

Ascend Virtual Sales Office (VSO) App & Value Based Enrollment (VBE) Program

A User Guide & Training Series



Full list of Ascend Training: This Topic Covers ...

- Getting Started with Ascend
- My Ascend Settings
- Adding a Lead
- Electronic Scope of Appointment (eSOA)
- Ascend Virtual Meeting Video
- Year Over Year Plan Change Tool
- Email a Quote (eKit)
- Pre-Filled Application and Digital Signature
- Blue Button
- Pharmacy Search
- Formulary Search
- Doctor Search
- Extra Help Eligibility
- Enroll a Prospect
- Initiating a Value Based Enrollment (VBE)
- The Agent Portal
- My Book of Business
- VBE Service Fees and Payments
- The Sandbox Mode

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What is the Ascend Virtual Sales Office (VSO)?



- Also known as the Ascend Mobile Application (AMA), or simply the Ascend app.
- It is a modular system with many functions designed to assist sales agents with:
 - Electronic scope appointment (eSOA)
 - Audio recording capabilities of your sales meetings
 - Remote Agent Telephonic Enrollment (RATE) capability
 - Electronic application submission

What is the Ascend Quote & Enrollment (AQE) Tool?

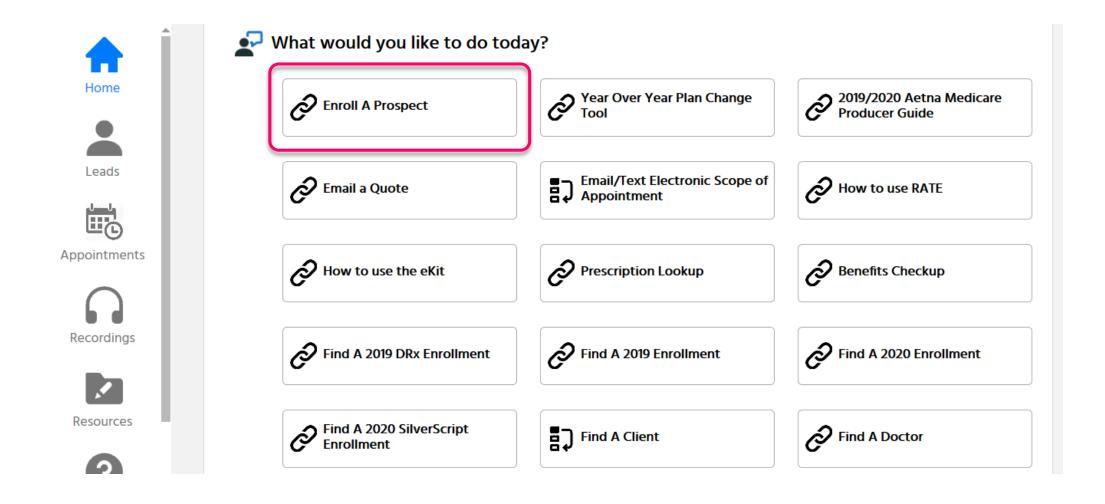
- A tool in Ascend that gives you the capability to compare plan info and choose the best plan for your prospect
- Ability to create your member profile with provider info, formulary and pharmacy choices
- Functionality to create and send an eKit, or text or email a
 Quote to your prospect
- Where you can complete and submit the online enrollment application





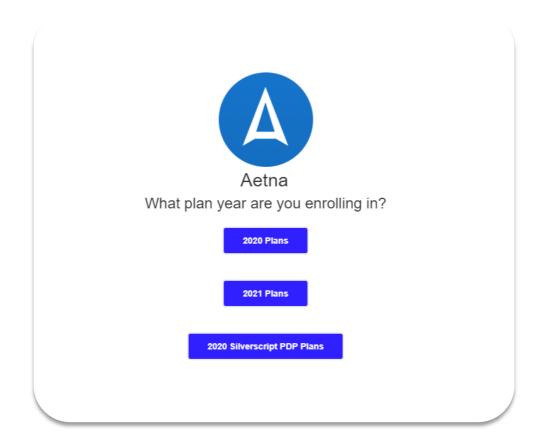
Pre-filled Application & Digital Signature

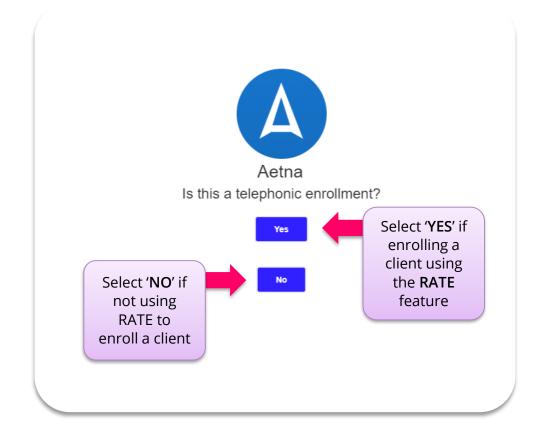
Click 'Enroll a Prospect'





