

WELCOME!

How many people, on average, turn 65 everyday?

10,000

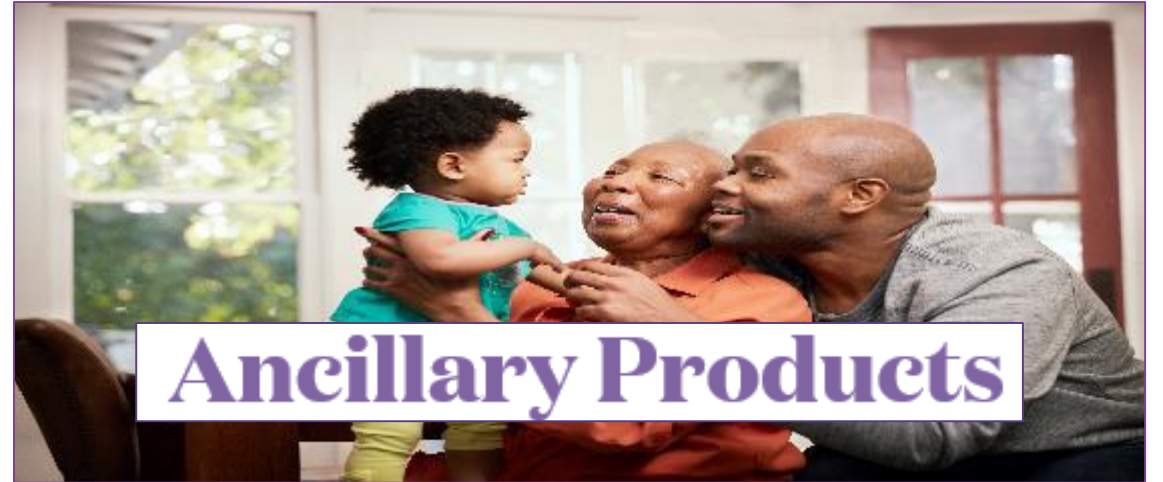
Approximately.... How many individuals are on Medicare?

64 Million

How many Medicare Beneficiaries are there in ...

Ohio	1,469,964
Indiana	903,265
Kentucky	664,989

Do you understand the products available to this serve this large group of beneficiaries?



Medicare has four parts:

A, B, C and D.

Part

A

Hospital care

Part

B

Medical care



**Covers hospital
insurance**



**Covers medical
insurance**

Like doctor visits.

Part

A

Hospital care

Part

B

Medical care

**Parts A and B
combined make up
“Original Medicare”**

They are administered
and provided by the
federal government.

Part

A

Hospital care

Part

B

Medical care



Medicare is health insurance for:

- People 65 or older
- People under 65 with certain disabilities
- People of any age with end-stage renal disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

Part
C
Medicare
Advantage

Then there's Part C.
**This is called
Medicare Advantage.**

Part
C
Medicare
Advantage



You can buy Part C
(Medicare Advantage)
from private
insurance companies.

Part
C
Medicare
Advantage



Medicare Advantage
**combines Parts A and B
and may even
offer prescription
drug coverage.**

It can include additional benefits
like eye care, hearing, wellness
services or a nurse phone line.

Part
C

Medicare
Advantage

**You can buy a
Medicare Advantage Plan
(Part C) if you:**

- Are enrolled in Parts A and B
- Live in the plan's service area
- Do not have end-stage renal disease (some exceptions apply)

Part
D

Prescription
drugs

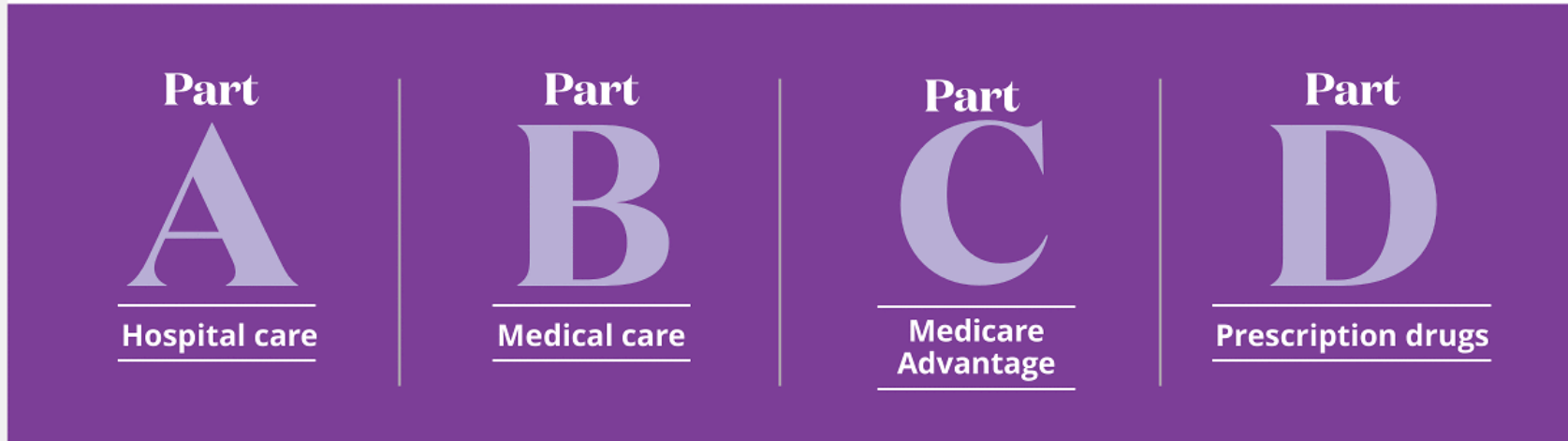
Then there's Part D.

