Enrollment Packet
2014

Your guide to getting more out of your plan
Medicare Advantage

Visit http://www.aetnamedicare.com
First things first. Is my doctor covered?

We believe a healthier experience begins with what matters most to you. And we have helpful tools like our online provider directory to help you find your doctor or hospital.

Just visit http://www.aetnamedicaredocfind.com to find the doctors and hospitals you trust most.
Thank you for your interest in Aetna Medicare Advantage

This kit includes everything you need to enroll today. That said, we know how important it is for you to make the right choice. So we’ve included helpful tools and important tips to consider along the way. Or, if you prefer, you can call us. We’re here to help. Call 1-800-832-2640 (TTY: 711). We’re available 8 a.m. to 8 p.m., local time, 7 days a week.
Shouldn’t your plan give YOU the advantage?

Your health is important to us. We know there are few things more important than making the best choice for your Medicare coverage. That’s why every plan we provide begins with a simple question: “What’s your healthy?”

We want you to have a positive health care experience. So let’s get started with what matters most:

Your confidence
We have been in business for more than 150 years and have served Medicare-eligible individuals for more than 40 years.

Your doctors
Is your doctor covered? We have one of the largest networks of doctors, hospitals and pharmacies in the nation. And finding your doctor (or a new doctor in your area) is easy. Check out http://www.aetnamedicaredocfind.com.

Your prescriptions
Are your medications covered? We offer a convenient all-in-one plan that combines prescription drug coverage and medical benefits. This plan may actually lower what you pay each month. Check out the partial formulary list at http://www.aetnamedicare.com/2014formulary.

Your savings
How much will you have to pay for services? The government helps us pay for medical services and prescription drugs for our Medicare Advantage members. Their assistance allows us to offer greater benefits at less cost. Check out your Benefits at a Glance in this packet.

Your way
Good news — your way begins with choice. We have plans to meet your needs and offer you more control over how you manage your health: whether by phone, online, in print or in person.

The Medicare open enrollment period is October 15 through December 7 every year. If you miss this window, you must wait until the next open enrollment period unless you qualify for an exception.

To learn more about these special enrollment periods, visit http://www.medicare.gov. Type “tip sheet” in the search box and look for “Understanding Medicare Part C&D Enrollment Periods.”

You can also call us.
Which plan is right for you?

**Consider an Aetna MedicareSM Plan (HMO) if...**

- You are OK with using network providers.
- You are interested in the lowest costs.

An HMO plan is a health maintenance organization that requires you to use network providers for covered services. Emergencies, out-of-area urgent care and renal dialysis are covered — even when they are out of network.

With an HMO plan, you must choose a primary care physician (PCP) and get a PCP referral in order to see a specialist.

**Consider an Aetna MedicareSM Plan (PPO) if...**

- You want a plan that gives you more freedom to use network doctors at lower out-of-pocket costs.
- You want a plan that gives you more choice when it comes to doctors.

A PPO plan is a preferred provider organization where you pay a lower out-of-pocket cost when you use network providers. You do have the choice to use out-of-network providers, but you will pay more.

Also, you are not required to select a PCP if you are in a PPO plan. However, we urge you to do so. Your PCP can help coordinate your health care.

**Consider an Aetna MedicareSM Plan plus prescription drug coverage if...**

- You want to get coverage for both prescription drugs and medical services. You may pay a lower total monthly premium for this type of all-in-one plan.
- You want a plan that gives you access to:
  - More than 65,000 network pharmacies nationwide, including national chains.
  - Mail order prescription drug program for your maintenance drugs. The program combines convenience and cost savings.
  - Aetna Specialty Pharmacy® for medications used to treat complex conditions. These drugs often need special handling, such as refrigeration, as well as member education and support.

For more information on what each plan offers, see the Benefits at a Glance section of this packet.
How to enroll
How to Enroll

What do you need to know before you enroll? We’ll help you — scan for a list of things to consider.

Or visit http://go.aetna.com/HowToMedicare
It’s easy to enroll

Once you choose your plan, select the enrollment method that works best for you.