Select appropriate plan year / plans



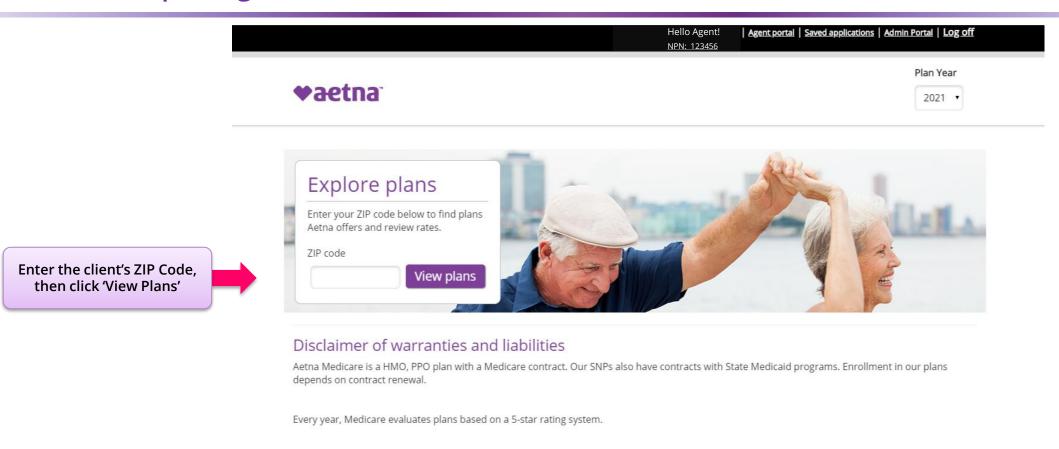




The Ascend quoting and enrollment tool

www.medicare.gov.

option to sign-up for automated mail-order delivery.]

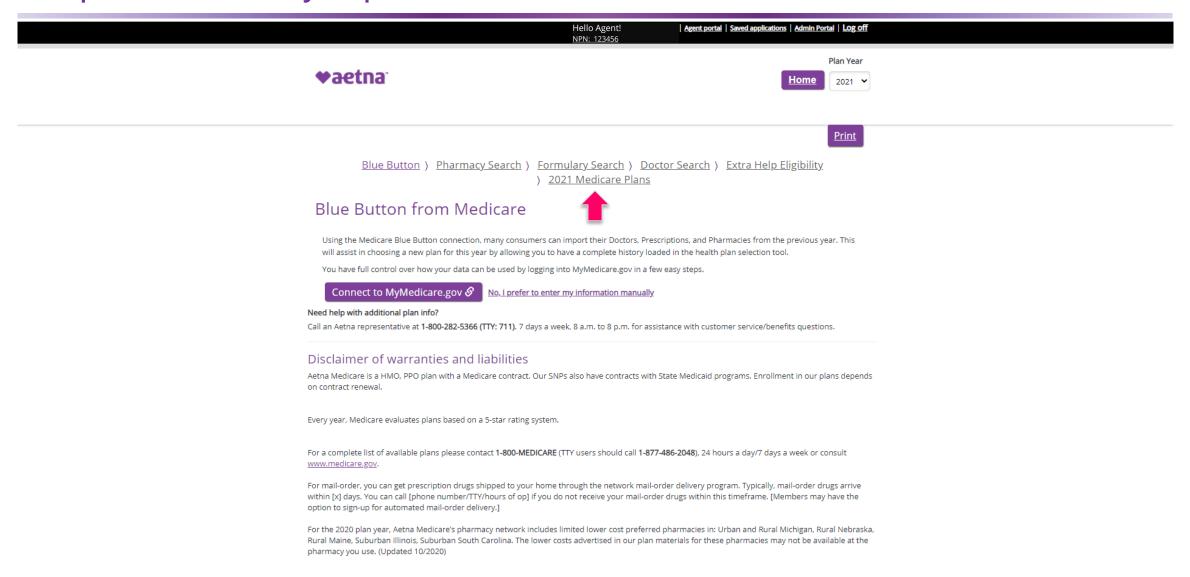




For a complete list of available plans please contact 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week or consult

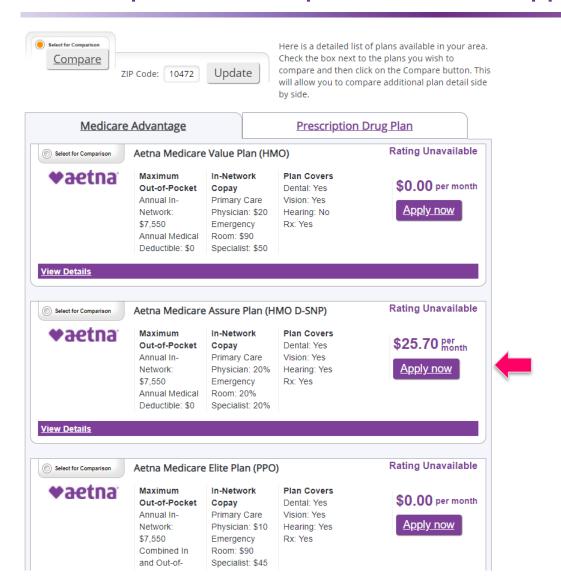
For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within [x] days. You can call [phone number/TTY/hours of op] if you do not receive your mail-order drugs within this timeframe. [Members may have the

