

2017 Aetna Medicare Training

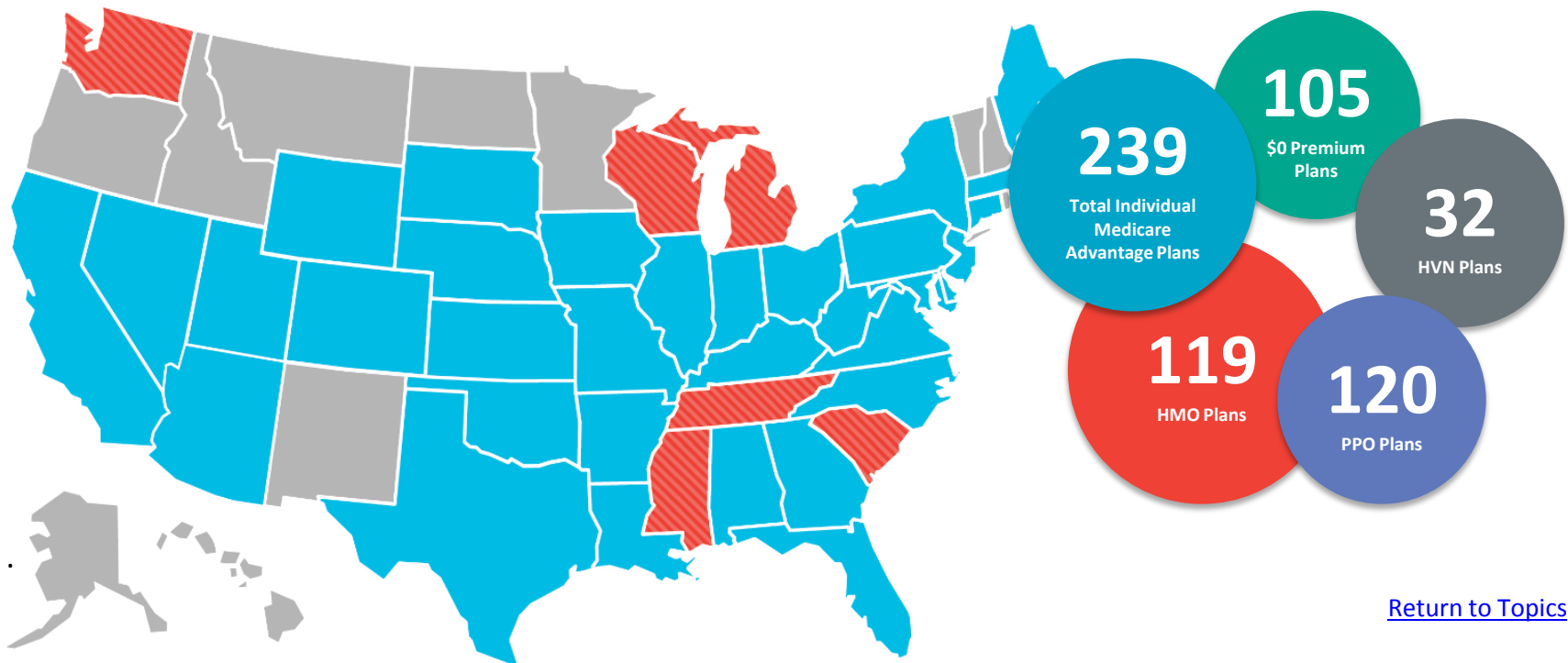
[Return to Topics](#)

Aetna & Our National Product Portfolio



MA footprint: Increased 2017 opportunities!

We will have the largest expansion ever, adding 136 counties and 6 states (reaching over 50% of Medicare Eligibles)



[Return to Topics](#)

Impressive star ratings

Aetna and Coventry Medicare Advantage (MA) plans have an impressive Star rating achieving an overall average rating of 4.2 (out of 5) stars for 2016, ranking #1 among publicly traded companies.

Spotlight on our national star ratings for 2016:

- National PPO achieves 4.5 star rating and ranks in the top 5% nationally
- 87+% of Aetna/Coventry MA members are in contracts rated 4 stars or higher
- 97+% of Aetna/Coventry MA members are in contracts rated 3.5 stars or higher
- 100% of Aetna/Coventry MA members are in contracts rated 3 stars or higher
- All PDP plans are rated at 3 stars or higher

For additional information see the "Broker's Reference guide to CMS Medicare Star Ratings". You can find this brochure on Aetna's [Producer World](#).

