More Benefits Than Original Medicare
We Are Here To Serve You

In order to make your health care decisions easier, we have provided some helpful information to assist you.

Accompanying this brochure are a detailed Summary of Benefits, Provider Directory, an Enrollment Form and a postage-paid reply envelope.

Aetna Navigator™ provides you with an easy-to-use website where you can:

- Order ID cards.
- Send e-mail inquiries to Member Services.
- Review a preventive care planner that includes recommendations for screenings and immunizations.

Log on to www.aetna.com and click on the Navigator button.

Call us directly with any questions you may have at 1-800-832-2640/TDD 1-800-628-3323.

Translation of this material into another language may be available. For assistance, please call a sales representative at 1-800-832-2640/TDD 1-800-628-3323.

Puede estar disponible la traducción de este material en otro idioma. Por favor, para ayuda llame a un representante del departamento de ventas al 1-800-832-2640/TDD 1-800-628-3323.
Choosing a health plan is an important decision.

Experience teaches us that the well-informed make the wisest choices. With that in mind, we are committed to providing you with accurate and relevant information that is easy to understand. It’s part of our business philosophy: Empowering people to make sound decisions.

For many years we have been providing our customers with quality health plan options to meet their needs. With the Aetna Golden Medicare Plan, we continue with that same proud tradition. Our Aetna Golden Medicare Plan members enjoy:

- A wide choice of network physicians and hospitals.
- Virtually no paperwork when using network providers.
- Worldwide emergency care.

This brochure was designed to help you find the information you need quickly and easily. We encourage you to take the time to review all of the documents that accompany this brochure. If you need further assistance, our dedicated sales professionals are always available to help you.

Thank you for considering the Aetna Golden Medicare Plan. We wish you the best of health.

John W. Rowe, M.D.

John W. Rowe, M.D., is Chairman and CEO of Aetna Inc. He serves as a Professor of Medicine and Geriatrics at The Mount Sinai School of Medicine. Before joining Mount Sinai, Dr. Rowe was a Professor of Medicine and the Founding Director of the Division on Aging at Harvard Medical School, and Chief of Gerontology at Boston’s Beth Israel Hospital.
The Aetna Golden Medicare Plan is a Medicare Advantage plan. That means we can administer health care benefits for Medicare beneficiaries through a special contract with the federal government. When you enroll in the Aetna Golden Medicare Plan, Medicare pays us a set amount of money for your covered care every month. In return, we manage your Medicare coverage within our network of health care providers. This funding arrangement allows us to provide more health care benefits than Original Medicare and many supplements. It’s that simple.
How Does It Work?

Using Network Providers

Primary Care Physician

As a member of the Aetna Golden Medicare Plan, you will need to select a network primary care physician (PCP). A PCP is an internist or general practitioner who knows your medical history and coordinates all of your covered care. Your PCP will play a very important role in your health care.

Your PCP will:
- Provide routine and preventive care.
- Treat you for illness and injuries.
- Help you make important medical decisions.

Considering the size of our network, your doctor may already be participating with us. Just check the Provider Directory that accompanies this brochure or ask your sales representative for assistance. If your doctor isn’t in our network, we’ll help you find one who meets your needs. You may also use DocFind® on our website (www.aetna.com) to locate a physician close to your home.

If you’re not happy with your doctor for any reason, you may always select another PCP.

Specialist and Hospital Care

As the coordinator of your care, your PCP will refer you to a network specialist or facility when needed. You must have a referral from your PCP to receive coverage for any services the specialist or facility provides, except for emergency and urgent care. Those benefits described as direct access benefits do not require a referral. For your convenience, many primary care offices can electronically forward referrals directly to specialists.

You do not need referrals for:
- Routine visits to Your PCP
- Ob/Gyn care
- Annual mammograms
- Immunizations (pneumococcal and influenza)
- Emergency and urgent care
Direct Access Care

Because preventive care and overall wellness are so important, you do not need a referral from your PCP to be covered for the services outlined below.

Direct Access Gynecology Program

Our members can visit any network gynecologist without a referral for routine gynecologic care, including a Pap smear (when appropriate). Our members may also visit a network gynecologist without a referral for gynecologic problems and follow-up care. Your gynecologist may also issue referrals for specialized care or specific testing.

If your PCP belongs to a physician medical group (PMG), you may only visit a gynecologist within that group for routine gynecologic care, gynecologic problems and follow-up care without a referral. Also, your gynecologist may only refer you to certain specialists within the group.