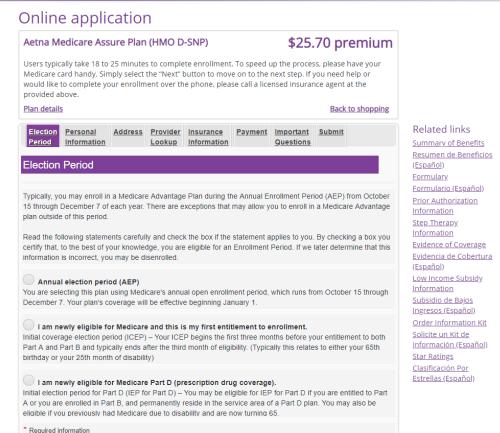
Complete all necessary steps, then select 2021 Medicare Plans





Select a plan and complete the online application form, then click "Send for Signature"





Need help with additional plan info?

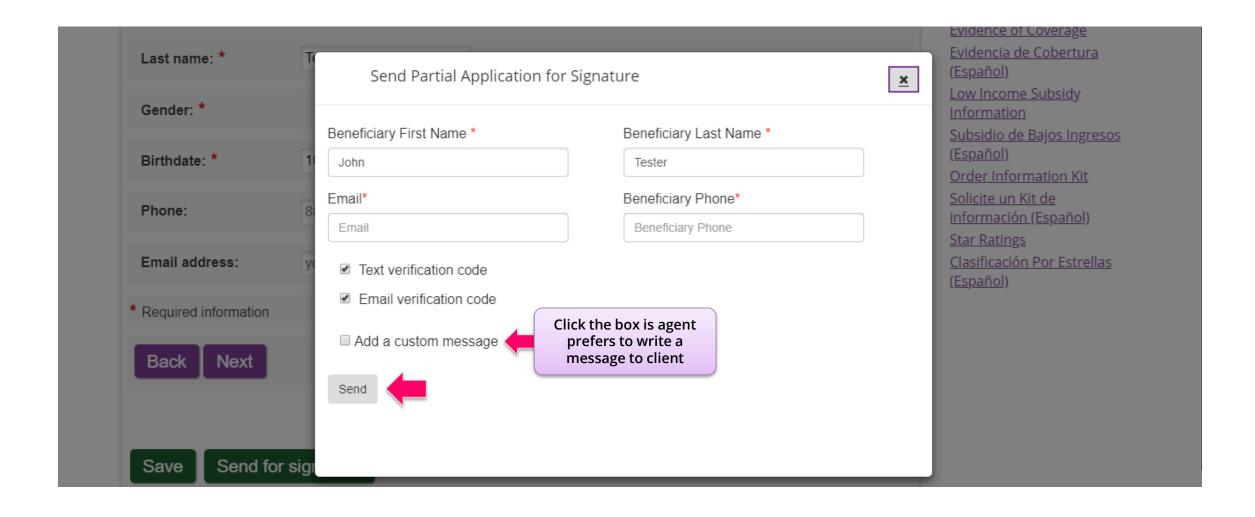
Send for Signature

Call an Aetna representative at 1-800-282-5366 (TTY: 711). 7 days a week, 8 a.m. to 8 p.m. for assistance with customer service/benefits questions.



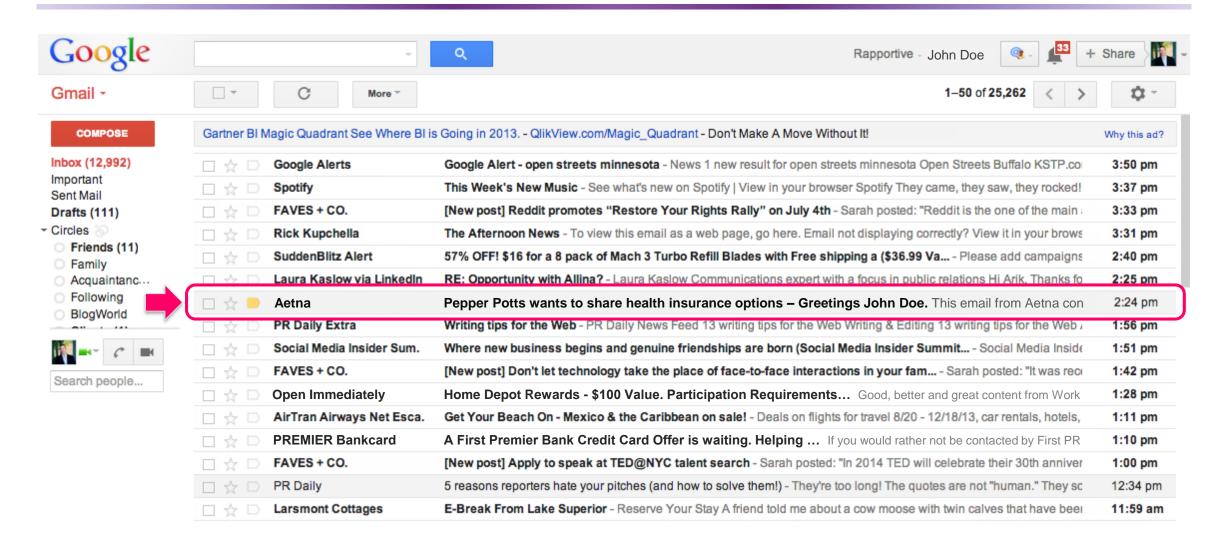
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Complete the required fields and click 'Send'



