A	N/A

[†] The Aetna Medicare Rx Essentials (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



Making It Easier to Do Fast & Responsive **Sales Support to Grow** Aetna's Brand Value **Products & Discounts Business with Aetna** Service **Your Business** Nevada **Number of Medicare eligibles* Plan Highlights Strong Network** • \$0 premium HMO option • One of the largest selections of 268,046 Nevada Individual Physician networks in • \$0 copays for Select Care Tier Clark County drugs that help manage high 268,046 **Total** blood pressure, high cholesterol • Network includes St. Rose and diabetes, with prescription Dominican Hospital-San Martin drug coverage in the gap Campus, St. Rose Dominican Hospital-Siena Campus and • \$0 copay for Primary Care University Medical Center Doctor visits on HMO plan • Coverage for a free membership to a fitness facility • In-network coverage that travels with the member • Free annual routine physical

^{*}MA State/County Penetration – May 2013, CMS.gov



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Member Extras and Discounts

Nevada

Nevada Area

Clark

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Select Plan (PPO)
CMS ID	H7908-001	H5521-022
Plan Type	HMO	PPO
Star Rating	NR	***
Premium	\$0	\$71
Deductible	\$0	\$750 [†]
OOP Max	\$6,700	\$6,700 / \$10,000
Primary Care	\$0	\$25
Specialist	\$50	\$50
Inpatient	\$264 copay per day for 1-7 days	\$264 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$264	\$0 - \$264
Ambulance	\$400	\$400
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$21.60	N/A
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$31.60	N/A

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Select Plan (PPO)
DME	20%	20%
Lab	\$0 - \$50	\$25 - \$50
X-Ray Routine /	\$0 - \$60/	\$25 - \$60/
Complex	20%	20%
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness/Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	40%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/	\$10/25%/50%/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Nevada

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-063	S5810-199
Plan Type	PDP	PDP
Premium	\$50.80	\$126.40
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$10/ \$45/ \$95/ 25%/ \$9	\$5/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

New Mexico

	Aetna CVS/pharmacy Prescription	Aetna Medicare Rx Premier (PDP)
	Drug Plan (PDP)†	
CMS ID	S5810-060	S5810-241
Plan Type	PDP	PDP
Premium	\$55.40	\$114.20
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies:	\$6/ 25%/ 45%/ 33%/ \$1
	\$3/ \$45/ \$95/ 25%/ \$1	
	At All Other Network Pharmacies:	
	\$9/ \$45/ \$95/ 25%/ \$7	
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy	N/A

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Member Extras and Discounts

Oregon

	Aetna Medicare Rx Essentials (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-064	S5810-200
Plan Type	PDP	PDP
Premium	\$35.20	\$133.60
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	\$3/\$43/\$95/25%/\$1	\$6/ 24%/ 44%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	N/A	N/A

[†] The Aetna Medicare Rx Essentials (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



• In-network coverage that travels

• Free annual routine physical

with the member

Making It Easier to Do Fast & Responsive **Sales Support to Grow** Aetna's Brand Value **Products & Discounts Business with Aetna** Service **Your Business Texas Number of Medicare eligibles* Plan Highlights Strong Network** = Expanded Area • Added 19 new counties • Network includes Baylor Health 708,384 Dallas/Fort Worth •• Care System and Genesis in Dallas, • \$0 premium HMO option Memorial Hermann Hospital 700,214 • \$0 copays for Select Care Tier Houston • System in Houston, Texas Health drugs that help manage high 309,795 Resources in Tarrant (PPO only), San Antonio •• blood pressure, high cholesterol Baptist, Methodist and Alamo City and diabetes, with prescription Medical Group in San Antonio 1,718,393 **Total** drug coverage in the gap • Coverage for a free membership to a fitness facility

^{*}MA State/County Penetration – May 2013, CMS.gov



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Washington

Member Extras and Discounts

Texas

Dallas/Fort Worth Area **Expanded**

Ellis, Johnson, Montague, Parker, Rains & Rockwall

	Aetna Medicare Select Plan (HMO)
MS ID	H4523-017
Plan Type	Open Access HMO
Star Rating	***
Premium	\$0
Deductible	\$0
ООР Мах	\$3,400
rimary Care	\$5
pecialist	\$40
npatient	\$265 copay per day for 1-7 days
Skilled Nursing	\$50 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
lome Health	\$20
Outpatient	\$0 - \$265
Ambulance	\$300
Emergency	\$65
Jrgent Care	\$55
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	Aetna Medicare Select Plan (HMO)
DME	20%
Lab	\$5 - \$40
X-Ray Routine /	\$5 - \$40/
Complex	\$5 - \$265
Dialysis	20%
Preventive Care	\$0
Hearing Aid	Not Covered
Allowance	
Eyewear Allowance	Not Covered
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring
Programs	
Out of Network	N/A
Transportation	Not Covered
Rx Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/33%/\$0
Rx ICL	\$2,850
Supplemental	T5 (Select Care Drugs) Covered
Gap Coverage**	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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MA AND PDP PLAN **OPTIONS BY REGION** AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

