

Aetna Medicare OpenSM Plan Frequently Asked Questions

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1. About the Aetna Medicare Open Plan

Q. I understand the Aetna Medicare Open Plan is a Private Fee-For-Service Plan. What does this mean?

A. A Private Fee-For-Service plan is a Medicare Advantage plan offered by a private insurance company under contract to the Medicare program. The Aetna Medicare Open Plan is a Private Fee-For-Service Plan. Medicare pays a set amount of money every month to the Private Fee-For-Service organization (Aetna, in this case), to arrange for health care coverage for Medicare beneficiaries who have enrolled in the plan.

Q. What are the benefits of the coverage provided under Aetna Medicare Open Plan compared to Original Medicare?

A. The Aetna Medicare Open Plan (as well as the Traditional Choice Indemnity Plan) offers an important limit to a member's liability. After the deductible is met, the plan limits out-of-pocket expenses to \$3,000 per year. Under Original Medicare, a retiree's liability is open ended. In addition, the Aetna Medicare Open Plan offers certain enhanced benefits such as 100 percent coverage for preventive care, as well as many new programs and services such as Disease Management, MedQuery, Case Management, Health Risk Assessment.

Q. Do I need to continue to pay my Medicare Part B premium?

A. Yes. You must continue to pay your Medicare Part B premium while participating in the Aetna Open Medicare Plan.

Q. Can I elect the Traditional Choice Indemnity Plan instead of the Aetna Medicare Open Plan?

A. No, you automatically will be enrolled in the Aetna Medicare Open Plan, unless you elect to opt out of Aetna's medical plan. However, you will not be enrolled in the Aetna Medicare Open Plan if you live outside of the United States.

If your provider does not accept the Aetna Medicare Open Plan and you have been able to confirm this with Aetna Medicare Member Services, you may elect the Traditional Choice Indemnity Plan. See more information on the process to follow below in "About Providers".

Q. My spouse is covered under a pre-Medicare plan. Does my participation in the Aetna Medicare Open Plan affect my spouse's coverage?

A. No. Participation in the Aetna Medicare Open Plan does not affect a pre-Medicare dependent's current coverage. Your spouse's eligibility is determined by your participation in a medical and/or prescription plan through Aetna. If you opt out of all medical/prescription plans, your spouse is not eligible for medical coverage.

Q. How do the Aetna subsidies apply to the Aetna Medicare Open Plan premium? If I don't elect retiree medical coverage, will my subsidy apply to prescription drug coverage only?

A. There is no change to the retiree's subsidy percentage under the plan. Aetna applies the applicable subsidy to the medical and prescription drug coverages selected, including stand-alone prescription drug plans. The subsidy cap, if applicable, will still apply.

Q. How can the Aetna Medicare Open Plan premiums be less expensive when Aetna is the primary payer of my claims?

A. Medicare reimburses Aetna directly for estimated Part A and B claims for this plan. Based on projections, the reimbursement, coupled with Aetna's programs and services, allows Aetna to pass the better financial arrangement to our retirees. As always, the claim experience will determine if the premiums for this coverage will increase in future years.

Q. Is this an insured offering, with Aetna at risk?

A. Yes, while Aetna does receive a payment from Medicare, it is not dollar-for-dollar. Aetna is at risk for the actual Part A, Part B and supplemental claims incurred by Aetna retirees.

Q. My husband is still actively employed and we are covered under his employer's health insurance. Which coverage is primary?

A. The Aetna Medicare Open Plan is considered a Medicare Advantage Plan. If you are covered under another group plan by a spouse or domestic partner who is actively employed, that plan will be considered primary for you, and the Aetna Medicare Open Plan will be considered secondary.

Centers for Medicare Services requirements do not allow you to be enrolled in two Medicare Advantage plans at the same time. If you are currently enrolled in a Medicare Advantage plan under a spouse or domestic partner, you automatically will be disenrolled from that Medicare Advantage plan when you are enrolled in the Aetna Medicare Open Plan.

Q. The way I understand it, my hospital benefit is handled differently under the Aetna Medicare Open Plan than original Medicare. Can you explain how this works?

A. If you were to be admitted to the hospital, Medicare Part A would cover a "semiprivate room, meals, general nursing and other hospital services and supplies." Meanwhile, Medicare Part B would cover "Doctors' services, inpatient and outpatient medical and surgical services and supplies, physical, occupational and speech therapy, diagnostic tests, and durable medical equipment (DME)."

