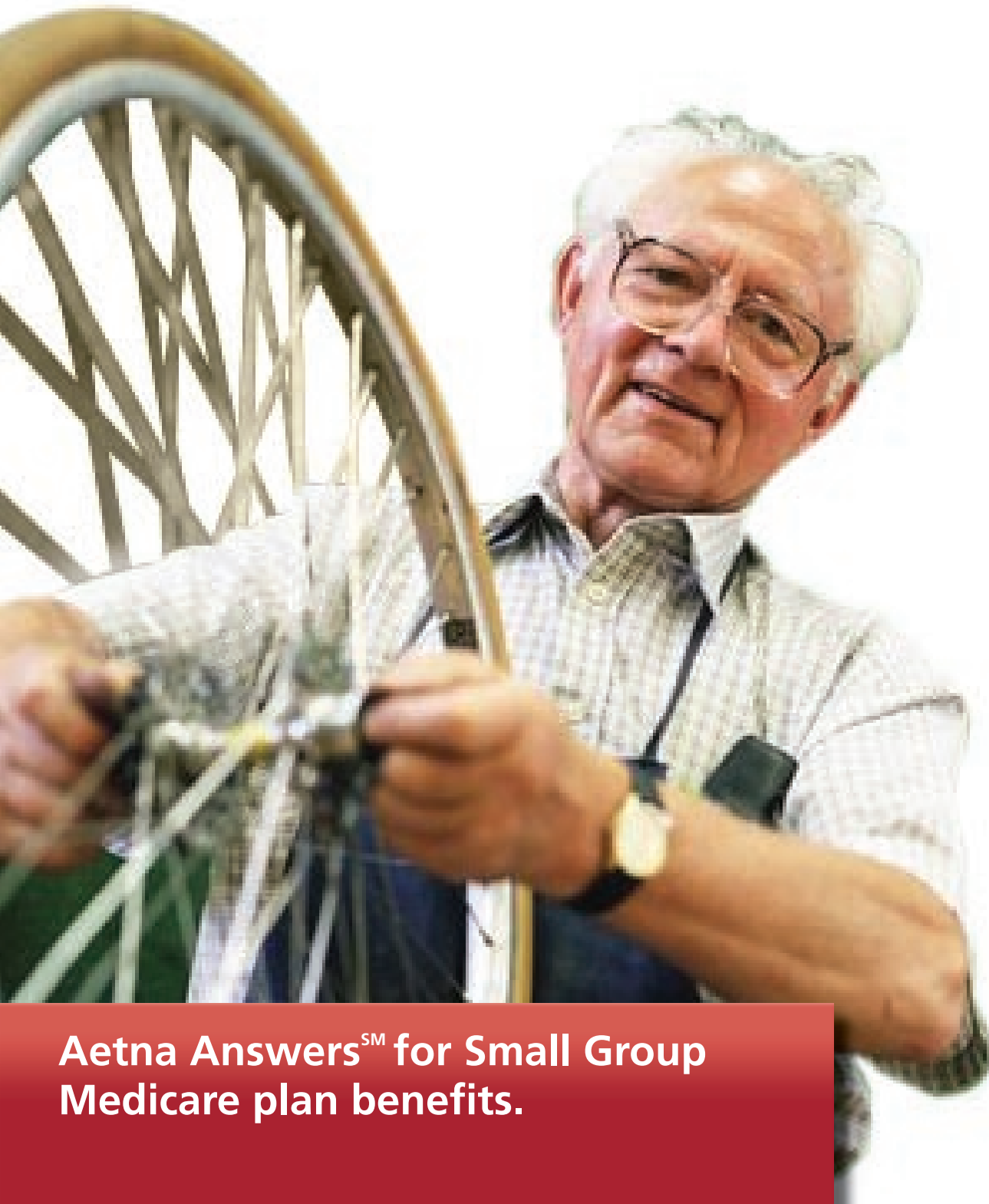


# Small Business Solutions

Aetna Medicare Plan Options



**Aetna Answers<sup>SM</sup> for Small Group  
Medicare plan benefits.**

NOT FOR DISTRIBUTION TO MEDICARE BENEFICIARIES.