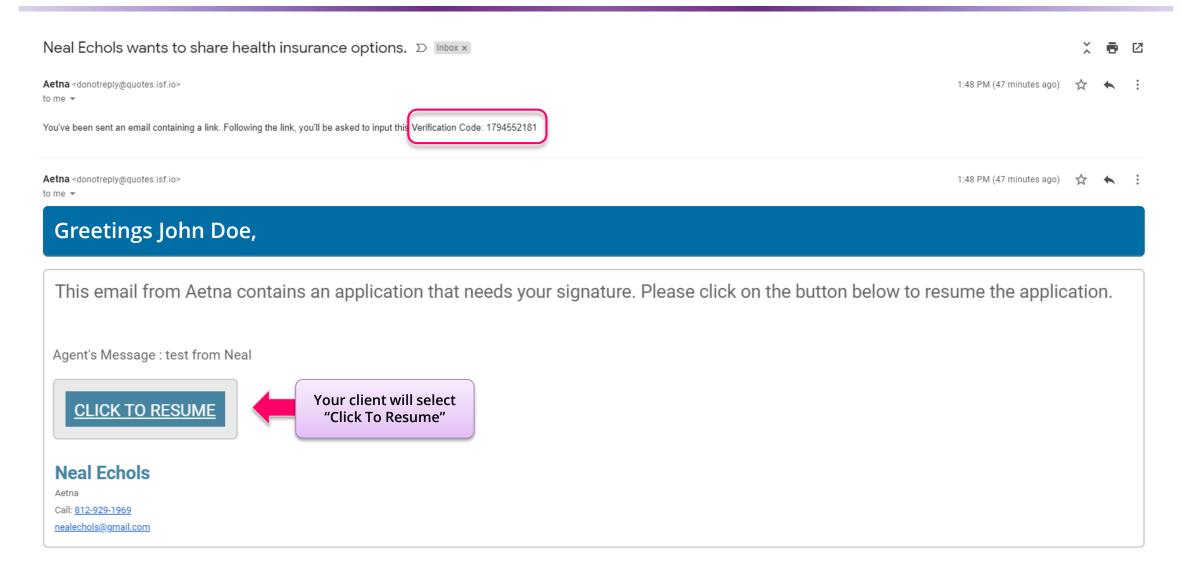


Email received by prospect in their inbox from 'Aetna'



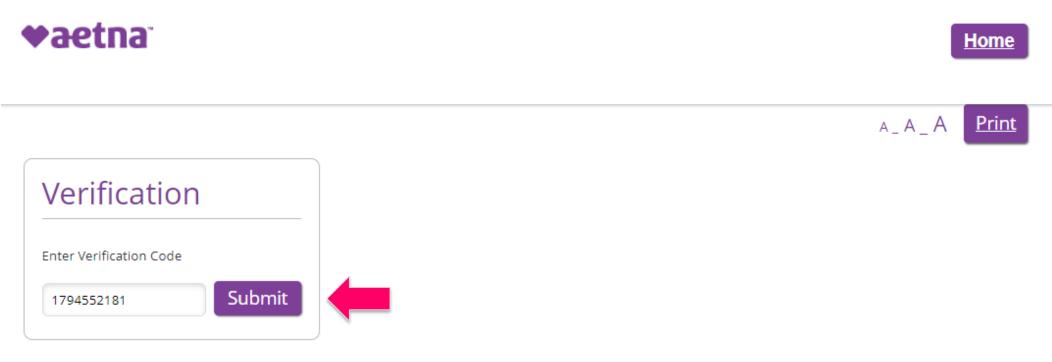


Email received by prospect with 'Verification Code',





Your client will enter the 'Verification Code' and click 'Submit'



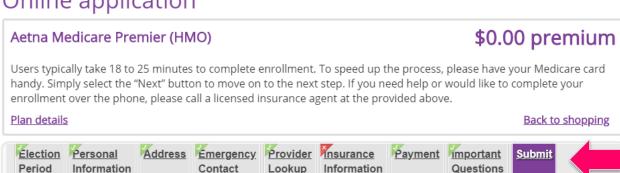
Need help with additional plan info?

Call an Aetna representative at 1-800-282-5366 (TTY: 711). 7 days a week, 8 a.m. to 8 p.m. for assistance with customer service/benefits questions.



Your client may proceed to the 'Submit' after reviewing all the tabs, then click 'Next'

Online application





The following disclosures describe our health benefits and health insurance plans and how they work. It's important for you to read them before you submit your enrollment form. Check the box to confirm you have read all the disclosures.

If you currently have health coverage from an employer or union, joining the Aetna Medicare Advantage plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join the Aetna Medicare Advantage plan. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

The Aetna Medicare Advantage plan is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B, and continue to pay my Part B premium. I can only be in one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. (For MA-only plans) I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll. I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 - December 7 of every year), or under certain special circumstances.