<table>
<thead>
<tr>
<th>At an enrollment meeting</th>
<th>Visit us online at <a href="http://www.aetnamedicare.com">http://www.aetnamedicare.com</a> for schedules and locations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>By phone</td>
<td>Contact an Aetna Medicare representative or your Medicare insurance agent to enroll over the phone or set up a personal meeting. Call us toll free at <a href="">1-800-832-2640</a> (TTY: 711). We’re available from 8 a.m. to 8 p.m., local time, 7 days a week.</td>
</tr>
<tr>
<td>By mail</td>
<td>Complete and return the enclosed enrollment form (at back of this kit). You can also find the form online at <a href="http://www.aetnamedicare.com/help_and_resources/downloadable_forms_2014.jsp">http://www.aetnamedicare.com/help_and_resources/downloadable_forms_2014.jsp</a></td>
</tr>
</tbody>
</table>

When can I enroll?

The annual Medicare enrollment period is October 15 through December 7. You may also be eligible to enroll at a different time of the year. To learn about these special enrollment periods, visit [http://www.medicare.gov](http://www.medicare.gov) or call [1-800-MEDICARE (1-800-633-4227)](tel:1-800-633-4227) (TTY users: 1-877-486-2048).

Do I need to select a primary care physician?

If you choose an HMO plan, you must select a primary care physician (PCP). If you opt for a PPO plan, you don’t have to choose a PCP, but we encourage you to do so. Simply add this information to the enrollment form. If you don’t have a PCP, use our DocFind® online provider directory on our website at [http://www.aetnamedicaredocfind.com](http://www.aetnamedicaredocfind.com) or call us for help.

For more information or to request a paper directory, call us at [1-800-832-2640](tel:1-800-832-2640) (TTY: 711). We’re available from 8 a.m. to 8 p.m., local time, 7 days a week.
What happens next

After you enroll, use this checklist to keep track of your new plan. You will hear from us within approximately 30 days of your acceptance into the plan.

<table>
<thead>
<tr>
<th>Material name</th>
<th>Description</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan confirmation/acceptance letter</td>
<td>We will send you a letter once the Centers for Medicare &amp; Medicaid Services approves your enrollment.</td>
<td></td>
</tr>
<tr>
<td>Enrollment verification call or letter</td>
<td>Medicare requires that we call you after we get your enrollment application. We will ask you a few questions to make sure you understand your plan’s features. Your answers will not affect your enrollment. Your sales agent will not be in on the call. If we can’t reach you by phone, we’ll mail you an enrollment verification letter.</td>
<td></td>
</tr>
<tr>
<td>Your bill</td>
<td>We generate premium bills by the 10th day of each month. If you have a plan with a premium and you signed up for your plan early in the month, you may get your first bill before your plan’s start date. If you signed up later in the month, your first bill may include two months of premiums. (Our billing cycle factors in one month’s premium in advance.) To join one of our plans, you’ll need to continue paying your Medicare Part A and/or B premiums (if not otherwise paid for under Medicaid or another third party). This is in addition to your Aetna Medicare plan coverage.</td>
<td></td>
</tr>
<tr>
<td>Member ID card</td>
<td>Use your Aetna member ID card (not your Medicare card) every time you visit the doctor, hospital or pharmacy (if you have prescription coverage).</td>
<td></td>
</tr>
<tr>
<td>Evidence of Coverage (EOC) and drug formulary (if applicable)</td>
<td>This is a complete description of coverage under your Medicare plan and your member rights. If you have prescription coverage, it also includes a list of covered drugs and special requirements (if applicable).</td>
<td></td>
</tr>
<tr>
<td>Owner’s manual</td>
<td>You’ll find helpful tools, cost-saving resources and important tips. Think of it as your quick guide to getting the most out of your plan.</td>
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<tr>
<td>Health needs assessment call</td>
<td>We will call you to learn about your health history. The information will not affect your enrollment in the plan.</td>
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<tr>
<td>Doctor visit</td>
<td>If you have medical coverage with us, see your doctor to take advantage of the annual health care services available to you.</td>
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Benefits at a glance
Get more from your plan

Scan to watch a video about our discount program. It offers you savings on fitness, weight management, books, vision, hearing and so much more.

You want to look and feel your best for many years to come. So give yourself a healthy advantage and use the discounts available to you through our plans. Or visit http://go.aetna.com/DiscountPrograms

Benefits at a glance market-specific pages will follow after this page
Medicare star ratings
In 2013, we achieved one of the highest overall star ratings for clinical quality among our national competitors.