NOTE: This is not for distribution to Medicare beneficiaries

[Return to Topics](#)

PDP

Aetna Medicare & Part D Highlights

Here are some highlights of our 2017 PDP portfolio:

- 3-plan PDP product portfolio available in all 50 states and D.C.
- 20,000 preferred and 40,000 standard pharmacies nationally

Plan Name	Premium	Selling Features
Aetna Rx Saver	\$32	<ul style="list-style-type: none"> • Below BM 37 states + DC; DM 11 states; above BM 2 states • No deductible T1/T2 • \$1 Tier 1 drugs at preferred pharmacy • Rich formulary YoY – more total drugs; more T1 drugs
FH Value Plus	\$40	<ul style="list-style-type: none"> • \$0 deductible • \$2 Tier 1 drugs at preferred pharmacy • Full Tier 1 and 2 supplemental gap coverage • Richer formulary YoY – more total drugs
FH Premier Plus	\$103	<ul style="list-style-type: none"> • \$0 deductible • \$1 Tier 1 drugs at preferred pharmacy • Full Tier 1 and 2, partial Tier 4 supplemental gap coverage • Richest formulary – more total drugs

Benefit designs* All three plans are eligible for new business and renewal commissions in 2017.

	Aetna Medicare Rx Saver (PDP) ^{1,2}	First Health Part D Value Plus (PDP) ^{1,2}	First Health Part D Premier Plus (PDP) ^{1,2}
Why You Should Sell This Plan	Offers essential Part D coverage for beneficiaries to meet their prescription drug needs while enjoying low monthly plan premiums and cost-sharing	Delivers the value demanded for predictable out-of-pocket costs and more robust coverage	Offers our highest level of medication coverage, protecting members against skyrocketing drug costs for unexpected illness
Monthly Plan Premium (plan premiums vary by CMS region)²			
Monthly Premium	\$32.18 ²	\$39.71 ²	\$103.04 ²
Deductible: The amount the member pays before the plan begins to pay			
Deductible (not applicable to T1/T2)	\$400 ²	\$0	\$0
Initial Coverage: Once the deductible is reached, member cost-share is paid for drugs until the member's total drug expenditure (regardless of who pays) reaches \$3,700			
30 day retail copay/coinsurance (preferred cost-share pharmacies/standard cost-share pharmacies)			
Tier 1 - Preferred Generic	\$1/\$7	\$2/\$10	\$1/\$10
Tier 2 - Generic	\$2/\$15 ²	\$5/\$20	\$2/\$20
Tier 3 - Preferred Brand	30 ²	\$47 ²	\$34
Tier 4 - Non-Preferred Drug	35% ²	50%	50%
Tier 5 - Specialty	25%	33%	33%
Coverage Gap: Member remains in this phase until their yearly true out-of-pocket drug costs reaches \$4,950			
	51% Generic Drugs 40% Brand Drugs	T1, T2 coverage at Initial Coverage Limit cost-share All remaining formulary drugs 51% Generic Drugs 40% Brand Drugs	T1, T2 and partial T4 coverage at Initial Coverage Limit cost-share All remaining formulary drugs 51% Generic Drugs 40% Brand Drugs
Catastrophic Coverage: After member true out-of-pocket costs exceed \$4,950 a small copay or coinsurance is required for each covered prescription			
Greater of 5% coinsurance, or \$3.30 for Generic Drugs (including brand drugs dispensed as generic) or \$8.25 for Brand Drugs			
Network			
Over 60,000 retail pharmacies with more than 20,000 preferred options			

Footnotes

¹ available in all 50 states and District of Columbia

² Premiums and member deductible/copays/coinsurance vary by CMS region

Over 60,000 retail pharmacies with more than 20,000 preferred

Albertsons, including:

- ACME Pharmacy*
- Osco
- Sav-on*
- Shaws*
- Star Market*
- United Supermarkets of Texas

BI-LO Pharmacy, including:

- Harvey's*
- Winn-Dixie

Brookshire Grocery Company, including:

- Super 1 Foods

Cardinal MCC, including:

- Brookshire Brothers
- Discount Drug Mart
- fred's Pharmacy*
- Fruth Pharmacy
- Hen House

- House Calls
- Market 32
- Price Chopper*
- Ritzman
- Weis Market

Coborn's

Costco

Dierbergs

Giant Eagle

Harmon's Whole Health

H-E-B

Hy-Vee

Kmart

Kroger, including:

- Baker's
- City Market*
- Copps
- Dillons
- Fred Meyer

- Harris Teeter
- King Soopers
- Kroger Sav-on
- Mariano's
- QFC
- Pick 'n Save
- Ralph's*
- Roundy's
- Smith's*

Meijer

Publix

QuickChek

Safeway, including:

- Carrs
- Pavilions
- Randalls
- Tom Thumb
- Vons

Sam's Club

Save Mart

Shopko

SUPERVALU, including:

- Cub
- Farm Fresh
- Shop 'n Save

Thrifty White*

Walgreens, including:

- Duane Reade
- Eaton Apothecary

Walmart

Wegmans

[Return to Topics](#)

2017 PDP Formulary

Characteristics	Saver (A1)	Value Plus (A3)	Premier Plus (A2)
Drug Mix	Moderate brand availability, rich generic selection	Richer brand selection, rich generic selection	Richest brand selection, rich generic selection with some gap coverage with certain brands
Member Profile	Healthy members, uncomplicated medical conditions, smaller medicine cabinet, active, cost conscious	Members with more complicated disease, 1-3 chronic conditions, semi-cost conscious	Members with more complicated disease, multiple comorbid chronic conditions

