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Welcome to Aetna's 2022 Medicare Advantage Product Training for Michigan

Dan Dombrowski - Broker Manager, SE, SW and Midland Michigan

Michael Wirth – Broker Manager, UP and Northern Michigan

2022 plan designs and service areas are pending government approval and are therefore subject to change.

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Agenda



1. Aetna Medicare Advantage 2022 Plans
2. Why Sell Aetna?
3. Certification & Getting “Ready to Sell”
4. Broker Support

Aetna Medicare – Who we are

Aetna is 166 years old! And we've been in the Medicare business since Medicare started.

When the Detroit Tigers were founded back in 1894, Aetna had only been in business for 43 years.

- We cover over 46 million members throughout the United States.
- We're committed to providing members with access to the health care they need, from the doctors they trust.
- #8 on the Fortune 500 list. Aetna/CVS Health with over 300,000 employees



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2022 Service Area Expansion: **Green = New**

SE Michigan Market: Genesee, Jackson, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne, **Ingham, Lenawee**

SW Michigan Market: Allegan, Branch, Calhoun, Hillsdale, Kalamazoo, Kent, Montcalm, Muskegon, Ottawa, St. Joseph, **Eaton**

Midland Market: Arenac, Bay, Clare, Gladwin, Gratiot, Midland, Saginaw, Sanilac, Shiawassee, Tuscola, **Huron, Isabella, Lapeer**

Northern Michigan Market: Alcona, Alpena, Antrim, Benzie, Charlevoix, Crawford, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Otsego, **Wexford, Cheboygan, Emmet, Montmorency, Ogemaw, Oscoda, Presque Isle, Roscommon**

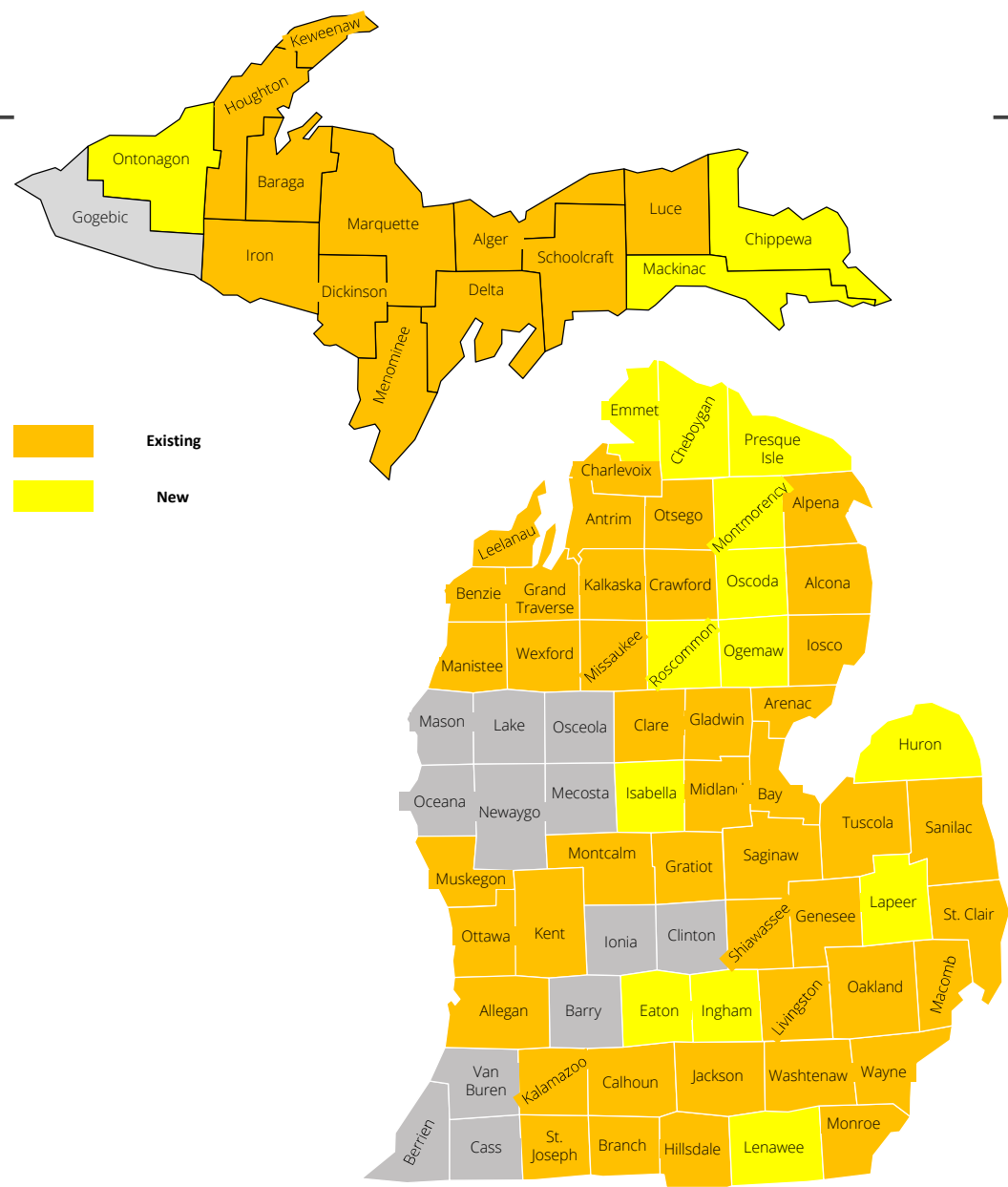
Upper Peninsula Market: Alger, Baraga, Delta, Dickinson, Houghton, Iron, Keweenaw, Luce, Marquette, Menominee, Schoolcraft, **Chippewa, Mackinac, Ontonagon**

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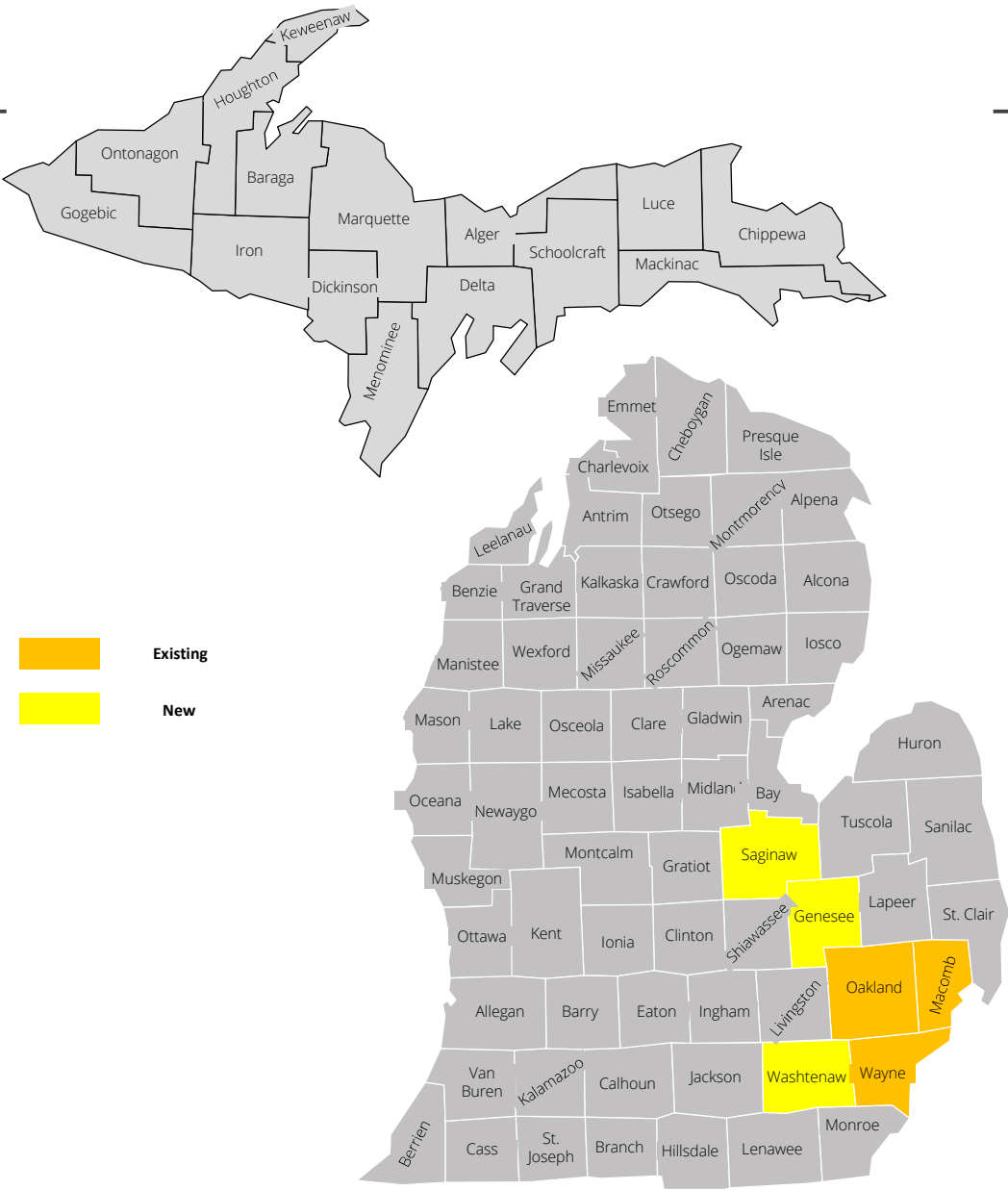
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Michigan – 2022 PPO