What are star ratings?
Star ratings are a way for consumers to compare the relative quality of Medicare Advantage plans. The Centers for Medicare & Medicaid Services (CMS) issue the ratings based on administrative results, clinical outcomes and plan member surveys. Every private Medicare Advantage plan receives star ratings from one star (lowest) to five stars (highest).

CMS issues an overall star rating for each plan, which is calculated based on performance across the following:

For Medicare Advantage medical only plans, CMS defines these measures as:
• Staying healthy: screenings, tests, and vaccines.
• Managing chronic (long-term) conditions.
• Evaluating the member experience with the health plan.
• Reviewing member complaints, problems getting services, and improvement in the health plan’s performance.
• Assessing health plan customer service.

For Medicare Advantage medical plans with drug coverage, CMS uses the measures above plus:
• Drug plan customer service
• Member complaints, problems getting services and improvement in the drug plan’s performance
• Member experience with the drug plan
• Patient safety and accuracy of drug pricing

On the following page, you’ll find star ratings for your plan.

Medicare star ratings market specific information will follow this page
Multilanguage options
You want to have health benefits resources that are easy to use and understand – no matter which language you speak. The following page contains information about our free interpreter services. We are here to help answer your questions about our health or drug plans in the language you prefer.
Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-282-5366. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-282-5366. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-800-282-5366。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-800-282-5366。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-282-5366. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d’interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d’assurance-médicaments. Pour accéder au service d’interprétation, il vous suffit de nous appeler au 1-800-282-5366. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-282-5366 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-282-5366. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-282-5366번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-282-5366. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات الترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على ترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-282-5366. سيقوم شخص يساعدك. هذه خدمة مجانية ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, वस हमें 1-800-282-5366 पर फोन करें. कोई व्यक्ति जो हिंदी सोचता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-282-5366. Un nostro incaricato che parla Italiano fornirà l’assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-282-5366. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-282-5366. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-282-5366. Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-282-5366にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。
Summary of Benefits
Are my prescription drugs covered?

Visit [http://www.aetnamedicare.com/2014formulary] to view our preferred drug list, also known as the formulary. If you don’t see your drug on the list, call us at [1-800-832-2640 (TTY:711)]. We’re available 8 a.m. to 8 p.m., local time, 7 days a week.

Having trouble paying for your medications?

The Extra Help program can help you save money on your Medicare Part D drug costs.

Call the Social Security office at [1-800-772-1213 (TTY: 1-800-325-0778)] between the hours of 7 a.m. and 7 p.m., local time. Or contact your state Medicaid office.

Summary of benefits market specific information will follow after this page
Disclosures
The following disclosures describe our health benefits and health insurance plans and how they work. It’s important for you to read them.
The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium, and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

This information is available for free in other languages. Please call our customer service number at **1-800-832-2640 (TTY: 711)**. Hours of operation: 7 days per week, 8 a.m. to 8 p.m., local time.

Esta información está disponible en otros idiomas de manera gratuita. Si desea más información, comuníquese con Servicios al Cliente al **1-800-832-2640 (TTY: 711)**. Horario de atención: los 7 días de la semana, de 8 a.m. a 8 p.m.

Aetna Medicare is an HMO/PPO plan with a Medicare contract. Enrollment in Aetna Medicare depends on contract renewal.

**Plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). Not all health services are covered. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location.**

Medicare beneficiaries may enroll in a plan only during specific times of the year. To obtain additional information, please contact Aetna Medicare at **1-800-832-2640 (TTY: 711)**, from 8 a.m. to 8 p.m., 7 days a week. You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable. In general, beneficiaries must use network pharmacies to access their prescription drug benefit, except in non-routine circumstances. Pharmacy clinical programs such as prior authorization, step therapy, and quantity limits may apply to your prescription drug coverage. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call the Social Security office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday (TTY users should call **1-800-325-0778**). Or call your state Medicaid office. This material is for informational purposes only. 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. Pharmacy participation is subject to change.
Tell us, what’s your healthy℠?

Scan to watch a video and see what we’re doing to help you live a healthier life. Learn what’s important and get solutions you can count on.

Then continue the conversation at {http://go.aetna.com/WhatsYourHealthy}
How did we do?

Scan to tell us if we gave you what you need to make your enrollment decision. Thank you. We look forward to serving you.

You can also visit us online to complete the survey. Go to http://go.aetna.com/Feedback