My world is about keeping what I have on my health plan wish list.

Aetna Medicare℠ Plan (HMO)

Aetna® Medicare

Benefits you really want.

If you're looking for benefits that go beyond Original Medicare, coupled with predictable copays, the Aetna Medicare℠ Plan (HMO) delivers. We offer a large network of physicians, hospitals and health care providers, so your medical providers are most likely part of our network. Plus this plan offers enhanced preventive benefits with no copayment, additional resources to help you access quality care for a complex injury or illness and emergency medical coverage when traveling outside the United States.

You and Aetna.

At Aetna, we work to protect your health with comprehensive plans, programs and services, including our Health Management Programs. Ninety-five percent of participating members are satisfied with how the program helped them to better manage their health.[1] It's the kind of satisfaction that starts by us asking the right questions to provide you with the right answers. **Answers for your world.**

Right now.

To learn more about the Aetna Medicare℠ Plan (HMO), you can:

- Review the information in this package.
- Call the phone number in our cover letter if you have questions after reviewing the enclosed information.

[1]Statistic excerpted from 2nd quarter 2009 Aetna Medicare Advantage member survey

Aetna Medicare℠ Plan (HMO)

What it is:

This is a Medicare Advantage Health Maintenance Organization (HMO) plan. It includes—and goes beyond—coverage for Medicare Parts A and B benefits.

How it works:

You typically pay a flat fee (copay) for most covered expenses. You are not required to select a PCP from the plan's network, but we encourage you to do so. You do not need to receive a referral for any services that you receive from a participating Aetna Medicare provider. You must use an Aetna provider for all services except emergency or urgent care situations, or for out-of-area kidney dialysis. For some services, you pay a percentage of the expense.

What's special:

- You can change your PCP at any time, for any reason. In fact, you can change your PCP online at www.aetnanavigator.com.
- Coverage for preventive benefits beyond Original Medicare at no additional cost.
- You have medical coverage whenever you travel to another Aetna Medicare Plan service area with Aetna's U.S. Travel Advantage® Program; however, you must enroll by calling Aetna Medicare before you travel and you must select a PCP when out-of-area. You will have coverage out of the service area for up to 12 months.
- If you have a complex injury or illness, Aetna's National Medical Excellence Program® provides additional resources to help you get the right care, affordably.
- You're always covered for emergency medical treatments when traveling outside the United States.
- Access to Aetna's large network of doctors, hospitals and other health care providers. (To find participating network providers, go to www.aetna.com and click on Find a Doctor.)
- Aetna Healthy Lifestyle Coaching enables you to speak to a licensed professional by phone for everything from weight management to smoking cessation.

What you should know:

- To qualify, you must be entitled to Medicare Part A and enrolled in Part B, and continue to pay your Part B premium.
- The Aetna Medicare Plan (HMO) is a Medicare Advantage plan, sometimes referred to as Medicare Part C. It provides coverage for all Medicare Part A and Part B benefits, as well as additional benefits.
- You must live in the plan service area.
- For complete benefit information, please reference your plan documents.

The difference is the same.

Compare your current health plan with the Aetna Medicare℠ Plan (HMO).
You can continue to get many of the same great benefits with this plan. Check it out.

Benefits At-A-Glance	Your Current Medicare Advantage Plan	Aetna Medicare℠ Plan (HMO)
Flexibility to use health care providers of your choice from our large national network that are eligible to receive Medicare payment. With the Aetna Medicare Plan (HMO), you must choose your providers from our large network		✓
Access to providers that are eligible to receive Medicare payment with no network restrictions	✓	
Includes all Medicare Parts A and B medical benefits, plus additional benefits not included in Medicare Parts A and B	✓	✓
Limits your out-of-pocket costs for some plans	✓	✓
Coverage for unlimited inpatient hospital days	✓	✓
Preventive benefits beyond Original Medicare at no additional cost	✓	✓
Healthy lifestyle coaching at no extra cost	✓	✓
Online Personal Health Record that helps you make informed health care decisions, at no extra cost	✓	✓
Special program designed to help you manage your health conditions	✓	✓
Emergency medical coverage worldwide	✓	✓
Guaranteed acceptance	✓	✓
No waiting period for pre-existing medical conditions	✓	✓
Access to Aetna Navigator® claim searches	✓	✓
Access to our 24-hour Informed Health® Line	✓	✓
Aetna Extras℠ at no extra cost: discounts on health-related products and services	✓	✓

What will be the name of my Medicare-eligible retiree coverage?

