Answers

Have questions about Medicare? We have answers.

AetnaMedicare.com

◆aetna[™] medicare solutions



New to Medicare? Let's start simply.

There's a lot to know about Medicare. In this brochure, we answer the questions we hear most. More questions may come up as you read this. If they do, our Medicare representatives are available to help answer them. Taking advantage of their expertise in Medicare can be one of the quickest ways to make sure you get the quality care and coverage you deserve.

Ready to learn your ABCDs of Medicare?

We're ready to help make it easy.



The ABCDs of Medicare



What is Medicare?

Medicare is a health insurance program that has four basic parts: Parts A, B, C and D. Here's an overview of each part's coverage benefits — and more.

Part A (hospital insurance):

- Covers inpatient care in hospitals and rehabilitation facilities (includes X-rays, surgeries and radiation treatment)
- Covers skilled nursing facility, hospice and home health care
- Most people won't pay a premium for Part A

Part B (medical insurance):

- Covers doctors' services, hospital outpatient care, ambulance services and home health care
- Covers preventive services
- You pay a monthly premium (usually deducted from your Social Security check)

Together, Parts A and B make up Original Medicare *(provided by the federal government).*





Part C (Medicare Advantage plan):

- Covers Medicare Parts A and B, and often Part D
- May also offer additional benefits
- You may pay a monthly premium to a private plan
- You continue to pay a premium to the federal government for Part B
- Caps your out-of-pocket spending to protect your finances
- May require you to see network doctors or specialists

Part D (Medicare prescription drug plans):

- Only covers prescription drugs
- You may pay a monthly premium to a private plan
- A Part D plan can be purchased separately to go with Original Medicare
- Often included in a Medicare Advantage plan

Additional coverage (offered by private insurers).





What is Original Medicare (Parts A and B)?

Original Medicare makes up the first two parts of Medicare: Part A (hospital insurance) and Part B (medical insurance). Unlike Parts C and D, the federal government *directly provides* Original Medicare benefits. What you pay depends on factors such as whether or not your doctor accepts Medicare, the type of care you need and how often you need it.



Am I eligible for Original Medicare?

You're eligible for Original Medicare (Parts A and B) if you:

- Are age 65 or older
- · Are under age 65 and have certain disabilities
- Have end-stage renal (kidney) disease (called ESRD)
- Original Medicare doesn't cover prescription drugs or cap your annual out-of-pocket spending for medical care. This means there's no limit to the expenses you may have to pay each year for medical services.





I didn't know that Original Medicare doesn't pay for everything. What can I do to help protect my savings?

There are options that can help:

• You can purchase a Medicare Supplement plan. For a monthly premium, this additional insurance covers a portion of health care costs not covered by Original Medicare. Even deductibles and coinsurance payments.

OR

• You can choose a Medicare Advantage plan (Part C). Learn about Medicare Advantage plans on the next page

How your health costs break down with Original Medicare

- Original Medicare covers a portion of your health care costs
- You pay the rest (no out-of-pocket cost maximum)





What is a Medicare Advantage plan (Part C)? How can it help me?

Medicare Advantage plans (Part C) combine Part A and Part B benefits, and

usually Part D, in one plan. That's coverage for hospital and medical care, as well as prescription drug coverage. Private insurance companies offer all Medicare Advantage plans. They have a contract with the federal government. You may find that a Medicare Advantage plan suits your budget and lifestyle better than Original Medicare alone.

When you choose Medicare Advantage, the plan will cover:

- Your Medicare Parts A and B
- All the same benefits as Original Medicare and often extra benefits, like vision or dental care
- Prescription drug coverage (Part D), with most plans

And you may pay less:

- An out-of-pocket cost maximum limits the expenses you may pay each year for medical services
- Medicare Advantage plans can have a low-or-no monthly premium (but remember, you must continue to pay your Part B premium)
- Important to note: You must have Parts A and B before you can enroll in a Medicare Advantage plan. You can sign up for Parts A and B through Social Security at www.socialsecurity.gov, by phone at 1-800-772-1213 or in person at your local Social Security office. To learn more, visit www.medicare.gov.