- ❖ **Comprehensive Drug Coverage**
 - 97 to 99 out of Top 100 most prescribed drugs for Medicare beneficiaries are covered, based upon the formulary
 - 94 out of Top 100 most prescribed drugs for Medicare beneficiaries are covered on preferred brand tier or lower
- ❖ **Great value:**
 - Offers one of the richest tier one generic coverage in the industry
 - 9 out of Top 10 generics used by Medicare beneficiaries are covered on Tier 1, each drug was used by 4 to 7 million beneficiaries
- ❖ **Choices to Meet Different Needs**
 - Based on individual medication needs and affordability, 3 formulary options are offered
- ❖ **Quality of care**
 - For common chronic conditions in elderly population, first line treatment drugs are covered on formulary
 - Comprehensive coverage of diabetes, asthma/ COPD, hypertension, and high cholesterol drugs with ample choices to improve patient outcomes and drive medication adherence

2016-2017 PDP 5-tier Formulary Count Compare (Based on Trade Name Count)

	Saver (A1)		Value Plus (A3)		Premier Plus (A2)	
	2016	2017	2016	2017	2016	2017
T1 (PG)	50	101	50	101	56	101
T2 (G)	892	616	893	616	915	621
T3 (PB)	260	405	265	408	290	422
T4 (NPD)*	399	596	428	623	547	832
T5 (SP)	283	279	286	284	293	295
Total	1884	1997	1922	2032	2101	2271

*Change from NPB to NPD due to 2017 CMS Final Letter requirement

PG=Preferred Generic; G=Generic; PB=Preferred Brand; NPD=Non Preferred Drug; SP=Specialty

[Return to Topics](#)

2017 PDP Formulary – Key Changes Compare to 2016

Generic Drug Coverage

- Significant expansion of preferred generic coverage on Tier 1 (Increased by 110%; generic Lipitor on T1)
- Cover 9 out of top 10 generics used by Medicare population on tier 1. lisinopril, amlodipine, metoprolol, simvastatin, atorvastatin, metformin, levothyroxine, omeprazole, furosemide..
- Top 5 generic drugs moving from PG to G (T1 to T2) – metoprolol succinate ER, latanoprost, metformin ER, enalapril, raloxifene

Brand Drug Coverage

- Competitive brand drug coverage on preferred brand tier for common chronic conditions like asthma/COPD, diabetes, heart disease

[Return to Topics](#)

Flu/Pneumonia Vaccines

Flu and pneumonia vaccines are covered under Part B and are available through physician offices and pharmacies contracted under medical to provide them. Flu and pneumonia vaccines are never covered under Part D even when obtained in a pharmacy.

The list of medical contracted pharmacies providing flu and pneumonia vaccines is a subset of the Part D network. Not all Part D contracted pharmacies are contracted to provide Part B flu/pneumonia-please see contracted Part B pharmacies below at the URLs provided

Members obtaining flu/pneumonia vaccines by other than a network physician or medical network contracted pharmacy will have to pay the full cost of the vaccine (drug ingredient and administration of the injection) and submit a paper claim along with receipt for reimbursement.

[Return to Topics](#)

Part B vs Part D Diabetic Supplies

Diabetic supplies are divided between Parts B & D in keeping with CMS guidance

Part B Diabetic Supplies	Part D Diabetic Supplies
Test strips	Syringes
Lancets	Alcohol swabs
Monitors	2x2 gauze
Insulin Pumps	Pens
Solutions	Pen fills

\$0 Preferred diabetic supplies:

- Glucose monitors and diabetic test strips from our preferred vendor OneTouch®/LifeScan will pay at a reduced cost share (standard Medicare cost share for diabetic testing supplies is 20%)
- Glucose monitors and diabetic test strips from non-preferred vendors will continue pay at the standard 20% cost share (except some SNP plans)
- Test strips will continue to have a quantity limit

[Return to Topics](#)

Determining Drug Cost

Use this summary to assist you in discussing pricing questions or concerns with Members (prospective).

Price differences can occur between the time a member fills a drug at a particular pharmacy and when the member found or was quoted a price earlier from Medicare Plan Finder, Aetna or Coventry websites or from a Customer Service Representative.

Here are *examples* of why a member's costs can vary (not a complete list).

- ✓ Manufacturer drug costs and price increases
- ✓ Pricing tool update delays
- ✓ Pharmacy discounts and costs vary-using a preferred pharmacy can help reduce member costs
- ✓ Appropriate application of benefits including deductible if applicable
- ✓ The specific drug/strength/dose/format a member is filling

For additional information and guidance when discussing drug costs, see the "Communications Summary & Action Tips to Assist a Member" document.