**It helps pay for
prescription drugs.**

It's only offered through private
insurance companies.

We'll talk more about Part D later.

The four parts of Medicare.



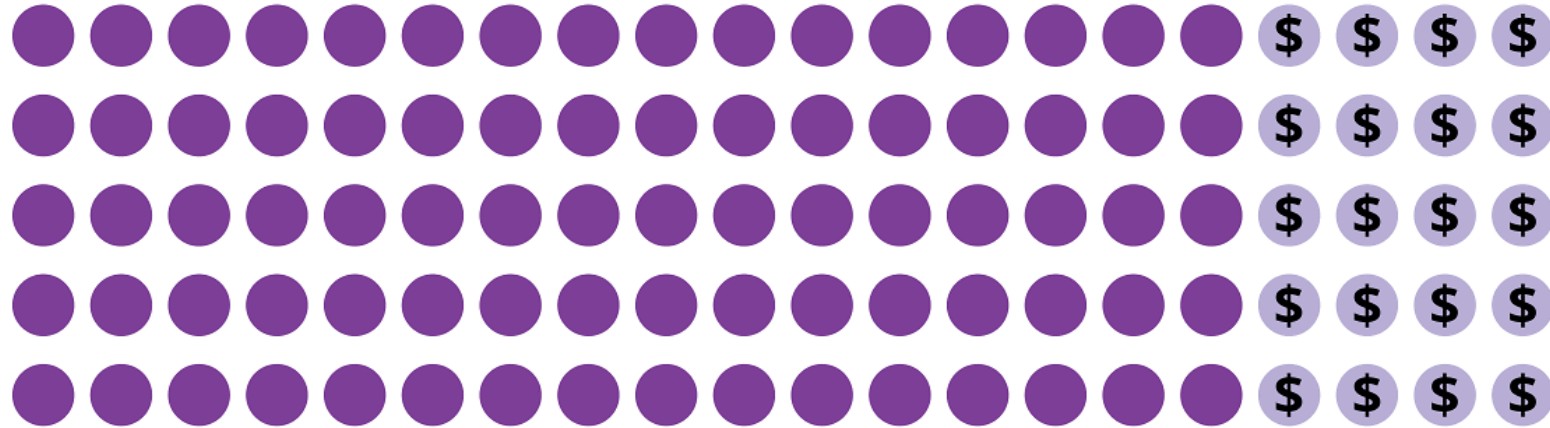
Original Medicare

Private medical plans
that typically include Parts A, B, and often Part D.

Medicare Prescription Drug Coverage plans

You can rely on Parts A and B. But Part B generally **covers about 80%** of your Medicare-approved health care costs.

It covers hospital and doctor visits, along with some drugs.



You have two paths

to choose from:

Original Medicare

Part A: Hospital

Part B: Medical

Part D: A separate drug plan – **if you buy it.**

Supplemental insurance* – **if you buy it.**

*Supplemental insurance will be discussed in Chapter 5 of this presentation.

Medicare Advantage

Combines **Part A:** Hospital and **Part B:** Medical.

Most plans include a prescription drug plan.

Medicare Part D:

If your plan doesn't include it, you may be able to join a separate Part D plan.

Questions to consider when choosing your Medicare options

- 1** | What monthly plan premium can I afford?
- 2** | Does the plan cover the services I need?
- 3** | Can I see the doctors I want?



And what about your prescription drugs?

- 4 | Will my prescription drugs be covered?
- 5 | What will my out-of-pocket costs be?
- 6 | Can I use the pharmacies I want?



You have two paths

to choose from:

Original Medicare

Part A: Hospital

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Part D: A separate drug plan – **if you buy it.**

Supplemental insurance – if you buy it.

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Medicare Part D:

If your plan doesn't include it, you may be able to join a separate Part D plan.

Supplemental insurance — if you buy it

Sometimes it's called

Med Supp or Medigap

**You may want to
consider this if you
choose Original
Medicare.**

It helps cover the gaps of what Original Medicare doesn't cover — such as portions of coinsurance, copayments and deductibles.

Supplemental insurance — if you buy it

Medigap plans

Are health insurance policies
sold by private insurance
companies.

They help cover medical benefit
“gaps,” such as Parts A and B
deductibles and coinsurance.

They do not include
Part D drug coverage – you buy
that separately.

They cover visits to any
doctor who accepts
Medicare patients.

