



Starting Your Path to Success:

2012 Aetna Individual Medicare Broker Plan Booklet

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- ▶ Providing this information to Medicare beneficiaries prior to October 1, 2011, is a violation of your Aetna General Agent Agreement and/or Aetna Producer Agreement as well as CMS Marketing Guidance and Regulations.

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PRODUCT CHOICES



MEDICARE
ADVANTAGE



PLAN OPTIONS BY
REGION AND STATE



P D P

PRODUCT CHOICES & BENEFITS

► National Medicare Product Offering

National PDP Product Offering

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

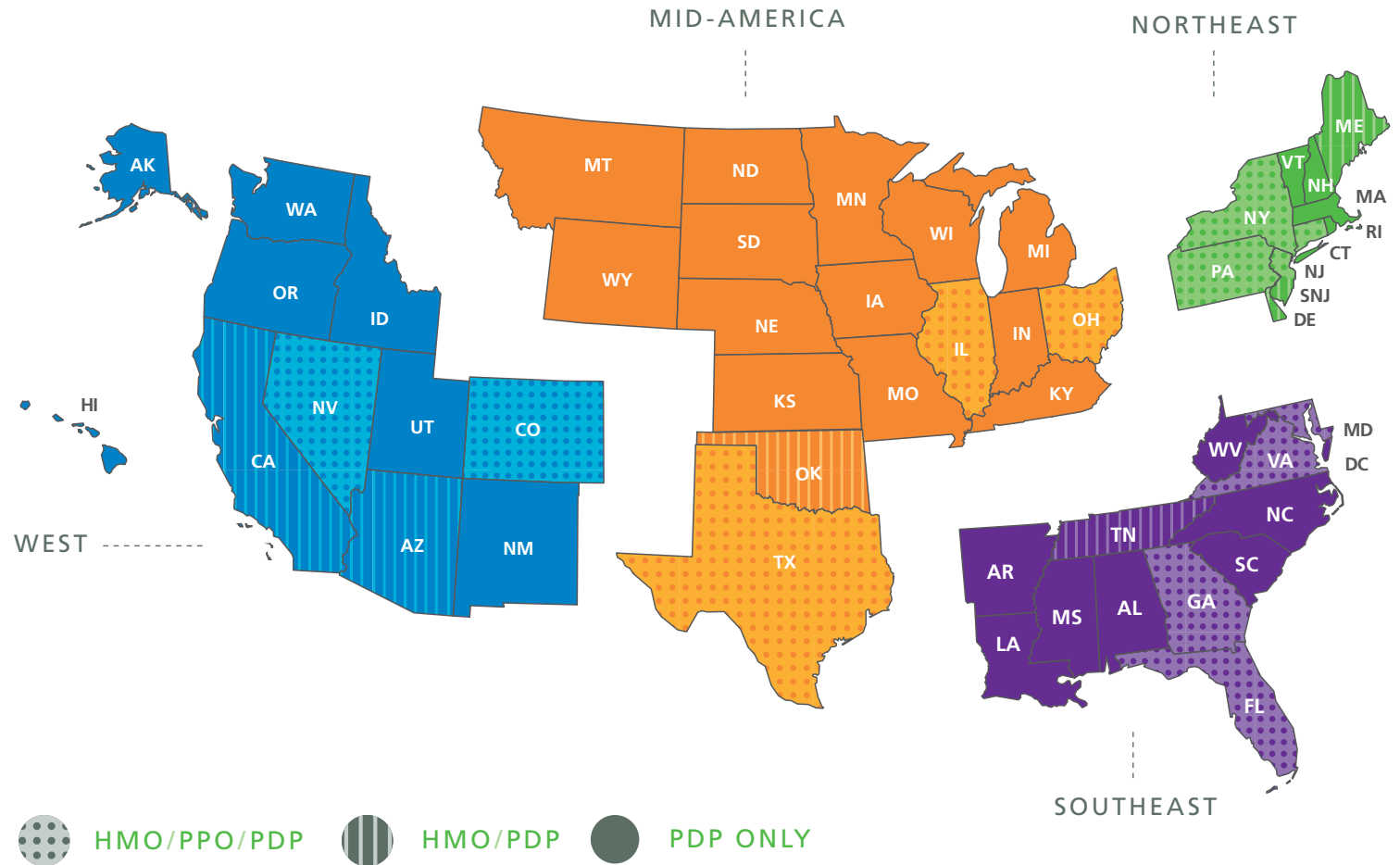
Northeast Region

Southeast Region

West Region

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2012 Individual Medicare Product Offering



PRODUCT CHOICES & BENEFITS

► **National Medicare Product Offering**

National PDP Product Offering

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

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Summary of Eligibles by Market (MA-PD)

STATE	MARKET		STATE TOTAL
AZ	Arizona		939,968
CA	Central Valley	110,481	
	Inland Empire	495,806	
	Los Angeles	1,661,268	
	San Diego	401,197	
	Ventura	111,542	
			2,780,294
CO	Colorado		638,181
CT	Connecticut		459,921
DC	Washington, D.C.		79,286
DE	Delaware		152,155
FL	Jacksonville	152,255	
	South	887,814	
	Southwest	361,432	
	Tampa	469,896	
			1,871,397
GA	Atlanta		351,375
IL	Chicago		708,648
MD	Baltimore		675,085
ME	Maine		117,133
NJ	Northern	908,101	
	Southern	333,857	
			1,241,958
NV	Nevada		240,559
GRAND TOTAL			15,232,884

STATE	MARKET		STATE TOTAL
NY	Bronx and Kings	480,964	
	Hudson Valley	197,860	
	New York, Queens and Richmond	613,794	
	Upstate	164,993	
			1,457,611
OH	Cincinnati	126,388	
	Cleveland	317,562	
	Columbus	161,173	
	Toledo	71,450	
			676,573
OK	Oklahoma		105,038
PA	Central	302,562	
	Lehigh Valley	154,814	
	Northeastern	113,739	
	Philadelphia	228,510	
	Southeastern	401,788	
			1,201,413
TN	Tennessee		80,218
TX	Dallas/Fort Worth	564,814	
	Houston	445,902	
	San Antonio	239,414	
			1,250,130
VA	Northern		205,941
GRAND TOTAL			15,232,884



PRODUCT CHOICES & BENEFITS

National Medicare Product Offering

► **National PDP Product Offering**

PLAN OPTIONS BY REGION AND STATE:

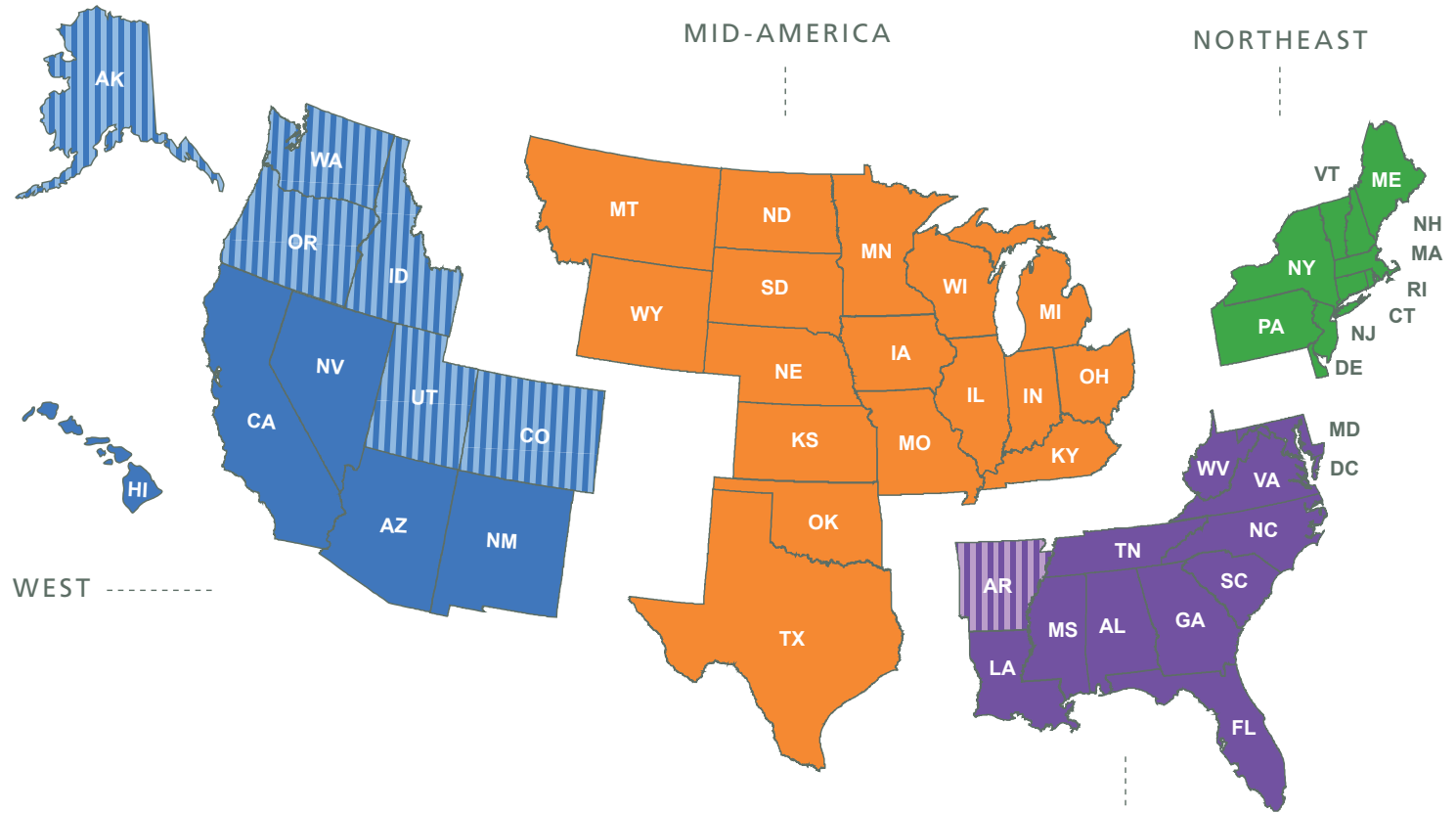
Mid-America Region

Northeast Region

Southeast Region

West Region

2012 Individual Medicare Prescription Drug Plan Product Offering



- AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP) AND AETNA MEDICARE RX PREMIER PLAN (PDP)
- ▨ AETNA MEDICARE RX ESSENTIALS PLAN (PDP) AND AETNA MEDICARE RX PREMIER PLAN (PDP)

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PRODUCT CHOICES & BENEFITS

National Medicare Product Offering

► National PDP Product Offering

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

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New for 2012

JOINING FORCES FOR MEDICARE PART D

- Aetna and pharmacy industry leader CVS/pharmacy have joined together to offer a Medicare Part D plan in select service areas that features low plan premiums, savings on prescription drugs, and the convenience of shopping at a neighborhood pharmacy.



MORE OPTIONS FOR MEDICARE PART D

- Aetna will also offer an enhanced standalone Part D product covering most generic prescription drugs during the gap.

PRODUCT CHOICES & BENEFITS

National Medicare Product Offering

▶ National PDP Product Offering

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

West Region

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Thanks to the Joint Effort Between Aetna and CVS/Pharmacy, Your Clients Will Enjoy...

