Aetna Medicare Advantage PPO

4 (out of 5) Star Rating for 2017

CMS awarded Aetna’s Medicare Advantage national PPO plan 4 out of five (5) stars. This rating is based on important measures like helping members:

• Stay satisfied with our plans
• Stay healthy
• Manage their long-term conditions

The rating reflects our caring commitment to our members.

17.3 million retirees like you have chosen Medicare Advantage since it was introduced in 1997.

Since 2010, Medicare Advantage enrollment has grown 71 percent.**


Coverage, cost savings and your health all link together

There are lots of good reasons why

Get more benefits. The Aetna Medicare Advantage plans:

• Offer coverage with added benefits not provided by Original Medicare
• Are easy to switch to, even if you have pre-existing medical conditions — those conditions won’t affect your eligibility and won’t make you pay higher premiums
• Are also available to your Medicare-eligible dependent(s)

97% of members surveyed are satisfied overall with their employer-sponsored Aetna Medicare Advantage plan.*

*Based on an Aetna survey conducted with 1,543 Medicare Advantage plan members from 9 employer group plan sponsor organizations researched in 2015.
Clearly see the Medicare Advantage difference

Aetna Medicare Advantage offers you more

It includes extra benefits to help keep you well or manage your health condition. For example, if you have high blood pressure, you may qualify for:

- A free blood pressure cuff
- Help from an Aetna nurse who’ll work with you and your doctor to help control your condition

You deserve health, happiness and peace of mind. Helping you live healthy is an important part of our plan.

You may be able to keep seeing your current doctors*

The Aetna Medicare Advantage plan is a Preferred Provider Organization (PPO) plan. You can use doctors and hospitals in or out of the Aetna Medicare network. More than 200,000 doctors and 1,900 hospitals are in the network. So chances are, your providers are part of it.

*If you use an out-of-network doctor or hospital, the plan requires that they:

- Be licensed
- Agree to accept your PPO plan before treating you
- Be eligible to receive Medicare payment
Aetna care management

Available only with Aetna Medicare Advantage plans


Aetna care management gives you the care, tools and support you need to take charge of your health. It includes wellness and prevention programs, plus case management and disease management. Learn more about these programs below.

Care management has made a significant impact on the lives of many retirees. Compared to members of Original Medicare, having care management has resulted in:

- Fewer emergency room visits
- Less time in the hospital
- Less time in post-acute facilities such as a skilled nursing facility (SNF)

Aetna care management is with you every step of the way whether you’re in good health or dealing with an illness. We’ll provide you with the information and compassionate support you need to get the most from your coverage.

Aetna care management in action

Helping Barbara get back on her feet

Barbara was an active woman until she had a heart attack, followed by a blood clot in her lung. Carole, an Aetna nurse case manager, helped Barbara understand her health plan coverage and get the medical equipment she needed for her recovery. Carole also explained which drugs could potentially cause a harmful interaction when taken together.

Today, Barbara is managing her condition. She has resumed the activities that keep her happy and healthy, thanks in large part to Carole’s support and expertise.

It’s just one example of how Aetna care management helps members understand their benefits and get the care they need.
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. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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. 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.
Retiree Health Access® and RHA® are registered trademarks of Health Care Policy Roundtable, LLC, used under license with Health Care Policy Roundtable.
Aetna reserves the right to change or terminate benefits at any time, to the extent permitted by law.
All rights reserved.