Alaska

Arizona

California

Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

> Texas

Utah

Washington

Member Extras and Discounts

Texas

Dallas/Fort Worth Area **Expanded**

Collin, Dallas & Denton

	Aetna Medicare Premier Plan (HMO)	Aetna Medicare Value Plan (PPO)
CMS ID	H4523-005	H4524-007
Plan Type	Open Access HMO	PPO
Star Rating	***	***
Premium	\$0	\$78.50
Deductible	\$0	\$600 [†]
OOP Max	\$3,400	\$6,700 / \$10,000
Primary Care	\$0	\$20
Specialist	\$30	\$40
Inpatient	\$250 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$0 per day copay, day(s) 1-4; \$50 per day copay, day(s) 5-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$250	\$0 - \$275
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$13.20	N/A
Advantage Dental + \$300/yr. Hearing Aids	\$16.20	N/A

Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$13.20	N/A
Advantage Dental + \$300/yr. Hearing Aids	\$16.20	N/A

	Aetna Medicare Premier Plan (HMO)	Aetna Medicare Value Plan (PPO)
DME	20%	20%
Lab	\$0 - \$30	\$20 - \$40
X-Ray Routine /	\$0 - \$30/	\$20 - \$50/
Complex	\$0 - \$250	\$20 - \$275
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Up to \$75 for every	Not Covered
	24 months	
Health & Wellness	Fitness / Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	25%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/	\$10/25%/50%/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Mid-America Region

Northeast Region

Southeast Region

West Region

Alaska

Arizona

California

Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

> Texas

Utah

Washington

Member Extras and Discounts

Texas

Dallas/Fort Worth Area **Expanded**

Tarrant

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (PPO)
CMS ID	H4523-019	H4524-007
Plan Type	Open Access HMO	PPO
Star Rating	***	***
Premium	\$29	\$78.50
Deductible	\$0	\$600 [†]
OOP Max	\$6,700	\$6,700 / \$10,000
Primary Care	\$15	\$20
Specialist	\$40	\$40
Inpatient	\$250 copay per day for 1-6 days	\$275 copay per day for 1-6 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$250	\$0 - \$275
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$13.20	N/A

OSBs (Riders)			
Advantage Dental	\$13.20	N/A	
Advantage Dental + \$300/yr. Hearing Aids	\$16.20	N/A	

	Aetna Medicare Select Plan (HMO)	Aetna Medicare Value Plan (PPO)
DME	20%	20%
Lab	\$15 - \$40	\$20 - \$40
X-Ray Routine /	\$15 - \$40/	\$20 - \$50/
Complex	20%	\$20 - \$275
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Up to \$75 for every	Not Covered
	24 months	
Health & Wellness	Fitness / Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	25%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/	\$10/25%/50%/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap
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[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Arizona

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Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

> Texas

Utah

Washington

Member Extras and Discounts

Texas

Houston Area Expanded

Brazoria, Chambers, Fort Bend, Galveston, Jefferson, Liberty, San Jacinto & Waller

	Aetna Medicare Select Plan (HMO)	
CMS ID	H4523-018	
Plan Type	НМО	
Star Rating	***	
Premium	\$0	
Deductible	\$0	
OOP Max	\$4,900	
Primary Care	\$15	
Specialist	\$45	
Inpatient	\$260 copay per day for 1-7 days	
Skilled Nursing	\$25 per day copay, day(s) 1-20;	
	\$152 per day copay, day(s) 21-100	
Home Health	\$ 0	
Outpatient	\$0 - \$250	
Ambulance	\$350	
Emergency	\$65	
Urgent Care	\$55	

	Aetna Medicare Select Plan (HMO)	
DME	20%	
Lab	\$15 - \$50	
X-Ray Routine /	\$15 - \$45/	
Complex	20%	
Dialysis	20%	
Preventive Care	\$0	
Hearing Aid	Not Covered	
Allowance		
Eyewear Allowance	Not Covered	
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring	
Programs		
Out of Network	N/A	
Transportation	Not Covered	
Rx Deductible	\$0 Deductible	
Rx Benefit*	\$10/25%/50%/33%/\$0	
Rx ICL	\$2,850	
Supplemental	T5 (Select Care Drugs) Covered	
Gap Coverage**	in the Gap	

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & Discounts

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Mid-America Region

Northeast Region

Southeast Region

West Region

Alaska

Arizona

California

Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

> Texas

Utah

Washington

Member Extras and Discounts

Texas

Houston Area Expanded

Harris & Montgomery

	Aetna Medicare Premier Plan (HMO)	Aetna Medicare Value Plan (PPO)
CMS ID	H4523-015	H4524-013
Plan Type	HMO	PPO
Star Rating	***	***
Premium	\$0	\$78.50
Deductible	\$0	\$100 [†]
OOP Max	\$4,900	\$6,700 / \$10,000
Primary Care	\$10	\$10
Specialist	\$40	\$40
Inpatient	\$250 copay per day for 1-5 days	\$260 copay per day for 1-7 days
Skilled Nursing	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$0	\$0
Outpatient	\$0 - \$250	\$0 - \$260
Ambulance	\$250	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$13.70	N/A
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$23.70	N/A

OSBs (Riders)			
Advantage Dental	\$13.70	N/A	
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$23.70	N/A	

