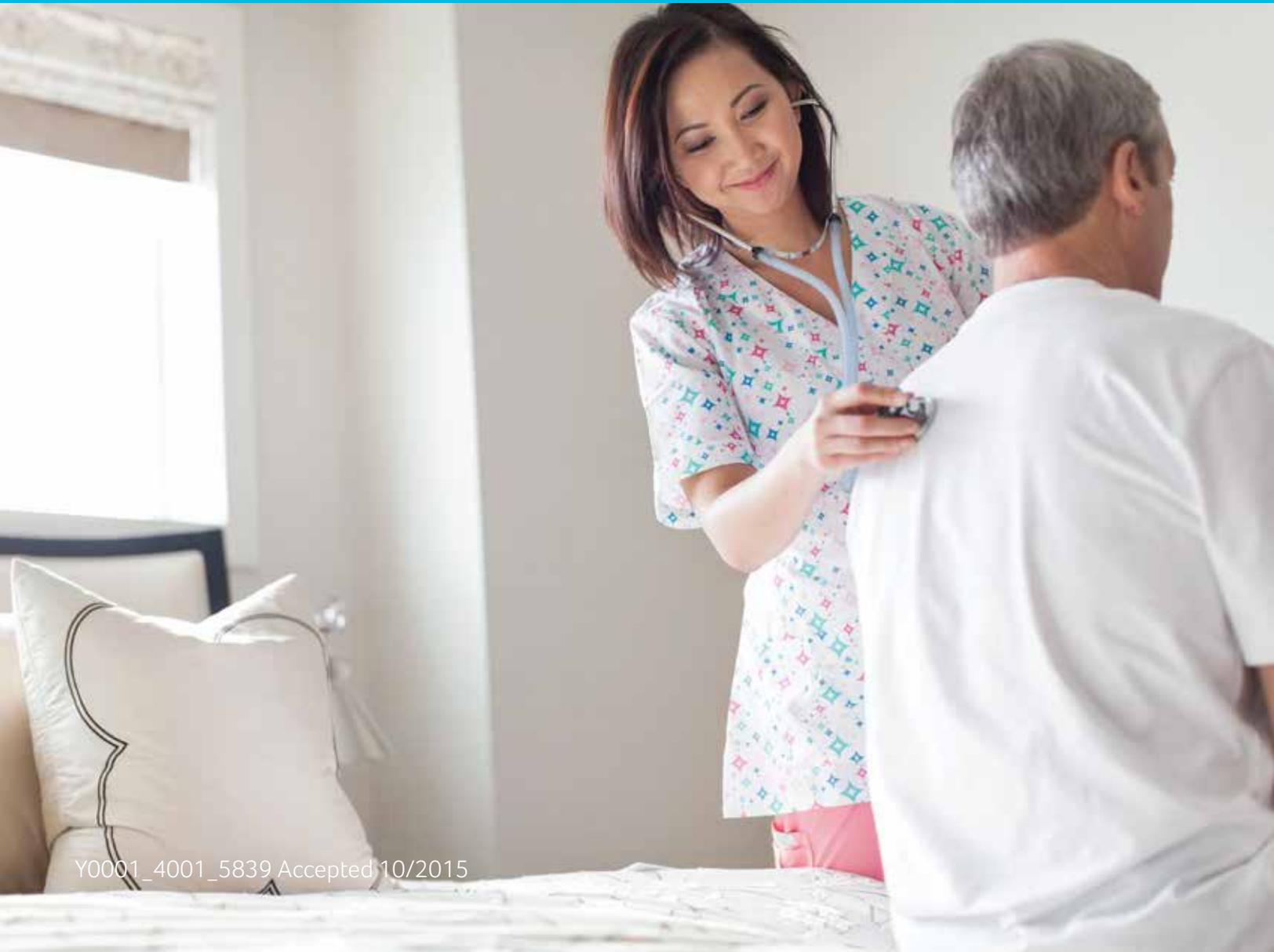


Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



Your Owner's Manual

Medicare Advantage and Aetna
Medicare Rx[®] Prescription Drug Plan



Welcome

We look forward to serving you. Take a moment to look inside this manual. You'll find helpful tools to keep track of your doctor and prescription information. There are cost-saving resources and important tips too. Think of it as your quick guide to getting the most from your plan.