A large hospital claim is likely to generate a combination of Part A and Part B claims. Under Medicare, the member is responsible for a \$1,068 deductible per occurrence (up to 6 occurrences per year) on hospitalizations. Medicare pays 100 percent until the benefits phase out between 61-150 days. After 150 days, the member is responsible for all costs. In addition, the member is responsible for the one-time, \$135 Part B deductible as well as 20 percent coinsurance on all Part B claims.

With the Aetna Medicare Open Plan, Part A and Part B deductibles are combined into a single \$300 deductible for 2009, with 20 percent member coinsurance. This plan does not phase out with higher claims; in fact, coverage improves by picking up all costs when the \$3,000 out-of-pocket limit is met. Once the out-of-pocket limit is met, costs related to a specific hospitalization, and all remaining covered medical costs for the rest of the year are covered 100 percent.

If a single, large Part A-only hospital claim was the only claim a member submitted in the year – and there were no hospital claims classified as Part B and no follow-up lab tests or physician visits – the Medicare plan could pay a greater benefit. However, average Part A and Part B claims for a Medicare-eligible retiree are in excess of \$11,000 per year with over 75 percent from Part B, so the single hospitalization example is uncommon and not a good basis for comparing the plans.

Q. How does coordination of benefits work under the Aetna Medicare Open Plan?

A. Under the Aetna Medicare Open Plan, Aetna essentially becomes the original Medicare payor and supplemental payor combined. Note: If a member has a second coverage, the member will still need to send the paid claim information to the second insurer.

Q. Does the Maintenance of Benefits (MOB) feature apply under the Aetna Medicare Open Plan?

A. No. Under the Aetna Medicare Open Plan, Aetna pays the Medicare benefit, so the MOB feature does not apply.

2 Medigap and Supplemental Coverage Plans

Q. I have Medigap coverage. How will that be affected by the Aetna Medicare Open Plan?

A. The Aetna Medicare Open Plan will be your primary plan, meaning it will pay benefits first. As a Medicare Advantage Plan, the Aetna Medicare Open Plan insures your Medicare benefits on behalf of Medicare. Therefore, Medicare will no longer pay for any of your health care. Typically, Medigap plan coverages provide a lesser benefit than the Aetna Medicare Open Plan. The Aetna Medicare Open Plan includes supplemental coverage similar to the Traditional Choice Indemnity coverage (i.e., catastrophic coverage for all medical costs each year in excess of the first \$3,000 that you pay out-of-pocket).

If you have Medigap coverage in addition to your Aetna coverage, you should contact the carrier for your Medigap plan (or secondary coverage) for additional details about how your Medigap plan (or other secondary coverage) will coordinate with the Aetna Medicare Open Plan, if at all. You also may have additional coverage through a spouse's plan; if so, contact the carrier of your supplemental plan directly for details about how your supplemental plan will coordinate with the Aetna Medicare Open Plan.

Q. Should I purchase Medicare supplemental coverage with the Aetna Medicare Open Plan?

A. The Aetna Medicare Open Plan is a Medicare Advantage Plan and is considered your primary coverage. Under Medicare Advantage plans, there is no need to purchase a Medigap policy. You should check with Medigap carriers for further details, or go to www.Medicare.gov for more information.

True Medicare Supplemental Policies (i.e. Medigap Policy Types A-L) are structured plans that the Center for Medicare Services regulates and will not pay benefits on any claims that are processed by a Medicare Advantage Organization. The Aetna Medicare Open Plan pays claims on behalf of Medicare so there are no "Medicare balance or coverage gaps" for the plan to cover.

Q. What should I do if I already have a Medicare Supplemental Policy Type A-L?

A. Since a Medicare Supplemental Policy (Medigap Policy Type A-L) will not pay any additional benefits after the Aetna Medicare Open Plan, you have two options. The first option is to remain in the Aetna Medicare Open Plan and drop the Medicare Supplemental Policy. The second option is to drop the Aetna Medicare Open Plan, remain in traditional Medicare and keep your Medicare Supplemental Policy.

Remember that you must remain in either the retiree Aetna medical or prescription plan to retain your Aetna eligibility, your dependent's eligibility and company subsidy, if eligible, in the future.