Answer: If you choose this new plan, you will be enrolled in an Aetna Medicare℠ Plan (HMO).

Will I get a new Aetna Medicare ID Card?

Answer: Yes. Present your new Aetna Medicare ID Card to your provider. Below is a sample ID card.

Can I see the same doctor or go to any doctor?

Answer: If your doctors are part of our Aetna Medicare network, you can continue to see them like you always have and you will a pay a predictable, low copayment for each covered service you receive.

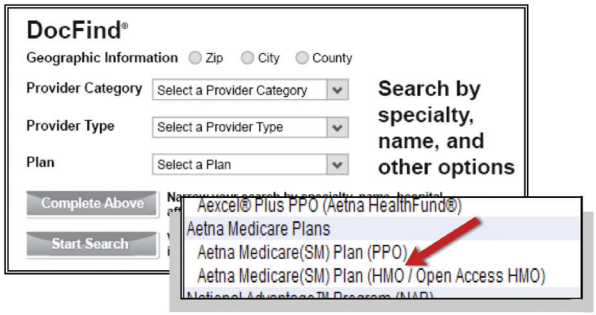
How can I find out if there are doctors and hospitals near me who participate in the plan's network?

Answer: Access the most up-to-date information on participating providers by visiting DocFind,® our online provider directory.

Step 1: Go to www.aetna.com and click on Find a Doctor.

Step 2: Complete the geographic information, provider category and provider type you are looking for.

Step 3: Under Plan, scroll down the list to Aetna Medicare Plans, choose Aetna Medicare℠ Plan (HMO).



If you do not have access to a computer, call a representative dedicated to identifying network providers at [1-866-234-3129 (TDD: 1-888-760-4748), 8 a.m. to 6 p.m., Monday through Friday.]

What if my health care provider is not contracted with Aetna?

Answer: If your doctor is not contracted with Aetna, you will need to select a new doctor from our Medicare HMO network. Your doctor can learn more about this plan by logging on to our provider secure website via NaviNet, available through www.aetna.com. Your doctor may also call our dedicated Provider Services department at 1-800-624-0756. Members of the Aetna Medicare Plan (HMO) must receive all services from providers participating in the Aetna Medicare HMO network.

If I have a chronic condition, is there any benefit in this plan that helps with that?

Answer: Yes. We have highly successful programs that are designed to help you manage your current conditions and keep you healthy. If you are currently working with an Aetna Nurse Case Manager or Disease Management Nurse, you will continue to work with them as these programs are part of the HMO plan.

Do I have coverage when I'm traveling out of my service area?

Answer: Yes. With our free U.S. Travel Advantage® Program, you get access to the same benefits you receive at home for up to 12 consecutive months when you are traveling to another Aetna Medicare Plan (HMO) approved service area and use Aetna Medicare network providers. You are required to register for this program before you travel in order to access these benefits. The Aetna Medicare Plan (HMO) also includes emergency medical coverage worldwide.

What materials should I expect as a member?

Answer: See the chart below for what you can expect once you are enrolled.

What is it?	How will I receive it?	When should I expect it?
Plan Confirmation Letter A letter informing you that we have confirmed with the Centers for Medicare & Medicaid Services (CMS) that you are approved to become a member with our plan.	U.S. Mail	After enrollment
Aetna Medicare Identification (ID) Card This is the card you show to providers prior to receiving services. If you need to obtain services before you receive your ID card, present the Plan Acceptance Letter and/or Enrollment Application to your provider as documentation that you have elected our plan.	U.S. Mail	Within 2 weeks of CMS approval
Health Risk Survey We will call to ask general questions regarding your health. You can also complete the survey on paper and mail it back.	Several attempts by phone, then U.S. Mail	After enrollment
Plan Documents You will also receive several plan documents to help you understand and use your plan. They should include the Evidence of Coverage and a directory.	U.S. Mail	Within 3-4 weeks after enrollment

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. A Medicare Advantage organization with a Medicare contract. Health insurance plans are offered by Aetna Life Insurance Company. Plans contain exclusions and limitations. You must be entitled to Medicare Part A and Part B. You must continue to pay your Part B premium and Part A, if applicable.

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