Related links

Summary of Benefits

Resumen de Beneficios

(Español)

<u>Formulary</u>

Formulario (Español)

Prior Authorization

Information

Step Therapy Information

Evidence of Coverage

Evidencia de Cobertura

(Español)

Low Income Subsidy

Information

Subsidio de Bajos Ingresos

(Español)

Order Information Kit

Solicite un Kit de

información (Español)

Star Ratings

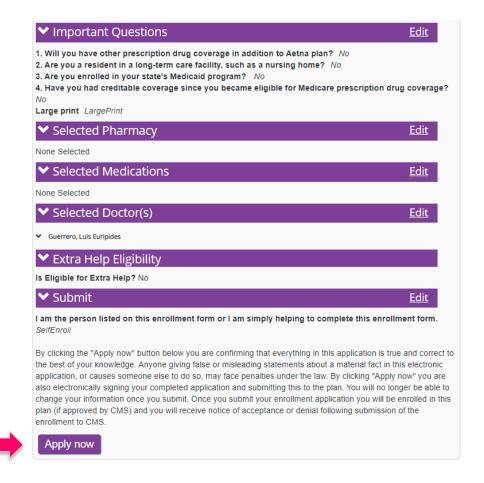
Clasificación Por Estrellas

(Español)



Client will review the summary, then click 'Apply Now'



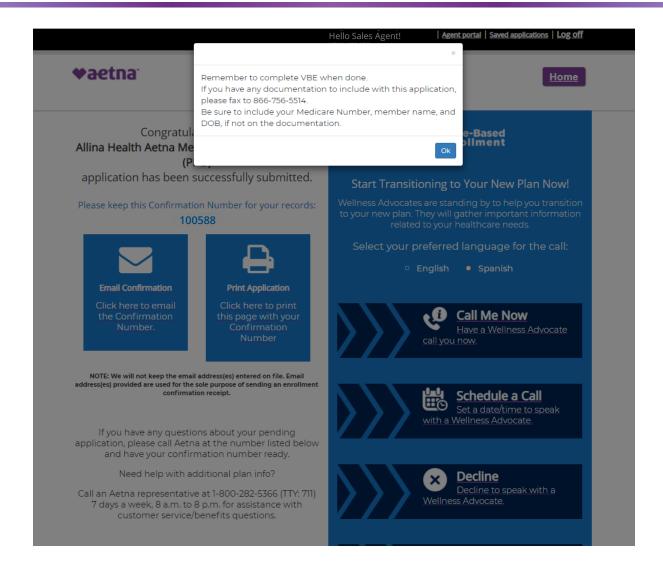


Need help with additional plan info?

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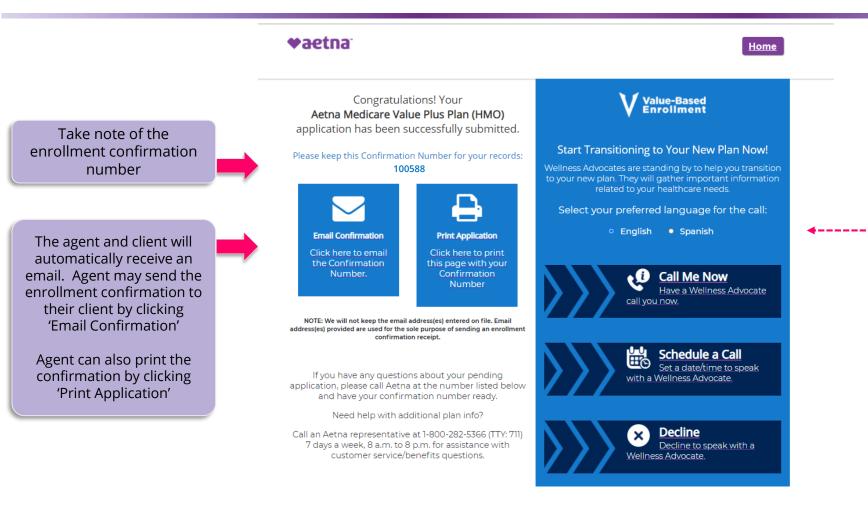
Read the pop-up reminder, then click "Ok"





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The Enrollment Confirmation and VBE Initiation Section



Your client will be able to select their preferred language. For languages (other than Spanish), you may select 'English'. Advise your client once they are with a wellness advocate that they can request to talk with someone who speaks their preferred language.

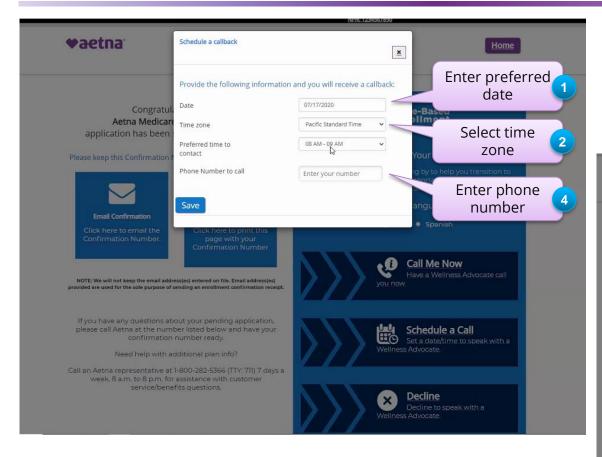
Explain the importance of VBE during your meeting with your client and the options available. Clients may opt to select, "Call Now". "Schedule a Call' or "Decline"

Need help with additional plan info?