[Return to Topics](#)

Medicare Advantage



Market highlights:

- Many \$0 premium plans in multiple markets
- Free fitness membership included in most plans
- \$0 Copay for two preventive dental visits / year on many plans
- \$0 hearing and vision screenings on many plans
- Options and benefit packages to fit multiple types of consumers

See Summary Plan description for actual benefits

[Return to Topics](#)

We offer the following Medicare Advantage products*:

Traditional HMO	Open Access HMO	HMO-POS	PPO
<p>Members can use any network providers.</p>	<p>Members can use any network providers.</p>	<p>Members may save money by using in-network providers. Whether in or out of network, doctor must accept Medicare for services to be covered.</p>	<p>Members may save money by using in-network providers. Whether in or out of network, doctor must accept Medicare for services to be covered.</p>
<p>For most plans, requires members to select a network provider as their primary care physician (PCP). Members should check their specific plan for details.</p>	<p>Members may choose a primary care physician (PCP).</p>	<p>Encourages members to select a network provider as their primary care physician (PCP).</p>	<p>Although members are not required to select a PCP, they are encouraged to do so. They will benefit by having a doctor who can coordinate their care and help them with important medical decisions.</p>
<p>PCP coordinates care and provides referrals to network providers for nonemergency specialty or hospital care.</p> <p>Referrals are not needed for emergency and urgent care or direct access services.</p>	<p>Allows members the freedom to visit network providers without a referral.</p>	<p>Some HMO-POS plans allow members to visit providers without a referral; others require members to get a referral. Check the Evidence of Coverage.</p> <p>Referrals are not needed for emergency and urgent care or direct access services.</p>	<p>Gives members the flexibility to choose doctors and hospitals both in and out of our network without a referral.</p>

[Return to Topics](#)

Q What do you get when you combine the medical expertise of selected local providers and the national Medicare experience of Aetna?

A The Aetna Prime, Advantra (Coventry) Prime and Coventry Total Care Plan.

Patient-centered care from exclusive plan networks

Prime and Total Care's exclusive plan networks with selected local providers promote whole person health through a powerful blend of:



Patient-centered care



Coordinated services



Enhanced provider communication

The purpose of this network is deliver more effective care.

- Doctors from the providers lead **Prime/Total Care** patient support teams
- **Aetna/Coventry plans** works with Primary Care Physician so that doctors can spend more quality time with patients
- Shared medical data helps teams make timely decisions so members can get information when they need it
- Knowledgeable professionals coordinate care and coverage; giving members peace of mind when [Return to Topics](#) using different parts of the health system

Plan designs and service areas described in this document are pending government approval and are therefore subject to change. For producer use only. Distribution to consumers, other insurers, or any other person or company is strictly prohibited and may be grounds for termination of your agreement with Aetna.

Prime/Total Care support makes a difference

Meet Elaine*

Elaine* has been living with Type 2 diabetes for two years and is on oral diabetic medication.

Sticking to her medicine and care plan has been hard. Her blood glucose levels have not been stable and she has gone to the hospital twice.



Support

Elaine enrolls in a Prime or Total Care plan. Her care team sees in her file that she is diabetic. They enroll her in a care program.

The care team helps Elaine schedule her overdue annual wellness visit.

Her doctor prescribes a new drug. He updates her medical record and information is shared with other plan doctors who treat her.



Engage

The team sees a report that Elaine hasn't ordered her medicine and calls her. They connect Elaine with a diabetic support group to learn about healthy eating, tracking glucose, and exercise.



Empower

At her next doctor visit Elaine's doing better. The team tells her about her plan's no-cost fitness benefit.

Elaine joins a gym. She continues to go to her support group and takes her medicine.

Her glucose levels are better and she's feeling great.

[Return to Topics](#)

What are these plans called?

They have several different names, based on Aetna and Coventry service areas. These are the key words to look for:

Key word	Description	Plan names
Prime	“Prime” appears on the member ID card	<ul style="list-style-type: none"> Aetna Medicare Innovation Prime Plan (HMO) Aetna Medicare Main Line Health Prime Plan (HMO) Aetna Medicare NNJ Prime Plan (HMO) Aetna Medicare PinnacleHealth Prime Plan (HMO) Aetna Medicare Prime Plan (HMO) Aetna Medicare Prime Plan (PPO) Advantra Fayette Prime (HMO) Advantra Washington Prime (HMO) Aetna Medicare SNJ Prime Elite Plan (PPO) Advantra Butler Prime (HMO)* Advantra Penn Highlands Prime (HMO)*
Total Care	“Total Care” is part of the plan name and it appears on the member ID card.	<ul style="list-style-type: none"> Coventry Total Care (HMO) Coventry Total Care (HMO-POS) Coventry Total Care (PPO)

* Coventry / HAPA brand

[Return to Topics](#)

Supplemental Benefits, features, extras may include some of the following:

Fitness

Dental

Hearing

Vision

Transportation

[Return to Topics](#)

Fitness benefit

Most Aetna/Coventry Medicare Advantage plans include SilverSneakers[®] or Silver and Fit at no additional cost to members.