Michigan – 2022 HMO SNP



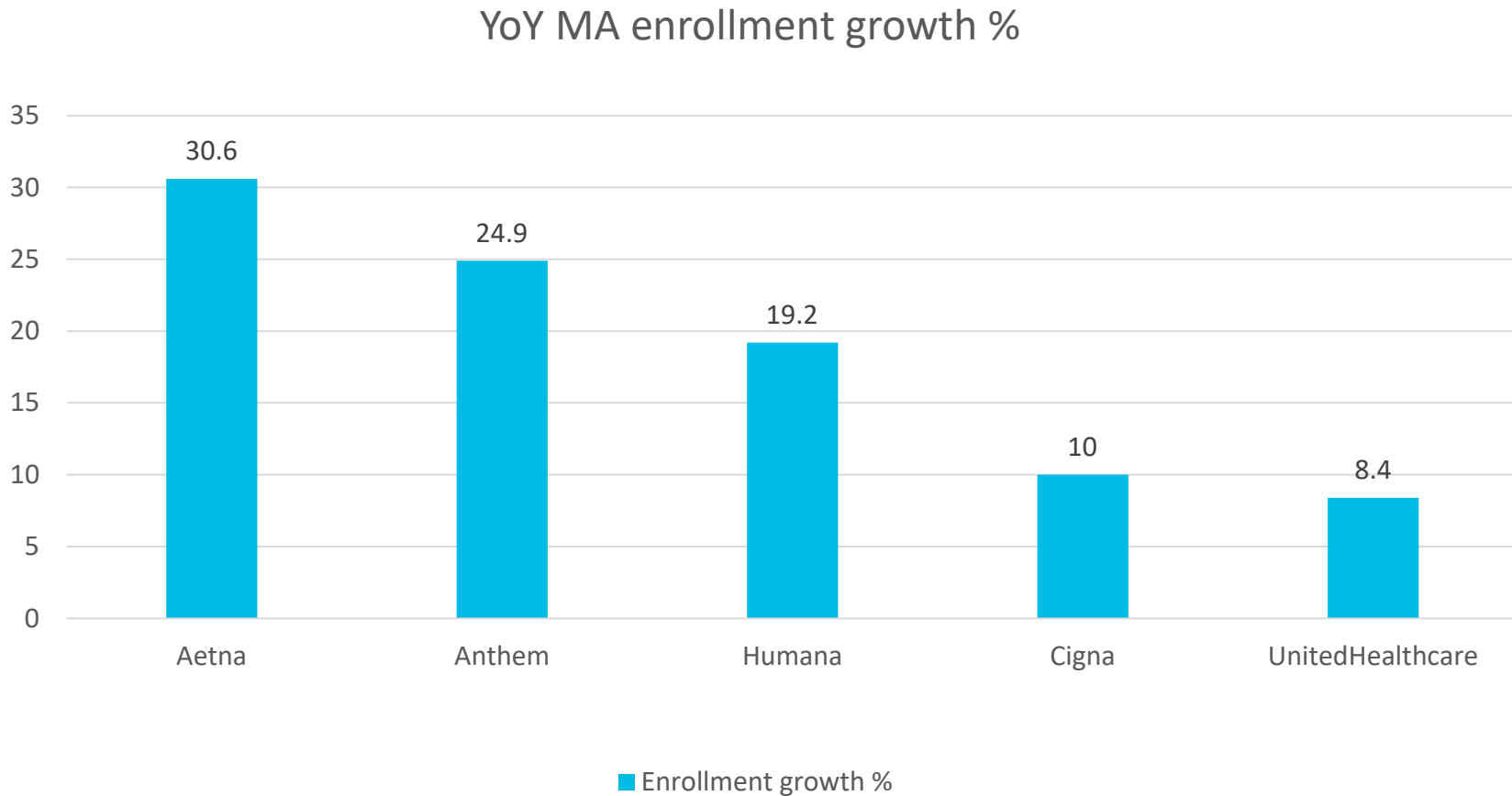
Aetna Medicare – Who we are

Fun Fact: Aetna paid the first Medicare claim in 1966.



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Year-over-year Medicare Advantage enrollment growth



Source: <https://www.beckershospitalreview.com/payer-issues/medicare-advantage-growth-among-top-5-commercial-payers.html>

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MAPD Highlights



Star Ratings - All Michigan members in Aetna MAPD plans are in 4.0 STAR Plan.

Nationwide Network: Borderless, Seamless, Nationwide PPO and HMO provider network with Nationwide Brand Recognition throughout the country that accept our Medicare Plans – apx. 700,000 doctors and 5,700 hospitals across the U.S. including the Cleveland Clinic (unique to Aetna)

Worldwide coverage for emergency and urgent care

Up to \$70 service fee per application for HRA Questionnaire when done online through Ascend

Broker Only Sales Force – No Captive Agents

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MAPD Highlights



No Copay Stacking Feature

- **Members only pay a maximum of 1 copay per provider/claim, per day.**
 - **Additional Protection for your clients!**
 - **Significantly reduces out of pocket costs.**
 - **We protect the “under observation” patient.**
 - **No Copay Stacking also applies to PCP & Specialist visit.**
-

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What does “copay stacking” mean to you?

Real-life scenarios workshop—
ONE copay per day for *related services*

	Competitor MAPD	Aetna MAPD
Cardiologist specialist copay	\$35-\$40	\$35 waived !
Lab tests	\$10-\$30 per test	\$5 waived !
Chest X-Ray	\$40-\$50 per x-ray	\$5 waived !
Diagnostic Procedure / Test	Up to \$200 per test	\$75
Coumadin check	\$10-\$30 per test	\$5 waived !
Total out-of-pocket	\$300-350	\$75

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What does “copay stacking” mean to you?

Real-life scenarios workshop—
ONE copay per day for *related services*

	Competitor MAPD	Aetna MAPD
Emergency room <i>***kept under-observation</i>	Up to 72 hours	Up to 72 hours
MRI		
Blood work		
Specialist visit		
X-ray		
Total out-of-pocket		

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What does “copay stacking” mean to you?

Real-life scenarios workshop—
ONE copay per day for *related services*

	Competitor MAPD	Aetna MAPD
Emergency room	\$80	Waived !
***kept under-observation	Up to 72 hours	Up to 72 hours
MRI	\$200	\$195
Blood work	\$35 per test	Waived !
Specialist visit	\$45 per visit	Waived !
X-ray	\$35 per x-ray	Waived !
Total out-of-pocket	\$395	\$195

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Screen Print from (EOC) Evidence of Coverage

If you receive services from:	Your plan services include:	You will pay:
An assigned or selected primary care physician (PCP) and get more than one covered service during the single visit:	Copays only	One PCP copay.
	Copays and coinsurance	The PCP copay and the coinsurance amounts for each service.
	Coinsurance only	The coinsurance amounts for all services received.
An outpatient facility, specialist or doctor who is not an assigned or selected PCP and get more than one covered service during the single visit:	Copays only	The highest single copay for all services received.
	Copays and coinsurance	The highest single copay for all services and the coinsurance amounts for each service.
	Coinsurance only	The coinsurance amounts for all services received.

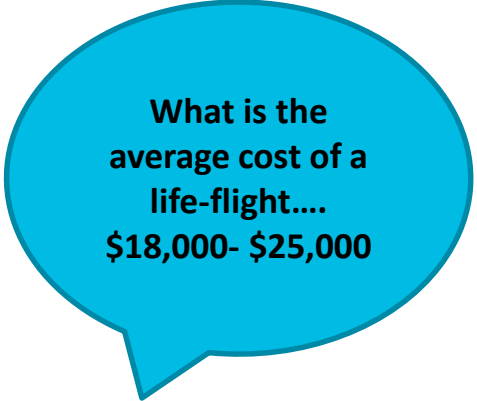
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Real-life scenarios workshops - Ambulance

What does “life-flight” being covered at an ambulance copay mean to you?

\$260 copay included both ground and air ambulance.

A blue speech bubble with a black outline, containing text about the average cost of a life-flight.

**What is the
average cost of a
life-flight....
\$18,000- \$25,000**

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<u>Specialty Areas</u>	<u>U.S. Ranking</u>
Cardiology & Heart Surgery	#1
Urology	#1
Gastroenterology	#2
Kidney Disorders	#2
Rheumatology	#2
Diabetes & Endocrinology	#3
Orthopedics	#3
Pulmonology	#3
Gynecology	#5
Geriatrics	#5
Neurology & Neurosurgery	#6
Cancer	#7
Ophthalmology	#9

**U.S. News and World Report, 2018*

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Real-live scenarios workshop- Network

What does “Seamless, Borderless National PPO and HMO Network” mean to you?

How are “snowbirds” covered?

What happens after the “emergency” has passed, but your client is not coming home for 4 weeks?

How can your client get physical or chemotherapy while staying with their adult children out of town?

Let's talk.

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Real-live scenarios workshop- Network

What does “Seamless, Borderless National PPO and HMO Network” mean to you?

Do any clients go out of town to visit friends, family, vacation?

What happens after your client is stabilized, but still needs care (the “emergency” no longer exists)?

Do you know how much a “non-emergency” medical transport costs from Florida to Michigan? (Avg. is \$3,500)

Let's talk.

The rankings on Medicare.gov do not take into account:

- **Copay Stacking**
- **National, Borderless PPO Network (with access to world class facilities ie. Cleveland Clinic)**

Did you know...?

- All Aetna MAPD PPO plans have an out-of-network benefit with fixed, flat dollar, predictable copays.
- With Aetna MAPD PPO you can see ANY doctor in Michigan or Nationwide with a copay.
- If you go to an “In-network” provider, you simply pay a lower copay!

Out-of-Network Cost Share

Plan Name	Aetna Medicare HMO	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Value (PPO)	Aetna Medicare Premier (PPO)	Aetna Medicare Value (PPO)	Aetna Medicare Premier (PPO)	Aetna Medicare Value (PPO)	Aetna Medicare Value (PPO)	Aetna Medicare Eagle (PPO)
Submarket	Southeast Michigan	Southeast Michigan	Southeast Michigan	Southwest Michigan	Southwest Michigan	Northwest Michigan	Northwest Michigan	Midland Area	IL, IN, MI, WI
Premium	0	\$34	\$0	\$15	\$0	\$29	\$0	\$0	\$0
Premium Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35
OON Primary Care Physician (PCP)	Not Covered	\$20	\$30	\$20	\$25	\$20	\$25	\$40	\$25
OON Physician Specialist	Not Covered	\$55	\$60	\$55	\$60	\$50	\$55	\$60	\$55
OON Podiatry Medicare Covered Services	Not Covered	\$55	\$60	\$55	\$60	\$50	\$55	\$60	\$55
OON Other Health Care Professional	Not Covered	\$55	\$60	\$55	\$60	\$50	\$55	\$60	\$55
OON Lab Services	Not Covered	\$20	\$30	\$30	\$35	\$15	\$25	\$25	\$30
OON Outpatient Blood	Not Covered	\$55	\$60	\$55	\$60	\$50	\$55	\$60	\$55
OON Kidney Disease Education	Not Covered	\$55	\$60	\$55	\$60	\$50	\$55	\$60	\$55
OON Eye Exams	Not Covered	\$55	\$60	\$55	\$60	\$50	\$55	\$60	\$55
OON Hearing Exam	Not Covered	\$55	\$60	\$55	\$60	\$50	\$55	\$60	\$55
OON Outpatient Blood NMC	Not Covered	\$55	\$60	\$55	\$60	\$50	\$55	\$60	\$55
OON Eye Exams Routine	Not Covered	\$55	\$60	\$55	\$60	\$50	\$55	\$60	\$55
OON Hearing Exam NMC	Not Covered	\$55	\$60	\$55	\$60	\$50	\$55	\$60	\$55