We want you to know<sup>®</sup>

 **Aetna<sup>®</sup> Medicare**



**How can you provide your Medicare-eligible employees with better benefits?  
Look into an Aetna Medicare Advantage plan.**

If you run a small business, you know the challenge of providing a quality health care plan while balancing costs. Aetna Medicare can help. Aetna Medicare Advantage plans with prescription drug coverage—called MA-PD plans—are specifically designed to help meet the needs of your Medicare-eligible employees, even into retirement. Changing to an Aetna MA-PD plan is easy and provides an opportunity to enjoy better benefits at a cost that may actually be lower than your existing plan—great news for your Medicare-eligibles and your small business.

## Product Overview

### Small Group Aetna Medicare Advantage Plans with Prescription Drug Coverage (MA-PD)

Aetna Medicare offers a variety of MA-PD plans, so you can choose the type of plan that best suits your needs. Whether you choose an HMO, PPO, or PFFS (Private Fee-for-Service) plan, your Medicare-eligibles will receive the health and prescription drug benefits they want and need most. In fact, these plans are more comprehensive than many traditional employer health plans.

#### Eligibility Requirements

- Available to Medicare-eligible active employees of companies with 19 or less total employees.
- Available to Medicare-eligible retirees of any size company.

#### Employer Benefits

- Benefits are typically better than your existing health plan.
- Premium rates may actually be less than your existing health plan.
- No employer contribution is required.
- There is no individual medical underwriting and no pre-existing condition limitations.
- Rates are predictable; no age rating.



# Product Overview

## Small Group Aetna Medicare Advantage Plans with Prescription Drug Coverage (MA-PD)

### Member Benefits

Your Medicare-eligibles will continue to enjoy:

- Simplicity. Our plans provide a complete health and drug coverage solution, with benefit statements, customer service and ID cards—all from one company.
- Preventive health and wellness programs which are included at no additional cost.
- A toll-free phone line and online resources that provide instant access to health information.

Aetna MA-PD HMO, PPO and PFFS plans also offer:

- Better benefits than Original Medicare and most traditional health plans.
- Medical and prescription drug coverage together in one convenient, easy-to-use Medicare plan.
- Wellness benefits that are focused on the needs of the Medicare population, to keep your Medicare-eligibles healthy and productive.
- 100% coverage for preventive services—such as flu immunizations and cancer screenings.
- Fixed copays for most benefits and plan options with no deductibles, so out-of-pocket costs are predictable.
- Eyewear and hearing aid reimbursements.
- Worldwide emergency medical coverage.
- Value-added Aetna Extras<sup>SM</sup>: Discounts on vision products and services, fitness club memberships and more.
- No network restrictions, with our PFFS plans. Members may see any licensed provider that is eligible for payment under Medicare, willing to treat them, and accepts the Terms and Conditions of the plan.
- Access to large provider and pharmacy networks, with our Medicare HMO and PPO plans.



## How do Aetna Medicare Advantage HMO, PPO and PFFS Plans work?

### Aetna Golden Medicare Plan® (HMO)

- Members choose their primary care physician from Aetna's network of contracted doctors. The primary care physician coordinates the member's care including referrals to specialists.
- The Aetna Golden Medicare Plan features a large network of physicians and hospitals, so there is a good chance that the providers your Medicare-eligibles currently use are in the network.
- Members pay low copayments for covered health care services when using network providers, which helps make their health care costs easier to budget.

### Aetna Golden Choice™ Plan (PPO)

- Members can choose to receive covered services from physicians and hospitals that are either in or out of the Aetna network. Member costs are higher when they use non-network providers.
- The Aetna Golden Choice Plan features a large provider network, so there is a good chance that the providers your Medicare-eligibles are currently using are in the plan's network.
- Unlike an HMO plan, the Aetna Golden Choice Plan does not require members to choose a primary care physician to coordinate their care. They also do not need referrals to visit specialists.
- When they use our network providers, your members pay low copayments for covered health care services, which helps make their health care costs easier to budget.