But you shouldn't just read this manual once, then file it away. Take it out and use it. Especially when you visit your doctor. Walk through it with any caregivers — like family or friends — and show them where you keep it. That way they can help you when you need it.

To get started:



Mail back your New Member Information Form

If you're a new Aetna Medicare plan member, fill out and return our New Member Information Form. It came in the envelope with your Owner's Manual. The form will help us make sure any care you're already getting continues.



Register on your secure member website

It's easy. Visit

<http://www.aetnamedicare.com/member> and select "Log In" then "Register Now." Here you can get to know your new health care plan. On your member website you can:

- Look up doctors, hospitals and pharmacies
- Find out about drug coverage
- Get help 24/7 from Ask Ann, our virtual assistant
- See your claims



Add personal information to your Owner's Manual

As you review your manual, look for the pencil icon. These are areas where you can keep track of your important health information. Details like the doctors you see, prescriptions you take and health screenings you get.



Download the Aetna Mobile app

Find what you need — wherever, whenever. This free app works with most smartphones and tablets. It gives you access to your benefits information when you're on the go. To learn more, visit us at <http://www.aetna.com/mobile>.

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How to reach us

Now that you're a member, let's start making the most of your Medicare Advantage plan. And remember — call us first with your questions. We're here when you need us.

Aetna Medicare services

How to reach us

Call the number on your member ID card. Or log in to your secure member website at <http://www.aetnamedicare.com/member>. You can send us an e-mail from there too. Just select "Contact Us." We'll get back to you as soon as possible.

What to expect

- Help with:
- Finding a doctor or pharmacy
 - Claims
 - Benefits
 - Using your plan
 - Doctor and specialist referrals (if required)
 - Locating hospital services
 - Prior authorizations*
 - Getting care away from home
 - Health information
 - Translation services in 150 languages (by phone only)
 - Our Quality Management program

Behavioral Health services (mental health and substance abuse)

How to reach us

Call the Behavioral Health number on your member ID card, 24/7.

What to expect

Help with finding outpatient, partial hospitalization, inpatient and other behavioral health services.

*In some cases, your doctor may need to get approval from us before you get certain types of services or tests from a provider in our network. This is called getting "prior authorization." You can find a list of services and items that require prior authorization in your plan's Evidence of Coverage.

Informed Health® Line (nurse line)

How to reach us

Call **911** for all medical emergencies. For health and wellness information, consider calling our Informed Health Line at **1-800-556-1555 (TTY: 711)**. We'll connect you to a registered nurse. The Informed Health Line is available 24/7.*

What to expect

Around-the-clock access to a registered nurse for information on health-related topics.

Other important resources

How to reach them

Centers for Medicare & Medicaid Services

Get help with the Medicare questions we can't answer. Or order a Medicare publication.

- Go online: <http://www.medicare.gov>
- Call: **1-800-Medicare (1-800-633-4227) (TTY: 1-877-486-2048)**

You can talk with someone 24/7.

U.S. Social Security Administration

Apply for Medicare benefits. Or request a replacement Medicare ID card.

- Go online: <http://www.ssa.gov>
- Call: **1-800-772-1213 (TTY: 1-800-325-0778)**

You can use the automated phone service 24/7. Or you can talk to someone 7 a.m. to 7 p.m., Monday through Friday.

*Informed Health Line nurses can provide information on more than 5,000 health topics. But only your doctor can diagnose, prescribe or give medical advice. Contact your doctor first with any questions or concerns regarding your health care needs. Informed Health Line nurses don't diagnose, prescribe or give members medical advice.

Keep track: your member checklist

Here's a checklist of documents to look for and health activities to schedule in the coming weeks. Save any plan documents you get for your records. You may have already received some of them. When you receive a document or complete an activity, put a check mark next to it on the list.