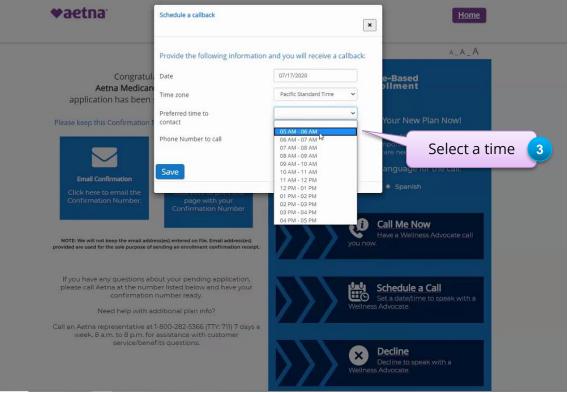
Call an Aetna representative at 1-800-282-5366 (TTY: 711). 7 days a week, 8 a.m. to 8 p.m. for assistance with customer service/benefits



Launch a VBE option, then enter necessary information and save



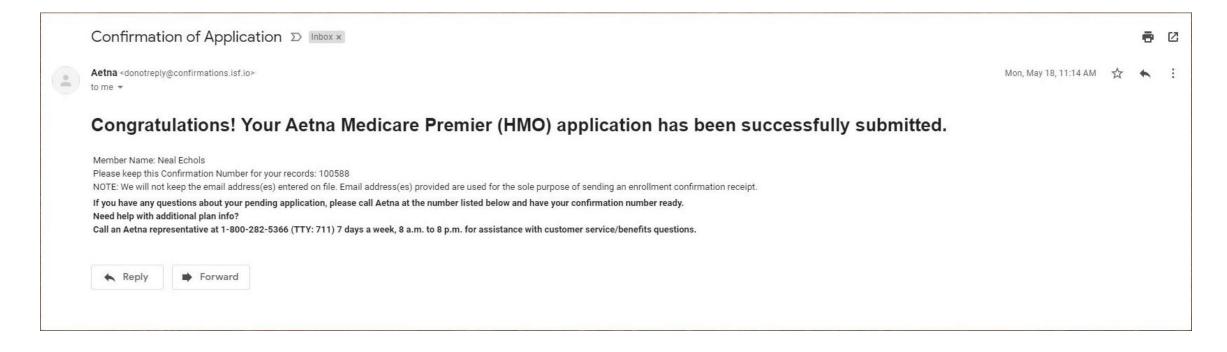
Client will be on queue and the call with the wellness advocate will take place as scheduled





The Email Confirmation of Application Successfully Submitted

Email from Aetna <donotreply@confirmations.isf.io>







Value-based enrollment (VBE)

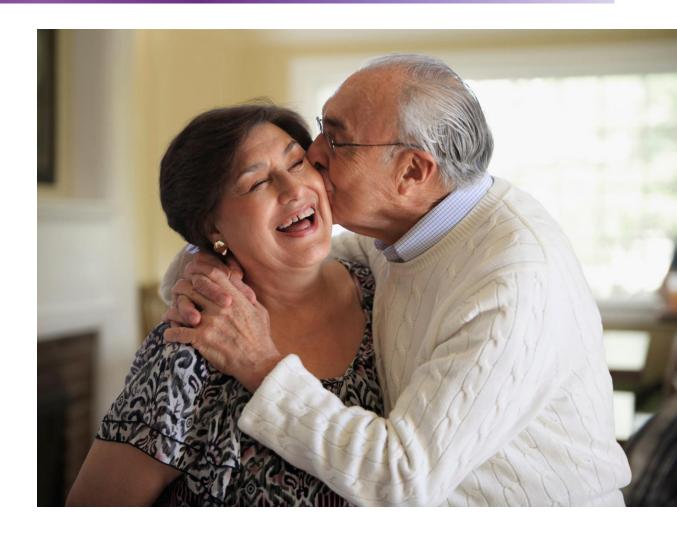
Quick overview of the VBE option available through the Aetna's Ascend Virtual Sales Office app

What is VBE?

With the value-based enrollment option available through the Ascend Virtual Sales Office app, your clients will have an opportunity to complete a health-related survey.

> This can help them get a head start on their path to better health

> > Materials are for training purposes only and not for use with Medicare Beneficiaries. Content proprietary and confidential.





Why is it beneficial for us to connect with our new members sooner?



Better understanding

We get a better understanding of members' needs and they get a better understand their new plan



Better decisions

VBE helps members identify risks, and learn about immediate benefits of using their new plan



Better health care experiences

We can provide a better overall onboarding experience for new members



At your service

VBE helps prepare new members for what comes next, and informs them about Aetna resources they can use as soon as their plan becomes effective



What questions are asked during the VBE survey?

The survey covers...