2022 Plans

NETWORK UPDATE: Henry Ford Health System

- **Effective September 1, 2021, all Aetna Medicare Advantage PPO and HMO members will have access to Henry Ford Medical Group primary care physicians (PCPs) without restriction. In addition, Henry Ford Medical Group PCPs will appear in our online provider directory. Previously, some of the Henry Ford PCPs were restricted from showing as in-network in our provider search tool; however, those restrictions will be lifted as of September 1, 2021.**
- **In addition, effective September 1, 2021, Henry Ford Allegiance Hospital in Jackson, MI will join our Medicare Advantage network.**

2022 Plans – Enhanced Dental Benefit

NEW! Enhanced Dental Benefit on all MAPD plans in Michigan

- 100% coverage for both IN and OUT of network
- Increases on all Dental benefit amounts
- Member no longer needs to pay up front for services
- Member no longer needs to submit invoice and wait to be reimbursed
- Effective January 1, 2022



2022 Plans – SE Michigan Market

- \$0 Premium “Open Access” HMO-POS Plan **Green = Benefit Improvement**
- No Referrals required! No PCP required! (Open Access)
- Identical Network as PPO Plans – Nationwide Network!
- HMO-POS now provides for some OON coverage – Ex. IP Hospital
- \$0 Medical Deductible
- \$0 PCP copay / **\$30** Specialist
- \$0 copay for labs and \$5 copay for x-rays
- \$40 copay for Mental Health and Physical Therapy
- \$250 IP copay, days 1-7 | **\$3,900 MOOP**
- Dental Benefit: **\$2,500** 100% coverage for both IN and OUT of network!
- Eyewear allowance: **\$250** (EyeMed at point of sale)
- Hearing allowance: **\$750** per ear, per year
- OTC benefit, \$60 per quarter through CVS
- Silver Sneakers with College Tuition Savings Program
- Diabetic glucose monitors and test strips covered at 100%
- 28 meals post IP discharge
- No Copay stacking and National, Borderless PPO Network

2022 Plans – SE Michigan Market

- \$0 Premium PPO Value Plan Green = Benefit Improvement
- Expansion Counties: Ingham, Lenawee
- \$0 Deductible
- \$0 PCP copay / \$45 Specialist
- \$10 copay for labs and \$30 copay for x-rays
- \$40 copay for Mental Health and Physical Therapy
- \$285 IP copay, days 1-7
- \$4,950 MOOP
- Dental Benefit: \$1,000 (ALL Dental Services) 100% coverage for both IN and OUT of network!
- Eyewear allowance: \$150 (EyeMed at point of sale)
- Hearing allowance: \$750 per ear, per year
- OTC benefit, \$60 per quarter through CVS
- Silver Sneakers with College Tuition Savings Program
- Diabetic glucose monitors and test strips covered at 100%
- 14 meals post IP discharge
- No Copay stacking and National, Borderless PPO Network

2022 Plans – SE Michigan Market

- \$29 Premium PPO Premier Plus Plan Green = Benefit Improvement
- Expansion Counties: Ingham, Lenawee
- \$0 Deductible
- \$0 PCP copay / \$35 Specialist
- \$10 copay for labs and \$10 copay for x-rays
- \$260 IP copay, days 1-5
- \$5,100 MOOP
- Dental Benefit: **\$1,500** (ALL Dental Services) 100% coverage for both IN and OUT of network!
- Eyewear allowance: \$250 (EyeMed at point of sale)
- Hearing allowance: **\$1,000** per ear, per year
- OTC benefit, \$60 per quarter through CVS
- Silver Sneakers with College Tuition Savings Program
- Diabetic glucose monitors and test strips covered at 100%
- 14 meals post IP discharge
- No Copay stacking and National, Borderless PPO Network

MA Only “Eagle” Plan

- \$0 Premium PPO
- Available in ALL counties in our Service Area in Michigan
- Perfect option for Veterans who obtain their prescriptions from the VA.
- Also great for anyone with an LEP (Late Enrollment Penalty) and does not want an MAPD plan



MA Only “Eagle” Plan

- \$0 Premium PPO **Green = Benefit Improvement**
- \$35 Part B give back
- Available in ALL counties in our Michigan Service Area
- \$0 Medical Deductible
- \$0 PCP copay / \$35 Specialist
- \$0 copay for labs and \$20 copay for x-rays
- \$290 IP copay, days 1-7
- **\$5,500 MOOP**
- Dental Benefit: **\$3,000** (ALL Dental Services) 100% coverage for both IN and OUT of network!
- Eyewear allowance: \$200 (EyeMed at point of sale)
- Hearing allowance: **\$1,250** per ear, per year
- OTC benefit, **\$120** per quarter through CVS
- Silver Sneakers with Tuition Rewards Program
- Diabetic glucose monitors and test strips covered at 100%
- No Copay stacking | Nationwide Borderless Network



Aetna D-SNP Plan in Michigan

2022 PBP — Michigan	2022 Counties	2022 Plan name
H3192-007	Macomb, Oakland, Wayne, Genesee, Saginaw and Washtenaw	Aetna Medicare Assure Premier (HMO D-SNP)

- NEW DSNP Plan will use the **identical network** as the current Medicare Advantage PPO / HMO Plans with Nationwide Coverage (85% in network nationwide)
- Apx. 90% of doctors in Michigan In-Network
- No Referrals Required!

D-SNP expansion for 2022!

In 2021, Aetna is expanding into Michigan with our D-SNP product.

Tri-County D-SNP footprint

Aetna will provide a D-SNP option in 3 counties in Michigan in 2021.

~129k

Dual eligibles reside in our 2021 D-SNP footprint

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Counties:

Macomb, Oakland, Wayne,
Washtenaw, Genesee,
Saginaw

129K

Eligible for Aetna's D-SNP

Eligibility and Target Population:

QMB, QMB+, SLMB+, FBDE

***You can verify DSNP or LIS
eligibility***

via Broker Services at:

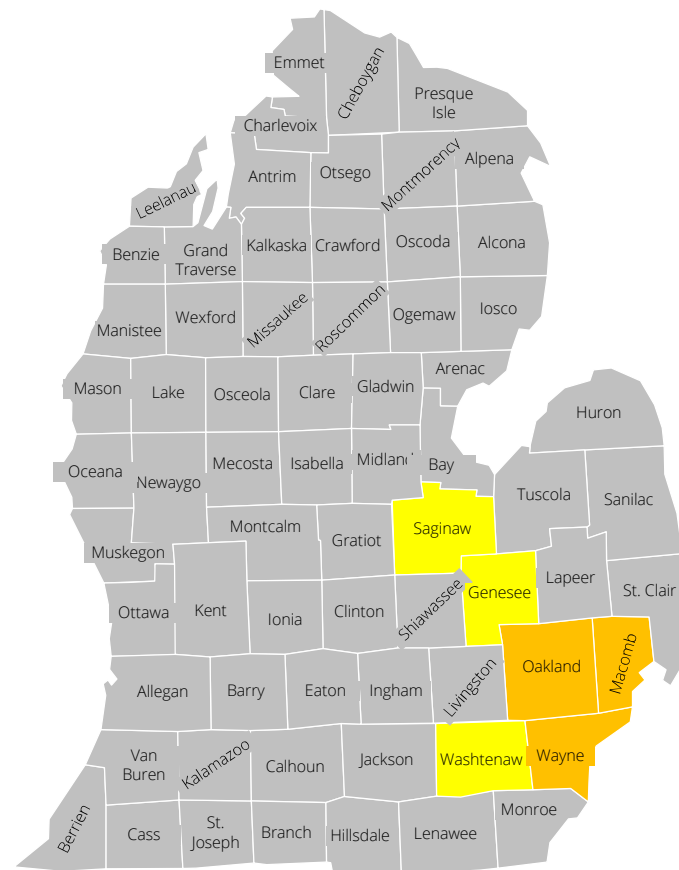
866-714-9301 Option 7

***Please have their
Medicare ID #, Last Name
and DOB***

MICHIGAN'S 2022 DSNP

Orange = Existing County

Yellow = New County





NEW! Michigan D-SNP Plan

Michigan D-SNP Plan Design

Aetna Medicare Assured Premier (HMO D-SNP) H3192-007

Submarket

Southeast Michigan

Counties	Macomb, Oakland, Wayne
Monthly premium	\$0*
PCP in network	\$0
Specialist (in-network)	\$0
Inpatient hospital	\$0 (unlimited days)
Outpatient hospital	\$0
Medical deductible	\$0
Out-of-pocket maximum	In-network: \$7,550
Drug deductible (varies on level of "Extra Help")	\$0
Dental	\$2,500
Eyewear Allowance (EyeMed, point of sale)	\$250
Over-the-counter Allowance (CVS)	\$360 per quarter
Transportation (Up to 60 mi. one-way)	24 trips (\$0 copay each)
Hearing Allowance (3 of 6 models, \$0 cost)	\$750 per ear, each year
SilverSneakers®	\$0 copay
Meals at Home	42 meals

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NEW! D-SNP Enhancements in Michigan

- Healthy Foods Visa Debit card - \$50 per month
- Utilities Visa Debit card - \$25 per month
- Increases in Dental, Eye Wear, Hearing and Transportation Benefits
- No cost sharing on Medical or Rx regardless of members (Extra Help) / LIS Level 1-4

D-SNP Benefits in Michigan

FALL PREVENTION: \$150

allowance, for the year, to purchase home and bathroom safety devices to help members manage physical impairments and improve mobility.

Items must be recommended by a licensed health care provider or Care Manager and will be shipped directly to our members.

TRANSPORTATION: Plan covers 50 one-way trips to plan-approved, health-related locations (ie. Doctor visits or Pharmacy Pick-up) via taxi, van and RideShare. Our plan has partnered with Access2Care to provide this benefit. Up to 100 Miles each way. \$0 copay.

HEARING SERVICES:

- \$2,000 benefit, per ear, each year.
- 1 routine hearing exam each year (\$0 co-pay)
- 1 hearing aid fitting/evaluation for the year (\$0 copay) and more...