	Aetna Medicare Premier Plan (HMO)	Aetna Medicare Value Plan (PPO)
DME	20%	20%
Lab	\$10 - \$40	\$10 - \$40
X-Ray Routine /	\$10 - \$40/	\$10 - \$45/
Complex	20%	\$10 - \$300
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness / Nursing	Fitness / Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	25%
Transportation Not Covered		Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/	\$10/25%/50%/
	33%/\$0	33%/\$0
Rx ICL	\$2,850	\$2,850
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

[†] In-network services excluded - applies to out-of-network services only

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Colorado

Hawaii

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Nevada

New Mexico

Oregon

> Texas

Utah

Washington

Member Extras and Discounts

Texas

San Antonio Area **Expanded**

Atascosa, Guadalupe, Kendall, Medina & Wilson

	Aetna Medicare Select Plan (HMO)
CMS ID	H4523-016
Plan Type	НМО
Star Rating	***
Premium	\$0
Deductible	\$0
OOP Max	\$3,400
Primary Care	\$5
Specialist	\$30
Inpatient	\$190 copay per day for 1-8 days
Skilled Nursing	\$50 per day copay, day(s) 1-20;
	\$152 per day copay, day(s) 21-100
Home Health	\$20
Outpatient	\$0 - \$190
Ambulance	\$300
Emergency	\$65
Urgent Care	\$55
·	· · · · · · · · · · · · · · · · · · ·

	Aetna Medicare Select Plan (HMO)	
DME	20%	
Lab	\$5 - \$30	
X-Ray Routine /	\$5 - \$35/	
Complex	20%	
Dialysis	20%	
Preventive Care	\$0	
Hearing Aid	Not Covered	
Allowance		
Eyewear Allowance	Not Covered	
Health & Wellness	Fitness /Nursing Hotline/Telemonitoring	
Programs		
Out of Network	N/A	
Transportation	Not Covered	
Rx Deductible	\$0 Deductible	
Rx Benefit*	\$10/25%/50%/33%/\$0	
Rx ICL	\$2,850	
Supplemental	T5 (Select Care Drugs) Covered	
Gap Coverage**	in the Gap	

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Colorado

Hawaii

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New Mexico

Oregon

> Texas

Utah

Washington

Member Extras and Discounts

Texas

San Antonio Area **Expanded**

Bexar & Comal

	Aetna Medicare Premier Plan (HMO)	Aetna Medicare Value Plan (PPO)
CMS ID	H4523-001	H4524-001
Plan Type	НМО	PPO
Star Rating	★ ★★☆	***
Premium	\$0	\$54.50
Deductible	\$0	\$600 [†]
OOP Max	\$3,400	\$6,700 / \$10,000
Primary Care	\$5	\$20
Specialist	\$40	\$40
Inpatient	\$150 copay per day for 1-8 days	\$260 copay per day for 1-7 days
Skilled Nursing	\$0 per day copay, day(s) 1-4; \$50 per day copay, day(s) 5-20; \$152 per day copay, day(s) 21-100	\$25 per day copay, day(s) 1-20; \$152 per day copay, day(s) 21-100
Home Health	\$15	\$0
Outpatient	\$0 - \$150	\$0 - \$260
Ambulance	\$300	\$300
Emergency	\$65	\$65
Urgent Care	\$55	\$55
OSBs (Riders)		
Advantage Dental	\$12.40	N/A
Advantage Dental + \$125/yr. Eyewear + \$300/yr. Hearing Aids	\$22.40	N/A

	Aetna Medicare Premier Plan (HMO)	Aetna Medicare Value Plan (PPO)
DME	20%	20%
Lab	\$5 - \$40	\$20 - \$40
X-Ray Routine /	\$5 - \$40/	\$20 - \$50/
Complex	\$5 - \$150	\$20 - \$260
Dialysis	20%	20%
Preventive Care	\$0	\$0
Hearing Aid	Not Covered	Not Covered
Allowance		
Eyewear Allowance	Not Covered	Not Covered
Health & Wellness	Fitness/Nursing	Fitness /Nursing
Programs	Hotline/Telemonitoring	Hotline/Telemonitoring
Out of Network	N/A	25%
Transportation	Not Covered	Not Covered
Rx Deductible	\$0 Deductible	\$0 Deductible
Rx Benefit*	\$10/25%/50%/	\$10/25%/50%/
	33%/\$0	
Rx ICL	x ICL \$2,850	
Supplemental	T5 (Select Care	T5 (Select Care
Gap Coverage**	Drugs) Covered	Drugs) Covered
	in the Gap	in the Gap

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{***} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Alaska

Arizona

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Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

> Texas

Utah

Washington

Member Extras and Discounts

Texas

	Aetna CVS/pharmacy Prescription Drug Plan (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-056	S5810-192
Plan Type	PDP	PDP
Premium	\$29.60	\$114.50
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	At CVS Pharmacies: \$2/ \$45/ \$95/ 25%/ \$1 At All Other Network Pharmacies: \$7/ \$45/ \$95/ 25%/ \$6	\$5/ 25%/ 45%/ 33%/ \$2
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	CVS/pharmacy N/A	

[†] The Aetna CVS/pharmacy Prescription Drug Plan (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Colorado