Is a Medicare Advantage plan right for me?

You may want to consider a Medicare Advantage plan if:

- · You want a cap on your annual out-of-pocket spending for medical care
- You like the idea of including your medical, hospital and prescription drug coverage under one plan
- You want an alternative to supplementing your Original Medicare coverage with more insurance
- You want extra benefits that Original Medicare doesn't cover, like vision or dental coverage

To discuss how a Medicare Advantage plan may be the answer for you, call an Aetna Medicare representative today.

Remember, we're here to help.





Does Aetna offer Medicare Advantage plans (Part C) that meet my needs?

Aetna Medicare Advantage plans may offer the following benefits:

- No-or-low monthly premiums
- Medical (Parts A and B) and prescription drug coverage (Part D) in one plan
- Extra services, such as vision and dental care, a fitness club membership at no extra cost, special discounts and more

As you explore Medicare Advantage options in your area, you'll see that benefit details offered are unique to each plan. You choose the coverage that matters to you most and works for your budget.

Ready to learn about our range of Aetna Medicare Advantage plans? To find one that's right for you, call us today:

1-833-270-4614 (TTY: 711)

This number will take you to a licensed sales agent. 8 AM to 8 PM, seven days a week, from October 1 - March 31 8 AM to 8 PM, Monday - Friday, from April 1 - September 30.

Or visit www.aetnamedicare.com



Understanding your options and when to apply



Can you sum up the Medicare options I have?

For the most part, you have four different options to get your Medicare coverage:

Option 1:

Get Original Medicare (Parts A and B) from the federal government

and

Pay out of pocket for the costs not covered by Original Medicare



Option 2:

Get Original Medicare (Parts A and B) from the federal government

and

Purchase a Medicare Supplement plan from a private insurer

or

Purchase a prescription drug coverage (Part D) from a private insurer

A B Med Sup

Option 3:

Get Original Medicare (Parts A and B) from the federal government **and**

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Purchase a Medicare Supplement plan from a private insurer

and

Purchase prescription drug coverage (Part D) from a private insurer

A B D Med Sup

Option 4:

Get a Medicare Advantage plan (Part C) from a private insurer for Parts A, B, and usually D, all in one plan — plus, possible extras



Of course, there are other factors that should play into your final decision. But thinking of your choices in these broad terms may help.

Please refer to pages 3 and 4 for details about these Medicare options.





Do I need to apply for Medicare?

You don't need to apply for Medicare if you are already getting Social Security benefits or railroad retirement checks.

- The Social Security Administration will automatically enroll you in Medicare Parts A and B. However, because you must pay a premium for Part B coverage, you can choose to turn it down. If you decide to enroll in Part B later on, you *may* have to pay a late enrollment penalty.
 - **a.** You do need to apply if you are not receiving Social Security benefits or railroad retirement checks.
- You should contact Social Security about three months before your 65th birthday to sign up for Medicare. You can sign up for Medicare even if you don't plan to retire at 65.

Your initial enrollment period for Medicare begins three months before your 65th birthday, includes the month you turn age 65, and ends three months after that birthday.







Should I enroll in Part B?

If you don't enroll in Medicare Part B during your initial enrollment period, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Your monthly premium will go up 10 percent for each 12-month period you were eligible for Part B, but didn't sign up for it.

But, if you have medical coverage through an employer based on **current employment**, you may not need to sign up for Medicare Part B at age 65. You may qualify for a Special Enrollment Period (SEP) that will let you sign up for Part B later.



We hope this FAQ has been helpful.

Learning about Medicare takes time. We encourage you to reach out to us with any questions or concerns. Like you, we want you to get the best coverage you can. To help make sure you do, our Aetna Medicare representatives are on hand to be certain you understand your options — and know the specifics of any Aetna plan you may be considering.

Whether you choose Original Medicare or a Medicare Advantage plan, we're here to support you through your decision process. Give us a call today.

Want to talk? Need more answers?

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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. 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. 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. The Part B premium is covered for full-dual members. Our dual-eligible Special Needs Plan is available to anyone who has both Medical Assistance from the state and Medicare. Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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