VISION: Plan pays up to \$500 for non-Medicare covered eyewear

- Contact Lenses: \$0 copay
- Eyeglasses (Lenses and Frames): \$0 copay

PERSONAL EMERGENCY RESPONSE

SYSTEM: 24/7 access to help in the event of an emergency when recommended by a licensed health care provider or Care Manager. \$0 copay.

D-SNP Benefits in Michigan (Cont'd)

(OTC) OVER-THE-COUNTER BENEFITS:

\$360 PER QUARTER allowance for OTC items to be mailed directly to the member.

Members can order OTC items by mail, phone or internet.

MEALS: Members can receive 2 meals per day, for a 21-day period, after each inpatient hospital discharge.

PAPA: Family on Demand. 10 Hours per Month. Companionship includes things such as: Chatting, playing board games, watch a movie, take a walk, exercise. Light cleaning, meal prep, organizing, pet help, contactless grocery & prescription drop.

Model of Care Team: Every D-SNP member has a Personal Care Team, led by a Nurse Care Manager, who helps him/her get the personalized care that he/she needs. This team helps the member complete a health assessment and create a personal care plan tailored to fit his/her unique needs.

SILVERSNEAKERS®: \$0 copay for fitness membership and classes.



DSNP Dental Coverage

- **\$3,000 Annual Benefit**
- **\$0 Deductible**
- **Network: “Aetna Dental PPO Network”**
- **Includes All Preventive AND Comprehensive services covered at 100% In-Network. \$0 Cost to the member.**
- **Available on first day plan becomes effective.**

**Only exclusion - Cosmetic services such as teeth whitening are not covered*

DSNP Dental Coverage

**Dental services covered at 100% In-Network.
\$0 Cost to the member. Includes the following:**

- **All Preventive and Comprehensive Services**
- **Endodontics: Example, Root Canals, tooth repair**
- **Periodontics: Example, Gum disease treatment**
- **Prosthodontics: Example, Implants, Crowns, Bridges, Dentures**
- **Oral/Maxillofacial Surgery**
- **Extractions and Restorative Services**

Hospitals that are In-Network in Southwest / West Michigan:

All Mercy Health West MI hospitals – Mercy Muskegon, Lakeshore and St Mary's Mercy
Grand Rapids
Metro Health U of M Hospital
Holland Hospital
Allegan General Hospital
Borgess Medical Center and its 2 other hospitals (Pipp and Lee Memorial)
Bronson Battle Creek Hospital
Bronson South Haven Hospital
Oaklawn Hospital
Sturgis Hospital
Three Rivers Hospital
North Ottawa Community Hospital

Current Out-of-Network MA hospitals:

All Spectrum Health Hospitals – no short term solution for bringing them in network
Bronson Methodist Hospital – in discussions
Bronson Lakeview Hospital – in discussions
Sparrow Health Ionia Hospital - no short term solution for bringing them in network
Sparrow Health Carson City Hospital - no short term solution for bringing them in network
Lakeland Health Hospitals - no short term solution for bringing them in network

2022 Plans – SW Michigan Market

- \$0 Premium PPO Value Plan
- Expansion County: Eaton
- \$0 Deductible
- \$0 PCP copay / \$35 Specialist
- \$5 copay for labs and \$20 copay for x-rays
- \$270 IP copay, days 1-6
- Dental Benefit: **\$1,000** (ALL Dental Services) 100% coverage for both IN and OUT of network!
- Eyewear allowance: \$100 (EyeMed at point of sale)
- Hearing allowance: \$500 per ear, per year
- OTC benefit, **\$75** per quarter through CVS
- Silver Sneakers with College Tuition Savings Program
- Diabetic glucose monitors and test strips covered at 100%
- 14 meals post IP discharge
- No Copay stacking and National, Borderless PPO Network

2022 Plans – SW Michigan Market

- **\$10 Premium PPO Premier Plan**
- **OUT OF NETWORK COVERAGE AT ALL DOCTORS AND HOSPITALS INCLUDING ALL **SPECTRUM HOSPITALS** & Bronson in Kalamazoo**
- **\$0 Deductible**
- **\$0 PCP copay / \$30 Specialist**
- **\$0 copay for labs and \$15 copay for x-rays**
- **\$240 IP copay, days 1-7 for IN NETWORK**
- **\$310 IP copay, days 1-7 for OUT OF NETWORK and \$0 copay days 8-90**
- **\$5,900 MOOP (Combined for both IN and OUT OF NETWORK)**
- **Dental Benefit: **\$1,500** (ALL Dental Services) 100% coverage for both IN and OUT of network!**
- **Eyewear allowance: \$150 (EyeMed at point of sale)**
- **Hearing allowance: \$750 per ear, per year**
- **OTC benefit, \$60 per quarter through CVS**
- **Silver Sneakers with College Tuition Savings Program**
- **Diabetic glucose monitors and test strips covered at 100%**
- **No Copay stacking and National, Borderless PPO Network**

NEW! OUT OF NETWORK COVERAGE AT ALL HOSPITALS AND PROVIDERS INCLUDING **SPECTRUM HEALTH SYSTEM** & Bronson in Kalamazoo on \$10 Premier PPO Plan in Southwest MI

- Applies to the \$10 Premium PPO Premier Plan offered in SW MICH
- Emergency or Urgently needed care is *always* IN NETWORK
- \$325 IP copay, days 1-7 for OUT OF NETWORK, \$0 copay days 8-90

Plan Name	Aetna Medicare Premier (PPO) \$15 Premium	Plan Name	Aetna Medicare Premier (PPO) \$15 Premium
Submarket	Southwest Michigan	Submarket	Southwest Michigan
OON Primary Care Physician (PCP)	\$20	OON Kidney Disease Education	\$55
OON Physician Specialist	\$55	OON Eye Exams	\$55
OON Podiatry Medicare Covered Services	\$55	OON Hearing Exam	\$55
OON Other Health Care Professional	\$55	OON Outpatient Blood NMC	\$55
OON Lab Services	\$30	OON Eye Exams Routine	\$55
OON Outpatient Blood	\$55	OON Hearing Exam NMC	\$55
OON IP Copay days 1-7	\$325	OON / INN MOOP	\$6,000

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NEW! OUT OF NETWORK COVERAGE AT ALL HOSPITALS AND PROVIDERS INCLUDING **SPECTRUM HEALTH SYSTEM** & Bronson in Kalamazoo on \$10 Premier PPO Plan in Southwest MI

<u>Service</u>	<u>Aetna Cost (OON)</u>	<u>Competitor Cost (INN)</u>
4 day hospital stay	\$1,300	\$1,300
6 PCP visits	\$120	\$60
4 Specialist visits	\$220	\$180
ER Visit (always in network)	\$90	\$90
Labs	\$30	\$10
<u>Total</u>	<u>\$1,760</u>	<u>\$1,640</u>
<u>Embedded Benefits</u>		
Dental	\$1,000 Allowance!	2 Cleanings
	ANY DENTAL PROVIDER	2 Exams
	ANY DENTAL SERVICE	Bitewing Xrays
OTC allowance	\$420 per year	\$300 per year
Eyewear allowance	\$150 per year	\$100
NO COPAY STACKING	YES	NO
Nationwide Brand Recognition	YES	NO
2020 Star Ratings	4.5	4
\$50 Per App Admin Fee (VBE)	YES	NO
Hearing allowance	Included	Included
Silver Sneakers	Included	Included

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2022 Plans – Midland Michigan Market

- \$0 Premium HMO Premier Plan
- Expansion Counties: All Midland submarket plus Isabella and Lapeer
- \$0 Deductible
- \$0 PCP copay / \$35 Specialist
- \$0 copay for labs and \$10 copay for x-rays
- \$250 IP copay, days 1-7
- **\$3,900 MOOP**
- Dental Benefit: **\$1,250** (ALL Dental Services) 100% coverage for both IN and OUT of network!
- Eyewear allowance: **\$300** (EyeMed at point of sale)
- Hearing allowance: \$500 per ear, per year
- OTC benefit, **\$90** per quarter through CVS
- Silver Sneakers with College Tuition Savings Program
- Diabetic glucose monitors and test strips covered at 100%
- No Copay stacking and National, Borderless PPO Network
- No PCP required!
- No Referrals required!

2022 Plans – Midland Michigan Market

- \$0 Premium PPO Value Plan
- Expansion Counties: Huron, Isabella, Lapeer
- \$0 Deductible
- \$0 PCP copay / \$35 Specialist
- \$15 copay for labs and \$20 copay for x-rays
- \$280 IP copay, days 1-6
- **\$4,900** MOOP
- Dental Benefit: **\$750** (ALL Dental Services) 100% coverage for both IN and OUT of network!
- Eyewear allowance: \$100 (EyeMed at point of sale)
- Hearing allowance: \$500 per ear, per year
- OTC benefit, **\$75** per quarter through CVS
- Silver Sneakers with College Tuition Savings Program
- Diabetic glucose monitors and test strips covered at 100%
- No Copay stacking
- National, Borderless PPO Network

2022 Plans – Northern Michigan Market

- \$0 Premium PPO Value Plan
- Expansion***Cheboygan, Emmet, Montmorency, Ogemaw, Oscoda, Presque Isle, Roscommon
- \$0 Deductible
- \$0 PCP copay / \$35 Specialist
- \$5 copay for labs and \$20 copay for x-rays
- \$240 IP copay, days 1-7
- \$5,500 MOOP
- Dental Total PPO Passive: \$1,000 (ALL Dental Services)
- Silver Sneakers
- Diabetic glucose monitors and test strips covered at 100%
- Copay stacking
- National, Borderless PPO Network

2022 Plans – Northern Michigan Market

- \$29 Premium PPO Premier Plan
- Expansion***Cheboygan, Emmet, Montmorency, Ogemaw, Oscoda, Presque Isle, Roscommon
- \$0 Deductible
- \$0 PCP copay / \$30 Specialist
- \$0 copay for labs and \$10 copay for x-rays
- \$240 IP copay, days 1-7
- \$3,900 MOOP
- Dental allowance: \$1,500 (ALL Dental Services)
- Silver Sneakers
- Diabetic glucose monitors and test strips covered at 100%
- 14 meals post IP discharge
- Copay stacking
- National, Borderless PPO Network

2022 Plans – Upper Peninsula Market

\$0 Premium PPO Value Plan

- Expansion***Chippewa, Mackinac, Ontonagon
- \$0 Deductible
- \$0 PCP copay / \$35 Specialist
- \$0 copay for labs and \$20 copay for x-rays
- \$270 IP copay, days 1-7
- \$5,500 MOOP
- Dental allowance: \$1,000
- Silver Sneakers
- Diabetic glucose monitors and test strips covered at 100%
- Copay stacking
- National, Borderless PPO Network

2022 Plans – Upper Peninsula Market

- \$25 Premium PPO Premier Plan
- Expansion***Chippewa, Mackinac, Ontonagon
- \$0 Deductible
- \$0 PCP copay / \$30 Specialist
- \$0 copay for labs and \$10 copay for x-rays
- \$245 IP copay, days 1-7
- \$4,300 MOOP
- Dental allowance: \$1,250
- Silver Sneakers
- Diabetic glucose monitors and test strips covered at 100%
- Copay stacking
- National, Borderless PPO Network

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Did you know?