VALUE

- ▶ Monthly plan premium of only **\$26**
- ▶ Savings of \$6 in cost-sharing on preferred generics and \$10 in cost-sharing on non-preferred generics and preferred brand drugs at CVS/pharmacy locations
- ▶ First dollar coverage on most generics (i.e. a, \$0 deductible on Tiers 1-2)
- ▶ Members enrolled in the Aetna CVS/pharmacy Prescription Drug Plan (PDP) will receive a CVS ExtraCare Health Card upon enrollment at no cost to the member, for extra savings on CVS brand health-related products.

CONVENIENCE

- ▶ Members may fill their prescriptions at any of the 65,000 pharmacies in Aetna's Medicare network, including more than 7,200 CVS/pharmacy locations nationwide
- ▶ 75% of the U.S. population lives within three miles of a CVS/pharmacy
- ▶ Many CVS/pharmacy locations offer 24-hour or extended-hour services and/or drive-through pharmacies

Aetna + CVS/Pharmacy = a powerful combination for your clients!

**PRODUCT
CHOICES &
BENEFITS**

PLAN OPTIONS BY
REGION AND STATE:

► **Mid-America Region**

Northeast Region

Southeast Region

West Region

2012

Mid-America Region Individual Medicare Product Details

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**OUT
FRONT
WITH
AETNA** SM Producer Support
Program

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► **Mid-America Region**

Northeast Region

Southeast Region

West Region



Illinois

HMO & PPO

Chicago Market

Cook

PDP

Statewide

HIGHLIGHTS

- Dental plan available statewide for HMO plans
- HMO and PPO options available
- One of the largest hospital networks in Cook County of any MA carrier
- Competitive PCP and Specialist copays

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**OUT
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AETNA** SM Producer Support
Program

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Chicago Market | Cook

	AETNA MEDICARE VALUE PLAN (HMO)	AETNA MEDICARE STANDARD PLAN (PPO)
CMS ID	H1419-001	H5521-016
Plan Type	HMO	PPO
Premium	\$0	\$79
Deductible	\$0	\$0 INN/\$1,000 OON
OOP Max	\$3,400	\$6,700 INN/\$10,000 Combined
Primary Care	\$10	\$10
Specialist	\$40	\$40
Inpatient	\$225/day 1-8	\$200/day 1-8
Skilled Nursing	\$0/d 1-7, \$75/day 8-15, \$100/d 16-100	\$0/d 1-10, \$50/d 11-20, \$100/d 21-100
Home Health	\$15	\$0
Outpatient	\$0-\$225	\$0-\$200
Ambulance	\$200	\$175
Emergency	\$65	\$65
Urgent Care	\$40	\$40
DME	\$20	20%
Dialysis	\$30	20%
Eyewear Allowance	\$50 Every 2 Years	Not Covered
Out of Network	N/A	30%
Dental Rider	\$16	N/A
Rx Benefit*	\$7/\$33/\$45/\$95/33%	\$7/\$30/\$45/\$95/33%

COMMON FEATURES ACROSS ALL PLANS

Lab	\$0-\$40	Rx Deductible	\$0
X-Ray Routine/Complex	\$0-\$50/\$250		
Preventive Care	\$0	Rx ICL	\$2,930
Hearing Aid Allowance	\$300 Every 3 Years	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Health & Wellness	Fitness/Nursing Hotline	Preferred Retail Pharmacy	N/A



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

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Northeast Region

Southeast Region

West Region

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Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-051	S5810-187
Plan Type	PDP	PDP
Premium	\$26	\$80.50
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$35/40%/25% At All Other Network Pharmacies: \$9/\$20/\$45/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

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Indiana

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-049	S5810-185
Plan Type	PDP	PDP
Premium	\$26	\$84.90
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$29/41%/25% At All Other Network Pharmacies: \$9/\$20/\$39/41%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

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► Mid-America Region

Northeast Region

Southeast Region

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Iowa

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$26	\$75.50
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$31/40%/25% At All Other Network Pharmacies: \$9/\$20/\$41/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
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Kansas

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-058	S5810-194
Plan Type	PDP	PDP
Premium	\$26	\$79.40
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$31/40%/25% At All Other Network Pharmacies: \$9/\$20/\$41/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

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Kentucky

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-049	S5810-185
Plan Type	PDP	PDP
Premium	\$26	\$84.90
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$29/41%/25% At All Other Network Pharmacies: \$9/\$20/\$39/41%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

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► Mid-America Region

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Michigan

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-047	S5810-183
Plan Type	PDP	PDP
Premium	\$26	\$68.50
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$33/37%/25% At All Other Network Pharmacies: \$9/\$20/\$43/37%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

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Minnesota

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$26	\$75.50
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$31/40%/25% At All Other Network Pharmacies: \$9/\$20/\$41/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



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Missouri

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-052	S5810-188
Plan Type	PDP	PDP
Premium	\$26	\$78
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$37/40%/25% At All Other Network Pharmacies: \$9/\$20/\$47/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

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► Mid-America Region

Northeast Region

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Montana

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$26	\$75.50
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$31/40%/25% At All Other Network Pharmacies: \$9/\$20/\$41/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

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Nebraska

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$26	\$75.50
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$31/40%/25% At All Other Network Pharmacies: \$9/\$20/\$41/40%/25%	\$4/\$25/\$35/\$80/33%
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PRODUCT CHOICES & BENEFITS

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West Region

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North Dakota

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$26	\$75.50
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$31/40%/25% At All Other Network Pharmacies: \$9/\$20/\$41/40%/25%	\$4/\$25/\$35/\$80/33%
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Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

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West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Ohio

HMO & PPO

Cuyahoga
Delaware
Franklin
Hamilton
Lucas
Summit

PDP

Statewide

HIGHLIGHTS

- \$0 premium MA-PD plans available
- Strong market share and brand name
- Unique collaborative relationships with Cleveland Clinic (Cuyahoga County), Central Ohio Primary Care Physicians (Franklin/Delaware Counties), ProMedica, Toledo Clinic and Oregon Clinic (Lucas County)
- Superior networks in Cleveland (Cuyahoga County), Columbus and Toledo
- Improved pricing for 2012 with our HMO and PPO plans

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Ohio

Cincinnati, Columbus & Toledo Market | Delaware, Franklin, Hamilton, Lucas

	AETNA MEDICARE VALUE PLAN (HMO)	AETNA MEDICARE PREMIER PLAN (HMO)
CMS ID	H3623-001	H3623-003
Plan Type	HMO	HMO
Premium	\$0	\$54
Deductible	\$0	\$0
OOP Max	\$3,400	\$3,000
Primary Care	\$10	\$10
Specialist	\$40	\$35
Inpatient	\$225/day 1-8	\$150/day 1-7
Skilled Nursing	\$0/d 1-10, \$75/d 11-20, \$100/d 21-100	\$0/d 1-10, \$75/d 11-20, \$100/d 21-100
Home Health	\$15	\$0
Outpatient	\$0-\$200	\$0-\$150
Ambulance	\$200	\$150
DME	20%	20%
Lab	\$0-\$40	\$0-\$35
X-Ray Routine/Complex	\$0-\$50/\$175	\$0-\$40/\$150
Out of Network	N/A	N/A
Dental Rider	\$16	\$16
Rx Benefit*	\$7/\$33/\$45/\$95/33%	\$4/\$29/\$40/\$85/33%
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 Covered in the Gap

COMMON FEATURES ACROSS ALL PLANS

Emergency	\$65	Hearing Aid Allowance	\$300 Every 3 Years
Urgent Care	\$40	Eyewear Allowance	\$50 Every 2 Years
DME	20%	Health & Wellness	Fitness/Nursing Hotline
Dialysis	20%	Rx Deductible	\$0
Preventive Care	\$0	Rx ICL	\$2,930
		Preferred Retail Pharmacy	N/A

OUT FRONT WITH AETNA™
Producer Support Program

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Cleveland Market | Cuyahoga, Summit

AETNA MEDICARE VALUE PLAN (HMO)			
CMS ID	H3623-004	Lab	\$0-\$40
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$50/\$175
Premium	\$0	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$3,000	Hearing Aid Allowance	\$300 Every 3 Years
Primary Care	\$5	Eyewear Allowance	\$50 Every 2 Years
Specialist	\$40	Health & Wellness	Fitness/Nursing Hotline
Inpatient	\$225/day 1-8	Out of Network	N/A
Skilled Nursing	\$0/d 1-10, \$75/d 11-20, \$100/d 21-100	Dental Rider	\$16
Home Health	\$10	Rx Deductible	\$0
Outpatient	\$0-\$225	Rx Benefit*	\$6/\$33/\$45/\$95/33%
Ambulance	\$175	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$40	Preferred Retail Pharmacy	N/A
DME	20%		



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Cincinnati, Cleveland, Columbus & Toledo Market | Cuyahoga, Delaware, Franklin, Hamilton, Lucas, Summit

AETNA MEDICARE STANDARD PLAN (PPO)			
CMS ID	H5521-020	Lab	\$0-\$45
Plan Type	PPO	X-Ray Routine/Complex	\$0-\$50/\$175
Premium	\$54	Dialysis	20%
Deductible	\$0 INN/\$1,000 OON	Preventive Care	\$0
OOP Max	\$5,000 INN/\$7,500 Combined	Hearing Aid Allowance	\$300 Every 3 Years
Primary Care	\$15	Eyewear Allowance	\$50 Every 2 Years
Specialist	\$45	Health & Wellness	Fitness/Nursing Hotline
Inpatient	\$220/day 1-8	Out of Network	25%
Skilled Nursing	\$0/d 1-8, \$50/d 9-20, \$100/d 21-100	Dental Rider	N/A
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$220	Rx Benefit*	\$7/\$33/\$45/\$95/33%
Ambulance	\$180	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$40	Preferred Retail Pharmacy	N/A
DME	20%		

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Ohio

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-048	S5810-184
Plan Type	PDP	PDP
Premium	\$26	\$68.70
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$21/\$35/39%/25% At All Other Network Pharmacies: \$9/\$31/\$45/39%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Oklahoma

HMO

Oklahoma

PDP

Statewide

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Oklahoma

Oklahoma Market | Oklahoma

AETNA MEDICARE VALUE PLAN (HMO)

CMS ID	H5832-001	Lab	\$0-\$40
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$40/20%
Premium	\$0	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$5,000	Hearing Aid Allowance	Not Covered
Primary Care	\$10	Eyewear Allowance	Not Covered
Specialist	\$40	Health & Wellness	Nursing Hotline
Inpatient	\$250/day 1-5	Out of Network	N/A
Skilled Nursing	\$0/d 1-20, \$145/d 21-100	Dental Rider	N/A
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$200	Rx Benefit*	\$8/\$24/\$45/\$95/33%
Ambulance	\$200	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$35	Preferred Retail Pharmacy	N/A
DME	20%		

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Oklahoma

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-057	S5810-193
Plan Type	PDP	PDP
Premium	\$26	\$83.70
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$34/38%/25% At All Other Network Pharmacies: \$9/\$20/\$44/38%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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South Dakota

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$26	\$75.50
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$31/40%/25% At All Other Network Pharmacies: \$9/\$20/\$41/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Texas

