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Key Points to Remember In New Aetna Medicare Open

*It's in your best interest:
Stay on top of the new coverage!*

April 1 is the day the new Aetna Medicare Open Plan replaces your Traditional Indemnity Plan. Highlighted below are some of the most important points to remember, or to do, in connection with this changeover.

CARDS

- Aetna promises to mail your new Aetna Medicare Open Plan card by April 2.
- Until you receive your new card, your existing Medicare, Aetna Indemnity Card and Aetna Rx or Rx Plus cards will be proof of coverage for any medical services you may need.
- If you prefer, you may print out a copy of a new card for yourself (and your dependents) by going to the Aetna Navigator web site which may be accessed from the Aetna Retiree Connection Web Site (aetnaretireeconnection.com). This option will be available beginning April 1.
- If you have not received your new card by April 6, call Aetna at (1-888-972-3862) for a replacement.
- Do not throw away your existing Medicare card. Keep it in a safe place

as you may need it for identification or medical coverage in the future.

PREMIUMS

- The Social Security Administration (SSA) will continue to collect your Medicare Premium from your monthly Social Security check.

Aetna has mailed benefit and premium information to all participants. The premium for the new Open Plan is slightly less than for the Traditional Indemnity Plan.

PROVIDERS

- Attached is a letter to providers and a sheet of instructions to follow if one of your medical providers decides not to participate in the Open Plan. You may show the letter to providers to explain the new plan.
- ARA has not received a list of participating providers from Aetna, and

Aetna does not have a list available on telephone service sites or on Aetna Navigator. (Aetna is exploring ways to indicate which doctors are Open Plan participants on Doc Find, but this will probably be sometime in the future.)

- You may continue to use the medical providers you are already using and new ones you may select. If any of them do not accept the Open Plan, you should follow the steps outlined in the Flip-Back section of this issue. This will give you the option to change provider(s), return to the Traditional Indemnity plan, or opt out.
- Even if your provider does not accept the new Open Plan, you may receive services and Aetna will pay the claims on the standard Medicare basis.
- Many members receive community medical services such as flu shot clinics. If the clinic is free, there will be no cost to you or the plan. If payment is requested, you may present your Aetna Medicare Open Plan card and the charge will be paid by the plan. In either case, there will be no charge to you.
- All providers who accept the new Open Plan will be considered "in network" for Open Plan coverage. There will be only one class of provider who accepts the coverage.
- At least one provider has agreed to participate in the Open Plan but only for Aetna retirees. When you ask your providers about participation, be sure to tell them that you are an Aetna retiree. It may make a difference.

MEDICAL SUPPLIERS

- Aetna reports that mail order vendors Byram Health Care and Sterling will both accept the Aetna Medicare Open Plan for covered durable medical

equipment such as diabetic supplies. In addition, members can obtain diabetic supplies through a retail pharmacy. There is no co-pay in either case.

THE FLIP-BACK

- If you learn that one or more of your regular providers do not accept the Open Plan, contact Member Services (1-888-972-3862) and provide them with the name, address and phone number of the provider.
- Member Services will contact your provider, and then contact you within 48 hours to confirm that outreach has been made. If a definite answer is not immediately forthcoming from your provider, the Aetna representative will ask if you want to be given an update weekly or wait until the question is resolved.
- If Member Services is successful in convincing your providers to accept the Open Plan, then you will be able to remain in it.
- If unsuccessful, Member Services may inform you of other potential providers who will accept the plan. You are not required to accept the alternate provider.
- **If you have one or more non-participating providers, you may elect to call Aetna Retiree Connection (1-800-238-6247) and request a change back to the Traditional Choice Indemnity Plan.**
- Your transfer will be effective the first day of the following month.
- In the interim, Aetna will pay covered medical expenses according to Medicare allowable rates – you will be covered.

- Even if you discover that a health provider is non-participating when you arrive for an appointment, you may receive services and Aetna will pay the claim.
- No insured will be partly in both plans. You must be in the Open Plan or flip back to the Indemnity Plan.

DENTAL AND PHARMACY COVERAGES

- If you have either dental and/or pharmacy coverage in March, you will continue to have that same coverage for the rest of 2007. The switch to the Open Plan does nothing to change that coverage.
- The Aetna pharmacy coverage will be rolled into the Open Plan. Your Open Plan card will cover both medical and prescription drugs.
- If you have dental coverage, continue to use the card you received at the start of the year.
- If you elected the preventive dental option as a part of your indemnity coverage, that coverage will be rolled into your Open Plan and your new card will be proof of that coverage.

CLAIMS PAYMENT

- Your deductibles from your Indemnity Plan will be carried over to the Open Plan. You will not have to meet a new deductible.
- Claims payment information on your existing Indemnity Card and your new Open Plan card will differ slightly – different Post Office Box numbers.
- However, Aetna becomes the “Primary” under the Open Plan. Providers will not

send claims to Medicare first. They will send the claims to Aetna who will act for Medicare and Aetna in paying claims.