Hawaii

Idaho

Nevada

New Mexico

Oregon

Texas

> Utah

Washington

Member Extras and Discounts

Utah

	Aetna Medicare Rx Essentials (PDP)†	Aetna Medicare Rx Premier (PDP)
CMS ID	S5810-065	S5810-201
Plan Type	PDP	PDP
Premium	\$39.30	\$138.80
Rx Deductible	\$310 Deductible	\$0 Deductible
Rx Benefit*	\$3/\$43/\$95/25%/\$1	\$6/ 24%/ 44%/ 33%/ \$1
Rx ICL	\$2,850	\$2,850
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap
Preferred Retail Pharmacy	N/A	N/A

[†] The Aetna Medicare Rx Essentials (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

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Nevada

New Mexico

Oregon

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Utah

→ Washington

Member Extras and Discounts

Washington

	Aetna Medicare Rx Essentials (PDP)†	Aetna Medicare Rx Premier (PDP)	
CMS ID	S5810-064	S5810-200	
Plan Type	PDP	PDP	
Premium	\$35.20	\$133.60	
Rx Deductible	\$310 Deductible	\$0 Deductible	
Rx Benefit*	\$3/\$43/\$95/25%/\$1	\$6/ 24%/ 44%/ 33%/ \$1	
Rx ICL	\$2,850	\$2,850	
Supplemental Gap Coverage**	No Additional Gap Coverage	T5 (Select Care Drugs) Covered in the Gap	
Preferred Retail Pharmacy	N/A	N/A	

[†] The Aetna Medicare Rx Essentials (PDP) is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

^{*} Rx Benefit: one-month supply at in-network retail pharmacies

^{**} Medicare Standard Gap Coverage: After your total yearly drug costs reach \$2,850, you pay 72% for all generic drugs and 47.5% for all brand drugs including the 50% manufacturer discount until your yearly out-of-pocket drug costs (including the manufacturer discount) reach \$4,550.



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Products & discounts

Medicare Overview

National Medicare Advantage Product Offering

National PDP Product Offering

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

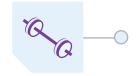
Southeast Region

West Region

 Member Extras and Discounts

Added money-saving benefits for members

Silver & Fit Gym Membership



All MA and MAPD plans will include a fitness benefit, which allows members to get a free fitness facility membership at participating locations. For a list of participating Silver & Fit fitness facilities, see http://www.silverandfit.com/ProviderSearch/default.aspx.. All PDP plan members will have access to Silver & Fit Affinity program, which is not a free fitness facility membership but a discount program for PDP members in all states. For more information, call Aetna Member Services at **1-800-282-5366 (TTY: 711)**.

U.S. Travel Advantage/Emergency Coverage Worldwide (MA and MAPD plans only)



Members are covered at home and away – with the same benefits – wherever they travel in our network. The member must be traveling to another Medicare Advantage HMO service area for a period not exceeding 12 months. If they fit the requirements for U.S. Travel Advantage, initiating this program will allow them to access full coverage out of their home area (instead of urgent/emergent care only), and it will provide them with an extension to the six-month out-of-area disenrollment requirement. Members must call Aetna Member Services at **1-800-282-5366 (TTY: 711)** to register for our U.S. Travel Advantage benefit. Our plans also offer worldwide coverage for medical emergencies.



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Medicare Overview

National Medicare Advantage Product Offering

National PDP Product Offering

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

 Member Extras and Discounts

Added money-saving benefits for members

Transportation to medical visits**



\$0 co-pay per trip with 24 one-way trips to plan-approved locations each year. Wheelchair, taxi or sedan transportation to and from non-emergency medical visits within 60 miles of the member's residence. Trips must be scheduled at least 72 hours prior to appointment. Cancellation must be made more than 2 hours in advance or trip will be deducted from remaining trips available. Member will contact the vendor Access2Care to schedule their transportation at 1-855-814-1699 (TTY: 1-866-849-2060).

^{**}Authorization rules may apply; benefit only available for MAPD plans listed below.

CMS ID	Region	State	Plan Type
H1109-005	SE	GA	НМО
H3931-081	SE	NC	НМО
H3931-082	SE	NC	НМО



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Medicare Overview

National Medicare Advantage Product Offering

National PDP Product Offering

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

 Member Extras and Discounts

Added money-saving benefits for members

Aetna Compassionate CareSM Program



When facing an advanced or life-limiting illness, it's comforting to know you can turn to people who care. Along with loving support from family and friends, the Aetna Compassionate Care Program provides members with access to experienced case managers who will better prepare them for the physical and emotional challenges and decisions ahead. When facing difficult decisions about a serious illness, our trained and experienced case managers can help members and families make truly informed choices while providing helpful advice and support. For more information about Aetna's Compassionate Care Program, including guidance on advance directives/living wills, visit www.aetnacompassionatecare.com or call Aetna Member Services at 1-800-282-5366 (TTY: 711).

Vision and hearing exams (MA and MAPD plans only)



MA and MAPD plan members can receive one free annual vision exam and one free annual hearing exam.

Aetna Rx Home Delivery® (MAPD and PDP plans only)



With Aetna Rx Home Delivery®, our mail-order prescription drug program, members could save money with a three-month supply. They'll also enjoy the convenience of having their medication delivered directly to them, and standard shipping is free. Members can sign up for Aetna Rx Home Delivery by calling **1-866-612-3862 (TTY/TDD: 1-800-201-9457**).