### Aetna Medicare Open<sup>SM</sup> Plan (PFFS)

- Members can receive covered services from any licensed provider that is eligible for payment under Medicare, willing to treat them, and accepts the Terms and Conditions of the plan.
- Unlike an HMO or PPO plan, the Aetna Medicare Open Plan has no network restriction. So there is a good chance that your Medicare-eligibles will be able to keep their current providers.
- Members pay a low cost-share for covered services, which helps make their health care costs easier to budget.

# Eligibility Guidelines

This information is the property of Aetna Inc. and its affiliates (“Aetna”), and may only be used or transmitted with respect to Aetna products and procedures, as specifically authorized by Aetna, in writing.

Note: State and Federal Legislation/Regulations, including Small Group Reform and HIPAA, take precedence over any and all Underwriting Rules and Eligibility Rules (for Aetna’s Medicare Advantage plans).

<b>ELIGIBLE CASES</b>	
<b>Participation</b>	<ul style="list-style-type: none"> <li>■ Groups with 2-19 Eligible Employees: If an Aetna medical plan is not offered, then a minimum of 2 Medicare-eligible retirees or employees must enroll in the Group Medicare plan. If an Aetna medical plan is offered, then a minimum of 1 Medicare-eligible retiree or employee must enroll in the Group Medicare plan. A Medicare-eligible dependent does not satisfy the minimum participation requirement.</li> <li>■ Groups with 20-50 Eligible Employees: If an Aetna medical plan is not offered, then a minimum of 2 Medicare-eligible retirees must enroll in the Group Medicare plan. If an Aetna medical plan is offered, then a minimum of 1 Medicare-eligible retiree must enroll in the Group Medicare plan. A Medicare-eligible dependent does not satisfy the minimum requirement. Active employees are not eligible to enroll in the Group Medicare plan.</li> </ul>
<b>Employer Contributions</b>	There are no employer contribution requirements.
<b>Employer Eligibility</b>	<ul style="list-style-type: none"> <li>■ Medicare plans can be offered to sole proprietorships, partnerships or corporations.</li> <li>■ Organizations must not be formed solely for the purpose of obtaining health coverage.</li> <li>■ Taft Hartley, Professional Employer Organizations (PEO)/employee leasing firms and unions require underwriting approval.</li> </ul>
<b>Member Eligibility</b>	<ul style="list-style-type: none"> <li>■ Members and dependents are individually eligible if they are entitled to Medicare Part A and enrolled in Medicare Part B, and continue to pay their Part B premium. Medicare-eligible active employees are not eligible to enroll if the group has 20 or more employees.</li> <li>■ Eligible dependents include an employee’s Medicare-eligible spouse and Medicare-eligible unmarried children.</li> <li>■ Enrolled dependents are considered to be individual subscribers. All subscribers are rated with single-tier coverage.</li> <li>■ Members must be eligible for Medicare coverage under the employer group.</li> <li>■ Members and dependents who enroll in Aetna’s HMO or PPO plans must reside in Aetna’s approved Medicare service area (county based).</li> <li>■ If an HMO or PPO member or dependent resides outside of Aetna’s approved Medicare service area (county based) for more than six months, he/she will be disenrolled from the plan pursuant to federal regulations.</li> <li>■ The Aetna Medicare Open Plan (PFF5) has a national service area. Member and dependants who enroll can live anywhere in the US.</li> <li>■ No individual medical underwriting.</li> <li>■ No pre-existing condition limitations.</li> <li>■ Rates determined by residency (county based).</li> </ul>
<b>Option Sales</b>	The Aetna Medicare product must be the sole Medicare Advantage plan offered to eligible members. (Exceptions permitted when union contracts stipulate different carrier/product).
<b>Product Offering</b>	Groups with 2 to 50 eligibles may offer only one group Aetna Medicare product.
<b>Employer Financial Conditions</b>	Groups that have been terminated for non-payment by Aetna will not be eligible to reapply until (A) 12 months after the termination date or (B) payment of two months of premium in advance of the issuance of the health benefit plan.
<b>CASE SUBMISSION</b>	
<b>Verification of Employee/ Retiree Status</b>	Groups may be asked to submit evidence of employment status for Medicare-eligible employees and retirees. Evidence of status may include Unemployment Tax Forms, Prior Carrier Bill, Notarized Letter from Company President verifying employee/retiree name, position, employment dates.
<b>Effective Dates/ Rate Change Dates</b>	<ul style="list-style-type: none"> <li>■ These Medicare plans must be effective on the first day of the month. If the group offers an Aetna commercial and Medicare plan, the billing cycle of both plans must be the first of the month billing cycle.</li> <li>■ Due to the annual nature of the Centers for Medicare and Medicaid Services (CMS) payment increases, small group Aetna Medicare plans renew January 1st of each year.</li> <li>■ Aetna recommends that Medicare applications be submitted 15 days prior to the effective date to provide sufficient time for CMS authorization prior to final enrollment.</li> </ul>
<b>Licensed, Registered Producers</b>	<ul style="list-style-type: none"> <li>■ Only appropriately licensed Agents/Producers registered by Aetna may market, present, sell and be paid commission on the sale of Aetna Medicare products.</li> <li>■ All quotes are subject to change based on additional information made available during underwriting and case submission/installation process.</li> </ul>
<b>Initial Premium Check</b>	<ul style="list-style-type: none"> <li>■ An initial premium check equal to one month’s plan premium must accompany the Medicare application for new group applications. The initial check is not a binder check.</li> <li>■ If the request for coverage is denied due to business ineligibility, the initial plan premium check will be returned to the employer.</li> <li>■ If the initial plan premium check is returned for non-sufficient funds, coverage will be retroactively terminated to the effective date.</li> </ul>