As a Silver Sneakers member with Aetna your plan includes a college tuition savings plan through “Tuition Rewards”

<https://silversneakers.tuitionrewards.com/>

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Topics](#)



Here is how it works:

As a SilverSneakers member with Aetna, you can save thousands of dollars on tuition for your loved ones, simply by working out at a participating SilverSneakers location

We will give you 1,000 Tuition Rewards® points just for signing up for a “Tuition Rewards” account. That's \$1,000 in tuition discounts.

For every month you visit a SilverSneakers participating location seven times or more, we'll add 250 Tuition Rewards® points to your Tuition Rewards account. That's \$250 in tuition savings each month, just for working out.

It's easy—and free—with Tuition Rewards

<https://silversneakers.tuitionrewards.com/>

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Do you have any clients who are diabetic?

[Return to
Topics](#)

Did You Know?

Aetna MAPD plans cover diabetic test strips and monitors at 100% through our preferred vendor.

OneTouch[®], a brand by LifeScan, is our exclusive vendor for covered blood glucose monitors and test strips. Manufactured by Johnson & Johnson

OneTouch diabetic supplies like test strips, glucose monitors, lancets, lancing devices, solutions, etc.

Members can get OneTouch blood glucose monitors, directly from OneTouch with no prescription. Visit [OneTouch.orderpoints.com](https://www.onetouch.orderpoints.com) or call 1-877-764-5390 and use order code 123AET200.

We don't cover other brands of monitors/strips. Other non-OneTouch diabetic supplies have 20% a member cost share.

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Dental Benefit

- ANY Dental Provider
- ANY Dental Service
- No Waiting Periods

Monthly OTC Benefit



- Every month or quarter (depending on the plan) the member may order over-the-counter items such as vitamins, supplements and OTC items/medications through CVS at no extra cost. The items will ship directly to their home address.
- Member may place one order per month. Member will not roll over unused benefits from one month to another.
- Member will receive the non-brand, generic equivalent of all items.
- Phone: 1-888-628-2770 (TTY: 711) Monday to Friday, 9 a.m. to 5 p.m.
Online: Visit: order.otchs.com

Post IP Discharge Meal Program



- After an inpatient discharge from a hospital, members are eligible for 14 nutritious meals (7 days)
- The Care Center Team will contact the member post hospital inpatient discharge
- Upon contacting the member, GA Foods will ship the meals as applicable
- Precooked frozen meals delivered to their home by Fed ex or GA Food trucks as applicable
- If meals are undeliverable, Care Center Team contacts the member for redelivery

Silver Sneakers



How can a member enroll?

- Sign up online or call 1-866-584-7389 (TTY: 711) Monday – Friday, 8 am – 8 pm EST.
- Print your ID card online;
- Find a participating location at www.silversneakers.com and tell them you a member of Silver Sneakers®
- For a home exercise kit call 1-866-584-7389 (TTY: 711) Monday – Friday, 8 am – 8 pm EST.

Members already enrolled?

- If your prior plan offered SilverSneakers® you don't need to sign up again.
- Go online to reprint your ID card,
- Show the participating facility the one you already have; or
- Tell the facility you are a member of SilverSneakers®.
-
- SilverSneakers® program is part of Aetna Medicare and Coventry Medicare Advantage Plans for a \$0 cost share.

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Do the Math

For a \$0 premium, your client can enjoy over \$150 in value, such as:

\$25 Value in *Monthly* OTC benefit (\$300 per year)

\$41 Value per month in Preventive Dental (\$500 Allowance per year)

\$8 Value per month in Eye Wear allowance (\$100 Allowance per year)

\$40 Value for Diabetic Test Strips and Monitor (Apx. Monthly - Members get FREE Glucose Monitors and Test Strips from our vendor LifeScan made by Johnson & Johnson)

\$45 Value in Silver Sneakers

\$159 In Total Monthly Value (over \$1,900 annually) on a \$0 Premium Plan

Also, Just a reminder, the \$0 Detroit plan also has a ZERO Deductible and ZERO PCP Copay with a National Borderless PPO Network! And don't forget about the copay stacking feature!

MAPD vs. Medigap

MEDIGAP - you are paying close to \$170 per month when you add in the PDP plan which is \$2,040 per year – whether you go to the doctor or not

VS.

\$0 Premium MAPD PPO plan

-Almost \$2,600 in annual benefits (Dental, Vision, OTC, Diabetic supplies, Silver Sneakers, Meal Program)

-\$0 PCP copay, \$0 Medical Deductible, , National PPO network and No Copay Stacking

-\$4,400 MOOP

Worst case scenario, you spend \$4,400 (which is really only spending \$2,400)

But you get close to \$2,000 in additional benefits.

\$4,400 (MOOP) with \$2,000 in added benefits VS \$2,000 on a Medigap plan with no added benefits.

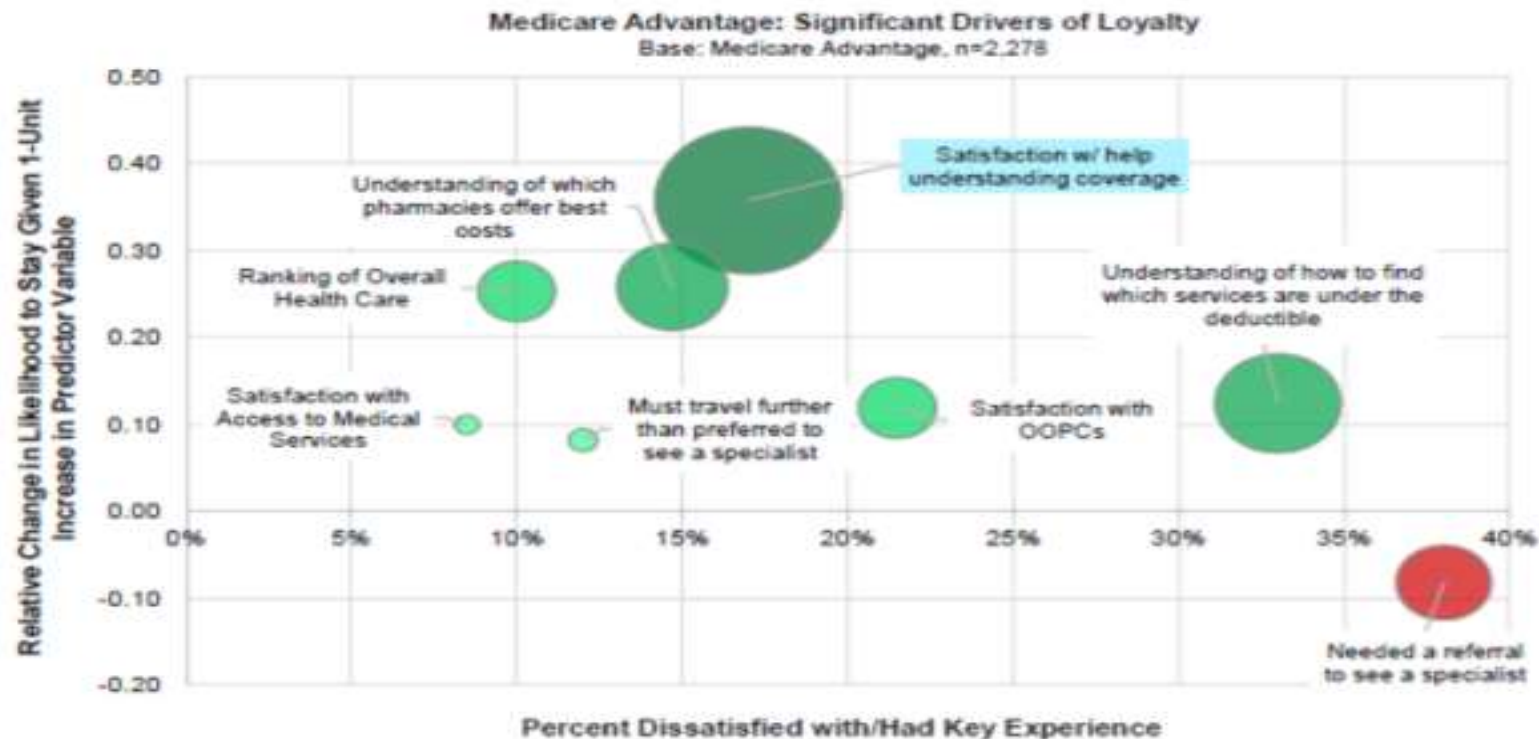
- **Only 4% of member hit their annual MOOP which means 96% you are probably not going to hit your MOOP. I would be at the Casino everyday if I had a 96% chance of winning.**

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Topics](#)

JD Power Medicare Advantage Satisfaction Ratings – Aug. 2018

LEVERS OF LOYALTY

Varying Factors Impact the Member Experience



[Return to Topics](#)

How to sell Medicare Advantage

Find in-network providers online

Look up in-network providers and pharmacies for 2021 Aetna Individual MAPD plans

Doc Find: aetnamedicare.com/findprovider

Pharmacy: aetnamedicare.com/findpharmacy

Formulary: aetnamedicare.com/formulary

Starting October 1st, a provider lookup hotline will be available for “Ready to Sell” brokers.

Representatives will be available 8am –8pm

Call: 866-714-9301 Option 2

To confirm if a doctor or facility is In-Network

Lynn Peterman

Medicare Associate, Broker Services

217-373-3923

PetermanL@aetna.com

Joseph Harris

Medicare Associate, Broker Services

217-373-3906

HarrisJ8@aetna.com

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



Pharmacy Highlights

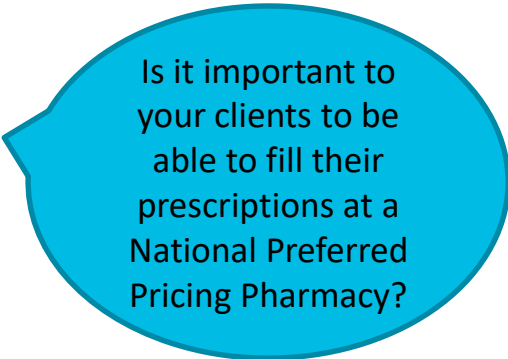
We have Preferred and Standard pharmacies. Both are in network.