HMO & PPO

Bexar
Collin
Comal

Dallas
Denton
Harris

Montgomery
Tarrant

PDP

Statewide

HIGHLIGHTS

- \$0 premium MA-PD plans available
- Attractive HMO and PPO benefit designs
- **Dallas/Forth Worth:**
 - Strong brand recognition in the market
 - Strong PPO opportunity
- **Houston:**
 - Growth focus market
 - Strong network in Montgomery County
- **San Antonio:**
 - Robust Medicare network
 - Growth opportunity due to competitor network disruption

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Texas

Dallas/Fort Worth Market | Collin, Dallas, Denton, Tarrant

	AETNA MEDICARE PREMIER PLAN (HMO)	AETNA MEDICARE VALUE PLAN (PPO)
CMS ID	H4523-005	H4524-007
Plan Type	HMO	PPO
Premium	\$0	\$39
Deductible	\$0	\$0 INN/\$500 OON
OOP Max	\$3,400	\$5,000 INN/\$7,500 Combined
Primary Care	\$0	\$15
Specialist	\$20	\$40
Inpatient	\$100/day 1-5	\$200/day 1-7
Skilled Nursing	\$0/d 1-20, \$100/d 21-100	\$0/d 1-4, \$50/d 5-20, \$145/d 21-100
Outpatient	\$0-\$75	\$0-\$175
Urgent Care	\$25	\$35
Lab	\$0-\$20	\$0-\$40
X-Ray Routine/Complex	\$0-\$20/20%	\$0-\$40/20%
Hearing Aid Allowance	\$1000 Every 3 Years	\$300 Every 3 Years
Eyewear Allowance	\$200 Every 2 Years	\$75 Every 2 Years
Out of Network	N/A	25% (does not apply to Inpatient Acute Hospital)
Dental Rider	\$7/\$12	N/A
Rx Benefit*	\$4/\$33/\$45/\$94/33%	\$6/\$33/\$40/\$85/33%

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Health & Wellness	Fitness/Nursing Hotline
Ambulance	\$100	Rx Deductible	\$0
Emergency	\$65	Rx ICL	\$2,930
DME	20%	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	Tier 1 Covered in the Gap
Dialysis	20%	Preferred Retail Pharmacy	N/A
Preventive Care	\$0		

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Texas

Houston Market | Harris, Montgomery

	AETNA MEDICARE PREMIER PLAN (HMO)	AETNA MEDICARE VALUE PLAN (PPO)
CMS ID	H4523-015	H4524-013
Plan Type	HMO	PPO
Premium	\$0	\$49
Deductible	\$0	\$0 INN/\$500 OON
OOP Max	\$3,400	\$3,400 INN/\$5,000 Combined
Primary Care	\$5	\$10
Specialist	\$25	\$40
Inpatient	\$175/day 1-5	\$225/day 1-7
Skilled Nursing	\$0/d 1-20, \$145/d 21-100	\$0/d 1-4, \$50/d 5-20, \$145/d 21-100
Outpatient	\$0-\$175	\$0-\$200
Urgent Care	\$25	\$35
Lab	\$0-\$25	\$0-\$40
X-Ray Routine/Complex	\$0-\$25/20%	\$0-\$40/20%
Hearing Aid Allowance	\$500 Every 3 Years	\$300 Every 3 Years
Eyewear Allowance	\$100 Every 2 Years	\$100 Every 2 Years
Out of Network	N/A	25% (does not apply to Inpatient Acute Hospital)
Dental Rider	\$7/\$12	N/A
Rx Deductible	\$0	\$0
Rx Benefit*	\$4/\$33/\$45/\$89/33%	\$5/\$33/\$40/\$84/33%

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Preventive Care	\$0
Ambulance	\$150	Health & Wellness	Fitness/Nursing Hotline
Emergency	\$65	Rx ICL	\$2,930
DME	20%	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	Tier 1 Covered in the Gap
Dialysis	20%	Preferred Retail Pharmacy	N/A

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Texas

San Antonio Market | Bexar, Comal

	AETNA MEDICARE PREMIER PLAN (HMO)	AETNA MEDICARE VALUE PLAN (PPO)
CMS ID	H4523-001	H4524-001
Plan Type	HMO	PPO
Premium	\$0	\$19
Deductible	\$0	\$0 INN/\$500 OON
OOP Max	\$3,400	\$5,000 INN/\$7,500 Combined
Primary Care	\$0	\$15
Specialist	\$20	\$40
Inpatient	\$100/day 1-5	\$200/day 1-7
Skilled Nursing	\$0/d 1-20, \$130/d 21-100	\$0/d 1-4, \$50/d 5-20, \$145/d 21-100
Outpatient	\$0-\$100	\$0-\$175
Urgent Care	\$25	\$35
Lab	\$0-\$20	\$0-\$40
X-Ray Routine/Complex	\$0-\$20/20%	\$0-\$40/20%
Hearing Aid Allowance	\$500 Every 3 Years	\$300 Every 3 Years
Out of Network	N/A	25% (does not apply to Inpatient Acute Hospital)
Dental Rider	\$7/\$12	N/A
Rx Benefit*	\$4/\$33/\$45/\$90/33%	\$7/\$33/\$45/\$95/33%
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	Tier 1 Covered in the Gap	No Additional Gap Coverage

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Eyewear Allowance	\$100 Every 2 Years
Ambulance	\$150	Health & Wellness	Fitness/Nursing Hotline
Emergency	\$65	Rx Deductible	\$0
DME	20%	Rx ICL	\$2,930
Dialysis	20%	Preferred Retail Pharmacy	N/A
Preventive Care	\$0		

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Texas

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-056	S5810-192
Plan Type	PDP	PDP
Premium	\$26	\$75.10
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$33/39%/25% At All Other Network Pharmacies: \$9/\$20/\$43/39%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Wisconsin

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-050	S5810-186
Plan Type	PDP	PDP
Premium	\$26	\$76.60
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$28/39%/25% At All Other Network Pharmacies: \$9/\$20/\$38/39%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

► Mid-America Region

Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Wyoming

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-059	S5810-195
Plan Type	PDP	PDP
Premium	\$26	\$75.50
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$31/40%/25% At All Other Network Pharmacies: \$9/\$20/\$41/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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2012

Northeast Region Individual Medicare Product Details

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Connecticut

HMO & PPO

Fairfield
Hartford
Litchfield
New Haven

PDP

Statewide

HIGHLIGHTS

- Aetna well positioned to capitalize on market disruption
- Anticipate premium advantage
- 17% MA penetration; local brokers know Medicare
- \$0 Premium MA-PD plan available
- Strong provider network

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Connecticut

Connecticut Market | Fairfield, Hartford, Litchfield, New Haven

	AETNA MEDICARE VALUE PLAN (HMO)	AETNA MEDICARE STANDARD PLAN (HMO)	AETNA MEDICARE STANDARD PLAN (PPO)
CMS ID	H5793-001	H5793-008	H5521-013
Plan Type	Open Access HMO	Open Access HMO	PPO
Premium	\$0	\$94	\$87
Deductible	\$0	\$0	\$0 INN/\$1,000 OON
OOP Max	\$6,700	\$3,400	\$6,700 INN/\$10,000 Combined
Primary Care	\$15	\$10	\$10
Specialist	\$40	\$25	\$30
Inpatient	\$250/day 1-7	\$195/day 1-7	\$195/day 1-7
Skilled Nursing	\$0/d 1-10, \$50/d 11-20, \$125/d 21-100	\$0/d 1-10, \$50/d 11-20, \$125/d 21-100	\$0/d 1-8, \$50/d 9-20, \$100/d 21-100
Outpatient	\$0-\$200	\$0-\$175	\$0-\$175
Urgent Care	\$40	\$35	\$40
Lab	\$0-\$40	\$0-\$25	\$0-\$30
X-Ray Routine/Complex	\$0-\$40/20%	\$0-\$25/20%	\$0-\$30/20%
Hearing Aid Allowance	Not Covered	\$500 Every 3 Years	\$500 Every 3 Years
Eyewear Allowance	Not Covered	\$50 Every 2 Years	\$50 Every 2 Years
Out of Network	N/A	N/A	30%
Dental Rider	\$16	\$16	N/A
Rx Benefit*	\$6/\$33/\$45/\$95/33%	\$5/\$33/\$45/\$95/33%	\$7/\$31/\$45/\$95/33%
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 Covered in the Gap	No Additional Gap Coverage

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Preventive Care	\$0
Ambulance	\$150	Health & Wellness	Nursing Hotline
Emergency	\$65	Rx Deductible	\$0
DME	20%	Rx ICL	\$2,930
Dialysis	20%	Preferred Retail Pharmacy	N/A

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Connecticut

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-036	S5810-172
Plan Type	PDP	PDP
Premium	\$26	\$91.90
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$13/\$39/38%/25% At All Other Network Pharmacies: \$9/\$23/\$49/38%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Delaware

HMO & PPO

New Castle

PDP

Statewide

HIGHLIGHTS

- Strong provider network

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► **Northeast Region**

Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Delaware

Delaware Market | New Castle

	AETNA MEDICARE STANDARD PLAN (HMO)	AETNA MEDICARE PREMIER PLAN (HMO)	AETNA MEDICARE PREMIER PLAN (PPO)
CMS ID	H5813-003	H5813-006	H8684-001
Plan Type	HMO	HMO	PPO
Premium	\$54	\$129	\$165
Deductible	\$0	\$0	\$0 INN/\$500 OON
OOP Max	\$6,700	\$6,700	\$6,700 INN/\$10,000 Combined
Specialist	\$40	\$30	\$30
Inpatient	\$250/day 1-7	\$200/day 1-7	\$200/day 1-7
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100
Lab	\$0-\$40	\$0-\$30	\$0-\$30
X-Ray Routine/Complex	\$0-\$40/20%	\$0-\$30/20%	\$0-\$30/20%
Eyewear Allowance	Not Covered	Not Covered	Not Covered
Out of Network	N/A	N/A	20%
Rx Benefit*	\$6/\$33/\$45/\$95/33%	\$4/\$31/\$45/\$85/33%	\$4/\$33/\$45/\$95/33%
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 Covered in the Gap	Tier 1 Covered in the Gap

COMMON FEATURES ACROSS ALL PLANS

Primary Care	\$10	Dialysis	20%
Home Health	\$0	Preventive Care	\$0
Outpatient	\$0-\$300	Hearing Aid Allowance	Not Covered
Ambulance	\$200	Health & Wellness	Nursing Hotline
Emergency	\$65	Rx Deductible	\$0
Urgent Care	\$35	Rx ICL	\$2,930
DME	20%	Preferred Retail Pharmacy	N/A

**2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS)
 AETNA MEDICARE STANDARD AND PREMIER PLANS (HMO)**

Advantage Dental	\$12
Advantage Dental + Eyewear \$125/yr	\$19

2012 ADDITIONAL OSB PREMIUM



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Delaware

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-039	S5810-175
Plan Type	PDP	PDP
Premium	\$26	\$83.70
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$12/\$38/36%/25% At All Other Network Pharmacies: \$9/\$22/\$48/36%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Maine

HMO & PPO

Cumberland

Penobscot

York

PDP

Statewide

HIGHLIGHTS

- \$0 Premium MA-PD plan available
- Plan of choice for Snowbirds
- Continued strong provider relationships