SilverSneakers[®] when included covers:

- A free basic gym membership with access to more than 13,000 fitness locations nationwide, including all basic amenities, guidance from dedicated fitness staff, and low-impact classes designed to improve strength, balance, range of movement and cardiovascular endurance. Multi-facility access as a part of the program.
- SilverSneakers FLEX™, which brings classes such as tai chi, yoga and walking groups to local venues – older-adult living communities, medical campuses, neighborhood parks and other sites.
- Access to a secure, easy-to-use website where members can find fitness locations and FLEX classes, access fitness articles, download recipes and meal plans, order replacement ID cards and interact with the SilverSneakers online community (www.silversneakers.com).
- SilverSneakers Steps[®] for members who can't get to a fitness location, with a choice of general fitness, strength, walking or yoga kit for fitness at home or on the go.

To enroll: Members just take their SilverSneakers ID card to their closest location and sign up. Members who haven't received their SilverSneakers ID card should call 1-888-423-4632 (TTY: 711) to request it to be mailed and get their personal SilverSneakers ID number to use at the fitness location until they receive their card.

[Return to Topics](#)

Fitness Benefit

Some Medicare Advantage plans include Silver&Fit at no additional cost to members.

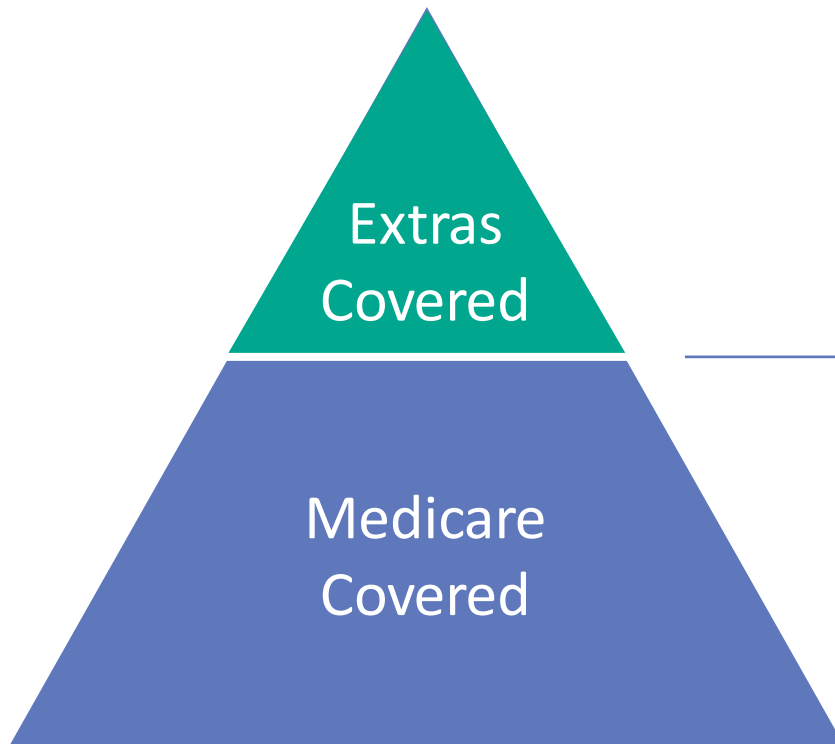
Silver&Fit when included covers:

- A free basic gym membership with access to a broad network of over 11,000 fitness clubs nationwide. Multi-facility access as a part of the program.
- Access to a rewards program to increase engagement. Rewards include hats and collectible pins.
- Access to the Silver&Fit website where members can register, find fitness locations, join challenges and use other online tools (www.silverandfit.com).
- 2 home fitness kits per year for members who can't get to a fitness location. 17 options to choose from, including Tai Chi, Cardio Strength, Chair Boxing, Chair Resistance Band Strength, Pilates, Yoga, Stress Management and more.

To enroll: Members may go directly to a Silver&Fit club and provide their name and date of birth. No Aetna ID card is required and, as of 2016, no Silver&Fit ID card will be issued. Members may also call Silver&Fit at 1-866-333-4274 (TTY/TDD 1-877- 710-2746) to have a representative assist in selecting a club, or log on to the Silver&Fit website. If a member selects a club over the phone or via the website, they will receive a post-enrollment flier in the mail.

[Return to Topics](#)

Most Plans cover Preventive benefits at \$0 copay:



- Annual physical exam
- Annual routine eye exam
- Annual routine hearing exam
- Fitness facility membership
- [Blood pressure cuff (if diagnosed with high blood pressure)]

-
- Hepatitis C screening
 - Immunizations
 - Cardiovascular disease risk reduction visit
 - Recommended screenings: colorectal, prostate and cervical cancer; mammography, bone mass measurement, abdominal aortic aneurysm, HIV, depression, obesity, sexually transmitted infections (STIs)
 - Diabetes self monitoring training, nutritional counseling and supplies
 - Smoking cessation counseling
 - Screening and counseling to reduce alcohol misuse

[Return to Topics](#)

Embedded dental allowances (on select plans): Check Summary of benefits for inclusion on the plan.