<input type="checkbox"/>	Member ID card	Use this card every time you visit a doctor, hospital or pharmacy.
<input type="checkbox"/>	Evidence of Coverage (EOC)	The EOC provides a complete description of your plan coverage and member rights. You'll get a new one each fall along with an annual notice of change, which highlights changes to your plan. The EOC is an important document. Keep it in a safe place with your other plan information, including your Owner's Manual.
<input type="checkbox"/>	Formulary	This is a list of drugs your plan covers.
<input type="checkbox"/>	Health needs assessment	We'll call you soon to learn about your health history. Your answers help us get to know you better and create a health program to fit your needs. The information you give us won't affect your enrollment in the plan.
<input type="checkbox"/>	Healthy home visit	A licensed health care provider can meet with you at your convenience in the comfort of your home. They'll perform a comprehensive health assessment and share the information with your doctor. This is completely voluntary.
<input type="checkbox"/>	Doctor visit	See your doctor to take advantage of the annual health care services available to you. Use some of the ideas in the "Your doctors" section to get ready for your visit.
<input type="checkbox"/>	Prescription home delivery	It's convenient — your prescription drugs are sent right to your door. Sign up today. Log in to your secure member website at http://www.aetnamedicare.com/member . Or call the number on your member ID card.
<input type="checkbox"/>	Discount program	Take advantage of the discounts we offer. To learn more, see the "Your savings" section of this manual.

Your member tools



Our website is always available

On your secure member website you can get answers to your most important questions. Ones like, “Is my doctor in your network?” and “Are my drugs covered?” The information on the site is tailored to you and your plan.

Visit <http://www.aetnamedicare.com/member> and click “Log In” to register or log in. Within moments, you can:

- Find doctors, dentists, pharmacies and hospitals.
- Request an ID card.
- Find out if your drugs are covered.
- Sign up for prescription home delivery.
- Estimate what common procedures and drugs may cost.
- Check what your plan covers.
- Look up a claim.

Meet Ann, your virtual assistant

Ann is available on your secure member website. She can help you find a doctor, answer questions about claims, ID cards and more. She never sleeps, so chat with her anytime.



Your doctors

PCPs help coordinate your care

A primary care physician (PCP) coordinates your care to help you better manage your health. Most HMO plans require you to select a PCP. PPO plans don't.

Because this is such an important decision, we want to make selecting a PCP easier. To find, choose or change your PCP, log in to your secure member website at <http://www.aetnamedicare.com/member>. Or call us at the number on your member ID card.

Seeing a provider: Aetna MedicareSM HMO plan

If you're enrolled in one of our HMO plans, you must see providers in our network. The exceptions are for emergency or urgently needed care, or when you receive out-of-area renal dialysis. If you get routine care from an out-of-network provider, you'll have to pay for the services you receive.

If your plan requires you to have a PCP, you probably chose one when you enrolled. If you didn't, we may have selected one for you. Your PCP coordinates your care. And they issue referrals for specialty care.*

Seeing a provider: Aetna MedicareSM PPO plan

If you have one of our PPO plans, you're covered when you get care outside our network.** But you'll generally pay more for those services. The exceptions are for emergency or urgently needed care, or when you receive out-of-area renal dialysis.

If you have a PPO plan, you don't have to select a PCP, but we recommend you do so. A PCP can help coordinate your care.

Seeing a provider: Aetna U.S. Travel Advantage program

If you're enrolled in our U.S. Travel Advantage program, you're covered when you travel to one of our other service areas. Check your Evidence of Coverage to find out if your plan offers this benefit. If it does, enroll before you go by calling us at the number on your member ID card.

Find a provider that accepts your plan

We have one of the largest networks of health care providers in the nation. And finding your doctor—or a new one—is easy. Just visit

<http://www.aetnamedicarefind.com>.

In our online directory, you can find a network PCP, specialist or hospital by city, county or ZIP code. It also has other important details about our network doctors. Things like what languages they speak, the plans they take and if they're accepting new patients. When searching for a specialist, look for the star next to their name. These providers meet certain additional standards.