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Medicare Advantage



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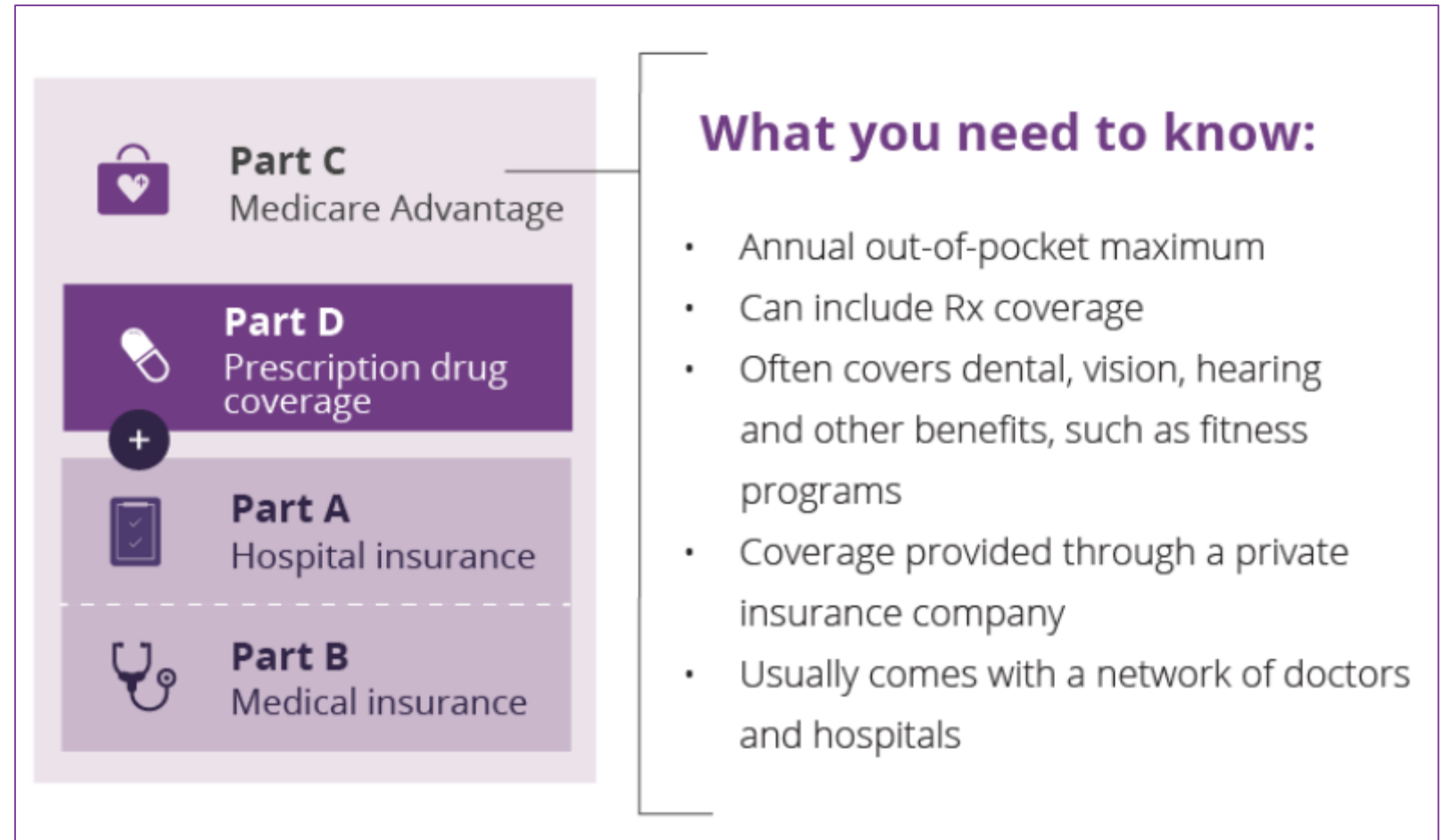
What is a Medicare Advantage plan?

A Medicare Advantage plan is a private insurance plan that manages a Medicare beneficiary's original Medicare benefits, and offers additional coverage and benefits that are not covered by original Medicare.