**Aetna Rx Home Delivery is also preferred pharmacy
Mail order vendor for Aetna products**

One simplified pharmacy network for all plans in Michigan

Preferred pharmacies:

- CVS, Costco, Kroger, Meijer, Walmart**
- Aetna Rx Home Delivery**



Is it important to your clients to be able to fill their prescriptions at a National Preferred Pricing Pharmacy?

.....

Did you know? Of the Top 100 drugs most commonly used by Medicare beneficiaries, Aetna has 97 out of 100 on our formulary

Lantus and Humalog are not part of the Aetna MAPD formulary

However we do offer comparable alternatives to both of these drugs, all of which are all at the Tier 3 level.

The Alternatives to LANTUS are:

- Levemir (Tier 3)**
- Levemir Flextouch (Tier 3)**
- Basaglar Kwikpen (Tier 3)**
- Tresiba Flextouch (Tier 3)**

The Alternatives to HUMALOG are:

- Novolog (Tier 3)**
- Novolog Flexpen (Tier 3)**
- Novolog Penfill (Tier 3)**
- Novolin (Tier 3)**

Selling Medigap vs. Medicare Advantage

	Medigap (Plan N)	Local market Aetna or Coventry MAPD plan**
Annual Supp Premium	\$1,296*	\$1,104
Annual Part D Premium	\$540	\$0
Part B Deductible	\$183	\$0
PCP Visit Copays	\$120	\$0
Specialist Visit Copays	\$80	\$90
Total Out-of- Pocket	\$2,219	\$1,195***

***Do The Math—

Don't ask about health status
This is not a supplement
Includes Rx cost

*Med Supp Plan N average annual premium for a 65-year-old based on State Department of Insurance data.

Selling Medigap vs. Medicare Advantage

	Medigap (Plan F)	Local market Aetna or Coventry MAPD plan**
Annual Supp Premium	\$1,800*	\$1,104
Annual Part D Premium	\$540	\$0
Part B Deductible	\$0	\$0
PCP/Specialist Visit Copays	\$0	\$180
<i>Skilled Nursing Facility (SNF) without a 3-day inpatient stay</i>	<i>Full cost of SNF stay</i>	<i>\$0 days 1-20</i>
Total Out-of-Pocket	\$2,340	\$1,284***

***Do The Math—

Don't ask about health status

This is not a supplement

Includes Rx cost

*Med Supp Plan F average annual premium for a 65-year-old based on State Department of Insurance data.

Selling Medigap vs. Medicare Advantage

- **Medicare Advantage (MA) is a great option for seniors who are in good health and want to save money on their premiums.**
- **Where else do you pre-pay for services? With MAPD you pay as you go. And if you don't go to the doctor, you don't pay.**
- **Med Supp rates go up every year & not everyone can afford a Med Supp.**
- **It's a great plan for clients with lower income because of options with little to no premium.**
- **MAPD is a great option for individuals who can't buy a Medicare Supplement because of underwriting.**

Selling Medigap vs. Medicare Advantage

- **MAPD is also better for older clients because the Supplement rates are much higher the older you get.**
- **MAPD is a “Managed Care” model. Meaning you have access to Disease Management programs and Case Managers. With Medigap you get no Managed Care should you encounter health issues.**
- **Once clients are enrolled in an MA plan they are typically enrolled for a long period of time. Rarely do they leave a Medicare Advantage plan. Aetna has a 97% retention rate on their MAPD business. Med Supp plans have a much lower retention rate because of the year over year rate increases.**
- **Individuals coming off a group or individual plan are used to copays and deductibles which makes MA an easy transition.**

Selling Medigap vs. Medicare Advantage

- **Clients have added benefits such as Dental, Vision, OTC allowance, Silver Sneakers and other add on's deliver more value to your client. Bundling Rx also makes it much simpler and easier. One ID card!**
- **We have a National Borderless PPO Plan for clients who may be traveling outside of Michigan. Its works similar to a Med Supp in that regard.**
- **Some of the Med Supplement plans such as C and F will not be offered long term.**
- **Not all agents want to get certified for MA which means less competition and you can offer a product that another agent may not be willing to sell. On the reverse side, if you are not offering an MA option to your client, another agent might be.**
- **Diversify your client base with all of the uncertainty and instability in the individual market.**

Selling Medigap vs. Medicare Advantage

- According to the Kaiser Family Foundation, one in three people with Medicare are currently enrolled in a Medicare Advantage plan, and by 2027 that number is expected to climb to 41 percent.
- Our region sold 7,000 apps during AEP last year. If you don't write any MAPD, you did not get any of that business. How would you like a portion of 7,000 new clients in 7 weeks?
- Commissions: When you sell a MA plan you will get paid commissions on the life of the policy. Med Supp commissions typically only pay for 3-6 years. Example: 12 Year Client
 - Client on Med Supp: \$240 years 1-3, \$200 years 4-6 = \$1,320
 - Client on MAPD: \$482 year 1, \$241 years 2 thru forever = \$3,133
- You have Dan Dombrowski here to help you expedite any servicing issues and are working on your behalf. If you ever hit a brick wall and need a service issue expedited, you have me working for you!

Selling Medigap vs. Medicare Advantage

Care coordination programs

We care about your client's health and want to ensure they receive the most appropriate and highest quality care possible.

Disease management programs

- Diabetes
- Heart disease
- COPD
- Heart failure
- Disease management

Outreach calls for preventive/wellness services

- Member Health Support Center
- Social services coordination

How to sell Medicare Advantage

Scope of Appointment

Scope of Sales Appointment Confirmation Form							
<p>The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.</p> <p>Please initial below beside the type of product(s) you want the agent to discuss. (Refer to page 2 for product type descriptions.)</p> <table border="0"><tr><td><input type="checkbox"/> Stand-alone Medicare Prescription Drug Plans (Part D)</td><td><input type="checkbox"/> Dental/Vision/Hearing Products</td></tr><tr><td><input type="checkbox"/> Medicare Advantage Plans (Part C) and Cost Plans</td><td><input type="checkbox"/> Supplemental Health Products</td></tr><tr><td></td><td><input type="checkbox"/> Medicare Supplement (Medigap) Products</td></tr></table>		<input type="checkbox"/> Stand-alone Medicare Prescription Drug Plans (Part D)	<input type="checkbox"/> Dental/Vision/Hearing Products	<input type="checkbox"/> Medicare Advantage Plans (Part C) and Cost Plans	<input type="checkbox"/> Supplemental Health Products		<input type="checkbox"/> Medicare Supplement (Medigap) Products
<input type="checkbox"/> Stand-alone Medicare Prescription Drug Plans (Part D)	<input type="checkbox"/> Dental/Vision/Hearing Products						
<input type="checkbox"/> Medicare Advantage Plans (Part C) and Cost Plans	<input type="checkbox"/> Supplemental Health Products						
	<input type="checkbox"/> Medicare Supplement (Medigap) Products						
<p>By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you in a Medicare plan. If you'd like to speak to a sales representative call: 1-855-338-7027 (TTY: 711).</p>							
Beneficiary or Authorized Representative Signature and Signature Date:							
Signature:	Signature Date:						
If you are the authorized representative, please sign above and print below:							
Representative's Name:	Your Relationship to the Beneficiary:						
To be completed by Agent:							
Agent Name:	Agent Phone:						
Beneficiary Name:	Beneficiary Phone:						
Beneficiary Address:							
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)							
Agent's Signature:							
Plan(s) the agent represented during this meeting:	Date Appointment Completed:						
[Plan use only]							
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:							
Stand-alone Medicare Prescription Drug Plans (Part D)							
Medicare Prescription Drug Plan (PDP): A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.							

You can download the Scope of Appointment form on Producer World.

Log in to Producer World, go to the Individual Medicare page, select the Compliance tab and then select Scope of Appointment from the Marketing/sales and educational events dropdown menu.

How to sell Medicare Advantage Special Election Periods (SEP)



MA and Part D Enrollment Periods Brief Summary

Enrollment Period	MA Options	PDP Options
MA Initial Coverage Election Period (ICEP) / Part D Initial Enrollment Period (IEP)	Enroll	Enroll
Annual Election Period (AEP)	Enroll, Disenroll, Change Plans	Enroll, Disenroll, Change Plans
MA Disenrollment Period (MADP)	Disenroll from an MA or MA-PD plan and return to Original Medicare	After disenrolling from an MA or MA-PD plan, may enroll in a PDP
Special Election Period (SEP)	Most permit enrollment, disenrollment and plan changes, however some are limited.	Most permit enrollment, disenrollment and plan changes, however some are limited.
Open Enrollment Period for Institutionalized Individuals (OEPI)	Enroll, Disenroll, Change Plans	(See Part D SEP for Institutional Individuals)

How to sell Medicare Advantage Special Election Periods (SEP)

Changes can be made to Medicare Advantage and Medicare prescription drug coverage when certain events happen in your client's life.

Here's just some of the situations that can result in an SEP:

- Change of residence
- Involuntary loss of current coverage
- Other special situations:
 - Eligible for both Medicare and Medicaid
 - Eligible for Extra Help to pay for Medicare Prescription drug coverage
 - Changing employer/union group health plan coverage



How to sell Medicare Advantage

The Ascend Virtual Sales Office



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

aetna®

Introducing the Ascend Virtual Sales Office (VSO) app

You'll use this app for much more than enrollment. It's truly a virtual sales office.
We encourage you to use the Ascend Virtual Sales Office (VSO) app to enroll clients into Aetna and Coventry Individual Medicare plans (MA/MAPD, PDP). The Ascend VSO app is the preferred enrollment method and the only online enrollment option for these plans.

Now compatible with more devices
You can use the Ascend app on most devices. It runs on any iPad-based device (requires iPad 2 or later model running iOS7 or later) or Windows-based device (requires Windows 7 or later and x86 processor).

Why use it?

- It allows for a completely paperless enrollment process. From sales presentation through enrollment application, everything you need is contained within the app.
- It shortens the sales cycle so you can see more clients.
- It increases accuracy of applications.
- Has an intuitive design and easy-to-navigate screens.
- It's secure and compliant, and has been shown to help reduce the number of complaints to Medicare.
- New members will receive their initial welcome materials faster.