Immunizations

You may receive influenza and adult pneumococcal vaccines from any network provider without a referral from your network PCP — at no cost to you, although a copayment may apply for the physician office visit.
Plan Benefits

The plan covers you for visits to your primary care physician, specialist care and authorized hospitalization — all with low or no Aetna Golden Medicare Plan premiums.

Through the U.S. Travel Advantage® program, you have access to the same benefits you receive at home when you travel to another plan-approved service area. The U.S. Travel Advantage program is available in a limited number of service areas.

You’re also covered for any emergency 24 hours a day, 7 days a week, anywhere in the world.

Special Health and Wellness Programs

Preventive care is the key to good health. Take charge of your health by taking advantage of our special health and wellness programs.

Wellness Programs

To assist members in staying “heart healthy,” we created Numbers To Know® to promote blood pressure and cholesterol monitoring. In addition, Aetna mails annual adult preventive reminders for vaccination programs against illnesses such as influenza and pneumococcal pneumonia.

Healthy Outlook Program®

Learn more about how to manage asthma, diabetes, heart problems and low back pain. Our Healthy Outlook Program provides you and your PCP with educational materials and information resources to help you learn how to develop healthier habits and improve your quality of life.

Cancer Screenings

It’s a fact ... early detection dramatically improves the chances of successfully treating cancer. That’s why we send our members timely reminders to have regular screenings for breast, colorectal and cervical cancers.

National Medical Excellence Program®

Through this unique program, we provide you access to nationally respected physicians and facilities if the appropriate treatment for your complex illness or injury is not available locally. When precertified, your care will be covered (less any applicable copayments), as well as your related transportation expenses. There is also an allowance for a companion. These program services must be precertified under the National Medical Excellence Program.

For a full explanation of benefits and limitations, please refer to the Summary of Benefits located in the back pocket of this brochure.
Informed Health® Line

Staying informed is one step you can take toward meeting the challenge to stay healthy. Our 24-hour, toll-free Informed Health Line is your direct link to a team of experienced registered nurses who can provide health information and support on a variety of health issues — anytime, day or night. They can provide health information on more than 5,000 health topics, prevention and self-care information, how to prepare for an office visit and information regarding treatment options. You may also access an audio health library, which includes 2,000 topics in English and 1,580 topics in Spanish. Informed Health Line nurses cannot diagnose, prescribe or give medical advice. Contact your doctor first with any questions or concerns regarding your health care needs.

Aetna InteliHealth®

Our award-winning health information site, located at www.intelihealth.com, is a premier provider of online consumer-based health, wellness and disease-specific information. In addition, members can search a drug database and register for condition-specific e-mails.
Joining Our Plan Is as Easy as 1-2-3

Eligibility

Just like Original Medicare, you must meet certain federal requirements in order to qualify for the Aetna Golden Medicare Plan.

1. You must be entitled to Medicare Part A and enrolled in Medicare Part B.

2. You must reside in the Aetna Golden Medicare Plan service area.

3. If you have end-stage kidney disease, you are not eligible unless you are currently a member of an Aetna commercial HMO plan or have had a kidney transplant within the past 36 months.

Enrolling

Once you know that you qualify for the plan, follow the three simple steps on the right to enroll.

When we receive your Enrollment Form, we will send you a written confirmation and inform you of the effective date of your coverage.

Your Aetna Golden Medicare Plan ID card will be sent to your home. In addition, you will receive a Member Handbook and Evidence of Coverage that help explain your health care coverage in detail. Review these documents carefully, as they govern the terms and conditions of your coverage.

We are here to serve you. If you have any questions, please call the number at the top right corner of the next page and a representative will be happy to help you.

STEP 1

Select your primary care physician and dentist (if applicable) from the enclosed Provider Directory.

STEP 2

Complete the entire Enrollment Form. Be sure to read the Release Authorization statements where indicated. Sign and date the form. Keep the copy marked “applicant” for your records.

STEP 3

Mail the Enrollment Form using the enclosed postage-paid reply envelope.
To help you complete your enrollment, we’ve included:

- Summary of Benefits
- Provider Directory
- Enrollment Form*
- Postage-Paid Reply Envelope

*Please be sure to complete this form in its entirety before mailing.

Questions? Call 1-800-832-2640/TDD 1-800-628-3323 or visit our website at www.aetna.com
You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable. You must use network providers except for emergent care or out of area urgent care/renal dialysis. Coverage is provided through a Medicare Advantage organization with a Medicare contract and benefits, limitations, service areas and premiums are subject to change on January 1 of each year.

“Aetna” is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. Benefits are provided or administered by Aetna Health Inc. or Aetna Health of California Inc.