General info

For example, the survey asks questions about:

- Contact information Good contact information will help Aetna reach members with a welcome call and get them connected with the right resources.
- Language preference, race and ethnicity so we can develop programs that address unmet health care needs.

However, members don't have to answer any questions they don't want to.

Health-related questions

(sample questions)

- Have you ever been told you have some common chronic conditions, such as breathing problems like chronic obstructive pulmonary disease or asthma, high blood pressure, or diabetes?
- In the past 12 months, have you stayed overnight one or more times as a patient in the hospital?
- Do you have problems with balance or walking?
- Does your health limit you in climbing a flight of stairs?



The survey covers... (cont.)

What happens next

Your client will learn what to expect when their plan becomes effective. For example, they'll get information about:

- An annual home visit from a nurse practitioner who will spend an hour of quality time with the member in their home, complete a general wellness exam, review their medicines and answer their health-related questions.
- What they will receive in the mail, such as the Continuity of Care form. They will be asked to fill out the form if they have an immediate care needs when their membership becomes effective.



How to initiate a VBE?

Complete the online enrollment application

Online application

Aetna Medicare Value Plus Plan (HMO)

\$22.00 premium

Questions

Users typically take 18 to 25 minutes to complete enrollment. To speed up the process, please have your Medicare card handy. Simply select the "Next" button to move on to the next step. If you need help or would like to complete your enrollment over the phone, please call a licensed insurance agent at the provided above.

Plan details Back to shopping

Election Personal Address Provider Insurance Payment Important Submit

	Period	Information		<u>Lookup</u>	Information	,_		
Please Read This Important Information								

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If you currently have health coverage from an employer or union, joining the Aetna Medicare Advantage plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join the Aetna Medicare Advantage plan. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

The Aetna Medicare Advantage plan is a Medicare Advantage plan and has a contract with the Federal government, I will need to keep my Medicare Parts A and B, and continue to pay my Part B premium. I can only be in one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. (For MA-only plans) I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 - December 7 of every year), or under certain special circumstances.

The Aetna Medicare Advantage plan serves a specific service area. If I move out of the area that the Aetna Medicare Advantage plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of the Aetna Medicare Advantage plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from the Aetna Medicare Advantage plan when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

(For HMO plans) I understand that beginning on the date the Aetna Medicare Advantage plan coverage begins. I must get all of my health care from the Aetna Medicare Advantage plan, except for emergency or urgently-needed services or out-of-area dialysis services.

Related links Summary of Benefits Formulary Prior Authorization Information Step Therapy <u>Information</u> Evidence of Coverage Low Income Subsidy Information Order Information Kit Star Ratings

(For PPO plans) I understand that beginning on the date the Aetna Medicare Advantage plan coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, the Aetna Medicare Advantage plan provides refunds for all covered benefits, even if I get services out of network. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your evidence of coverage for more information, including the cost-sharing that applies to out-of-network services.

Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare Advantage plan evidence of coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, neither Medicare nor the Aetna Medicare Advantage plan will pay for the services.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with the Aetna Medicare Advantage plan, he/she may be paid based on my enrollment in the Aetna Medicare Advantage plan.

Release of information:

By joining this Medicare health plan, I acknowledge that the Aetna Medicare Advantage plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that the Aetna Medicare Advantage plan will release my information, (including my prescription drug event data), to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare

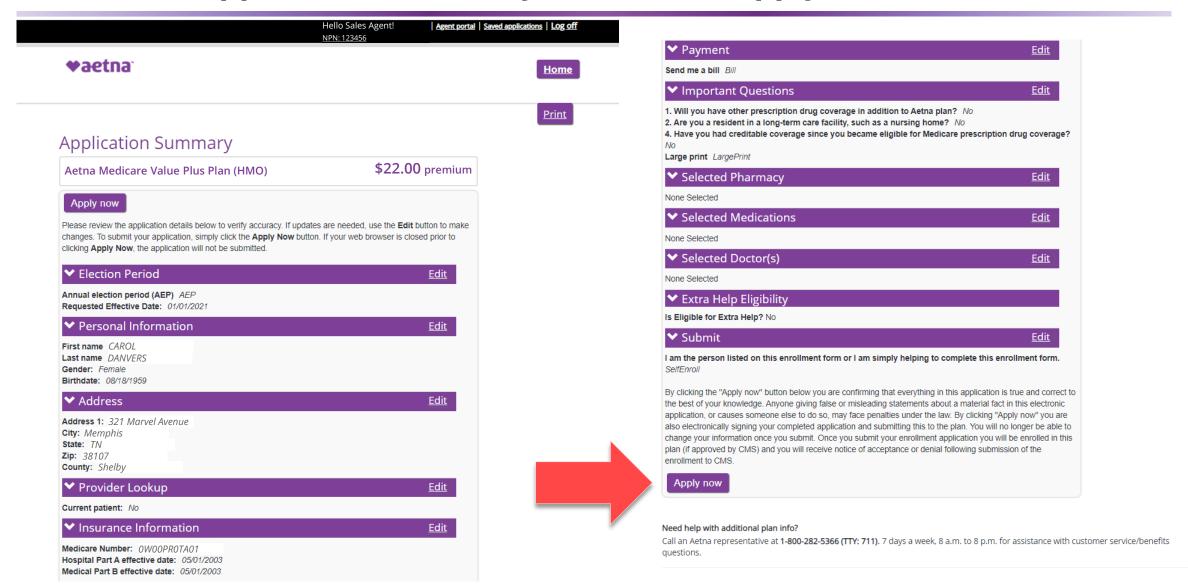
Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with state Medicaid programs. Enrollment in our plans depends on contract renewal. See evidence of coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan 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, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year.