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Maine

Maine Market | 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
Premium	\$0	\$56
Deductible	\$0	\$0
OOP Max	\$3,400	\$3,400
Primary Care	\$10	\$5
Specialist	\$30	\$20
Inpatient	\$200/day 1-10	\$100/day 1-10
Skilled Nursing	\$0/d 1-8, \$75/d 9-20, \$100/d 21-100	\$0/d 1-20, \$105/d 21-100
Home Health	\$0	\$0
Outpatient	\$0-\$175	\$0-\$175
Ambulance	\$150	\$150
Emergency	\$65	\$65
Urgent Care	\$40	\$40
DME	20%	20%
Lab	\$0-\$30	\$0-\$20
X-Ray Routine/Complex	\$0-\$30/20%	\$0-\$20/20%
Rx Benefit*	\$6/\$33/\$45/\$95/33%	\$4/\$33/\$45/\$95/33%
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 Covered in the Gap

COMMON FEATURES ACROSS ALL PLANS

Dialysis	20%	Out of Network	N/A
Preventive Care	\$0	Dental Rider	N/A
Hearing Aid Allowance	\$500 Every 3 Years	Rx Deductible	\$0
Eyewear Allowance	\$75 Every 2 Years	Rx ICL	\$2,930
Health & Wellness	Nursing Hotline	Preferred Retail Pharmacy	N/A

OUT FRONT WITH AETNA™
Producer Support Program

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Maine

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-035	S5810-171
Plan Type	PDP	PDP
Premium	\$26	\$90.10
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$40/41%/25% At All Other Network Pharmacies: \$9/\$20/\$50/41%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► **Northeast Region**

Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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 **Massachusetts**

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-036	S5810-172
Plan Type	PDP	PDP
Premium	\$26	\$91.90
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$13/\$39/38%/25% At All Other Network Pharmacies: \$9/\$23/\$49/38%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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New Hampshire

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-035	S5810-171
Plan Type	PDP	PDP
Premium	\$26	\$90.10
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$40/41%/25% At All Other Network Pharmacies: \$9/\$20/\$50/41%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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New Jersey

HMO

Atlantic	Mercer
Bergen	Monmouth
Burlington	Salem
Camden	Sussex
Cumberland	Union
Gloucester	

HMO & PPO

Essex
Hudson
Middlesex
Morris
Ocean
Passaic

PDP

Statewide

HIGHLIGHTS

► Northern New Jersey

- \$0 Premium MA-PD plan available
- Aetna #2, with 32% market share
- Extensive HMO/PPO network
- Strong brand loyalty

► Southern New Jersey

- Strong market share and brand name in MA-PD

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Northern New Jersey

Northern NJ Market | Bergen, Essex, Hudson, Middlesex, Monmouth, Morris, Ocean, Passaic, Sussex, Union

	AETNA MEDICARE BASIC PLAN (HMO)	AETNA MEDICARE VALUE PLAN (HMO)	AETNA MEDICARE PREMIER PLAN (HMO)
CMS ID	H3152-045	H3152-046	H3152-048
Plan Type	Open Access HMO	Open Access HMO	Open Access HMO
Premium	\$0	\$0	\$125
Deductible	\$0	\$0	\$0
OOP Max	\$6,700	\$6,700	\$6,700
Primary Care	\$20	\$20	\$15
Specialist	\$45	\$45	\$35
Inpatient	\$250/day 1-7	\$250/day 1-7	\$200/day 1-7
Skilled Nursing	\$0/d 1-20, \$135/d 21-100	\$0/d 1-20, \$135/d 21-100	\$0/d 1-20, \$135/d 21-100
Outpatient	\$0-\$250	\$0-\$250	\$0-\$200
Ambulance	\$200	\$225	\$200
Lab	\$0-\$45	\$0-\$45	\$0-\$35
X-Ray Routine/Complex	\$0-\$45/\$175	\$0-\$45/\$175	\$0-\$35/\$175
Rx Deductible	N/A	\$320	\$0
Rx Benefit*	N/A	\$3/\$25/\$30/\$75/25%	\$4/\$33/\$45/\$95/33%
Rx ICL	N/A	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	N/A	No Additional Gap Coverage	Tier 1 Covered in the Gap

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Hearing Aid Allowance	Not Covered
Emergency	\$65	Eyewear Allowance	Not Covered
Urgent Care	\$40	Health & Wellness	Nursing Hotline
DME	20%	Out of Network	N/A
Dialysis	20%	Preferred Retail Pharmacy	N/A
Preventive Care	\$0		

2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS)

Advantage Dental	\$12
Advantage Dental + Eyewear \$125/yr	\$19

2012 ADDITIONAL OSB PREMIUM

	\$12
	\$19



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Northern New Jersey

Northern NJ Market | Essex, Hudson, Middlesex, Morris, Ocean, Passaic

	AETNA MEDICARE STANDARD PLAN (PPO)	AETNA MEDICARE PREMIER PLAN (PPO)
CMS ID	H5521-037	H5521-038
Plan Type	PPO	PPO
Premium	\$75	\$156
Deductible	\$0 INN/\$1,000 OON	\$0 INN/\$500 OON
OOP Max	\$6,700 INN/\$10,000 Combined	\$6,700 INN/\$10,000 Combined
Primary Care	\$20	\$10
Specialist	\$35	\$30
Inpatient	\$225/day 1-7	\$175/day 1-7
Skilled Nursing	\$0/d 1-7, \$35/d 8-21, \$100/d 22-100	\$0/d 1-7, \$35/d 8-21, \$100/d 22-100
Lab	\$0-\$35	\$0-\$30
X-Ray Routine/Complex	\$0-\$35/\$175	\$0-\$30/\$175
Out of Network	30%	35%
Rx Benefit*	\$7/\$28/\$45/\$95/33%	\$4/\$33/\$45/\$95/33%
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 Covered in the Gap

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Preventive Care	\$0
Outpatient	\$0-\$200	Hearing Aid Allowance	\$500 Every 3 Years
Ambulance	\$200	Eyewear Allowance	\$50 Every 2 Years
Emergency	\$65	Health & Wellness	Nursing Hotline
Urgent Care	\$40	Dental Rider	N/A
DME	20%	Rx Deductible	\$0
Dialysis	20%	Rx ICL	\$2,930
		Preferred Retail Pharmacy	N/A



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► **Northeast Region**

Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Southern New Jersey

Southern NJ Market | Atlantic, Burlington, Camden, Cumberland, Gloucester, Salem

AETNA MEDICARE STANDARD PLAN (HMO)			
CMS ID	H3152-022	Lab	\$0-\$50
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$50/20%
Premium	\$98	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$6,700	Hearing Aid Allowance	Not Covered
Primary Care	\$20	Eyewear Allowance	Not Covered
Specialist	\$50	Health & Wellness	Nursing Hotline
Inpatient	\$225/day 1-7	Out of Network	N/A
Skilled Nursing	\$0/d 1-10, \$50/d 11-20, \$125/d 21-100	Rx Deductible	\$320
Home Health	\$0	Rx Benefit*	\$3/\$25/\$30/\$75/25%
Outpatient	\$0-\$300	Rx ICL	\$2,930
Ambulance	\$200	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Emergency	\$65	Preferred Retail Pharmacy	N/A
Urgent Care	\$40		
DME	20%		
2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS)		2012 ADDITIONAL OSB PREMIUM	
Advantage Dental		\$11	
Advantage Dental + Eyewear \$125/yr		\$18	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► **Northeast Region**

Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Southern New Jersey

Southern NJ Market | Mercer

AETNA MEDICARE STANDARD PLAN (HMO)			
CMS ID	H3152-077	Lab	\$0-\$50
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$50/20%
Premium	\$90	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$6,700	Hearing Aid Allowance	Not Covered
Primary Care	\$25	Eyewear Allowance	Not Covered
Specialist	\$50	Health & Wellness	Nursing Hotline
Inpatient	\$225/day 1-7	Out of Network	N/A
Skilled Nursing	\$0/d 1-10, \$50/d 11-20, \$125/d 21-100		
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$300	Rx Benefit*	\$6/\$33/\$45/\$95/33%
Ambulance	\$200	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$40	Preferred Retail Pharmacy	N/A
DME	20%		
2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS)		2012 ADDITIONAL OSB PREMIUM	
Advantage Dental		\$11	
Advantage Dental + Eyewear \$125/yr		\$18	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► **Northeast Region**

Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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New Jersey

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-038	S5810-174
Plan Type	PDP	PDP
Premium	\$26	\$89.90
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$17/\$40/37%/25% At All Other Network Pharmacies: \$9/\$27/\$50/37%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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New York

HMO

Bronx
Kings
Rockland
West Chester

HMO & PPO

Broome	Oswego
Cayuga	Queens
New York	Richmond
Onondaga	Tioga

PDP

Statewide

HIGHLIGHTS

► Metro New York

- Extensive HMO/PPO network; national network seen as competitive advantage

► Upstate

- Attractive Open Access HMO plan designs in Onondaga and Oswego Counties (Syracuse)
- Extensive HMO/PPO provider network

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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New York

Bronx and Kings Market | Bronx, Kings

AETNA MEDICARE VALUE PLAN (HMO)

CMS ID	H3312-002	Lab	\$0-\$20
Plan Type	Open Access HMO	X-Ray Routine/Complex	\$0-\$20/\$175
Premium	\$0	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$6,700	Hearing Aid Allowance	\$500 Every 3 Years
Primary Care	\$5	Eyewear Allowance	\$50 Every 2 Years
Specialist	\$20	Health & Wellness	Nursing Hotline
Inpatient	\$175/day 1-7	Out of Network	N/A
Skilled Nursing	\$0/d 1-8, \$50/d 9-20, \$125/d 21-100	Dental Rider	\$14
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$150	Rx Benefit*	\$6/\$33/\$45/\$95/33%
Ambulance	\$200	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$40	Preferred Retail Pharmacy	N/A
DME	20%		

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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New York

Hudson Valley Market | Rockland, Westchester

	AETNA MEDICARE BASIC PLAN (HMO)	AETNA MEDICARE VALUE PLAN (HMO)
CMS ID	H3312-040	H3312-018
Plan Type	Open Access HMO	Open Access HMO
Premium	\$20	\$78
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$15	\$15
Specialist	\$30	\$40
Inpatient	\$200/day 1-7	\$240/day 1-7
Skilled Nursing	\$0/d 1-8, \$50/d 9-20, \$125/d 21-100	\$0/d 1-8, \$50/d 9-20, \$125/d 21-100
Lab	\$0-\$30	\$0-\$40
X-Ray Routine/Complex	\$0-\$30/\$175	\$0-\$40/\$175
Rx Deductible	N/A	\$0
Rx Benefit*	N/A	\$7/\$30/\$45/\$95/33%
Rx ICL	N/A	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	N/A	No Additional Gap Coverage

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Preventive Care	\$0
Outpatient	\$0-\$200	Hearing Aid Allowance	Not Covered
Ambulance	\$175	Eyewear Allowance	Not Covered
Emergency	\$65	Health & Wellness	Nursing Hotline
Urgent Care	\$40	Out of Network	N/A
DME	20%	Preferred Retail Pharmacy	N/A
Dialysis	20%		

2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS)

2012 ADDITIONAL OSB PREMIUM

Advantage Dental	\$14
Advantage Dental + Eyewear \$125/yr	\$20



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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New York