- Aetna is committed to pay for the same covered services at the same levels as standard Medicare, except inpatient hospitalization which will be paid at 80% unlike Medicare’s 100%. Remember that Aetna’s out-of-pocket expenses cap will limit your annual exposure to \$3,000.
- Aetna will pay, in full, for certain preventive services that Medicare normally does not cover.

ADDITIONAL OR MEDI-GAP COVERAGES

- Still unresolved is the issue of claims handling for Medi-Gap or other forms of tertiary coverage. As soon as Aetna notifies us as to how this will be handled, we will pass the word to our members.

BE PERSISTENT AND CAREFUL

- Do not assume all is well. Double check. A request for service or for a change does not guarantee that it will happen when and as requested. Use the Aetna web sites and 800 numbers to verify your status or changes.

CONTACT ARA!

We welcome your comments, questions, ideas and letters to the editor. See mail and website addresses on page 1.

Dave Smith, Editor



Steps to follow if your provider does not accept the Aetna Medicare OpenSM Plan

Please follow these steps if you have checked with your provider and he or she is not familiar with or does not accept the Aetna Medicare OpenSM Plan:

Step 1:

Call Member Services at 1-888-97-AETNA (1-888-972-3862). Member Services will take your provider information, name, address and phone number. A trained provider relations representative will call your provider(s) and educate them about how the plan works and highlight the advantages of the Aetna Medicare Open Plan. This will be completed within 48 hours after receipt of your provider information.

Step 2:

Member Services will call you with an update about their discussion with your provider and one of the following actions will be taken:

- If your provider has agreed to accept the plan, then you can remain in Aetna Medicare Open Plan and you will not need to do anything further. If Member Services has identified a provider that accepts the Aetna Medicare Open Plan and offers the medical services that meet your needs **and is acceptable to you**, then you may change to the new provider and you can remain in the Aetna Medicare Open Plan.
- If your provider has decided not to accept the Aetna Medicare Open Plan at this time and it is important to you to continue to use that provider, **then you must** call the Aetna Retiree ConnectionTM to request to be returned to the Traditional Choice[®] Indemnity Plan that you were previously enrolled in for 2007. Your plan change will become effective the first of the month following the provider relations representative's outreach to the provider and your phone call to Aetna Retiree Connection.

Step 3

During the interim, while you are returning to the Traditional Choice Indemnity Plan and prescription 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. The attached letter should be given to your provider for this purpose. During this period, your Aetna Medicare Open Plan card will continue to be your identification card for medical care and pharmacy purposes.

If you are already in your provider's office when you learn that he or she is not familiar with or does not accept the Aetna Medicare OpenSM Plan, you may receive medical services from that provider at that time, and Aetna will pay for the services. The provider non-acceptance letter should be given to your provider for this purpose.

If you have any questions about this process, please contact Aetna Retiree Connection at 1-800-AETNA-HR (1-800-238-6247).



151 Farmington Avenue
Hartford, CT 06156

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**AETNA MEDICARE OPENSM PLAN
IMPORTANT INFORMATION ON AETNA RETIREE BENEFITS
PROVIDER NONACCEPTANCE**

Dear Health Care Professional:

Your patient, an Aetna retiree or beneficiary covered under the Aetna Retiree Medical group plan, has informed us that currently you do not accept the Aetna Medicare Open Plan (also known as private fee for service plan, or the "Plan"). If we have not done so already, one of our provider services representatives will be contacting your office to speak with you about the details and advantages of participating in the Plan.

If you still choose not to participate in the Plan, we ask that you provide covered services for this patient on an interim basis while we transition coverage. The Aetna retiree is permitted to elect to return to Original Medicare and the Traditional ChoiceSM Indemnity Plan, effective as of the first of the next month following the member's request.

Aetna will reimburse you for all covered services according to the Medicare-allowable rates. You should submit all claims to Aetna for payment under the Plan and applicable member coinsurance will apply. (Please keep in mind by agreeing to treat your patient during this interim period, you are not obligating yourself to accept the Aetna Medicare Open Plan in the future).

In brief, some of the advantages to providers accepting this Plan include:

- **All the benefits of Original Medicare and more**, such as unlimited hospitalization and full coverage of preventive services. Most options also include Medicare prescription drug coverage.
- **No precertification or referrals required.**
- **Simplified billing** – submit one bill to Aetna and receive one remittance. We pay claims directly to providers.
- **No contract required** – Aetna has decided to offer a non-network private fee for service plan and there are no contracts to sign before providing services to Plan members. Licensed providers who are eligible to receive payment under Original Medicare, who agree to provide covered services to Plan members, and have reasonable access to the Plan's Terms and Conditions of Participation, are considered participating in the Aetna Medicare Open Plan ("Deemed Providers").
- **Medicare-allowable rates paid for covered services rendered by Deemed Providers**, as more fully described in the Aetna Medicare Open Plan Reimbursement Grid, available online at www.aetna.com
- All categories of covered services will be paid according to the Medicare fee schedules and prospective payment systems (PPS) approved by the Centers for Medicare & Medicaid Services (CMS).

Contact us for more information

We would like to thank you for providing continued care for your patient. Please contact our Provider Service Center at 1-800-624-0756 or visit our website at www.aetna.com for additional details.

Sincerely,

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