Q. What if I have another, non- Medicare supplemental plan?

A. If you have additional insurance coverage or have purchased a supplemental policy, you should speak to the carrier that maintains your policy to learn how it will assist you in paying benefits after the Aetna Medicare Open Plan pays benefits. You should refer to the Aetna Medicare Open Plan as your Medicare coverage and ask how the supplemental policy will coordinate with this Medicare Advantage coverage.

3. About Providers

Q. Who can I call to find out whether my provider accepts the Aetna Medicare Open Plan?

A. To find out if your provider will accept the Aetna Medicare Open Plan, you should first call your provider. Explain to your provider that you are enrolling in a plan under Aetna that is a Medicare Private-Fee-For-Service plan. If your provider needs more information about the plan, he or she should call the Aetna Provider Service Center at 1-800-624-0756 or visit www.aetna.com.

Q. My provider has informed me that he does not accept the Aetna Medicare Open Plan. What should I do?

A. Aetna has done widespread provider education and outreach in support of the Aetna Medicare Open Plan, and most providers, when educated about the plan, accept it. However, in some cases additional provider education is needed and in a few cases, providers may not accept the plan. If your provider does not accept the Aetna Medicare Open Plan, you should contact Aetna Medicare Member Services at 1-888-972-3862 Monday through Sunday, between 8:00 a.m. - 8:00 p.m., all time zones. When you call, a representative will record your provider's information. A regional provider services team member will call your provider's office to educate him about the plan. A representative will then contact you to discuss your options, based on the outcome of the call.

Q. What if Member Services then informs me that my medical provider will not accept the Aetna Medicare Open Plan?

A. If your provider will not accept the Aetna Medicare Open Plan, Member Services may identify alternate providers who offer the medical services that meet your needs. If the identified providers are acceptable to you, then you can remain in the Aetna Medicare Open Plan.

If Member Services was not able to find an alternate provider acceptable to you who agrees to the plan's terms and conditions, and offers the services you need, then you must call the Aetna Retirement Service Center if you wish to be disenrolled in the Aetna Medicare Open Plan. At the same time, you may elect to be enrolled in the Traditional Choice Indemnity Plan.

If you choose to be enrolled in the Traditional Choice Indemnity Plan, your participation will begin on the first day of the month, following provider services' contact with your provider and your phone call to the Aetna Retirement Service Center. For example, if you call the Aetna Retirement Service Center on May 12, the plan change will become effective June 1.

You will need to meet a new deductible when your participation in Traditional Choice Indemnity begins as this is a new plan and any previous deductible you met under the Aetna Medicare Open Plan cannot be transferred.

Q. Can I receive care from my provider in the interim?

A. Yes, during the interim, while you are returning to the Traditional Choice Indemnity Plan and prescription drug coverage (if applicable), you should continue to seek needed medical care from your health care providers and Aetna will pay claims for covered services according to Medicare allowable rates. A letter is available for you to give to your provider in this situation. You can obtain this letter by calling Member Services at 1-888-972-3862. During this interim period, your Aetna Medicare Open Plan ID card will continue to be your identification card for medical care and pharmacy purposes (if applicable).

Q. If a provider accepts Original Medicare, must he or she also accept the Aetna Medicare Open Plan?

A. No. Except in an emergency, providers who participate in Original Medicare are not obligated to accept the Aetna Medicare Open Plan.

3. About Claims

Q. What do I need to do when I visit my provider's office when I am covered under the Aetna Medicare Open Plan?

A. Show your ID card to the doctor or office manager during your next visit. This will give your provider the necessary information to file your claim with Aetna.

Q. I am unsure of where to mail my claims. Please confirm where to submit claims.

A. You do not need to submit claims to Aetna when covered by the Aetna Medicare Open Plan. Your provider should submit claims on your behalf to Aetna. The provider first sends the bill to Aetna. Then payment goes back to the provider and, if there is member responsibility, the provider then bills you. All addresses, if needed, are on the back of your ID card(s).

Q. Will Medicare's Fair Hearing process apply with the change to the Aetna Medicare Open Plan?

A. As with all Medicare Advantage plans, the Center for Medicare Services (CMS) requires that Aetna follow a standard grievance process and the Medicare Advantage Member Appeal Rights. CMS requires Aetna to track and report on all plan grievances and appeals. With this process, you have the right to an appeals and grievances procedure. Details are provided in the member handbook and Evidence of Coverage Document. You can also access the member grievances and appeals process on Aetna's website at www.aetnamedicare.com or you may contact Aetna Medicare Member Services at 1-888-972-3862.