New York, Queens and Richmond Market | New York, Queens, Richmond

	AETNA MEDICARE VALUE PLAN (HMO)	AETNA MEDICARE STANDARD PLAN (HMO)
CMS ID	H3312-043	H3312-025
Plan Type	Open Access HMO	Open Access HMO
Premium	\$50	\$80
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$10	\$5
Specialist	\$40	\$25
Inpatient	\$175/day 1-10	\$125/day 1-10
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100
Outpatient	\$0-\$200	\$0-\$175
Lab	\$0-\$40	\$0-\$25
X-Ray Routine/Complex	\$0-\$40/\$175	\$0-\$25/\$175
Rx Benefit*	\$6/\$33/\$45/\$95/33%	\$3/\$31/\$45/\$85/33%
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 Covered in the Gap

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Hearing Aid Allowance	Not Covered
Ambulance	\$150	Eyewear Allowance	Not Covered
Emergency	\$65	Health & Wellness	Nursing Hotline
Urgent Care	\$40	Out of Network	N/A
DME	20%	Rx Deductible	\$0
Dialysis	20%	Rx ICL	\$2,930
Preventive Care	\$0	Preferred Retail Pharmacy	N/A

2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS)

Advantage Dental	\$14
Advantage Dental + Eyewear \$125/yr	\$20

2012 ADDITIONAL OSB PREMIUM

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► **Northeast Region**

Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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New York

New York, Queens and Richmond Market | Broome, Cayuga, New York, Onondaga, Oswego, Queens, Richmond, Tioga

AETNA MEDICARE STANDARD PLAN (PPO)			
CMS ID	H5521-040	Lab	\$0-\$25
Plan Type	PPO	X-Ray Routine/Complex	\$0-\$30/\$175
Premium	\$85	Dialysis	20%
Deductible	\$0 INN/\$1,000 OON	Preventive Care	\$0
OOP Max	\$6,700 INN/\$10,000 Combined	Hearing Aid Allowance	Not Covered
Primary Care	\$10	Eyewear Allowance	\$50 Every 2 Years
Specialist	\$25	Health & Wellness	Nursing Hotline
Inpatient	\$175/day 1-10	Out of Network	40%
Skilled Nursing	\$0/d 1-8, \$50/d 9-20, \$100/d 21-100	Dental Rider	N/A
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$175	Rx Benefit*	\$6/\$33/\$45/\$95/33%
Ambulance	\$150	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$40	Preferred Retail Pharmacy	N/A
DME	20%		



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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New York

Upstate NY Market | Broome, Cayuga, Onondaga, Oswego, Tioga

AETNA MEDICARE VALUE PLAN (HMO)			
CMS ID	H3312-048	Lab	\$0-\$30
Plan Type	Open Access HMO	X-Ray Routine/Complex	\$0-\$30/20%
Premium	\$0	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$6,700	Hearing Aid Allowance	Not Covered
Primary Care	\$10	Eyewear Allowance	Not Covered
Specialist	\$30	Health & Wellness	Nursing Hotline
Inpatient	\$250/day 1-7	Out of Network	N/A
Skilled Nursing	\$0/d 1-8, \$50/d 9-20, \$100/d 21-100	Dental Rider	N/A
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$200	Rx Benefit*	\$6/\$33/\$45/\$95/33%
Ambulance	\$175	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$40	Preferred Retail Pharmacy	N/A
DME	20%		

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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New York

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-037	S5810-239
Plan Type	PDP	PDP
Premium	\$26	\$95.20
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$13/\$37/39%/25% At All Other Network Pharmacies: \$9/\$23/\$47/39%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Pennsylvania

HMO

Bucks	Delaware
Chester	Montgomery
Cumberland	Philadelphia
Dauphin	

HMO & PPO

Berks	Lehigh
Carbon	Monroe
Lancaster	Northampton
Lebanon	Schuylkill

PDP

Statewide

HIGHLIGHTS

- Market-leading MA-PD and pre-65 plans in Eastern Pennsylvania
- Strong competitive position throughout for both MA-PD and pre-65 plans

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Pennsylvania

Philadelphia Market | Berks, Carbon, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Monroe, Northampton, Philadelphia, Schuylkill

AETNA MEDICARE BASIC PLAN (HMO)			
CMS ID	H3931-054	Lab	\$0-\$40
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$40/20%
Premium	\$0	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$6,700	Hearing Aid Allowance	Not Covered
Primary Care	\$15	Eyewear Allowance	Not Covered
Specialist	\$40	Health & Wellness	Nursing Hotline
Inpatient	\$250/day 1-7	Out of Network	N/A
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	Rx Deductible	N/A
Home Health	\$0	Rx Benefit*	N/A
Outpatient	\$0-\$250	Rx ICL	N/A
Ambulance	\$175	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	N/A
Emergency	\$65	Preferred Retail Pharmacy	N/A
Urgent Care	\$40		
DME	20%		
2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS)		2012 ADDITIONAL OSB PREMIUM	
Advantage Dental		\$10	
Advantage Dental + Eyewear \$125/yr		\$19	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Pennsylvania

Philadelphia Market | Philadelphia

	AETNA MEDICARE STANDARD PLAN (HMO)	AETNA MEDICARE PREMIER PLAN (HMO)
CMS ID	H3931-065	H3931-058
Plan Type	HMO	HMO
Premium	\$39	\$140
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$25	\$15
Specialist	\$45	\$35
Inpatient	\$250/day 1-7	\$250/day 1-7
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100
Outpatient	\$0-\$250	\$0-\$150
Lab	\$0-\$45	\$0-\$35
X-Ray Routine/Complex	\$0-\$45/20%	\$0-\$35/20%
Rx Deductible	\$320	\$0
Rx Benefit*	\$3/\$27/\$32/\$75/25%	\$5/\$33/\$45/\$85/33%
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 Covered in the Gap

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Hearing Aid Allowance	Not Covered
Ambulance	\$175	Eyewear Allowance	Not Covered
Emergency	\$65	Health & Wellness	Nursing Hotline
Urgent Care	\$40	Out of Network	N/A
DME	20%	Rx ICL	\$2,930
Dialysis	20%	Preferred Retail Pharmacy	N/A
Preventive Care	\$0		

2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS)

2012 ADDITIONAL OSB PREMIUM

Advantage Dental	\$10
Advantage Dental + Eyewear \$125/yr	\$19

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Pennsylvania

Philadelphia Suburbs Market | Bucks, Chester, Delaware, Montgomery

	AETNA MEDICARE BASIC PLAN (HMO)	AETNA MEDICARE STANDARD PLAN (HMO)	AETNA MEDICARE PREMIER PLAN (HMO)
CMS ID	H3931-055	H3931-064	H3931-004
Plan Type	HMO	HMO	HMO
Premium	\$49	\$90	\$145
Deductible	\$0	\$0	\$0
OOP Max	\$6,700	\$6,700	\$6,700
Primary Care	\$25	\$25	\$20
Specialist	\$45	\$45	\$40
Inpatient	\$250/day 1-7	\$250/day 1-7	\$250/day 1-7
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$100/d 21-100	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100
Lab	\$0-\$45	\$0-\$45	\$0-\$40
X-Ray Routine/Complex	\$0-\$45/20%	\$0-\$45/20%	\$0-\$40/20%
Hearing Aid Allowance	Not Covered	\$500 Every 3 Years	\$500 Every 3 Years
Rx Deductible	N/A	\$320	\$0
Rx Benefit*	N/A	\$4/\$25/\$30/\$75/25%	\$4/\$31/\$45/\$85/33%
Rx ICL	N/A	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	N/A	No Additional Gap Coverage	Tier 1 Covered in the Gap

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Preventive Care	\$0
Outpatient	\$0-\$300	Eyewear Allowance	\$100 Every 2 Years
Ambulance	\$175	Health & Wellness	Nursing Hotline
Emergency	\$65	Out of Network	N/A
Urgent Care	\$40	Dental Rider	\$10
DME	20%	Preferred Retail Pharmacy	N/A
Dialysis	20%		

OUT FRONT WITH AETNASM Producer Support Program

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Pennsylvania

Central & Northeastern PA Market | Berks, Carbon, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Monroe, Northampton, Philadelphia, Schuylkill

AETNA MEDICARE BASIC PLAN (HMO)			
CMS ID	H3931-054	Lab	\$0-\$40
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$40/20%
Premium	\$0	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$6,700	Hearing Aid Allowance	Not Covered
Primary Care	\$15	Eyewear Allowance	Not Covered
Specialist	\$40	Health & Wellness	Nursing Hotline
Inpatient	\$250/day 1-7	Out of Network	N/A
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	Rx Deductible	N/A
Home Health	\$0	Rx Benefit*	N/A
Outpatient	\$0-\$250	Rx ICL	N/A
Ambulance	\$175	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	N/A
Emergency	\$65	Preferred Retail Pharmacy	N/A
Urgent Care	\$40		
DME	20%		
2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS)		2012 ADDITIONAL OSB PREMIUM	
Advantage Dental		\$10	
Advantage Dental + Eyewear \$125/yr		\$19	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Pennsylvania

Central & Northeastern PA Market | Berks, Carbon, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Monroe, Northampton, Schuylkill

AETNA MEDICARE STANDARD PLAN (HMO)			
CMS ID	H3931-070	Lab	\$0-\$40
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$40/20%
Premium	\$36	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$6,700	Hearing Aid Allowance	Not Covered
Primary Care	\$20	Eyewear Allowance	Not Covered
Specialist	\$40	Health & Wellness	Nursing Hotline
Inpatient	\$250/day 1-7	Out of Network	N/A
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	Dental Rider	N/A
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$250	Rx Benefit*	\$6/\$33/\$45/\$95/33%
Ambulance	\$175	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$40	Preferred Retail Pharmacy	N/A
DME	20%		

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Pennsylvania

Central & Northeastern PA Market | Berks, Carbon, Lancaster, Lebanon, Lehigh, Monroe, Northampton, Schuylkill

AETNA MEDICARE PREMIER PLAN (PPO)			
CMS ID	H5521-012	Lab	\$0-\$35
Plan Type	PPO	X-Ray Routine/Complex	\$0-\$35/20%
Premium	\$120	Dialysis	20%
Deductible	\$0 INN/\$250 OON	Preventive Care	\$0
OOP Max	\$6,700 INN/\$10,000 Combined	Hearing Aid Allowance	Not Covered
Primary Care	\$10	Eyewear Allowance	Not Covered
Specialist	\$35	Health & Wellness	Nursing Hotline
Inpatient	\$250/day 1-7	Out of Network	25%
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	Dental Rider	N/A
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$250	Rx Benefit*	\$6/\$33/\$45/\$95/33%
Ambulance	\$175	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$40	Preferred Retail Pharmacy	N/A
DME	20%		

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Pennsylvania

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-040	S5810-176
Plan Type	PDP	PDP
Premium	\$26	\$86.10
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$21/\$35/40%/25% At All Other Network Pharmacies: \$9/\$31/\$45/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Rhode Island

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-036	S5810-172
Plan Type	PDP	PDP
Premium	\$26	\$91.90
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$13/\$39/38%/25% At All Other Network Pharmacies: \$9/\$23/\$49/38%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

► Northeast Region

Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Vermont

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-036	S5810-172
Plan Type	PDP	PDP
Premium	\$26	\$91.90
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$13/\$39/38%/25% At All Other Network Pharmacies: \$9/\$23/\$49/38%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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2012

Southeast Region Individual Medicare Product Details

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

▶ Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Alabama

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-046	S5810-182
Plan Type	PDP	PDP
Premium	\$26	\$80.10
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$14/\$36/41%/25% At All Other Network Pharmacies: \$9/\$24/\$46/41%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Arkansas

Statewide

	AETNA MEDICARE RX ESSENTIALS (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-053	S5810-189
Plan Type	PDP	PDP
Premium	\$33.10	\$73.10
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	\$3/\$15/\$39/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

▶ Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Washington D.C.