Fast & Responsive Service

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Products & Discounts

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Products & discounts

Medicare Overview

National Medicare Advantage Product Offering

National PDP Product Offering

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

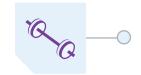
Southeast Region

West Region

 Member Extras and Discounts

And...extra-value discounts help medicare members save even more.*

Fitness discounts



Discounts on gym memberships** and name-brand home fitness and nutrition products that support a healthy lifestyle with services provided by GlobalFit®

** Participation is for new gym members only. If a member belongs to a gym now or belonged recently, the member should call GlobalFit to see if a discount applies.

Weight management discounts



Discounts on the CalorieKing® Program and products, Jenny Craig® weight-loss programs and Nutrisystem® weight-loss meal plans

Vision discounts



Discounts on eye exams, eyeglasses, frames and lenses, contact lenses and solutions, prescription and non-prescription sunglasses, LASIK surgery and more from EyeMed Vision Care

^{*} Discount offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. The member is responsible for the full cost of the discounted services. Availability varies by plan. Aetna may receive a percentage of the fee paid to a discount vendor.



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National PDP Product Offering

MA AND PDP PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

 Member Extras and Discounts

And...extra-value discounts help medicare members save even more.*

Hearing discounts



Discounts on hearing exams, hearing aids, batteries, repairs and other hearing aid services from Hear PO® (MA and MAPD plans only) and Hearing Care Solutions (MA, MAPD and PDP plans)

Natural products and services discounts



Members can save on standard charges for acupuncture, chiropractic, massage therapy and nutrition services through the ChooseHealthy®** program. Members can also get a discount on a wide variety of health and wellness products at www.choosehealthy.com.

Through Vital Health Network, members can save on online consultations and alternative remedies provided by naturopathic or integrated medicine physicians for a variety of conditions.

** The ChooseHealthy program is made available through American Specialty Health Systems, Inc. (ASH Systems), a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.

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Book discounts



Discounts on books, CDs, DVDs and more from the American Cancer Society Bookstore, the Mayo Clinic Bookstore and, for yoga-related titles, Pranamaya

At home products discounts



Discount on the Omron 7 Series[™] Upper Arm Blood Pressure Monitor

Oral health care discounts



- Discounts on Epic Dental cavity-fighting products such as gum, mints, mouthwash and toothpaste
- Savings on Waterpik® adult and children's water-jet flossers

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LifeStation® discount



Discount on monthly cost of a medical alert system, which includes a medical alert console and wireless help button. In the event of an emergency, members press the help button and are immediately connected with Care Specialists at LifeStation's UL Listed Monitoring Center, who will assess the situation and contact EMS and members' emergency contact list, if necessary.

MEM-X discount



Preferred rates on vocal memory aids, reminding members at a precise date and time of whatever it is they would like to do, from making a phone call to taking a medication

Aging with Grace, LLC (AWG) discount



Savings on yearly membership to join a program that helps members care for their aging parents, so they can understand their options; find and coordinate in-home care; and get discounts on needed services and more

^{*} Discount offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. The member is responsible for the full cost of the discounted services. Availability varies by plan. Aetna may receive a percentage of the fee paid to a discount vendor.



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What Aetna's Products Mean for You:











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We've streamlined our operations to make it easier and better to do business with us.





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Valuing our brokers

Aetna has made several enhancements to demonstrate our commitment to our brokers and to make it easier to do business with us.



- Our 2014 direct producer commission schedule pays the highest allowable commissions in the market.
- We pay brokers lifetime renewal commission for Individual MA and PDP policies.
- MA and PDP broker commissions are paid weekly rather than biweekly.



• We've made it easier than ever to access enrollment and commission reports for your book of business. You can find them right on the Individual Medicare page of Producer World.



• We've created a Front Runner Program to thank our top producers and give them an opportunity to earn valuable rewards.



- We identify MA and PDP writing agents based on their National Producer
 Number (NPN) rather than Social Security number to better protect agent privacy.
- Brokers can enroll MA and PDP clients from their iPad using an iPad Mobile Field Enrollment app. The app helps brokers streamline the enrollment process, resulting in faster application processing and guicker commission payments.



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2014 commission schedule - Includes highest allowable commissions for HMO/PPO plans

2014 HMO/PPO Direct producer compensation			
State	New Business	Renewal	
All States, except those listed below	\$425	\$213	
Connecticut, District of Columbia, Pennsylvania	\$480	\$240	
California, New Jersey	\$532	\$266	

2014 PDP Direct producer compensation			
Plan	New Business	Renewal	
Premier	\$56	\$28	
Essentials/CVS	\$0	\$28	

- We pay brokers lifetime renewal commission for Aetna Individual MA and PDP policies.
- Brokers must be properly certified, licensed and appointed with Aetna to receive new business and renewal commission.
- Commissions for new business are based on completed enrollments as confirmed by CMS that are given active status in Aetna's enrollment system.
- Renewal compensation rates are based on member's original Aetna effective date. Existing Aetna business that renews in the following year will continue to be compensated based on the renewal schedule that was in place at the time of the initial enrollment.
- Payment and the receipt by Producer of the commissions due on the sale of an Aetna Medicare product constitutes acceptance of the terms and conditions by Producer as set forth in the Producer Commissions and Requirements schedule.