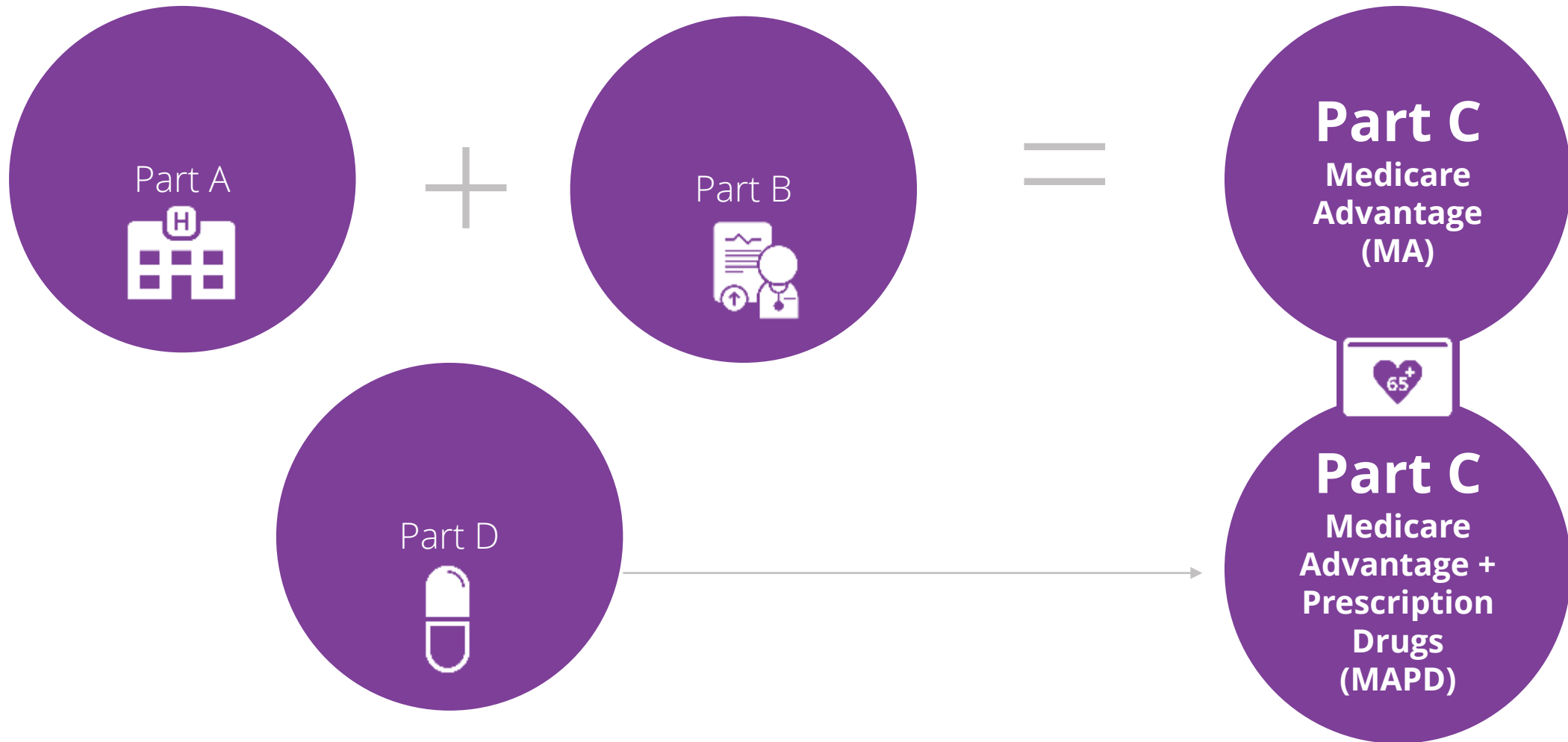
Medicare Advantage plans offer 3 advantages:

- ❖ cost
- ❖ coverage
- ❖ convenience

Learn more about the Medicare Advantage plans in your area to see if they are right for your clients.



What does Medicare Advantage cover



Why choose Medicare Advantage



• While plans vary, some additional benefits of Medicare Advantage plans include:

- Dental coverage
- Vision coverage
- Hearing coverage
- Fitness club membership
- Some plans also include prescription drug coverage.
- A well-chosen Medicare Advantage plan can come with all the coverage you get with Medicare Parts A, B *and* D. The additional coverage beyond what is offered by the other parts of Medicare is like the icing on the Medicare cake.

Who is eligible for a Medicare Advantage plan?

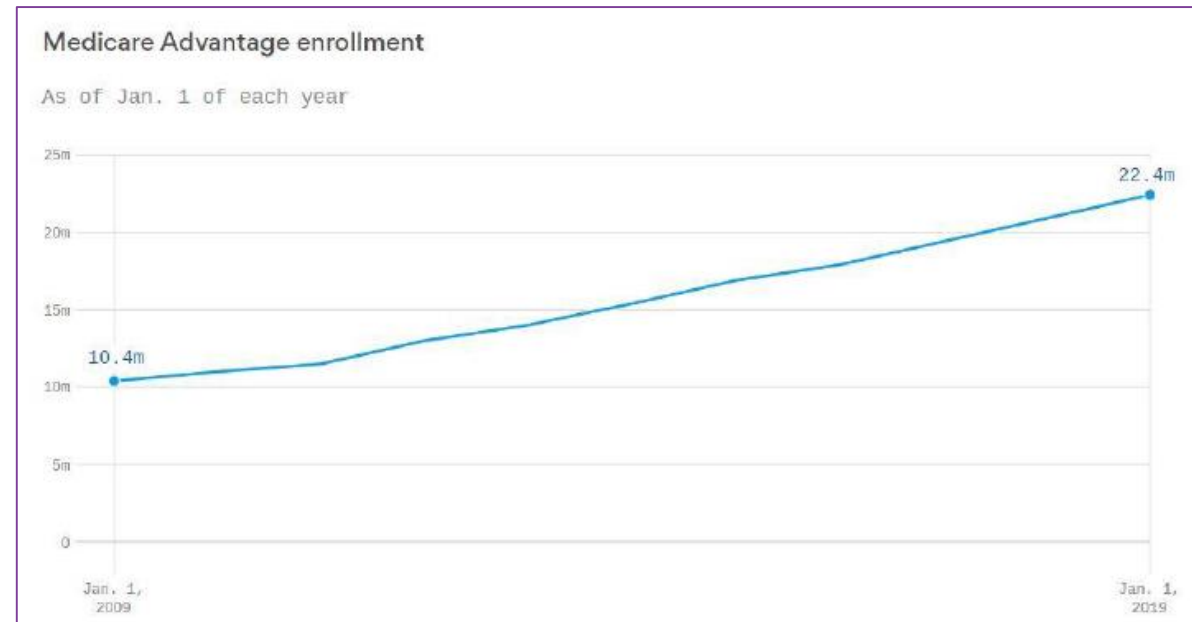
Who is eligible for Medicare Advantage:

- ❖ Enrolled in Parts A and B
- ❖ Live in the plan's service area
- ❖ Do not have end-stage renal disease (some exceptions apply)



The cost savings and additional benefits and features of today's Medicare Advantage plans can be very attractive to Medicare Beneficiaries.