HMO & PPO

District of Columbia

PDP

Statewide

HIGHLIGHTS

- ▶ Strong provider network
- ▶ Strong brand name

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Washington D.C.

District of Columbia Market | District of Columbia

	AETNA MEDICARE STANDARD PLAN (HMO)	AETNA MEDICARE PREMIER PLAN (PPO)
CMS ID	H0901-004	H5521-015
Plan Type	HMO	PPO
Premium	\$55	\$115
Deductible	\$0	\$0 INN/\$1,000 OON
OOP Max	\$6,700	\$6,700 INN/\$10,000 Combined
Primary Care	\$10	\$15
Specialist	\$40	\$35
Inpatient	\$250/day 1-7	\$225/day 1-7
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100
Lab	\$0-\$40	\$0-\$35
X-Ray Routine/Complex	\$0-\$45/20%	\$0-\$40/\$150
Hearing Aid Allowance	Not Covered	Not Covered
Eyewear Allowance	Not Covered	\$50 Every 2 Years
Out of Network	N/A	30%
Rx Benefit*	\$7/\$33/\$45/\$95/33%	\$6/\$33/\$45/\$95/33%

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Preventive Care	\$0
Outpatient	\$0-\$250	Health & Wellness	Nursing Hotline
Ambulance	\$150	Rx Deductible	\$0
Emergency	\$65	Rx ICL	\$2,930
DME	20%	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$50	Preferred Retail Pharmacy	N/A
Dialysis	20%		

2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS) AETNA MEDICARE STANDARD PLAN (HMO)

Advantage Dental	\$12
Advantage Dental + Eyewear \$125/yr + Hearing Aids \$300/yr	\$22

2012 ADDITIONAL OSB PREMIUM

OUT FRONT WITH AETNASM Producer Support Program

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Washington D.C.

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-039	S5810-175
Plan Type	PDP	PDP
Premium	\$26	\$83.70
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$12/\$38/36%/25% At All Other Network Pharmacies: \$9/\$22/\$48/36%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Florida

HMO & PPO

Broward	Hillsborough	Miami-Dade	Pinellas
Charlotte	Lee	Palm Beach	Saint Johns
Duval	Manatee	Pasco	Sarasota

PDP

Statewide

HIGHLIGHTS

► Jacksonville

- \$0 premium MA-PD plan
- Collaborative relationships with Baptist Primary Care, First Coast Primary Care and Family Care Partners
- Competitive premium for PPO plan

► South Florida

- Excellent network in Palm Beach; unique relationship with Cleveland Clinic
- Strong brand loyalty
- \$0 premium MA-PD plan
- Competitive premium for PPO plan

► Tampa/Southwest Florida

- Strong MA-PD plans
- Only MA-PD company with contract with Sarasota Memorial Hospital
- Exclusive arrangement with Intercoastal Medical Group in Sarasota
- Competitive premium for PPO plan

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Florida

Jacksonville and South Florida Market | Broward, Duval, Miami-Dade, Palm Beach, Saint Johns

AETNA MEDICARE VALUE PLAN (HMO)			
CMS ID	H5414-019	Lab	\$0-\$50
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$50/\$200
Premium	\$0	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$6,700	Hearing Aid Allowance	Not Covered
Primary Care	\$20	Eyewear Allowance	Not Covered
Specialist	\$50	Health & Wellness	Nursing Hotline
Inpatient	\$265/day 1-6	Out of Network	N/A
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$140/d 21-100		
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$275	Rx Benefit*	\$7/\$33/\$45/\$95/33%
Ambulance	\$200	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$50	Preferred Retail Pharmacy	N/A
DME	20%		
2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS)		2012 ADDITIONAL OSB PREMIUM	
Advantage Dental		\$16	
Advantage Dental + Eyewear \$125/yr + Hearing Aids \$300/yr		\$26	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Florida

Tampa & Southwest FL Market | Charlotte, Hillsborough, Lee, Manatee, Pasco, Pinellas, Sarasota

AETNA MEDICARE VALUE PLAN (HMO)			
CMS ID	H5414-009	Lab	\$0-\$45
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$50/\$175
Premium	\$38	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$6,700	Hearing Aid Allowance	\$300 Every 3 Years
Primary Care	\$25	Eyewear Allowance	\$50 Every 2 Years
Specialist	\$45	Health & Wellness	Fitness/Nursing Hotline
Inpatient	\$265/day 1-6	Out of Network	N/A
Skilled Nursing	\$0/d 1-10, \$50/d 11-20, \$100/d 21-100	Dental Rider	\$16
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$275	Rx Benefit*	\$7/\$33/\$45/\$95/33%
Ambulance	\$200	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$50	Preferred Retail Pharmacy	N/A
DME	20%		

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Florida

Jacksonville, South Florida, and Tampa/Southwest FL Market | Broward, Charlotte, Duval, Hillsborough, Lee, Manatee, Miami-Dade, Palm Beach, Pasco, Pinellas, Saint Johns, Sarasota

AETNA MEDICARE PREMIER PLAN (PPO)

CMS ID	H5521-033	Lab	\$0-\$40
Plan Type	PPO	X-Ray Routine/Complex	\$0-\$40/\$150
Premium	\$68	Dialysis	20%
Deductible	\$0 INN/\$500 OON	Preventive Care	\$0
OOP Max	\$6,700 INN/\$10,000 Combined	Hearing Aid Allowance	\$300 Every 3 Years
Primary Care	\$25	Eyewear Allowance	\$50 Every 2 Years
Specialist	\$40	Health & Wellness	Fitness/Nursing Hotline
Inpatient	\$265/day 1-6	Out of Network	30%
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	Dental Rider	N/A
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$275	Rx Benefit*	\$7/\$30/\$45/\$95/33%
Ambulance	\$200	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$50	Preferred Retail Pharmacy	N/A
DME	20%		

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Florida

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-045	S5810-240
Plan Type	PDP	PDP
Premium	\$26	\$86.50
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$18/\$39/41%/25% At All Other Network Pharmacies: \$9/\$28/\$49/41%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Georgia

HMO

Cherokee Cobb	Dekalb Forsyth	Fulton Gwinnett
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PPO

Dekalb	Forsyth	Fulton	Gwinnett
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PDP

Statewide

HIGHLIGHTS

- \$0 premium MA-PD plan
- **Atlanta**
 - Market-leading network
 - Strong brand recognition
 - Competitive PPO pricing

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Georgia

Atlanta Market | Cherokee, Cobb, Dekalb, Forsyth, Fulton, Gwinnett

	AETNA MEDICARE VALUE PLAN (HMO)	AETNA MEDICARE PREMIER PLAN (HMO)
CMS ID	H1109-001	H1109-003
Plan Type	HMO	Open Access HMO
Premium	\$0	\$98
Deductible	\$0	\$0
OOP Max	\$6,700	\$6,700
Primary Care	\$15	\$10
Specialist	\$40	\$35
Inpatient	\$230/day 1-7	\$195/day 1-7
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$105/d 21-100	\$0/d 1-10, \$50/d 11-20, \$100/d 21-100
Outpatient	\$0-\$300	\$0-\$200
Ambulance	\$175	\$150
Lab	\$0-\$40	\$0-\$35
X-Ray Routine/Complex	\$0-\$40/\$175	\$0-\$35/\$175
Rx Benefit*	\$7/\$33/\$45/\$95/33%	\$5/\$33/\$40/\$90/33%
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 Covered in the Gap

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Eyewear Allowance	\$100 Every 2 Years
Emergency	\$65	Health & Wellness	Fitness/Nursing Hotline
Urgent Care	\$50	Out of Network	N/A
DME	20%	Dental Rider	\$16
Dialysis	20%	Rx Deductible	\$0
Preventive Care	\$0	Rx ICL	\$2,930
Hearing Aid Allowance	Not Covered	Preferred Retail Pharmacy	N/A

OUT FRONT WITH AETNA™
Producer Support Program

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Georgia

Atlanta Market | Dekalb, Forsyth, Fulton, Gwinnett

AETNA MEDICARE STANDARD PLAN (PPO)			
CMS ID	H1110-001	Lab	\$0-\$45
Plan Type	PPO	X-Ray Routine/Complex	\$0-\$45/\$175
Premium	\$63	Dialysis	20%
Deductible	\$0 INN/\$0 OON	Preventive Care	\$0
OOP Max	\$6,700 INN/\$10,000 Combined	Hearing Aid Allowance	Not Covered
Primary Care	\$20	Eyewear Allowance	\$100 Every 2 Years
Specialist	\$45	Health & Wellness	Fitness/Nursing Hotline
Inpatient	\$230/day 1-7	Out of Network	35%
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	Dental Rider	N/A
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$250	Rx Benefit*	\$7/\$30/\$45/\$95/33%
Ambulance	\$200	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$50	Preferred Retail Pharmacy	N/A
DME	20%		



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Georgia

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-044	S5810-180
Plan Type	PDP	PDP
Premium	\$26	\$80.30
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$34/41%/25% At All Other Network Pharmacies: \$9/\$20/\$44/41%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Louisiana

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-055	S5810-191
Plan Type	PDP	PDP
Premium	\$26	\$91.30
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$13/\$33/41%/25% At All Other Network Pharmacies: \$9/\$23/\$43/41%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

▶ Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Maryland

HMO & PPO

Anne Arundel	Carroll	Harford
Baltimore	Cecil	Howard
Baltimore City	Charles	Montgomery
Calvert	Frederick	Prince Georges

PDP

Statewide

HIGHLIGHTS

- ▶ Market-leading MA-PD plans
- ▶ Strong MA-PD network
- ▶ Strong market share and brand name
- ▶ Improved premiums for 2012
- ▶ Competitive premiums

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Maryland

Baltimore Market | Anne Arundel, Baltimore, Baltimore City, Calvert, Carroll, Cecil, Charles, Frederick, Harford, Howard, Montgomery, Prince Georges

	AETNA MEDICARE BASIC PLAN (HMO)	AETNA MEDICARE STANDARD PLAN (HMO)	AETNA MEDICARE PREMIER PLAN (HMO)
CMS ID	H2112-001	H2112-007	H2112-014
Plan Type	HMO	HMO	HMO
Premium	\$19	\$38	\$98
Deductible	\$0	\$0	\$0
OOP Max	\$6,700	\$6,700	\$6,700
Primary Care	\$25	\$25	\$10
Specialist	\$50	\$50	\$35
Inpatient	\$265/day 1-6	\$255/day 1-7	\$175/day 1-10
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$125/d 21-100	\$0/d 1-4, \$50/d 5-20, \$140/d 21-100	\$0/d 1-4, \$50/d 5-20, \$100/d 21-100
Outpatient	\$0-\$300	\$0-\$300	\$0-\$250
Lab	\$0-\$50	\$0-\$50	\$0-\$35
X-Ray Routine/Complex	\$0-\$50/\$175	\$0-\$50/\$175	\$0-\$50/\$150
Ambulance	\$200	\$175	\$150
Rx Deductible	N/A	\$0	\$0
Rx Benefit*	N/A	\$7/\$33/\$45/\$95/33%	\$7/\$33/\$45/\$95/33%
Rx ICL	N/A	\$2,930	\$2,930
Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	N/A	No Additional Gap Coverage	No Additional Gap Coverage