[Preventive dental allowance

- Coverage for preventive services only (such as oral evaluations, cleanings and x-rays)
- Preventive allowance amounts range between \$100 - \$500
- Preventive Allowances are an annual benefit
- Allowances are a member reimbursement
- Members can receive services from any licensed dentist (no provider network)]

[Preventive & Comprehensive dental allowance

- Coverage for both preventive and comprehensive services (such as oral evaluations, cleanings, x-rays, fillings, crowns, periodontal scaling and root planning)
- Preventive & Comprehensive Allowance amounts range between \$750 - \$1,200
- Preventive & Comprehensive Allowances are an annual benefit
- Allowances are a member reimbursement (only certain codes are reimbursable)
- Members can receive services from any licensed dentist (no provider network)]

[Return to Topics](#)

Embedded dental allowances (on select plans) (continued)

How the reimbursement process works

- Member visits dentist and has dental work done. The member pays out of pocket for those services.
- The member must then submit a claim to us to receive reimbursement for covered services. Note: There's no special form the member needs to complete.
- Instead, the member just needs to mail the itemized bill, paid receipt and their member ID number to the Aetna or Coventry office address listed on the back of their member ID card.
- Members will be reimbursed up to the maximum allowance for covered services.

Note: Plans may have separate preventive and comprehensive dental allowances or may have one allowance for preventive and comprehensive services combined. Please see plan materials for more information.

[Return to Topics](#)

2017 GDS EPO/PPO embedded dental benefits (on select plans)

Overview

- For 2017, Aetna is offering embedded dental benefits with an EPO or PPO plan design.
- The EPO and PPO dental benefits are only offered on certain plans in six states: DE, IA, NE, NJ, PA, and WV.
- They are embedded as part of the plan, and are considered mandatory supplemental benefits.
- The member does not pay an additional premium. These are not optional supplemental benefits (OSBs).



[Return to Topics](#)

2017 GDS EPO/PPO embedded dental benefits (on select plans)

There are two plan types (EPO or PPO) that are offered

1. EPOs are only offered on HMO and HMO-POS plans
2. PPOs are only offered on PPO plans

With EPOs:

- Members don't have to choose a primary care dentist
- Members must use network dentists, except in an emergency

With PPOs:

- Members don't have to choose a primary care dentist
- Members can go to any in-network or out-of-network dentist
- Except for emergencies, it might cost more for out-of-network services

[Return to Topics](#)

2017 GDS EPO/PPO embedded dental benefits (on select plans)

There are three benefit levels that will be offered:

- **\$500 benefit maximum with coverage for preventive services**
 - Periodic and comprehensive exams, adult prophylaxis and 1-4 bitewings
- **\$750 or \$1000 benefit maximums with coverage for preventive and comprehensive services**
 - Periodic and comprehensive exams, adult prophylaxis and 1-4 bitewings
 - Amalgams, resins, simple extractions and denture repairs

Additional details:

Members do not choose an amount of coverage, the maximum benefit level is specific to the plan

- Refer to the plan materials to determine what benefit level is offered and the frequency and cost sharing amount of each covered service
- Dental claims are administered by GDS

[Return to Topics](#)

Embedded eyewear and hearing aid coverage

In select service areas, plans include additional benefits for eyewear and hearing aids. Coverage varies by plan, please see plan details for specific cost-sharing information.

Vision

[Eyewear Allowance Up to
\$300/year

To access the benefit, members may go to either an EyeMed or direct contract provider. However, members only receive a discount through the EyeMed provider. Any EyeMed or direct contracted provider may submit a claim for vision services. Otherwise, the member will need to pay the provider, then submit for reimbursement. The member will be responsible for any amount that exceeds the allowance.]

Hearing

[Hearing Aid Allowance Up to
\$1000/year

To access this benefit, members can go to either a Hearing Care Solutions (HCS), Amplifon or direct contracted provider. However, members only receive a discount through HCS or Amplifon. The member must pay the provider, then submit for reimbursement for all hearing allowances. The member will be responsible for any amount that exceeds the allowance.]

[Return to Topics](#)

Optional supplemental benefit (OSB) packages

Offered with select Aetna HMO plans in certain markets. Premiums vary by market.

- [DMO Dental]
- [DMO Dental Plus Hearing Aids (\$300/year)]
- [DMO Dental Plus Eyewear (\$125/year)]
- [DMO Dental Plus Eyewear (\$125/year) and Hearing Aids (\$300/year)]



[Return to Topics](#)

Optional supplemental dental benefits (OSB)

You pay:	Aetna Medicare HMO Advantage Dental Plan
<p>\$5 copay per office visit</p> <p>(with selected Network Primary Dentist for covered services)</p> <p>Limited services are covered under the office visit copay, please reference the fee schedule for the full list of applicable services</p>	<ul style="list-style-type: none"> • Preventive care: oral exams, cleanings and x-rays • Diagnostic care: select imaging, diagnostic casts and pulp vitality tests • Restorative care: fillings • Endodontic care: indirect and direct pulp caps • Periodontic care: scaling and root planning • Prosthodontic care: partial and complete denture adjustments
<p>Reduced-fee services</p> <p>(partial list)</p> <p>(with selected Network Primary Dentist for covered services)</p>	<ul style="list-style-type: none"> • Crowns, bridges and dentures • Root canals • Oral surgery, including non- surgical extractions • Periodontic care: maintenance and surgeries

http://aetnet.aetna.com/salesweb/products_and_programs/products/fee_schedules.html#Dental

To view the reduced fee schedule click link, select market and view charges under column AD Aetna Advantage Dental (AD)

[Return to Topics](#)

Optional supplemental benefits (OSB) enrollment and effective dates:

Members may enroll in optional supplemental benefit coverage at the time of initial enrollment or anytime during the calendar year. Enrollment may be completed by writing or calling Member Services at the number on the member ID card. The plan will determine eligibility for optional supplemental benefit coverage and the effective date of coverage.