The Individual Medicare Advantage plan enrollment is skyrocketing. In addition, employers are increasingly offering Medicare Advantage plans to their retirees. Large groups such as IBM, UAW, AT&T, Public Employees Unions, and many others have chosen the protection and convenience of Medicare Advantage for their retirees.



Selling Medicare Advantage – premium vs. copays

	(Plan N)	Aetna Silver PPO
Annual Supp Premium	\$1,296	\$0
Annual Part D Premium	\$540	\$0
Part B Deductible	\$183	\$0
PCP Visit Copays	\$155	\$40
Specialist Visit Copays	\$80	\$160
Total Out-of-Pocket	\$2,254	\$200***

“Do The Math”

***Do not ask about health status**

****This is not a supplement**

*****Includes Rx Cost**

- ❖ Medicare Supplement plans vary in premium – age, health, residence, and plan chosen will effect the client’s premium. Medicare Supplement premiums normally increase each year.
- ❖ Medicare Advantage plans vary in premium and copays. Out of pocket costs for each Medicare Advantage plan are set annually.

Selling Medicare Advantage – premium vs. copays

	(Plan G)	Aetna Value HMO
Annual Supp Premium	\$1,800	\$0
Annual Part D Premium	\$540	\$0
Part B Deductible	\$185	\$0
PCP/Specialist Visit Copays	\$0	\$200
<i>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	\$2,525	\$200***

“Do The Math”

****Do not ask about health status***

*****This is not a supplement***

******Includes Rx Cost***

- ❖ Medicare Supplement plans vary in premium – age, health, residence, and plan chosen will effect the client’s premium. Medicare Supplement premiums normally increase each year.
- ❖ Medicare Advantage plans vary in premium and copays. Out of pocket costs for each Medicare Advantage plan are set annually.

Why should you sell Medicare Advantage

- \$0 or low premium allows your client to keep their money until they need to see a provider; Set copays give your clients an opportunity to budget their out of pocket costs
- Part D benefit is embedded and integrated (saves money for the client & gives client ease of access/use)
- No medical underwriting
- The opportunity to switch to a plan that fits their changing needs each year
- Care Management - Additional support to help the client stay healthier and be independent
- Opportunities to sell additional supplemental or complementary products
- Medicare Advantage plans are designed to take a total approach to health and provide access to services and benefits at affordable costs.
- Medicare Advantage carriers and plans are governed by CMS and required to maintain star rating standards

Why are the extra benefits in Medicare Advantage important

Medicare beneficiaries can be surprised to learn that Medicare does not provide coverage for benefits and features they have in their individual and/or employer sponsored group health plans.

Medicare Advantage is in a unique position to be able to provide for some commonly requested features

Preventive health programs : flu shots, diabetic care, \$0 annual health screenings, \$0 annual nurse practitioner visit

Fitness: \$0 to low monthly cost gym memberships, at home fitness equipment

Travel: worldwide emergency care, out of network benefits, network access throughout the country

Convenience: medical and prescription coverage in one plan, transportation to providers and pharmacies, emergency response systems, meal delivery after hospitalization, member resources include significant discounts and perks

Saving money: over the counter product allowances, Part B giveback programs, intense competition drives costs down for members, annual maximum out of pocket limits on medical copay/coinsurance

Cost savings – protection against unexpected charges

Under Observation and Skilled Nursing care

In order for Medicare to cover skilled nursing facility care, an individual must have first been hospitalized (i.e., admitted as an inpatient, not under observation) for at least three days. The three-day period does *not* include the day of dismissal from a qualified admission, the patient needs to have stayed three “over-nights” to qualify.

Medicare Advantage plans protect your clients from paying the full cost of skilled nursing after an “under observation” stay at a hospital.

Medicare Advantage plans do not impose the 3-night inpatient stay requirement for skilled nursing coverage.

❖ **REMEMBER:** if your client is in the hospital, designated as “under observation” their Part B benefits (outpatient services) are responsible for charges NOT Part A



3 nights

Original Medicare and Medicare Supplements will only pay for skilled nursing costs after 3 nights as an inpatient in the hospital.

Under Observation is considered outpatient care copays or coinsurance will apply

Cost savings – Part D premium savings

Part D is included in many Medicare Advantage Plans

Medicare Advantage plans can protect your clients against stand alone Part D plan premiums.

- MAPD plans include Part D coverage – the premium is included in the MAPD plan premium
- MAPD plans have robust formularies
- Many MAPD plans can provide for coverage during the gap stage (donut hole) and provide discounts for both mail order and local pharmacy fills
- Many MAPD plans use national as well as local preferred pharmacy chains that can pass substantial savings on to the members who use them

❖ **REMEMBER:** The four stages of Part D coverage are present in every Part D plan. If your client chooses a Medicare Advantage Plan with Part D coverage included (MAPD), all Part D coverage rules apply.