Get ready for your doctor visit

Make a list of things to talk to your doctor about before you go. Then write down your doctor's answers while you're there. That way you can refer back to them after you leave the office.

Things to discuss include:

- Your medical history
- Different medications you're taking (both prescription and over-the-counter)
- Recent health changes
- Medication side effects
- Recommended screenings and vaccinations
- Changes to your daily routine or diet
- Major life events

And be sure to ask for any written instructions, brochures, videos or websites that may help you learn more.

*If you have an Aetna Medicare Open Access HMO plan, you don't have to choose a PCP or get a referral to see a specialist.

**If you have an Aetna Medicare PPO plan, you can get covered services from both network and out-of-network providers. The provider just has to be eligible to receive Medicare payments and willing to accept your plan. The provider doesn't have to have a contract with us.

Find a behavioral health provider

If you need behavioral health services from a network provider, call the Behavioral Health number on your member ID card.* This includes specialty care from a psychiatrist, psychologist or master's-level clinician. You can also find them online at

<http://www.aetnamedicaredocfind.com>.

How to get behavioral health care after hours

We require our behavioral health care providers to provide or arrange for on-call coverage 24/7. If you're currently receiving behavioral health care and need services after regular office hours, you or a friend or family member should:

1. Call your behavioral health care provider's office.
2. Identify yourself as an Aetna member (or friend or family member).
3. Follow your provider's (or the on-call provider's) instructions.

If you're not currently receiving behavioral health care and you need help, call us. Our Behavioral Health number is on your member ID card.

How to get after-hours emergency and urgent care

If you have a true medical emergency, call **911**. Or go to the nearest emergency room. For emergencies, you won't pay out-of-network rates.

If you have medical questions or concerns, call your doctor's office 24/7. Your doctor should have an answering service if you call after office hours. Or you may visit a network urgent care facility. Refer to your Evidence of Coverage to see what you'll pay for emergency and urgent care services.

*If you're enrolled in an Aetna MedicareSM HMO plan, you should contact your PCP to find a behavioral health provider. You should also contact your PCP if you live in the Central Valley region of California or in the counties of Los Angeles, San Bernardino, Riverside, Orange or San Diego.

Keep track: your doctors

Write down the names and phone numbers of all your health care providers. Don't forget to add your primary care physician, any specialists you see (medical and behavioral health), and your preferred hospital. When you're done, share this information with anyone who helps with your care, like family or friends. That way they'll know whom to call in an emergency.

Provider name	Provider type	Phone number
Example: Dr. John Smith	Primary care physician	987-654-3210
Example: Dr. Amy Jones	Cardiologist	987-546-2310
Example: St. Joseph's	Hospital	987-465-1320

Your prescriptions



Find out if your prescription drugs are covered. Log in to your secure member website at

<http://www.aetnamedicare.com/member>.

There you can:

- Estimate the cost of prescription drugs
- Find local network pharmacies
- View your plan's list of covered drugs, or formulary.

If the prescription drug you take isn't covered, we'll work with you. Here's the process:

- Refill your Part D prescription at your pharmacy within the first 90 days to get a one-time temporary supply.
- We'll send you a letter giving you next steps.
- Talk to your doctor about which medication is best for you in case there's another option.
- Call the number on your member ID card if you have questions.

Taking your medicine can help you take charge of your health

It's important to take your medicine to maintain your best health. If you don't take your medicine as prescribed, your condition may get worse.

Here are some possible benefits to taking your medicine correctly:

- You could live longer
- You'll avoid hospitalization
- You're more likely to stay healthy
- You'll experience less pain and disability¹

Get your medicine delivered to your door

With home delivery, standard shipping is always free. Your medicine is securely packed. Then it's mailed quickly and safely to you. Registered pharmacists

check all orders for accuracy. If you have an emergency, or just have questions, you can call them anytime.

Signing up is easy. For more information, log in to your secure member website at

<http://www.aetnamedicare.com/member>. Or call us at the number on your member ID card.