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Get certified and appointed

All producers are required to be certified, licensed in the applicable states and appointed with Aetna before engaging in the sale of Aetna Medicare products (MA, MAPD, PDP).

To get certified with Aetna, access Aetna's Producer Certification website at https://aetna.cmpsystem.com/ext/ahip/login.php.

Existing producers: Check to ensure that all of your state licenses are active. Be sure to submit your renewal licenses to Aetna before selling Aetna plans.

New producers: After completing your Medicare Certification, you also must be appointed before you can sell Aetna Individual Medicare Products. To get appointed with Aetna please apply online at: https://pangea.geninfo.com/Aetna/Apply/

- Please make sure to access your National Insurance Producer Registry (NIPR) report within the application and select the states in which you need to be appointed. For more information see http://www.nipr.com/index.html.
- Include your Errors and Omissions insurance policy information with minimum coverage amounts of \$1.000.000.
- If you are registering as an employee of a firm, make sure you have the firm's Tax ID to tie you to the firm as an employee. If the agency is not yet appointed with us, an agency application will also need to be completed. Contact the Aetna Medicare Broker Support Unit for more information.



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NOTE: The information presented here is intended to provide an overview of some important CMS Medicare Marketing Guidelines and is not intended to replace required compliance training for Aetna producers. Aetna producers are required to adhere to these Medicare Marketing Standards of Conduct, consistent with the terms of their agreements.

Marketing/Sales Events

Marketing/sales events are defined as marketing and/or sales activities designed to steer, or attempt to steer, Medicare beneficiaries toward a plan or limited set of plans.

- Marketing/sales events provide producers with a forum to promote plan-specific information (such as benefits, premiums, cost-sharing and other services), using a CMS-approved presentation.
- Producers may also perform enrollment activities, such as distributing and accepting enrollment forms.
- Any event scheduled and advertised as a Marketing/Sales Event must meet all CMS-mandated requirements for Marketing/Sales Events, even if only one person is in attendance at the event.
- Scheduled marketing events must be reported to CMS. (Please refer to Sec. 70.9.1 Notifying CMS of Scheduled Marketing Events in the 2014 CMS Marketing Guidelines). Check with your Aetna regional contact for Aetna's internal process.
- Advertisements for sales events must be submitted to CMS for review and approval.

For regulatory guidance, prohibited and acceptable agent behavior, and additional information on Marketing/Sales Events, please refer to Sec.70.9 - Marketing/Sales Events in the 2014 CMS Marketing Guidelines located on Producer World. Also see the "Marketing Dos and Don'ts" on Producer World. Log on to Producer World at https://www.aetna.com/producer/Login.do and go to Individual Medicare, then go to the Compliance section drop down box.



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Marketing/Sales Events (continued)

At a marketing/sales event, producers may not:

- Require beneficiaries to provide any contact information as a prerequisite for attending the event
 - This includes requiring an email address or any other contact information as a condition to RSVP for an event online or through mail
 - Producers should clearly indicate on any sign-in sheets that completion of any contact information is optional see **Seminar Attendance Form** on Producer World
- Use personal contact information obtained to notify individuals of raffle or drawing winnings for any other purpose

For regulatory guidance, prohibited and acceptable agent behavior, and additional information on Marketing/Sales Events, please refer to Sec.70.9 - Marketing/Sales Events in the 2014 CMS Marketing Guidelines located on Producer World. Also see the "Marketing Dos and Don'ts" on Producer World. Log on to Producer World at https://www.aetna.com/producer/Login.do and go to Individual Medicare, then go to the Compliance section drop down box.



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Personal/Individual Marketing Appointments (Home Visits)

- All one-on-one appointments with Medicare beneficiaries are considered to be marketing/sales events by CMS.
- Personal/Individual Marketing Appointments are based on the intimacy of the appointment's location and typically occur in the beneficiary's home; however, they may also take place in other venues, such as a library or coffee shop.
- Beneficiary-initiated one-on-one contact follows the Personal/Individual Marketing Appointment guidelines.
- A Scope of Appointment is required for all Personal/Individual and in-home marketing appointments
- A producer may not market any health care-related product during a marketing appointment beyond the scope agreed upon by the beneficiary, and documented by the producer, prior to the appointment (48 hours in advance when practicable).
- All producers are required to submit a Scope of Appointment form with each enrollment application completed during a Personal/Individual sales appointment.

For regulatory guidance, prohibited and acceptable agent behavior, and additional information on Personal/Individual Marketing Appointments, please refer to Sec.70.9.2 - Personal/Individual Marketing Appointments in the 2014 CMS Marketing Guidelines located on Producer World. Also see the "Marketing Dos and Don'ts" on Producer World. Log on to Producer World at https://www.aetna.com/producer/Login.do and go to Individual Medicare, then go to the Compliance section drop down box.



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Educational Events

Educational events are defined as activities designed to inform Medicare beneficiaries about Medicare Advantage, Prescription Drug or other Medicare plans and programs without steering or attempting to steer beneficiaries toward a specific plan or limited number of plans.