Not all Medicare Advantage plans include Part D coverage.

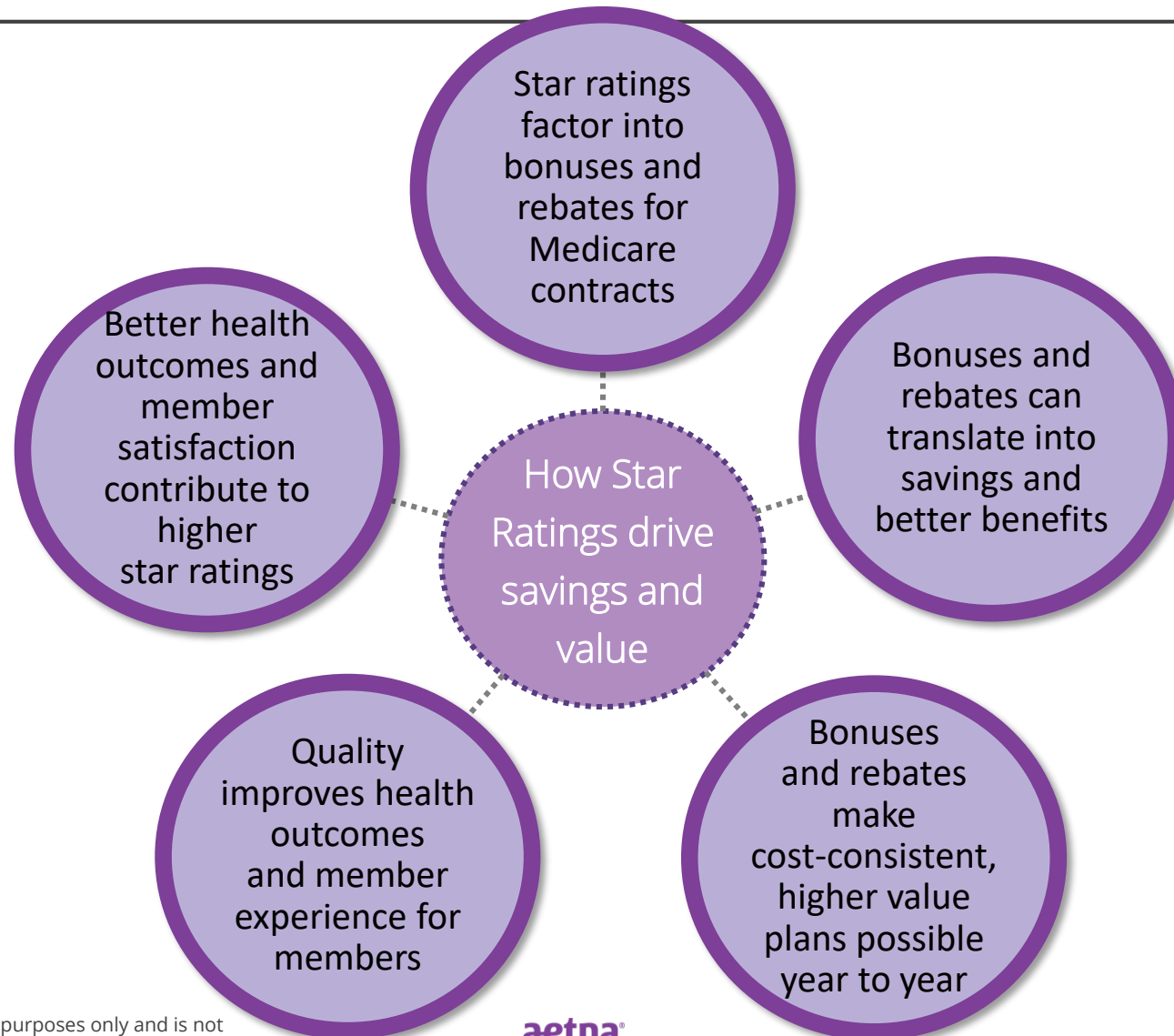
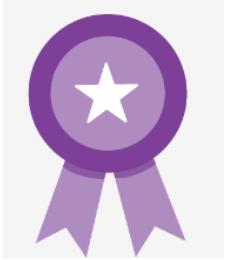
The premium for the MAPD plan your client chooses includes Part D coverage, there is no need to pay another premium.

Always review the MAPD plan formulary to ensure your client's needs are met.