## Limitations and Exclusions

The following is a partial listing of exclusions and limitations of the Aetna Golden Medicare Plan,<sup>®</sup> Aetna Golden Choice<sup>™</sup> Plan and Aetna Medicare Open<sup>SM</sup> Plan. For a complete list, please refer to the Evidence of Coverage (plan document).

- All applicable services not referred by your network primary care doctor, except for care received as a result of an emergency or urgent situation; neither Original Medicare nor Aetna will pay for non-referred services (**Aetna Golden Medicare Plan only**).
- Services not covered under Original Medicare, unless otherwise noted.
- Services and equipment that are not reasonable, or medically necessary for treatment of an illness.
- Plastic or cosmetic surgery, unless medically necessary.
- Provisions of personal convenience items or services.
- Meals delivered to the home.
- Custodial care.
- Treatment of mental retardation.
- Experimental procedures or treatments beyond Original Medicare limits.
- Private duty nurses, unless medically approved under HMO/PPO Plan.
- Orthoptics, beyond Original Medicare limits.
- Private room, unless medically necessary and approved by Aetna in advance.
- Routine foot care that is not medically necessary.
- Services for which the patient has no legal obligation to pay.
- Treatment for temporomandibular joint dysfunction.



Have questions?  
Call your broker for more Aetna Answers.<sup>SM</sup>

Available to Medicare-eligible active employees of companies with 19 or less total employees. Also available to Medicare-eligible retirees of any size company. Benefits coverage is provided by Aetna Health Inc., Aetna Health of California Inc., Aetna Health of Illinois Inc. and/or Aetna Life Insurance Company, which are Medicare Advantage organizations with a Medicare contract and benefits, limitations, service areas and premiums are subject to change on January 1 of each year.

Please note: A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. A doctor or hospital must agree to accept the plan's terms and conditions prior to providing health care services with the exception of emergencies. If a doctor or hospital does not agree to accept our payment terms and conditions, they may not provide health care services, except in emergencies. Providers can find Aetna's terms and conditions on our website at: [http://www.aetna.com/members/medicare/data/terms\\_conditions.pdf](http://www.aetna.com/members/medicare/data/terms_conditions.pdf).

This material is for informational purposes only. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Discount programs provide access to discounted prices and are not insured benefits.

While this material is believed to be accurate as of the print date, it is subject to change.

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