- Educational events may not include any sales activities, such as the distribution of marketing materials or the distribution or collection of enrollment applications.
- Educational events must be explicitly advertised as "educational," otherwise they will be considered to be sales/marketing events by CMS.
- Educational events are held in public venues and do not extend to in-home or one-on-one settings.
- Although it is no longer required by CMS, Aetna has decided to continue reporting educational events.
- Advertisements for educational events must be submitted to CMS for review and approval.

For regulatory guidance, prohibited and acceptable agent behavior, and additional information on Educational Events, please refer to Sec.70.8 - Educational Events in the 2014 CMS Marketing Guidelines located on Producer World. Also see the "Marketing Dos and Don'ts" on Producer World. Log on to Producer World at https://www.aetna.com/producer/Login.do and go to Individual Medicare, then go to the Compliance section drop down box.



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Promotional Events

Promotional events are defined as activities performed by a plan sponsor, or by an individual or organization on a plan sponsor's behalf, to inform current and potential enrollees of the products that are available.

- Promotional activities typically provide a higher level of detail about the plan and products than general advertising.
- It's important for producers to clearly identify the types of products that will be discussed before marketing to a beneficiary.
- This includes all sales presentations, events and appointments that are designed to promote or encourage a beneficiary to enroll in a plan.

For regulatory guidance, prohibited and acceptable agent behavior, and additional information on Promotional Activities, please refer to Sec.70 - Promotional Activities, Rewards, Incentives, Events and Outreach in the 2014 CMS Marketing Guidelines located on Producer World. Also see the "Marketing Dos and Don'ts" on Producer World. Log on to Producer World at https://www.aetna.com/producer/Login.do and go to Individual Medicare, then go to the Compliance section drop down box.



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Scope of Appointment

A **Scope of Appointment** is a documented agreement between a beneficiary and a plan sponsor or producer, detailing which product(s) may be discussed during a marketing appointment.

- In conducting marketing activities for MA or Part D products, plan sponsors or an individual or organization on a plan sponsor's behalf may not market any health care-related product during a marketing appointment beyond the scope agreed upon by the beneficiary and documented by the plan or representatives of the plan prior to the appointment (48 hours in advance when practicable).
- Neither a plan sponsor, nor a producer, may agree to a Scope of Appointment on behalf of a beneficiary.
- The Scope of Appointment may be in writing (in the form of a signed agreement by the beneficiary), or a recorded oral agreement.
- Personal/Individual Marketing Appointments (Home Visits) are governed by a Scope of Appointment.
- If the beneficiary requests information beyond the Scope of Appointment during a Personal/Individual Marketing Appointment, a second Scope of Appointment must be documented and signed before the marketing appointment can continue.
- All producers are required to submit a Scope of Appointment form with each enrollment application completed during a Personal/Individual sales appointment.
- The **Scope of Appointment Form** can be found on Producer World under "Marketing Materials."

For regulatory guidance, prohibited and acceptable agent behavior, and additional information on Scope of Appointment requirements, please refer to Sec.70.9.3 - Scope of Appointment and 70.9.4 - Beneficiary Walk-ins in the 2014 CMS Marketing Guidelines located on Producer World. Also see the "Marketing Dos and Don'ts" on Producer World. Log on to Producer World at https://www.aetna.com/producer/Login.do and go to Individual Medicare, then go to the Compliance section drop down box.



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Permission to Contact

The Permission to Contact Form (or Business Reply Card) is used to document a Scope of Appointment prior to a producer conducting an outbound call to a beneficiary.

- All Permission to Contact Forms must include a statement informing the beneficiary that a salesperson may call as a result of the beneficiary completing a Permission to Contact Form.
- A Permission to Contact Form is not required for a meeting if a prospect calls in to RSVP for the meeting, but is required when a broker places a follow-up call to a meeting attendee.
- Aetna's <u>Permission to Contact Forms</u> can be found on Producer World under "Marketing Materials."

For regulatory guidance, prohibited and acceptable agent behavior, and additional information on Scope of Appointment requirements, please refer to Sec.70.9.3 - Scope of Appointment and 70.9.4 - Beneficiary Walk-ins in the 2014 CMS Marketing Guidelines located on Producer World. Also see the "Marketing Dos and Don'ts" on Producer World. Log on to Producer World at https://www.aetna.com/producer/Login.do and go to Individual Medicare, then go to the Compliance section drop down box.



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Producer Monitoring

- The goal of producer monitoring is to identify counseling and/or educational needs and to ensure compliance with all CMS marketing guidelines, state requirements and Aetna internal policies.
- Throughout the Annual Enrollment Period (AEP), Aetna and CMS will conduct routine audits of all producers through field evaluations of Marketing/Sales Events or scheduled Personal/Individual Marketing Appointments, as well as review of administrative data.
- The evaluators are typically regional sales management or designated Aetna representatives, but also include CMS representatives monitoring marketing and sales activity as part of the CMS "Secret Shopper" program.

