



## Aetna Medicare 2012 Small Group Plans

### Frequently Asked Renewal Questions (FAQs)

Who can I call if I have questions about my Aetna Medicare group plan?

**You can call your broker directly, or call Aetna's Renewal Specialist Team at 1-888-277-1053 (option 5).**

What date is the paperwork due to Aetna for any renewal or change decisions?

**Aetna requires that you return all completed paperwork to our fax number at 1-866-637-4329 no later than October 14, 2011.**

If the information provided on the Medicare Confirmation page is incorrect, where can I submit my updates?

**You can provide your updates along with all completed paperwork to our fax number at 1-866-637-4329 no later than October 14, 2011.**

What if I'm not making any changes to my Plan?

**If Aetna does not receive a "Medicare Plan Sponsor Confirmation Page" or other written notice from you by October 14, 2011, we will assume your information is accurate and have elected to renew your 2012 Aetna group Medicare plan.**

What is required if we decide to non-renew our Aetna Medicare Advantage plan effective January 01, 2012?

**Aetna requires a Group's written request for disenrollment 45 days prior to the requested effective date to guarantee a January 01, 2012 termination date. Aetna must notify Group Medicare Advantage members at least 21 days prior to a full group termination that they will be disenrolled from our coverage and they have the option to enroll in an Aetna Medicare Advantage Plan as an individual member. If Aetna receives written request for disenrollment less than 28 days of the requested termination date, Aetna will extend the termination date for such Group Medicare Advantage coverage by one month in order to meet the required time frame for this member notification. Therefore if Aetna does not receive a written request for disenrollment by December 02, 2011, the Group Medicare Advantage coverage will terminate effective February 01, 2012.**

As the plan sponsor, do I need to submit a check with my signed renewal?

**No – you will be sent a bill each month that will indicate where you should remit your payment.**

Can my company offer two Aetna Medicare group plans?

**No – you may only offer one Aetna Medicare group plan for the coming year.**

Are Medicare applicants required to be enrolled in Medicare Part B to be eligible to enroll in an Aetna Medicare group plan?

**Yes – Medicare applicants must be enrolled in both Medicare Parts A and B and continue to pay their Medicare Part B premium to be eligible to enroll in and remain enrolled in an Aetna Medicare group plan.**



Will existing Medicare members be required to complete new enrollment forms in 2012?

**If you do not change the Aetna Medicare renewal plan for 2012, Medicare members will not be required to submit a new Medicare Enrollment Form for 2012. If you elect to offer a different Aetna Medicare group plan type (for example, Medicare Advantage HMO or PPO plan) in 2012, you, as the plan sponsor, must submit a completed 2012 Medicare Application to identify the specific plan that you select for 2012, and your Medicare members must each submit a new Medicare Enrollment Form.**

If I have married employees or retirees who wish to join our Aetna Medicare group plan, what would their rate be?

**All of the Aetna Medicare group rates are based on single-tier coverage. If an employee's spouse is eligible for Medicare, the spouse would pay the same plan premium as your Medicare-eligible employee.**

What benefits have changed with my Aetna Medicare group plan for 2012?

**The "2011-2012 Plan Comparison – Medicare Advantage Plans" provides a summary of your current 2011 Aetna Medicare group plan and the renewing Aetna Medicare group plan that will be offered in 2012 (2011 Aetna Medicare Renewal Plan). The Plan Comparison is located at <http://www.aetna.com/employer-plans/small-business/index-smallgroup.html>**

How do I find out the Aetna Medicare group plan premium rates for 2012 for a person living in a certain state and county?

**The document titled "2012 Medicare Advantage Member Premiums" shows the Aetna Medicare group plan premium rates for the Medicare Advantage HMO and PPO plans offered by Aetna. If a state or county is not shown, we do not offer a plan in that location.**

Are employees who worked for my company in the past eligible to enroll in the Aetna Medicare group plan I currently offer?

**Retirees of your company are eligible to enroll in your Aetna Medicare group plan. If you offer an Aetna Medicare group plan to one retiree, you must offer the Aetna Medicare group plan to all retirees.**

If a retiree lives in Florida during half the year, what is the retiree's Aetna Medicare group plan premium rate for 2012?

**The retiree's Aetna Medicare group plan premium will be determined based on his/her state of permanent residence, and where the retiree pays his/her federal taxes. However, if an Aetna group Medicare member resides outside of Aetna's approved Medicare group plan service area for more than six months, the member will be disenrolled from the Aetna Medicare group plan per federal regulations.**

Will my Aetna Medicare group plan rates be medically underwritten?

**No, your Aetna Medicare group plan rates will not be modified based on your group's medical conditions or medical history.**

What if my company's status under TEFRA has changed?

**Generally speaking, employers with 20 or more employees (each full-time, part-time, union and non-union worker counts as one employee) for each working day in each of 20 or more work weeks in the preceding or current calendar year are subject to TEFRA. If your company has grown to become subject to TEFRA, active employees who are Medicare eligible may no longer be eligible for the Aetna Medicare Advantage plan. Consult your tax professional regarding your status under TEFRA, and notify Aetna if your status has changed.**



What are the Medicare Secondary Payer (MSP) requirements applicable to active employees and retirees and their dependents with end-stage-renal-disease (ESRD)?

**You and Aetna must agree to comply with all MSP provisions set forth in federal laws, rules and regulations and CMS instructions that apply to you, our group Medicare Advantage and standalone Medicare prescription drug plans (Aetna Group Medicare Plans), and Aetna (MSP Requirements), including those MSP Requirements that apply to your active employees and retirees and their dependents who are Medicare beneficiaries diagnosed with ESRD (ESRD Beneficiaries). MSP Requirements provide that if an ESRD Beneficiary is eligible or entitled to Medicare based on ESRD, the commercial (non-Medicare) group health plan offered by his or her employer/union (GHP) must be the primary payer for the first 30 months of the person's Medicare eligibility or entitlement (the 30-month coordination period), regardless of the number of employees employed by you and regardless of whether the ESRD Beneficiary is a current employee or retiree. To allow Aetna and you to comply with these MSP Requirements, you must agree to confirm whether ESRD Beneficiaries are in their 30-month coordination period, and you may not seek to enroll ESRD Beneficiaries in an Aetna Group Medicare Plan during their 30-month coordination period unless coverage under the GHP is maintained for such ESRD Beneficiaries for that period. You will receive a group agreement from Aetna after renewal of your Aetna**

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer Medicare Advantage plan benefits coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Health of Illinois Inc. and Aetna Life Insurance Company. (Aetna)