Ask your doctor for a 90-day supply of medicine

You can get a 90-day supply of certain long-term, maintenance drugs at your pharmacy. Or you can have them delivered right to your door. A 90-day supply means:

- Less chance of forgetting to refill your prescription
- Fewer trips to the pharmacy

Tips to remember to take your medicine

Taking the right medicine at the right time can sometimes be tricky. Here are some tips to take your medicine the right way:

- Put your medicine in the same spot each day.
- Use a pill box or organizer.
- Post a note or set a reminder on your alarm clock, phone or computer.
- Find out if your pharmacy has an automatic refill program.
- Enroll in home delivery for your medicine.
- Get a 90-day supply of your medicine.

Taking your medicine incorrectly can be just as harmful as not taking it at all. Call your doctor or pharmacist if you have questions or you're worried about side effects.

¹Yale Medical Group. 2015. Taking Your Medication: A Smart Choice for Staying Healthy. Available at: <http://yalemedicalgroup.org/info/health.aspx?ContentTypeId=1&ContentId=2816>. Accessed August 2015.

Use a preferred pharmacy — it saves you money

Most of our plans give you access to our preferred pharmacy network.

You'll generally pay less when you fill your prescription at one of our network pharmacies. But you may save even more when you get it filled at a preferred pharmacy.

All our network pharmacies must meet strict credentialing standards. Preferred pharmacies offer us bigger discounts. And we pass those discounts on to you, in the form of lower cost sharing.

Finding a preferred pharmacy is easy. Just visit <http://www.aetnamedicare.com>.

Save even more with generic prescription drugs

Many brand-name prescription drugs come in generic forms. Generics cost less and are just as safe and effective. Check with your doctor to see if a generic

prescription drug is right for you. Then check our formulary, or list of drugs your plan covers, to see if it's available. Chances are you'll save money.

Aetna Specialty Pharmacy® is fast, convenient and secure

Specialty medications help people with complex conditions. They often require special shipping or storage. For these drugs, you can use Aetna Specialty Pharmacy. They have the expertise and experience to meet your specialty medication needs.

You'll get reliable and secure delivery to your home or another location you choose. And there's no extra cost. Registered nurses and pharmacists are ready to support you. They can help train you on how to give injections and monitor side effects.

To learn more, call **1-866-782-2779 (TTY: 1-877-833-2779)**. You can talk with someone 24/7. Or visit <http://www.aetnaspecialtyrx.com>.

Keep track: your medications

Jot down the name of your pharmacy. Then write down all the prescription medications you take. Do you take over-the-counter vitamins, herbal supplements or pain relievers? Add those too. When you're done, share this information with your doctor and anyone who helps with your care, like family or friends. Share it again when you start taking a new medication. This can help you avoid harmful drug interactions, especially in an emergency.

Pharmacy name:

Phone number:

Medication name	How much you take	How often you take it	Drug type
Example: Xarelto®	15 mg	Once a day, at dinner	Blood thinner
Example: Centrum Silver	1 pill	Once a day	Daily vitamin
Example: Melatonin	1 mg	At night	Sleep aid

Your preventive care plan



Preventive and routine care can help you avoid illness and improve your health. It includes:

- Annual physical exams
- Health screenings and tests
- Vaccinations

Create your preventive care plan

To make sure you get the preventive services you need, it's good to start with a plan. Call your doctor to schedule your annual wellness visit. During the visit, ask your doctor how to put a preventive care plan in place. You can use the table on the next page as a guide. It will help you keep track of when you get each preventive service too.

Preventive care reminders

We want to support your plan to get and stay healthy. So we'll send you reminders to get certain services. These reminders include information on:

- Blood pressure and cholesterol screenings
- Vaccinations
- Breast and cervical cancer screenings

Routine Ob/Gyn exams

Female plan members can go straight to an obstetrician/gynecologist (Ob/Gyn) for their routine Pap smear and pelvic exam. These routine exams are covered by Medicare. They're available at a \$0 copay as part of our preventive care program when you get care from a network provider. If you have a PPO plan, you'll pay a cost share amount if you get care outside our network. Check your Evidence of Coverage (EOC) for your exact costs.