Medicare Advantage value proposition

	Medicare Advantage	FFS without Med Supp	FFS with Med Supp
Known, set costs	You know your costs up front; no surprise bills	Costs are not known up front since you pay deductibles and a percentage of medical costs, as high as 20% for those without a Med Supp plan, which can be particularly difficult for those on a fixed income	Based on the Medicare Supplement that you have, you can pay premiums, coinsurance, and copays
Plan year limits	Annual MOOP for medical services: once reached, you pay nothing for medical services for the remainder of the calendar year	No limit on out-of-pocket expenses in plan year	Premiums must be paid to maintain coverage; you will pay your premium regardless if you use your provider's services or not
Care team familiarity with health plan	Your care team knows the ins and outs of the Aetna plan and can help you identify cost savings opportunities on medical care, e.g. prescriptions, medical equipment, home health services, specialist visits	Your care team may not be familiar with your benefits and has limited ability to identify cost savings	Your care team may not be familiar with your benefits and has limited ability to identify cost savings
One copay for all key benefits*	You enjoy key benefits such as screenings, vaccinations, and behavioral health services for a single, known copay	Costs associated with each of these benefits	Based on the Medicare Supplement that you have, you can pay premiums, coinsurance, and copays
Copays and premiums	Plan options may include \$0 premiums and/or \$0 to low copays for services	You are responsible for deductibles and up to 20% of the cost of your visit out-of-pocket	Medicare Supplement plan premiums can be subject to significant rate increases each year and, based on the Medicare Supplement you have, coinsurance and copays can also apply (in addition to your monthly plan premium)
Real-time hospitalization notification	If you are hospitalized, your provider receives real-time notifications, so you can receive more responsive care from our team when you need it most	Your provider does not receive automated real-time notifications	Your provider does not receive automated real-time notifications
Specialty coordination	Your care team has deep knowledge of your specialist networks, benefits, and coverage and coordinates with preferred specialists we certify accept your insurance	Your care team may be less familiar with your network of specialists and they may not work collaboratively with your care team	Your care team may be less familiar with your network of specialists and they may not work collaboratively with your care team
Plan benefit navigation	Your care team is specially trained on your plan benefits and can navigate all aspects of your plan, including savings	It is much more difficult for your care team to know the ins and outs of your plan benefits, costs, and billed charges	It is much more difficult for your care team to know the ins and outs of your plan benefits, costs, and billed charges

Star Ratings – can help you determine quality plans with your clients



Is Medicare Advantage in your portfolio?

Let's talk about some of the common questions agents have about Medicare Advantage...

I can't make any money selling Medicare Advantage

- ✓ CMS sets the highest allowable commission rates for Medicare Advantage. In 2019, these rates are higher than ever, and have steadily increased year over year. Agents are paid renewal commissions for your clients that remain members at 50% of the full commission rate. Most national carriers pay lifetime renewals – meaning as long as your client remains a member, and the agent is ready to sell (contracted, appointed, and certified) you will continue to receive renewal commissions.

I have to do the AHIP and Certifications every year

- ✓ Yes, agents are required to complete the annual AHIP and carrier certification. This process prepares agents with updates to Medicare, CMS regulations, and your contracted carriers plan information. This process prepares you to fully inform and assist your clients.

Too many rules with selling Medicare Advantage

- ✓ CMS guidelines are in place to protect the beneficiaries and give agents parameters for appropriate marketing activity. Broker Managers can guide you and assist you with understanding the “Do's & Don'ts”

Is Medicare Advantage in your portfolio?

Let's talk about some of the common questions agents have about Medicare Advantage...

❑ *I can't sell Medicare Advantage on the phone like I can with Medicare Supplements*

- ✓ Most beneficiaries appreciate the one on one contact with their agents. That can be in the client's home or in your office. If you feel your client is best suited for telephone conversations, as long as you follow all compliance procedures telephone appointments can be done in Medicare Advantage. Scope of Appointment rules state:

A signed SOA is **required** when you hold one-on-one appointments with beneficiaries to discuss MA, MAPD or PDP products. SOA guidance must be followed regardless of the venue (i.e., in home, library, by phone).

❑ *My clients like Medicare Supplements*

- ✓ Clients generally like their plans that fill their needs and that they understand. When you are the trusted advisor and educate your clients on all of their options, they are normally satisfied and trust you with their family and friends. The beauty of the Medicare product availability is that you can put yourself in a position to sell Medicare Supplements and Medicare Advantage when appropriate. Put yourself in a position to have a full portfolio of products available.

Is Medicare Advantage in your portfolio?

Let's talk about some of the common questions agents have about Medicare Advantage...

- ❑ *My clients make a lot of money, and can afford Medicare Supplement premiums*
 - ✓ This may be true, but why should you assume how your clients wish to spend their money. Beneficiaries of all income levels are using Medicare Advantage to fill their needs.

- ❑ *Medicare Supplements are easier to sell. Medicare Advantage has too many moving parts with a lot of copays and deductibles*
 - ✓ As a trusted advisor, should we be only concerned with ease of sale? When you partner with your carrier Broker Managers and learn how and when to present Medicare Advantage you will become comfortable with the product line just as with any other products you sell. Copays can fluctuate year over year, however all of that plan material is made available to you and your clients. Many Medicare Advantage plans do not have deductibles, and those that do are only on specified services. Keep in mind Medicare Supplement premiums change each year as well. Deductibles and co-insurance vary based on the plan chosen and Medicare's deductibles change annually as well.

Is Medicare Advantage in your portfolio?

Let's talk about some of the common questions agents have about Medicare Advantage...