Producers will be monitored in these areas:

- 1. **Rapid Disenrollment:** Rapid Disenrollment is disenrollment occurring within 90 days of the member's effective date with the health plan, excluding disenrollments due to death, out of area moves, loss of Part A or loss of Part B.
- 2. **Producer Complaints:** A complaint is any expression of dissatisfaction to a Medicare health plan, provider, facility or Quality Improvement Organization (QIO) made orally or in writing by an enrolled beneficiary. Complaints may include concerns about the service or general operations of providers and plan sponsors, including expressions of dissatisfaction with producer conduct.
- 3. **48-Hour Enrollment Submission:** All applications must be received by Aetna within 48 hours of receipt by the producer.
- 4. **Marketing/Sales Events & Personal/Individual Appointments:** External producer marketing/sales events and educational events must be evaluated quarterly.



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Reporting of Compliance Questions and Issues

For general compliance-related questions and reporting of suspected compliance issues, please follow the guidelines below:

- 1. Search the **Compliance Information** drop-down box or **Helpful Links** section on **Producer World** for resources, guidelines, and documents to assist you with locating your answer.
- 2. Contact your Aetna Representative, Regional Broker Liaison, or the National Broker Support Unit. See **Sales and Service Contacts** for contact information.
- 3. To report suspected compliance issues or ask general compliance or business-related questions, please email **medicarecompliance**@aetna.com.



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Individual Medicare enrollments and applications

You may submit enrollment applications in these ways:

- **Online:** through our iPad mobile field enrollment app. Contact your Broker Sales Representative or the Aetna Medicare Broker Support Unit for downloading instructions.
- **Online:** through Aetna's Producer Online Enrollment Tool (POET). Register through <u>Producer World</u> or by contacting your Broker Sales Representative or the Aetna Medicare Broker Support Unit.

 Note: If using POET, you must obtain a signed <u>Online Enrollment Authorization Form</u> and provide a signed hard copy to the beneficiary and to Aetna with each enrollment application submission.
- Fax: 1-866-441-2341
- Mail: Aetna Medicare Broker Enrollment Team P.O. Box 14088 Lexington, KY 40512-4088
- **Email:** MedicareEnrollmentTransactions@aetna.com.
- If you work with a General Agent (GA) or Field Marketing Organization (FMO): Contact your GA or FMO for instructions.

All applications must be received by Aetna within 48 hours of receipt by the producer.



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Enrollment checklist

For timely processing and accurate submission, make sure:

- You use the latest enrollment forms located on Producer World:
 - MAPD Enrollment Form
 - PDP Enrollment Form

Please note we are no longer using short enrollment forms.

- Every application has a valid requested effective date that corresponds with the correct election period code.
 - See <u>2014 Election Periods Booklet</u>
 on Producer World for more details.

- The application is received **by Aetna within 48 hours** of receipt by the producer
- You submit a Scope of Appointment form with each enrollment application completed during a Personal/Individual sales appointment
- ☑ All information is complete and legible
- The beneficiary's Health Insurance Claim Number (HICN#) is accurate
- You submit Loss of Creditable Coverage when applicable

For step-by-step enrollment instructions, please see our <u>Enrollment Instructions</u> for Aetna Medicare Advantage Products document on Producer World.



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Remember these key dates

Annual Notice of Change (ANOC)/Evidence of Coverage (EOC) Mailings:

September 4 - September 19, 2013. ANOCs/EOCs mailed to existing Individual MA, MAPD and PDP members. (All ANOCs/EOCs must be received by the member by September 30, 2013.)

Brokers can begin marketing 2014 plans/benefits (but cannot enroll members until October 15): October 1, 2013

Annual Election Period (AEP): October 15 - December 7, 2013 (Enrollments are effective January 1, 2014, subject to approval by CMS.)

Initial Election Period (IEP): 3 months before, month of, and 3 months after 65th birth month

Medicare Advantage Disenrollment Period (MADP): January 1, 2014 - February 14, 2014

Special Election Period (SEP): Permitted in certain situations, such as losing employer coverage or moving to a new service area

5-Star Plan Special Election Period: Medicare has established a SEP to allow Medicare beneficiaries eligible for Medicare Advantage (MA) plans to enroll in 5-star MA plans at any point during the year

See <u>2014 Election Periods Booklet</u> and <u>Special Election Periods Quick Reference</u> Guide on Producer World for more details.



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- ☑ Get licensed and appointed with Aetna
- ✓ Learn about Aetna's products
- Review CMS Medicare Marketing
 Guidelines and understand how to stay
 compliant
- Remember key dates
- ✓ Understand commissions

- ✓ Learn how to submit enrollments
- Order enrollment kits
- ☑ Download sales presentations and video
- ☑ Download our free iPad Mobile Field Enrollment app to your iPad
- Sell Aetna Individual Medicare
- Sell 10 Aetna Individual Medicare MA, MAPD or PDP applications during AEP to become a Front Runner for 2014 and earn valuable rewards!



Be sure to review the new

Aetna Medicare Producer Handbook

on Producer World - a step-by-step
guide on how to do business with Aetna
and sell our Individual Medicare plans.



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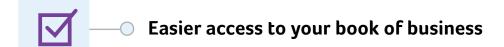
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What doing business with Aetna means for you:











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Thank you for your attention today.

We're happy to power up your portfolio with Aetna Individual Medicare!