\$3.00.006 C (1/17)



You can request access for Ascend from Aetna's Producer World after you have become ready to sell.

You can find enrollment materials, formularies, provider look-up documents and more in the Ascend app.

You can also submit enrollment applications completely online or over the phone using an iPad with our new R.A.T.E functionality!

NEW! Ascend Enhancements

Online application

Aetna Medicare Premier Plus (PPO)

\$0.00 premium

Users typically take 18 to 25 minutes to complete enrollment. To speed up the process, please have your Medicare card handy. Simply select the "Next" button to move on to the next step. If you need help or would like to complete your enrollment over the phone, please call a licensed insurance agent at the provided above.

[Plan details](#)[Back to shopping](#)

Election Period

Personal Information

Address

Emergency Contact

Provider Lookup

Insurance Information

Payment

Important Questions

Optional Benefits

Submit

Medicare Insurance Information

Using the information on your Medicare card, please complete the section below.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Medicare Number: *

5TW0F54NK24

Verify

Medicare Number has been verified.

Hospital Part A effective date:

05/01/2018

Hospital Part A Effective Date has been verified.

Medical Part B effective date:

05/01/2018

Medical Part B Effective Date has been verified.

* Required information

BackNext

SaveSend for signature

Related links

- [Summary of Benefits Formulary](#)
- [Prior Authorization Information](#)
- [Step Therapy Information](#)
- [Evidence of Coverage](#)
- [Low Income Subsidy Information](#)
- [Order Information Kit](#)
- [Star Ratings](#)



Aetna Medicare 2021

Value Based Enrollment (VBE) Program

The Broker Experience - Agent Complete VBE

Brokers can collect VBE on behalf of the beneficiary!

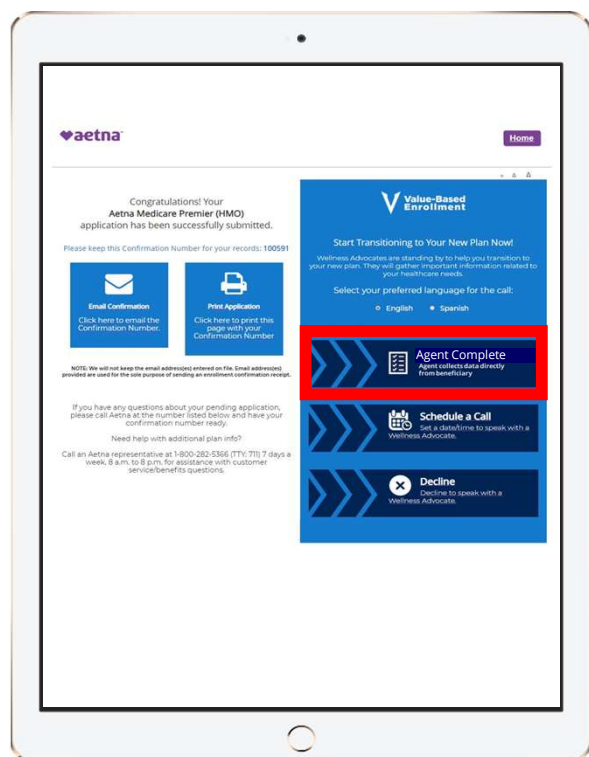
Agent Complete:

NEW!

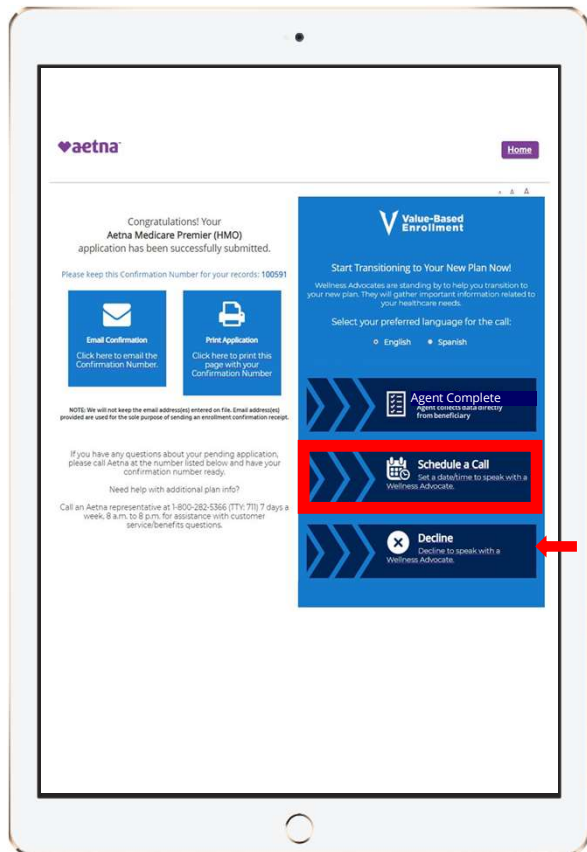
- Broker sees the VBE initiation page and explains the importance of completing an HRA to the enrollee
- Broker selects "Agent Complete"
- The HRA questionnaire pops-up on their screen
- Broker asks the questions and completes the HRA with the enrollee
- Broker clicks submit
- HRA is transmitted

Note:

Only agents can initiate "Agent Complete". Enrollee submitting their enrollment application via eKit or Prefilled Enrollment/Digital Signature will only be able to initiate VBE "Scheduled a Call". Offline enrollment is not eligible for VBE.



The Broker Experience - Schedule a Call



Scheduled Call:

- If enrollee prefers to complete the HRA at a different day and time, broker selects “Schedule a Call”.
- The wellness advocate will connect with the enrollee as scheduled (same as current process). The broker will not receive the ‘agent complete’ service fee since this option has been turned over to a wellness advocate call.
- Declining will eliminate the VBE/HRA opportunity.

Broker VBE Service Fees

Agent Complete

Broker receives VBE service fee of **\$70** if HRA is completed.

Broker will not receive the service fee if HRA was cancelled or partially completed.

Schedule a Call

Broker receives the VBE service fee of **\$10** for initiation.

Value-Based Enrollment

What is a Value-Based Enrollment?

A Value-Based Enrollment (VBE) is an opportunity for a broker to connect a newly enrolled beneficiary to a wellness advocate immediately following an enrollment in order for Aetna to collect important information about the beneficiary so a smooth transition to Aetna can occur.

The collected information is held in confidence until the government has approved the beneficiary's enrollment. The information is never used as part of the enrollment process.



Value-Based Enrollment

It's a win-win-win partnership - When your clients choose to participate in the VBE option, everybody wins.

Client/new member: Your clients get to share their health goals and ambitions with a wellness advocate during a health-related survey. The advocate will also help them set up a wellness check with their doctor.

Agent: You'll strengthen your client-agent relationship by helping your client coordinate their care with their new health plan. PLUS, you'll get the chance to earn a service fee.

Aetna: We get to improve the quality of care for our members and improve provider engagement. Plus, we gain insights and information to help your clients avoid health risks.

How to sell Medicare Advantage

Paper applications

aetna® Aetna Medicare Advantage Plan
2016 Individual Enrollment Request Form Instructions

How to enroll

You can enroll in one of the following ways:

Enroll online at http://www.aetna medicare.com , 24 hours a day, 7 days a week or through the Medicare website at https://www.medicare.gov	OR Enroll by telephone at 1-855-338-7027 (TTY: 711)	OR Give the completed Individual Enrollment Request Form to your agent for processing	OR Fax to: Aetna Medicare Attention: Enrollment Department Fax: 1-855-855-6296	OR Mail to: Aetna Medicare PO Box 14088 Lexington, KY 40512-4088
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------	------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

Getting ready

Have the following information handy:

- Your red, white and blue Medicare insurance card because you'll need to fill in information exactly as it appears on the card
- Your Medicaid program number, if you get Medicaid benefits
- Your health insurance card(s) for any other health insurance you may have
- Your primary care physician's full name or practice name
- Your permanent residence address if this differs from your mailing address

Questions?

Call us at 1-855-338-7027 (TTY: 711), 8 a.m. to 8 p.m., seven days a week, from October 1 – February 14 and 8 a.m. to 8 p.m., Monday – Friday, from February 15 – September 30, if you:

- Have questions
- Need information in a language other than English or in a different format (braille)



Llámenos al 1-855-338-7027 (TTY: 711), de 8 a.m. a 8 p.m., los 7 días de la semana, del 1.º de octubre al 14 de febrero, y de 8 a.m. a 8 p.m., de lunes a viernes, del 15 de febrero al 30 de septiembre, si necesita lo siguiente:

- Hacer preguntas
- Obtener información en otro idioma que no sea inglés o en un formato diferente (por ejemplo, braille)

Completing this form

1. Each applicant must complete a separate form. Please don't photocopy this Individual Enrollment Request Form for reuse.
2. Please read carefully, print neatly and complete the entire Individual Enrollment Request Form and the Enrollment Checklist.
3. Sign and date the Individual Enrollment Request Form.
4. Keep the applicant copy for your records.
5. If you fax or mail the completed Individual Enrollment Request Form use the directions in the boxes above. You may want to obtain proof that you faxed or mailed your completed Individual Enrollment Request Form for your records.

Thank you for choosing our plan. You will hear from us within 10-14 days.

←  This enrollment request form is in sections. Please remove the tab at the left to separate the sections before you begin. 

MA16

Y0001_1070_5388_FINAL_17 approved 8/2015 09-08-2016 17:05:15 2016

Paper applications need to be 100% completed– don't skip any boxes. Make sure all information is accurate and legible.

Enrollments can be delayed if the enrollment specialist has to verify missing information.

How to sell Medicare Advantage

Aetna enrollment options

Aetna paper applications – How to submit an app via Email

Email: MedicareEnrollmentTransactions@aetna.com

Scan and save the paper application, Scope of Appointment and any required paperwork as a single document in an approved file format. The preferred format is PDF. Other acceptable formats include .bmp, .csv, .doc, .docm, .docx, .htm, .html, .jpg, .mdi, .msg, .ppt, .pptm, .pptx, .rtf, .tif, .xls, .xlsx, .xps and .zip. Attach the file to an email message and then send it encrypted.

Note Important: The subject line cannot contain numbers and email body cannot contain embedded images, graphics or logos.

We recommend one applicant (and one attachment) per email. However, for greater efficiency, up to five applicants/attachments per email are allowed. Email attachments cannot exceed seven pages each. Write the name of each applicant in the subject line so that the names appear on your email confirmation.