Even if you're an HMO member, you don't need a referral from your doctor to see an Ob/Gyn. And you won't need a referral to schedule a mammogram at a network imaging center, either.

Stay healthy with a fitness membership

As a plan member, you may receive a fitness membership at participating facilities at no extra cost to you. Check your plan's EOC or call us to find out more. At-home exercise programs may also be available to you.

Behavioral Health screening programs

Your mental health is just as important as your physical health. That's why we offer and encourage you to use our Behavioral Health screening programs:

- Medicare Disease Management Depression Screening
- Substance Abuse Screening for Adolescents with Depression and/or Anxiety program
- Perinatal Depression Education, Screening and Treatment Referral program (also known as the Beginning Right[®] maternity program)

For more information on how to use these programs, call the Behavioral Health number on your member ID card.

One of the healthiest things you can do is get routine and preventive care. It can spot potential problems before they get worse.

Keep track: your preventive care

The preventive health services listed here are based on recommendations from nationally recognized sources. These recommendations change often. You'll find the most current ones on the websites outlined below.

Also, your plan may not cover all services that are recommended. So be sure to check your Evidence of Coverage for your plan's preventive care benefits and cost-sharing information. Then talk to your doctor about which services are right for you. When you get a screening or vaccination, write in the date you received it.

Men and women

Preventive health screening*	When you should get it	Date you got it
Alcohol misuse	Routinely, if you're 18 or older	
Blood pressure	Every 2 years, if you're 18 or older	
Body mass index (BMI)	Routinely, if you're 18 or older	
Cholesterol	Men: Every 5 years, if you're 35 or older Women: If you're at risk for heart disease	
Colorectal cancer	If you're 50 to 75, talk to your doctor about which of these screenings are right for you. If you're older than 75, your doctor can advise you on any screening benefits. <ul style="list-style-type: none"> • High-sensitivity fecal occult blood testing every year • Sigmoidoscopy every 5 years, with high-sensitivity fecal occult blood testing every 3 years • Colonoscopy every 10 years 	
Depression	Routinely, if you're 18 or older	
Hepatitis C virus (HCV)	Once, if you were born between 1945 and 1965, or if you're at high risk for infection	
Human immunodeficiency virus (HIV)	Once, if you're 15 to 65 (Talk to your doctor about when to repeat your screening.)	
Tobacco use	Routinely, if you're 18 or older	

Continued on next page

Men and women (continued)

Vaccination	When you should get it	Date you got it
Flu virus	Every flu season	
Pneumonia	Once, if you're 65 or older	
Shingles	Once, if you're 60 or older	
Tetanus, diphtheria, pertussis (Tdap-Td)	Tdap once, then Td every 10 years if you're 18 or older	

Vaccinations are based on the recommendations of the Centers for Disease Control and Prevention. To review them, go to <http://www.cdc.gov/vaccines>.

Men only

Preventive health screening*	When you should get it	Date you got it
Abdominal aortic aneurysm	Once, if you're 65 to 75 and you've ever smoked tobacco	

Women only

Preventive health screening*	When you should get it	Date you got it
Cervical cancer	Talk to your doctor about which of these screenings is right for you: <ul style="list-style-type: none"> Pap smear every 3 years, if you're 21 to 65 Pap smear and human papillomavirus (HPV) test every 5 years, if you're 30 to 65 	
Osteoporosis bone density test	Routinely, if you're 65 or older	
Mammogram	Every 1 to 2 years, if you're 40 or older	

*Mammograms and cervical cancer screenings are based on recommendations of the National Cancer Institute. Visit <http://www.cancer.gov/cancertopics/factsheet/detection> for more details. All other listed screenings are based on U.S. Preventive Services Task Force recommendations. You'll find them at <http://www.uspreventiveservicestaskforce.org>.