❑ *I can't market Medicare Advantage like I can market Medicare Supplements*

- ✓ Medicare marketing guidelines will govern how Medicare Advantage plans can be marketed. You can work with your carrier's Broker Managers to learn of the opportunities that exist and what activities you can do. Here are a few ideas
 - Turning 65 lead lists
 - Retail opportunities
 - Local center of influences (senior living, faith based organizations, community adult education)
 - Referrals from your clients and business partners in your community

❑ *Medicare Supplements have no service work like Medicare Advantage*

- ✓ When you educate your clients on their plans, there is normally much less service work, once you understand Medicare Advantage you can pass that knowledge on to your clients. If there is a need for service work, guide your clients to the member service teams in place to assist them fully.

❑ *People change their Medicare Advantage plans every year*

- ✓ Annual Enrollment Period (AEP) provides an opportunity for change – needs can change. However, everyone in a Medicare Advantage plan does not change each year. Strong plans have very high retention.

Medicare Advantage closing

Do not walk away from the exciting opportunity that Medicare Advantage represents.

If you are not sharing the Medicare Advantage options with your clients, someone else will. Have the conversation with your clients and understand the plans available that will provide for your clients needs.

Please be sure to contact your local Aetna Broker Manager for information on contracting and marketing our Medicare Advantage plans in your area.



How many Medicare Beneficiaries are currently on Medicare Advantage in Ohio, Indiana, and Kentucky?



State	Total Medicare Beneficiaries	Medicare Advantage Members
Ohio	1,469,964	860,971
Indiana	903,265	352,022
Kentucky	664,989	266,487
TOTALS	3,038,218	1,479,480

Let us help make your life easier....

RESOURCES



Helpful tools

LOCAL SUPPORT!!!

- **First Look Resources**
- **Producer Portals**
- **Medicare Marketing Platform**
- **Doctors, hospitals, and specialists lookup tools**
- **Benefits CheckUp® site**
- **Producer Guides**
- **Enrollment kits**
- **Electronic enrollment**

Congratulations on your decision to enroll in an Aetna plan. We're excited to have you as our member! Use this to outline key elements of the plan you selected — fill it out with your agent and **keep a copy for your records.**

Today's date:	Your name:
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My new Medicare Advantage plan

Is NOT a Medicare Supplement. It's a (check one):

Medicare Advantage plan with drug coverage (MAPD) — replaces Part A, Part B, adds Part D

Medicare Advantage plan without drug coverage (MA) — replaces Part A and Part B

Requires referrals for a specialist

Does **not** require referrals for a specialist

Requires use of network doctors (unless it's an emergency)

Allows me to see doctors out of network, usually at a higher cost

	In network	Out of Network (if applicable)
PCP costs		
Medical deductible		

Dental coverage (check those that apply):

Not available

Has a network of dentists to use (Some plans may require a primary care dentist)

Is a reimbursement benefit (you pay upfront and submit required information for reimbursement)

Is only available if you enroll in the plan's supplemental dental coverage for an additional premium

Doctors and Hospitals

Provider Name:	Are they in my plan's network?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Plan premium, name and start date

My plan has a \$_____ **monthly premium.**
This doesn't include any Late Enrollment Penalty or Extra Help.

My new plan name is: _____

I'd like my plan coverage to start on the following date: _____

Prescription drug coverage

My plan has a prescription drug deductible

No only on Tiers 3 - 5 only on Tiers 4 - 5

My medications and dosages	Drug tier	Any coverage limitations? PA = prior authorization ST = step therapy QL = quantity limits			
		<input type="checkbox"/> No	<input type="checkbox"/> PA	<input type="checkbox"/> ST	<input type="checkbox"/> QL
		<input type="checkbox"/> No	<input type="checkbox"/> PA	<input type="checkbox"/> ST	<input type="checkbox"/> QL
		<input type="checkbox"/> No	<input type="checkbox"/> PA	<input type="checkbox"/> ST	<input type="checkbox"/> QL
		<input type="checkbox"/> No	<input type="checkbox"/> PA	<input type="checkbox"/> ST	<input type="checkbox"/> QL
		<input type="checkbox"/> No	<input type="checkbox"/> PA	<input type="checkbox"/> ST	<input type="checkbox"/> QL
		<input type="checkbox"/> No	<input type="checkbox"/> PA	<input type="checkbox"/> ST	<input type="checkbox"/> QL

Pharmacy information

My pharmacy name is:	This pharmacy is: <input type="checkbox"/> Preferred <input type="checkbox"/> Standard
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Questions? I'm here to help – call me

Agent name:	Contact phone number:
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What happens next?

- If we need more information to process your enrollment, we'll reach out to you — please respond to requests timely to avoid issues with your enrollment.
- We'll let you know once you've been accepted into our plan.

To cancel coverage before your plan starts, call us at 1-800-282-5366 (TTY: 711) or call your agent.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. 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. Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Urban Mississippi, Urban Virginia, Rural Wisconsin, Rural Missouri, Rural Arkansas, Rural Oklahoma, Rural Kansas, Rural Iowa, Rural Minnesota, Rural Montana, Rural Nebraska, Rural North Dakota, Rural South Dakota and Rural Wyoming. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call 1-855-338-7027 (TTY: 711) or consult the online pharmacy directory at <http://www.aetnamedicare.com/pharmacyhelp>. This information is not a complete description of benefits. Call 1-800-282-5366 (TTY: 711) for more information. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Thank you!

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