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Hearing Aid Allowance	Not Covered
Emergency	\$65	Eyewear Allowance	Not Covered
Urgent Care	\$50	Health & Wellness	Nursing Hotline
DME	20%	Out of Network	N/A
Dialysis	20%	Preferred Retail Pharmacy	N/A
Preventive Care	\$0		

2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS)

Advantage Dental	\$12
Advantage Dental + Eyewear \$125/yr	\$22
Advantage Dental + Hearing Aids \$300/yr	\$22

2012 ADDITIONAL OSB PREMIUM

\$12
\$22
\$22



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Maryland

Baltimore Market | Anne Arundel, Baltimore, Baltimore City, Calvert, Carroll, Cecil, Charles, Frederick, Harford, Howard, Montgomery, Prince Georges

AETNA MEDICARE STANDARD PLAN (PPO)

CMS ID	H5521-036	Lab	\$0-\$50
Plan Type	PPO	X-Ray Routine/Complex	\$0-\$50/20%
Premium	\$97	Dialysis	20%
Deductible	\$0 INN/\$1,000 OON	Preventive Care	\$0
OOP Max	\$6,700 INN/\$10,000 Combined	Hearing Aid Allowance	Not Covered
Primary Care	\$20	Eyewear Allowance	\$50 Every 2 Years
Specialist	\$50	Health & Wellness	Nursing Hotline
Inpatient	\$250/day 1-7	Out of Network	35%
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$105/d 21-100	Dental Rider	N/A
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$300	Rx Benefit*	\$6/\$33/\$45/\$95/33%
Ambulance	\$150	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$50	Preferred Retail Pharmacy	N/A
DME	20%		

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Maryland

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-039	S5810-175
Plan Type	PDP	PDP
Premium	\$26	\$83.70
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$12/\$38/36%/25% At All Other Network Pharmacies: \$9/\$22/\$48/36%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

▶ Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Mississippi

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-054	S5810-190
Plan Type	PDP	PDP
Premium	\$26	\$74.60
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$7/\$27/43%/25% At All Other Network Pharmacies: \$9/\$17/\$37/43%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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North Carolina

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-042	S5810-178
Plan Type	PDP	PDP
Premium	\$26	\$87.40
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$31/42%/25% At All Other Network Pharmacies: \$9/\$20/\$41/42%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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 **South Carolina**

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-043	S5810-179
Plan Type	PDP	PDP
Premium	\$26	\$89
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$10/\$36/41%/25% At All Other Network Pharmacies: \$9/\$20/\$46/41%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Tennessee

HMO

Davidson

PDP

Statewide

HIGHLIGHTS

- HMO available in Davidson County

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Tennessee

Tennessee Market | Davidson

AETNA MEDICARE VALUE PLAN (HMO)			
CMS ID	H5950-001	Lab	\$0-\$45
Plan Type	Open Access HMO	X-Ray Routine/Complex	\$0-\$45/\$175
Premium	\$74	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$6,700	Hearing Aid Allowance	Not Covered
Primary Care	\$25	Eyewear Allowance	Not Covered
Specialist	\$45	Health & Wellness	Nursing Hotline
Inpatient	\$220/day 1-8	Out of Network	N/A
Skilled Nursing	\$0/d 1-4, \$50/d 5-20, \$140/d 21-100	Dental Rider	\$16
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$300	Rx Benefit*	\$7/\$29/\$45/\$95/33%
Ambulance	\$150	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$50	Preferred Retail Pharmacy	N/A
DME	20%		

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Tennessee

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-046	S5810-182
Plan Type	PDP	PDP
Premium	\$26	\$80.10
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$14/\$36/41%/25% At All Other Network Pharmacies: \$9/\$24/\$46/41%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

▶ Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Virginia

HMO & PPO

Alexandria City
Arlington
Fairfax

Fairfax City
Falls Church City
Loudoun

Manassas City
Manassas Park City
Prince William

PDP

Statewide

HIGHLIGHTS

- ▶ Network improvements are enhancing position in Northern Virginia
- ▶ Attractive HMO and PPO benefit designs
- ▶ Lower premiums
- ▶ Strong network, including INOVA
- ▶ Strong brand name

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Virginia

Northern VA Market | 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
Premium	\$38	\$128
Deductible	\$0	\$0 INN/\$1,000 OON
OOP Max	\$6,700	\$6,700 INN/\$10,000 Combined
Primary Care	\$25	\$25
Specialist	\$40	\$45
Inpatient	\$220/day 1-8	\$225/day 1-7
Skilled Nursing	\$0/d 1-8, \$50/d 9-20, \$100/d 21-100	\$0/d 1-10, \$50/d 11-20, \$100/d 21-100
Lab	\$0-\$40	\$0-\$45
X-Ray Routine/Complex	\$0-\$40/20%	\$0-\$45/20%
Out of Network	N/A	30%
Rx Benefit*	\$7/\$31/\$45/\$95/33%	\$6/\$33/\$45/\$95/33%

COMMON FEATURES ACROSS ALL PLANS

Home Health	\$0	Hearing Aid Allowance	Not Covered
Outpatient	\$0-\$250	Eyewear Allowance	\$50 Every 2 Years
Ambulance	\$175	Health & Wellness	Nursing Hotline
Emergency	\$65	Dental Rider	N/A
Urgent Care	\$50	Rx Deductible	\$0
DME	20%	Rx ICL	\$2,930
Dialysis	20%	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Preventive Care	\$0	Preferred Retail Pharmacy	N/A

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Virginia

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-041	S5810-177
Plan Type	PDP	PDP
Premium	\$26	\$78.10
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$16/\$35/40%/25% At All Other Network Pharmacies: \$9/\$26/\$45/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

► Southeast Region

West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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West Virginia

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-040	S5810-176
Plan Type	PDP	PDP
Premium	\$26	\$86.10
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$21/\$35/40%/25% At All Other Network Pharmacies: \$9/\$31/\$45/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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2012

West Region Individual Medicare Product Details

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Alaska

Statewide

	AETNA MEDICARE RX ESSENTIALS (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-068	S5810-204
Plan Type	PDP	PDP
Premium	\$70.80	\$89
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	\$3/\$13/\$39/40%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Arizona

HMO & PPO

Maricopa

PDP

Statewide

HIGHLIGHTS

- Strong brand recognition in market
- Strong network partnerships

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Arizona

Arizona Market | Maricopa

AETNA MEDICARE SELECT PLAN (HMO)			
CMS ID	H0318-002	Lab	\$0-\$45
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$45/\$250
Premium	\$0	Dialysis	20%
Deductible	\$0	Preventive Care	\$0
OOP Max	\$4,900	Hearing Aid Allowance	\$500 Every 3 Years
Primary Care	\$15	Eyewear Allowance	\$150 Every 2 Years
Specialist	\$45	Health & Wellness	Nursing Hotline
Inpatient	\$265/day 1-6	Out of Network	N/A
Skilled Nursing	\$0/d 1-20, \$145/d 21-100	Dental Rider	\$7/\$12
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$265	Rx Benefit*	\$7/\$33/\$45/\$95/33%
Ambulance	\$200	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$35	Preferred Retail Pharmacy	N/A
DME	20%		



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Arizona

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-062	S5810-198
Plan Type	PDP	PDP
Premium	\$26	\$70
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$24/\$35/41%/25% At All Other Network Pharmacies: \$9/\$34/\$45/41%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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California

HMO & PPO

Fresno	Orange	San Diego
Kern	Riverside	Ventura
Los Angeles	San Bernardino	

PDP

Statewide

HIGHLIGHTS

- \$0 premium MA-PD HMO plans available in Fresno, Kern, Los Angeles, Orange, Riverside, San Bernardino, and San Diego
- Fresno, Riverside, San Bernardino, and San Diego have strong benefit positioning and excellent growth opportunity
- Strong networks in Riverside and San Bernardino

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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California

Central Valley Market | Fresno, Kern

	AETNA MEDICARE SELECT PLAN (HMO)	AETNA MEDICARE SELECT PLAN (HMO)
CMS ID	H0523-032	H0523-031
Plan Type	HMO	HMO
Premium	\$0	\$0
Deductible	\$0	\$0
OOP Max	\$3,400	\$3,400
Primary Care	\$5	\$0
Specialist	\$10	\$0
Inpatient	\$300/day 1-6	\$100/day 1-5
Skilled Nursing	\$0/d 1-20, \$145/d 21-100	\$0/d 1-20, \$100/d 21-100
Home Health	\$0	\$0
Outpatient	\$0-\$300	\$0-\$75
Ambulance	\$200	\$100
Urgent Care	\$25	\$15
DME	20%	\$10
Lab	\$0-\$10	\$0
X-Ray Routine/Complex	\$0-\$10/\$250	\$0/\$150
Hearing Aid Allowance	\$300 Every 3 Years	Not Covered
Eyewear Allowance	\$50 Every 2 Years	Not Covered
Health & Wellness	Fitness/Nursing Hotline	Nursing Hotline

COMMON FEATURES ACROSS ALL PLANS

Emergency	\$65	Rx Benefit*	\$8/\$33/\$45/\$95/33%
Dialysis	\$30	Rx ICL	\$2,930
Preventive Care	\$0	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Out of Network	N/A		
Rx Deductible	\$0	Preferred Retail Pharmacy	N/A

2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS) AETNA MEDICARE SELECT PLAN (HMO)

2012 ADDITIONAL OSB PREMIUM

Preventive Dental (available in Fresno and Kern)	\$3
Advantage Dental (available in Fresno and Kern)	\$9
Preventive Dental + Eyewear \$125/yr + Hearing Aids \$300/yr (available in Kern only)	\$13
Advantage Dental + Eyewear \$125/yr + Hearing Aids \$300/yr (available in Kern only)	\$19

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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California

Inland Empire Market | Riverside, San Bernardino

AETNA MEDICARE SELECT PLAN (HMO)			
CMS ID	H0523-022	Lab	\$0-\$10
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$10/\$100
Premium	\$0	Dialysis	\$30
Deductible	\$0	Preventive Care	\$0
OOP Max	\$3,400	Hearing Aid Allowance	\$500 Every 3 Years
Primary Care	\$5	Eyewear Allowance	\$150 Every 2 Years
Specialist	\$10	Health & Wellness	Fitness/Nursing Hotline
Inpatient	\$100/day 1-5	Out of Network	N/A
Skilled Nursing	\$0/d 1-20, \$100/d 21-100	Dental Rider	\$3/\$9
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$100	Rx Benefit*	\$5/\$33/\$40/\$90/33%
Ambulance	\$100	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	Tier 1 Covered in the Gap
Urgent Care	\$15	Preferred Retail Pharmacy	N/A
DME	\$10		