Your personal care



Mail your New Member Information Form to us

Your doctor may have scheduled you for surgery before you enrolled in our Medicare Advantage plan. Or you may be getting regular treatment for a complex or chronic condition like diabetes. Filling out this form will help us make sure your care isn't interrupted.



Start with a health needs assessment

Our goal is to help you be as healthy as possible. Soon we'll call you to complete a health needs survey. It tells us if you're at risk for certain health conditions and helps us identify potential concerns. It doesn't affect your enrollment in our plan.

Nurse case managers: Your personal advocates

Our assessment or claims information may show you could benefit from a nurse to help coordinate your care with your doctor. If it does, one of our nurse case managers will call you. They will serve as your personal advocate. This service is included in your plan benefits. The nurse case manager may work with you, your doctor and a team of experts to put together a plan for your care and help you succeed at your health goals. This could include:

- Seeing your doctor regularly
- Exploring treatment options
- Connecting you to community resources

Help for chronic conditions

If you're living with a chronic condition or your condition gets worse, you may benefit from personal care management. It's offered through these programs:

- **Aetna Health ConnectionsSM Disease Management Program** — If you're living with a condition like diabetes, this program offers educational material and resources to help you live better.
- **National Medical Excellence Program[®]** — If you need transplant-related services, our national Institutes of Excellence[™] Transplant Access Network may be able to help. The program includes medical management through the recovery period.
- **High Blood Pressure Telemonitoring Program** — If you have high blood pressure and are having trouble lowering your blood pressure, we may contact you. If you enroll in this program, we'll:
 - Send you a blood pressure cuff at no cost to you
 - Offer to call and remind you to enter your blood pressure into an automated system
 - Support you by assigning you a case manager, if needed

If you have questions, call us at the number on your member ID card.

Your support system

For you and those you care about most

When you're in the advanced stages of a serious illness, you may face some tough decisions. The Aetna Compassionate CareSM program can help you make choices that are best for you, your family and your caregivers. You have access to the program's services and resources. They're included with your medical benefits.

Our nurse case managers are here to help

Our nurse case managers understand the physical, emotional, spiritual and cultural needs of individuals with advanced illnesses. They work with your doctors to:

- Arrange for care and manage benefits
- Find the right resources for you, your family and your caregivers
- Help manage your pain and symptoms

Advanced care planning information and tools

Other resources are available online or through your Aetna nurse case manager. These include:

- Information on diseases, treatments and medications
- Translation services if you don't speak English
- Support for caregivers

To find out more about our Compassionate Care program, visit <http://www.aetnacompassionatecare.com>. Here you'll also find information on advance directives* (also known as living wills) and durable powers of attorney. Or you can call us at the number on your member ID card.

*If you aren't satisfied with the way we handle advance directives, you can file a complaint with your state survey agency. Visit <http://www.medicare.gov> for information on specific state agencies.

Your savings

Boost your budget with discounts. It's not insurance — just on-the-spot savings. There aren't any referrals, claim forms or limits on how many times you can save. For details, log in to your secure member website at <http://www.aetnamedicare.com/member>. Or call us at the number on your member ID card.

If your health plan covers any of these products or services, use your plan first. You could pay less that way. Start saving today.

Save on products and services such as:

- Eye exams and eyeglasses
- LASIK surgery
- Hearing aids and exams
- Blood pressure monitors
- Medical alert system
- Elder care services
- Over-the-counter vitamins
- Weight-loss programs
- Health-related books and DVDs
- Gym memberships (in addition to any fitness benefit you have)
- Name-brand home fitness and nutrition products
- Massage therapy



What else you should know



What the NCQA means for you

The National Committee for Quality Assurance (NCQA) is a private, non-profit organization. It's dedicated to improving health care quality.

Like the Good Housekeeping seal, the NCQA seal is a widely recognized symbol of quality. To be able to display the seal, we had to first pass a rigorous, comprehensive review. And each year we have to report on our performance to keep our NCQA accreditation. The seal is a reliable way for you to know that we're well-managed and we deliver high-quality care and service.