If the plan accepts enrollment, the optional supplemental benefit coverage elected will become effective on one of the following dates, as applicable:

- **New plan members:** The effective date for the optional supplemental benefit coverage will be the same date as the effective date of a member's plan coverage.
- **Current plan members:** If a member's optional supplemental benefit plan change form is received by the plan before the last business day of the month and is deemed complete, the optional supplemental benefit will be effective the first of the following month.

[Return to Topics](#)

Member Resources



How to look up in-network providers for 2017 Aetna and Coventry Individual MA/MAPD plans

We offer two ways for you and your clients to search for in-network providers, hospitals and specialists for 2017 Aetna and Coventry Individual Medicare (MA/MAPD) plans

1. Online Tools (recommended option)

- For Aetna Medicare plans, use DocFind at www.AetnaMedicareDocFind.com
- Select 'State'
- Select the 'Plan Name' and click Continue'
- For Coventry Medicare plans, go to www.coventry-medicare.com/findprovider and choose from the options

2. Call Us:

- Members can reach our customer service department by calling the number on their member ID card to verify whether a provider is current participating in their plan's network
- Important! Our networks change throughout the year, please encourage your clients to verify participation before enrolling in a plan or visiting the doctor, with our online tools or by calling us.

For additional information on how to search for either Aetna or Coventry providers, go to Aetna's Producer World, select Tools and view the Network Tools Flyer or ask your Aetna representative for a copy.

[Return to Topics](#)

Look up preferred in-network pharmacies for 2017 Aetna and Coventry Individual MAPD and PDP Plans

Our 2017 Pharmacy Finder tool allows you and your clients to quickly search for preferred in-network pharmacies by plan and location

1. Go to Pharmacy Finder:
<http://rxtools.aetnamedicare.com/PlanCompare/Consumer/2017/Individual/Tools/HelpfulTools>
2. Enter the zip code. The tool will then display all plans offered in that zip code
3. Next, select a plan
4. The tool will then show all in-network pharmacies(standard and preferred) in the zip code

Some Helpful hints:

- The Pharmacy Type column shows if the pharmacy is a preferred network pharmacy or a standard network pharmacy.
- Preferred pharmacies also show an orange flag in the Tag column.

For additional information, go to Aetna's [Producer World](#), select Tools and view our Pharmacy Finder Tool flyer or ask your Aetna representative for a copy.

[Return to Topics](#)

BenefitsCheckUp®

www.BenefitsCheckUp.org/Aetna

www.BenefitsCheckUp.org/Coventry

One-stop resource for determining eligibility for federal, state and private programs that can help members save money on prescription drugs, utilities, taxes, meals and more!

The image displays two overlapping screenshots of the BenefitsCheckUp website. The top-left screenshot is for the Aetna version, featuring the Aetna logo and navigation links: Home, Find Benefits, Apply for Extra Help, and Find Applications. The main heading is "Get Started Now!" followed by a paragraph: "There are benefits you may be missing! BenefitsCheckUp helps programs. You can also find an online application for Medicare's the most up-to-date information." Below this are two primary action boxes: "Find Benefits Programs" (with a magnifying glass icon) and "Medicare Rx Extra Help" (with a pill icon). Each box contains a brief description and a "Go!" button. Further down are two more boxes: "Need Help Paying for Medicine?" with a "Click here" link, and "Need Help Paying for Food?" with a "Click here" link to see plan options from Aetna. The bottom of the screenshot shows a copyright notice for 2016 National Council on Aging.

The top-right screenshot is for the Coventry version, featuring the Coventry Health Care logo and the same navigation links. The main heading is also "Get Started Now!" with a similar introductory paragraph. It includes the same "Find Benefits Programs" and "Medicare Rx Extra Help" boxes. Additionally, it features a third box: "Application Forms Center" (with a magnifying glass icon) which provides information on fact sheets for prescription drugs and health care, also with a "Go!" button. Below this are the "Need Help Paying for Medicine?" and "Need Help Paying for Food?" boxes, with the "Click here" link for food assistance pointing to Medicare Advantage plan options from Coventry. The bottom of this screenshot also shows a copyright notice for 2016 National Council on Aging and a footer with links to Us, Privacy Policy, Terms of Use, Feedback, and Partner Login.