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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California

Los Angeles Market | Los Angeles, Orange

AETNA MEDICARE SELECT PLAN (HMO)			
CMS ID	H0523-002	Lab	\$0-\$10
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$10/\$100
Premium	\$0	Dialysis	\$30
Deductible	\$0	Preventive Care	\$0
OOP Max	\$3,400	Hearing Aid Allowance	\$500 Every 3 Years
Primary Care	\$5	Eyewear Allowance	\$150 Every 2 Years
Specialist	\$10	Health & Wellness	Fitness/Nursing Hotline
Inpatient	\$100/day 1-5	Out of Network	N/A
Skilled Nursing	\$0/d 1-20, \$100/d 21-100	Dental Rider	\$3/\$9
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$100	Rx Benefit*	\$5/\$33/\$40/\$95/33%
Ambulance	\$100	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	Tier 1 Covered in the Gap
Urgent Care	\$15	Preferred Retail Pharmacy	N/A
DME	\$10		



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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California

Los Angeles Market | Ventura

AETNA MEDICARE SELECT PLAN (HMO)			
CMS ID	H0523-058	Lab	\$0-\$10
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$10/\$250
Premium	\$35	Dialysis	\$30
Deductible	\$0	Preventive Care	\$0
OOP Max	\$3,400	Hearing Aid Allowance	Not Covered
Primary Care	\$5	Eyewear Allowance	Not Covered
Specialist	\$10	Health & Wellness	Nursing Hotline
Inpatient	\$250/day 1-8	Out of Network	N/A
Skilled Nursing	\$0/d 1-20, \$130/d 21-100		
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$250	Rx Benefit*	\$7/\$32/\$45/\$95/33%
Ambulance	\$200	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Urgent Care	\$15	Preferred Retail Pharmacy	N/A
DME	\$10		
2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS)		2012 ADDITIONAL OSB PREMIUM	
Preventive Dental			\$3
Advantage Dental			\$9
Preventive Dental + Eyewear \$125/yr + Hearing Aids \$300/yr			\$13
Advantage Dental + Eyewear \$125/yr + Hearing Aids \$300/yr			\$19

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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California

San Diego Market | San Diego

AETNA MEDICARE SELECT PLAN (HMO)			
CMS ID	H0523-052	Lab	\$0-\$10
Plan Type	HMO	X-Ray Routine/Complex	\$0-\$10/\$250
Premium	\$0	Dialysis	\$30
Deductible	\$0	Preventive Care	\$0
OOP Max	\$3,400	Hearing Aid Allowance	\$500 Every 3 Years
Primary Care	\$5	Eyewear Allowance	\$125 Every 2 Years
Specialist	\$10	Health & Wellness	Fitness/Nursing Hotline
Inpatient	\$200/day 1-5	Out of Network	N/A
Skilled Nursing	\$0/d 1-20, \$100/d 21-100	Dental Rider	\$3/\$9
Home Health	\$0	Rx Deductible	\$0
Outpatient	\$0-\$150	Rx Benefit*	\$5/\$30/\$40/\$85/33%
Ambulance	\$100	Rx ICL	\$2,930
Emergency	\$65	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	Tier 1 Covered in the Gap
Urgent Care	\$15	Preferred Retail Pharmacy	N/A
DME	20%		



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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California

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-066	S5810-202
Plan Type	PDP	PDP
Premium	\$26	\$92.20
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$24/\$39/38%/25% At All Other Network Pharmacies: \$9/\$34/\$49/38%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Colorado

HMO & PPO

Adams	Boulder	Denver	Jefferson
Arapahoe	Broomfield	Douglas	

PDP

Statewide

HIGHLIGHTS

- Seven-county geographic area covers Denver-Boulder MSAs
- \$0 premium MA-PD HMO plan option available
- Competitive products with HMO and PPO options
- Superior network, with all hospitals in Denver area

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Colorado

Colorado Market | Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson

	AETNA MEDICARE SELECT PLAN (HMO)	AETNA MEDICARE SELECT PLAN (PPO)
CMS ID	H6923-001	H5521-028
Plan Type	HMO	PPO
Premium	\$0	\$60
Deductible	\$0	\$0 INN/\$750 OON
OOP Max	\$3,400	\$6,700 INN/\$10,000 Combined
Primary Care	\$35	\$20
Specialist	\$50	\$45
Inpatient	\$335/day 1-6	\$265/day 1-6
Skilled Nursing	\$0/d 1-20, \$105/d 21-100	\$0/d 1-20, \$100/d 21-100
Home Health	\$15	\$0
Outpatient	\$0-\$300	\$0-\$250
Ambulance	\$200	\$100
Lab	\$0-\$50	\$0-\$45
X-Ray Routine/Complex	\$0-\$50/20%	\$0-\$45/20%
Hearing Aid Allowance	Not Covered	Not Covered
Eyewear Allowance	Not Covered	Not Covered
Out of Network	N/A	30%

COMMON FEATURES ACROSS ALL PLANS

Emergency	\$65	Rx Deductible	\$0
Urgent Care	\$35	Rx Benefit*	\$7/\$33/\$45/\$95/33%
DME	20%	Rx ICL	\$2,930
Dialysis	20%	Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Preventive Care	\$0	Preferred Retail Pharmacy	N/A
Health & Wellness	Nursing Hotline		

2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS) AETNA MEDICARE SELECT PLAN (HMO)

Advantage Dental	\$16
Advantage Dental + Eyewear \$125/yr + Hearing Aids \$300/yr	\$26

2012 ADDITIONAL OSB PREMIUM

OUT FRONT WITH AETNA™
Producer Support Program

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Colorado

Statewide

	AETNA MEDICARE RX ESSENTIALS (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-061	S5810-197
Plan Type	PDP	PDP
Premium	\$55.60	\$94.50
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	\$3/\$20/\$40/39%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-067	S5810-203
Plan Type	PDP	PDP
Premium	\$26	\$93.10
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$28/\$40/35%/25% At All Other Network Pharmacies: \$9/\$38/\$50/35%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

* Rx Benefit: one month supply at in-network retail pharmacies
 ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Statewide

	AETNA MEDICARE RX ESSENTIALS (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-065	S5810-201
Plan Type	PDP	PDP
Premium	\$59.30	\$89.20
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	\$3/\$16/\$41/42%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

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

** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Nevada

HMO & PPO

Clark

PDP

Statewide

HIGHLIGHTS

- \$0 premium MA-PD plan option available
- Strong HMO and PPO networks

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Nevada

Nevada Market | Clark

	AETNA MEDICARE SELECT PLAN (HMO)	AETNA MEDICARE SELECT PLAN (PPO)
CMS ID	H7908-001	H5521-022
Plan Type	HMO	PPO
Premium	\$0	\$69
Deductible	\$0	\$0 INN/\$750 OON
OOP Max	\$3,400	\$6,700 INN/\$10,000 Combined
Primary Care	\$15	\$20
Specialist	\$35	\$40
Inpatient	\$250/day 1-5	\$200/day 1-5
Skilled Nursing	\$0/d 1-20, \$145/d 21-100	\$0/d 1-20, \$145/d 21-100
Home Health	\$20	\$0
Outpatient	\$0-\$250	\$0-\$200
Lab	\$0-\$35	\$0-\$40
X-Ray Routine/Complex	\$0-\$35/20%	\$0-\$40/20%
Hearing Aid Allowance	Not Covered	Not Covered
Eyewear Allowance	Not Covered	Not Covered
Out of Network	N/A	30%
Rx Benefit*	\$7/\$33/\$45/\$95/33%	\$7/\$30/\$45/\$95/33%

COMMON FEATURES ACROSS ALL PLANS

Ambulance	\$200	Preventive Care	\$0
Emergency	\$65	Health & Wellness	Nursing Hotline
Urgent Care	\$35	Rx Deductible	\$0
		Rx ICL	\$2,930
DME	20%	Aetna Rx Gap Coverage (in addition to Medicare standard gap coverage**)	No Additional Gap Coverage
Dialysis	20%	Preferred Retail Pharmacy	N/A

2012 OPTIONAL SUPPLEMENTAL BENEFITS (RIDERS) AETNA MEDICARE SELECT PLAN (HMO)

Preventive Dental	\$7
Advantage Dental	\$12
Preventive Dental + Eyewear \$125/yr + Hearing Aids \$300/yr	\$17
Advantage Dental + Eyewear \$125/yr + Hearing Aids \$300/yr	\$22

2012 ADDITIONAL OSB PREMIUM

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Nevada

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-063	S5810-199
Plan Type	PDP	PDP
Premium	\$26	\$93.40
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$28/\$38/39%/25% At All Other Network Pharmacies: \$9/\$38/\$48/39%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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New Mexico

Statewide

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-060	S5810-241
Plan Type	PDP	PDP
Premium	\$26	\$75.80
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	At CVS Pharmacies: \$3/\$20/\$35/39%/25% At All Other Network Pharmacies: \$9/\$30/\$45/39%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]
Preferred Retail Pharmacy	CVS	



PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Oregon

Statewide

	AETNA MEDICARE RX ESSENTIALS (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-064	S5810-200
Plan Type	PDP	PDP
Premium	\$52.10	\$87.10
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	\$3/\$16/\$40/39%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

Southeast Region

► West Region

- * Rx Benefit: one month supply at in-network retail pharmacies
- ** Medicare standard Gap Coverage: After your total yearly drug costs reach \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Utah

Statewide

	AETNA MEDICARE RX ESSENTIALS (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-065	S5810-201
Plan Type	PDP	PDP
Premium	\$59.30	\$89.20
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	\$3/\$16/\$41/42%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]

PRODUCT CHOICES & BENEFITS

PLAN OPTIONS BY REGION AND STATE:

Mid-America Region

Northeast Region

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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 \$2,930, you pay 86% for all generic drugs and 100% for all brand drugs, until your yearly out-of-pocket drug costs reach \$4,700. A 50% discount on negotiated price (excluding dispensing fee) will be available for those brand name drugs from manufacturers that have signed a coverage gap discount program agreement with CMS.

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Washington

Statewide

	AETNA MEDICARE RX ESSENTIALS (PDP)	AETNA MEDICARE RX PREMIER (PDP)
CMS ID	S5810-064	S5810-200
Plan Type	PDP	PDP
Premium	\$52.10	\$87.10
Rx Deductible	\$0 (Tiers 1-2), \$320 (Tiers 3-5)	\$0
Rx Benefit*	\$3/\$16/\$40/39%/25%	\$4/\$25/\$35/\$80/33%
Rx ICL	\$2,930	\$2,930
Aetna Rx Gap Coverage (In addition to Medicare standard gap coverage**)	No Additional Gap Coverage	Tier 1 and Tier 2 Covered in the Gap
Non Part D Coverage	Not Covered	T1 [Benzos and Barbs]

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Aetna Medicare 2012 Individual Product Offering

- ▶ The intent of this document is to provide education to agents on 2012 product and service area information. This information should not be discussed with Medicare beneficiaries prior to October 1, 2011. Providing this information to Medicare beneficiaries prior to October 1, 2011, 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.
- ▶ 2012 plan benefits and service areas are pending CMS approval and are therefore subject to change.
- ▶ For more information about Aetna plans, refer to www.AetnaMedicare.com.

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