How we share NCQA-required information

The NCQA requires us to share certain information with you. This information can help you get the most out of your health care plan. For example: We have to let you know how we decide which treatments to cover. Why we review your use of some services. And how we use the race, ethnicity or language information you give us. You'll find these and other important details in this section. Other NCQA-required information appears in your plan's Evidence of Coverage and on your secure member website. Log in at <http://www.aetnamedicare.com/member>.

How we decide what treatments to cover

Your health is our top priority. We want to help you receive treatments that are both safe and effective. To determine which treatments our plans should cover, we continually review new medical technologies, behavioral health treatment, prescription drugs and medical devices. We even look at new uses for existing technologies.

To review these innovations, we may:

- Study medical research and scientific evidence on the safety and effectiveness of medical technologies.
- Consider position statements and clinical practice guidelines from medical and government groups. These groups include the Federal Agency for

Healthcare Research and Quality and the Centers for Medicare & Medicaid Services.

- Seek input from relevant specialists and experts in the technology.
- Determine whether the technologies are experimental or investigational.

Why we review patient use of certain services

We've developed a patient management program to help you get the care you need and maximize coverage for those health care services. In certain cases, we review your care request. We do this to be sure the service or supply is consistent with established guidelines and is covered under your plan. We call this a "utilization review." We follow specific rules to help us make your health a top concern:

- We don't pay our employees based on denials of coverage.
- We don't encourage denials of coverage. In fact, our utilization review staff is trained to look at the risk of members not adequately using certain services.

How we use information regarding race, ethnicity and language

You have the option to give us race/ethnicity information and your preferred language. You don't have to give us this information. And we keep it private if you do. We collect this information to identify, research, develop, implement and enhance initiatives. This helps improve the services you receive. It also helps improve health care access, delivery and outcomes for diverse members.

Your privacy is important to us

We have administrative, technical and physical safeguards to keep your information safe. They protect your race, ethnicity and language preference information from inappropriate access, use and disclosure. We'll collect data and use or disclose it only in accordance with our policies and applicable state and federal laws. We don't use it to determine eligibility, rating or claim payment.

What about health care fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some that aren't. If you ever suspect health care fraud, call us at the number on your member ID card.

To learn more about the NCQA, visit their website at <http://www.ncqa.org>.

How NCDs affect your plan

The Centers for Medicare & Medicaid Services (CMS) sometimes change coverage rules for a benefit or service. When this happens, CMS issues a National Coverage Determination (NCD).

NCDs tell us:

- What's covered
- What's changing
- What Medicare pays

We post NCDs on our website within 30 days of when they're issued. To view them, visit <http://www.aetnamedicare.com>. Then go to Help and Resources > Download Documents > Benefits & Formularies.

You can also visit <http://www.cms.gov> for more information. Once on the website, click on "Medicare" then type "National Coverage Determinations" in the search box.

Or call us at the number on your member ID card.

Thank you

We value your membership and are here to help in any way we can. Again, welcome. We look forward to serving you.

How did we do?

Did you find this manual helpful? Take our brief survey and let us know.

Go to <http://go.aetna.com/feedbackOM>.



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

See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location.

This material is for informational purposes only. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change. Aetna does not provide care or guarantee access to health services.

Medicare PDP covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs usually cost less than brand-name drugs. The formulary may change during the year. Cost sharing for members who get “Extra Help” is the same at preferred and network pharmacies. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7 to 14 days. You can call **1-800-282-5366 (TTY: 711)**, 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. To obtain additional information, please contact Aetna Medicare at **1-800-282-5366 (TTY: 711)**, from 8 a.m. to 8 p.m., 7 days a week. In general, beneficiaries must use network pharmacies to access their prescription drug benefit, except in non-routine circumstances. Pharmacy clinical programs such as prior authorization, step therapy and quantity limits may apply to your prescription drug coverage.

Please contact our Member Service number listed above for more information.

Discount offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. The member is responsible for the full cost of the discounted services. Aetna may receive a percentage of the fee paid to a discount vendor. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **<http://www.aetnamedicare.com>**.