Payment Options for Members

Method & Description	Advantages	Disadvantages
<p>Electronic Funds Transfer (EFT): Automatic withdraw from bank account or credit/debit card</p>	<ul style="list-style-type: none"> Member doesn't have to remember to pay or send in a coupon each month Helps member avoid payment reminder notices or disenrollment process for non-payment of premium 	<ul style="list-style-type: none"> Member must call to update information if there are changes to their back account information/credit card.
<p>Social Security Premium Withhold (SSPW) Automatic withdraw from Social Security Check</p>	<ul style="list-style-type: none"> Member doesn't have to remember to pay or send in a coupon each month 	<ul style="list-style-type: none"> Takes a few months to process (45-90 days). Member must remember to pay their premium via coupon book until the set-up is final. If there are issues, member must work directly with SSA; we generally can't assist Member may get a payment reminder notice for gaps in time it takes SSA to finalize process if they do not pay their premium through their current method.
<p>Coupon Book Direct pay option</p>	<ul style="list-style-type: none"> Option for member to choose 	<ul style="list-style-type: none"> Member gets a coupon book in December for the upcoming year. Member needs to proactively remember to send their coupon (we don't send reminder notices) Member is more likely to get a payment reminder notice or disenrolled for non-payment of premium Return to Topics

What happens after an application is submitted?

Once the application is accepted by Medicare, members will receive a confirmation letter.

- Enrollment can be effective as early as the first of the next month, which is based on Medicare rules.
- If a member needs to see a provider or fill a prescription before receiving their ID card:
 - The member should take the acknowledgement or confirmation of enrollment letter that they receive from us to the pharmacy.
 - As an alternative, members can pay out-of-pocket for prescriptions or a provider visit, save receipts and we'll work with members to be reimbursed.

If the application was incomplete, your client will receive a letter and may also get a phone call explaining what information is missing. We provide a phone number and specify the time frame to call us to avoid denial of the application.

For additional information and guidance, please go to the Producer Guide, Sec 10 Member Experience

[Return to Topics](#)

Welcome calls to new members and members with a plan change

The member experience begins with members having the information they need to successfully use their benefits.

During the welcome call, we want to help members understand their plan benefits and get answers to any questions they have. Some of the topics might cover include:

- Doctor – who’s your doctor? Based on your plan, let’s see where he/she is in our network.
- Pharmacy – do you use a local pharmacy or mail order? Let’s review the preferred pharmacy list if you prefer and see how we may be able to help you save money here.
- Medications – are you familiar with the formulary list of medications? Brand or generic, tiers, specialty or limited use, look at the formulary and match what medications you take right now and review with your doctor or pharmacist if you have a question.
- Premium or copays or coinsurance – what questions do you have? Here’s what you should expect with your (HMO/POS/PPO).
- Beyond your annual wellness visit and your plan benefits, there are some additional services, including (fitness, hearing, vision etc.).

[Return to Topics](#)

ID cards and new member kits

- Member will receive an ID card in a separate mailing from the new member kit mailing
- New member kits will be mailed within 10 days of receipt of CMS confirmation of enrollment or by the last day of the month prior to the effective date, whichever is later.
- Aetna's new member kit contains:
 - Evidence of Coverage (EOC)- Provides a complete description of plan benefits, exclusions, limitations and conditions of coverage.
 - IF applicable, Formulary guide - A list of drugs the plan covers that identifies the drug tier, the cost-share amount and the therapeutic class of drugs, and any special requirements that may apply like Prior Authorization and Step Therapy.
 - IF applicable, other plan specific information maybe included with your member kit or mailed separately.

NOTE: If a member has questions or needs assistance with their membership or member ID, the member MUST call Member Services.

[Return to Topics](#)

Consumer websites

www.aetnamedicare.com

www.coventry-medicare.com

We offer customers the following features online:

- View coverage & benefits (including printing a Summary of Benefits or Evidence of Coverage)
- Search for providers & pharmacies
- See if a drug is covered or get a full list of covered drugs (Formulary)
- See if they have access to a fitness benefit
- Check their claims
- Pay their bill online

Note: You can't use these sites for online enrollments. Use the Ascend Virtual Sales Office app instead

[Return to Topics](#)

Member Services

For help with any MA/MAPD/PDP plan-related question, members should contact our Member Services team at the phone number on their member ID card. The Member Services phone number and differs by plan.

Aetna Member Services

- 8 a.m. to 8 p.m., seven days a week

Coventry Member Services

- 8 a.m. to 8 p.m.(in the members time zone), seven days a week

Broker Service Department

1-866-714-9301



[Return to Topics](#)

Member Retention: Retaining our Members

Retention- how and what we do to retain and communicate with our Members

- Member Meetings-communicate
- Member Thank you card
- Open Houses
- Plan Terminations meetings (how and what do we communicate) can be used market by market and customize



[Return to Topics](#)

Agent promise

Our agents help beneficiaries better understand their health care options so they can make the right decisions based on their needs. Agents share their knowledge, expertise and compassion to empower their clients to live healthier lives.

Thank you for attending this 2017 broker training presentation. We wish you a successful 2017!

[Return to Topics](#)