How to sell Medicare Advantage

What's next – after the application is submitted

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 may be included with your member kit or mailed separately.

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

How to sell Medicare Advantage

What's next – track your business

Aetna Producer World

Your go-to site for information, tools and reports on Aetna and Coventry Medicare (MA/MAPD, PDP) products.

- Ascend Access Requests
- Product information
- Producer Guide
- Reports (i.e., application status)
- Commission statements
- Sales presentations
- Scope of Appointment form
- Permission-to-Contact form
- Link to order kits

Log in or register at:

www.aetna.com/producer/login.do

Once logged in, click “Individual Medicare” at the top to access all your Individual Medicare information.

How to pre-order 2021 enrollment kits and Plan Guides

If you're "ready to sell" for 2021, you can now pre-order enrollment kits and Plan Guides

- Login to Producer World (www.aetna.com) Go to the Individual Medicare page, scroll down and then click "Order Enrollment Kits."
- Next, you will be directed to the ordering site using your (NPN) National Producer Number. Then follow prompts to order your materials.
- The target delivery date for all pre-ordered 2021 kits is October 1st or sooner.

We encourage you to order your kits early to ensure you get them as quickly as possible. Note: You'll receive an email notice when your order is shipped. Kits are shipped by UPS Ground.

If you have any questions or need assistance, please contact the Broker Services dept. at 1-866-714-9301, 8 a.m. to 8 p.m. est. Or email BrokerSupport@aetna.com

Medicare Advantage Commissions

CMS Maximum Commissions!

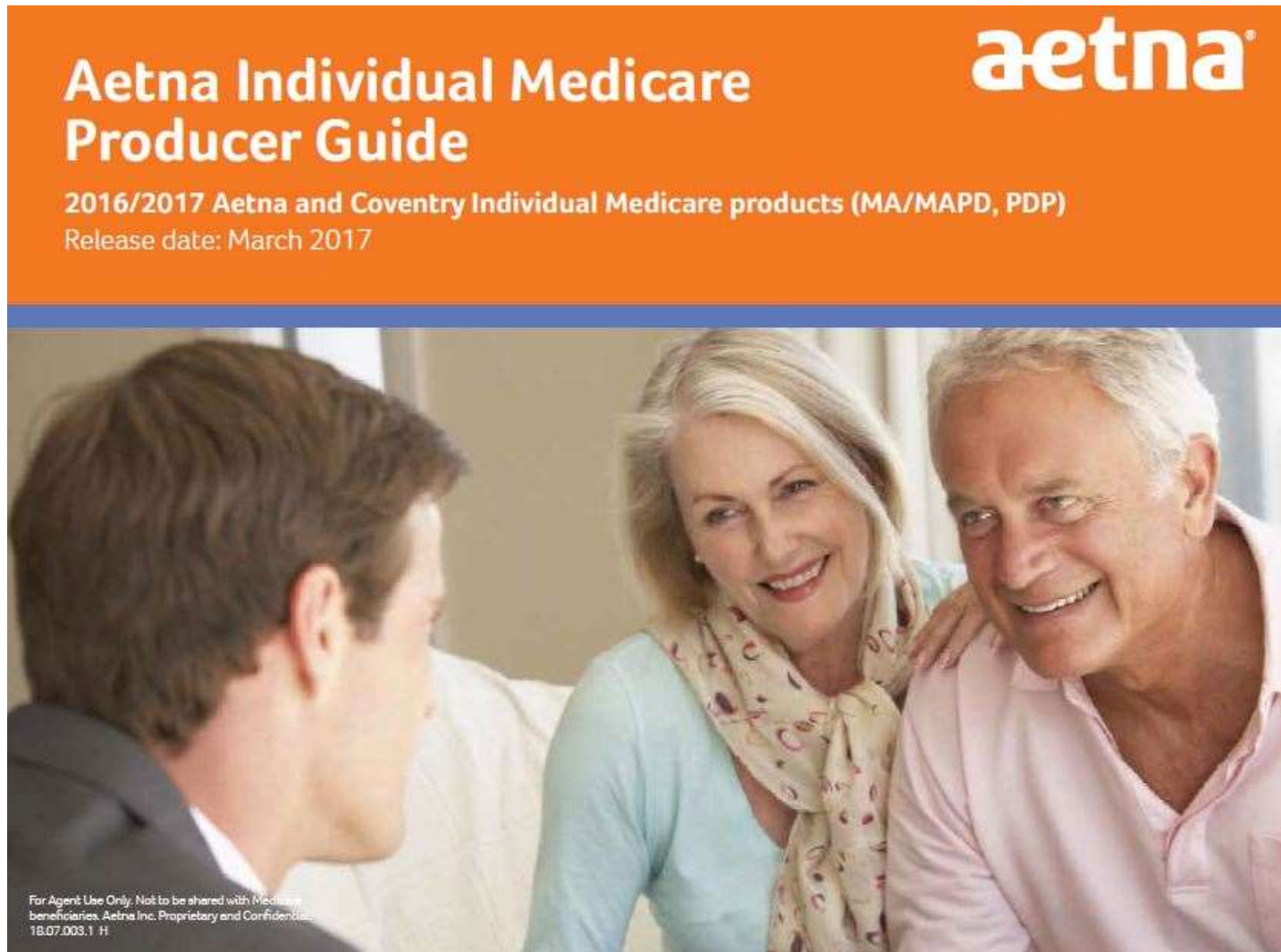
New to MAPD: \$573

Renewal, MAPD: \$287 (lifetime renewals)

A 6.3% increase from 2021

**Plus Value Based Enrollment\$ in Ascend.
Earn up to \$70.00 Admin Fee per app paid out
bi-weekly**

How to do business with Aetna Medicare Producer Guide:



You can access the
Producer Guide
online through
Producer World or
aetna.com

Resources to help you sell

- **Aetna Medicare Marketing Studio**
- **The Ascend Virtual Sales Office app**
- **National Broker Services Department**
- **Local support team**
- **Producer World**
- **The Aetna Medicare Producer Guide**

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Aetna Senior Supplemental Insurance (SSI)

-Double your commission with Portfolio Selling!

- **Greater Retention - *More Products = Greater Loyalty***
- **Higher Revenue & Commission - *On Every Sale***
- **Stronger Brand & Reputation - *Deliver Greater Value***
- **Bigger Competitive Advantage - *Market Differentiation***
- **Better Efficiency, Capacity, Scale - *Simplify; More Products,***
.....***Same Source***.....

Aetna Senior Supplemental Insurance (SSI)

- ✓ Med Supp Plans (14% Household discount)
- ✓ Hospital indemnity Flex
- ✓ Cancer and Heart Attack or Stroke
- ✓ Recovery Care
- ✓ Home Care Plus
- ✓ Dental, Vision and Hearing

Contracting:

-Simply call (800) 264-4000. Select option 2, then option 3, then option 5.

-They will confirm agent licensing, background checks, contracting, appointment, certifications; provide commission schedules and much more.

www.aetnaseniorproducts.com

Aetna Senior Supplemental Insurance (SSI)

- ✓ NEW! Accendo Plans
- ✓ 14% Household Discount!
- ✓ No restrictive networks
- ✓ 30 day free look
- ✓ 12-month rate guarantee
- ✓ Guaranteed renewable
- ✓ Benefits stay the same year-after-year
- ✓ Portable coverage



Next steps

1. **Get Certified** - There are 2 parts to certification:
(AHIP ONLY & Aetna Core Product Certification Online)

<http://www.AetnaMedicareProducerCertification.com>

2. **Attend a market-specific training event to learn details about our 2022 product offering**

www.AetnaMedicareAgentTraining.com

2. **Contracting**

4. **Receive “Ready to Sell” notice from Aetna via email**

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Member and Broker Support

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Member Services:

- **Member Services Phone Number:
800-282-5366**
 - **For any member related service issues**
 - **Ability for 3-way call with the member and broker**
-

Your dedicated Primary Broker Support Contact for Michigan:

Lynn Peterman
Medicare Associate - Broker Services
217-373-3923
PetermanL@aetna.com

Broker Support Dept. (8:00am – 8:00pm)
866-714-9301
BrokerSupport@aetna.com

Dan Dombrowski, Broker Manager
248-251-4613
DombrowskiD@aetna.com

Michael Wirth, Broker Manager
231-350-9811
Wirthm1@aetna.com

Ready-to-sell (RTS) status & inquiries	Double check doctors not showing up in doc find
Commission and contracting	Formulary information
Licensing and appointments	Marketing tools including Ascend
Onboarding assistance	Virtual Sales Office
Ordering Enrollment kits and supplies assistance	Producer World and Producer Guide
Member ID cards and enrollment packets	Application status & research
Provider searches	Correcting app issues, ie. wrong info on app.

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CMS Issues Guidance to Help Medicare Advantage and Part D Plans Address COVID-19

In the memorandum, CMS outlines the flexibilities MA and Part D plans have to waive certain requirements to help prevent the spread of COVID-19, including:

- **waiving cost-sharing for COVID-19 tests**
 - **waiving cost-sharing for COVID-19 treatments in doctor's offices or emergency rooms and services delivered via telehealth**
 - **removing prior authorizations requirements**
 - **waiving prescription refill limits**
 - **relaxing restrictions on home or mail delivery of prescription drugs**
 - **expanding access to certain telehealth services**
-

Upcoming Webinar Series

- **NEW! DSNP Plan: Review of the features and embedded benefits**
- **Ascend: New Enhancements and demo of application process**
- **Aetna Med Supp and Ancillary Plans (New Product with 14% Household discount)**

Register at: www.AetnaMedicareAgentTraining.com

Michigan 2022 product offerings

Do you have any clients that could benefit from the features Aetna offers?

Do you have any clients that would benefit from the copay structure that Aetna's MAPD PPO offers?

Do you plan on presenting and selling the Aetna brand during this lock in season?

How can we continue to help you feel comfortable and confident with Aetna MAPD Plans?

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Thank you for the opportunity to earn your business!

Please let us know what we can do to help you grow your Medicare business.

**2021 plan designs and service areas are pending government approval
and are therefore subject to change.**

Producers must be licensed in the applicable state, appointed by Aetna and/or Coventry and certified in all applicable markets prior to engaging in the sale of Aetna or Coventry products. This document is intended for use by producers only and is not intended for distribution to Medicare beneficiaries. Any publication or distribution of this communication to unauthorized recipients without Aetna's approval is prohibited.

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