Please select the statement below that best describes your relationship to the person with Medicare listed on this enrollment form:

I am the person listed on this enrollment form or I am simply helping to complete this enrollment I am the person authorized to act on behalf of the individual listed on this enrollment form under the laws of the state where the individual resides. You will be able to review the application before submission on the next page * Required information Back Next Send for Signature

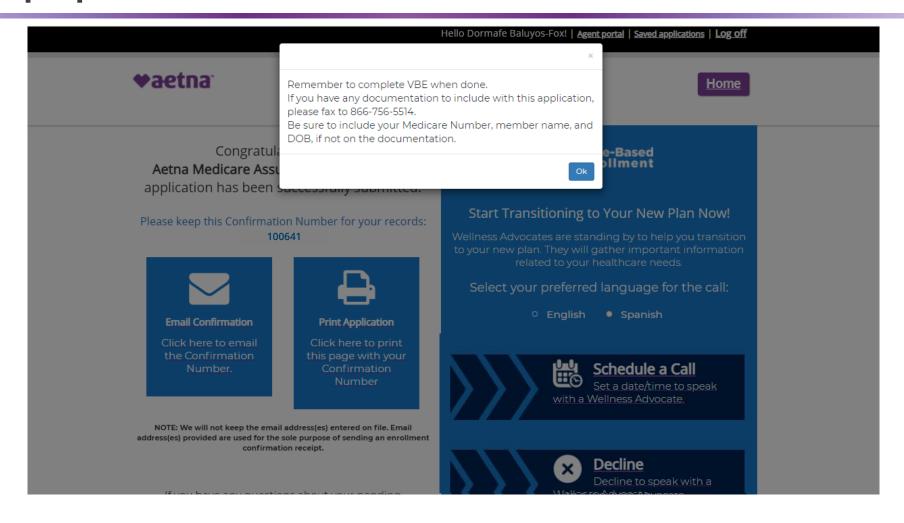


Review the application summary, then click "Apply now"



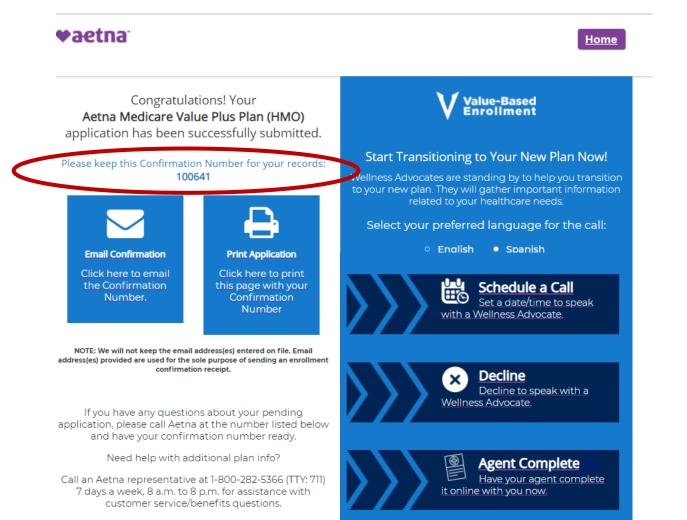


Read the pop-up reminder, then click "Ok"





The enrollment confirmation & VBE initiation section



Next

- Read the VBE script located in your Ascend VSO 'resources' link
- Proceed as stated in the script
- The script helps you invite your client to participate in VBE and then determine which option would work best



Excerpt from the script

Aetna takes a total approach to health. This means not only taking care of our members when they are sick but helping them reach their health goals as well. **To help us guide you on your path to better health, we recommend you take our health-related survey.** The survey will help our clinical and care team understand

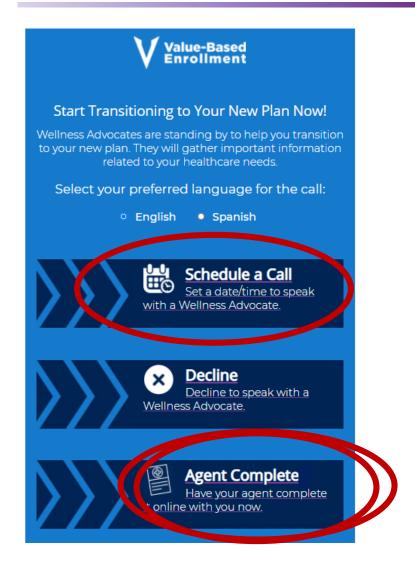
By doing this, you are taking the first step in getting your health under control and avoiding bigger problems. We can also help you participate in programs, such as

This will take about 15-20 minutes to complete and will not impact or affect your Medicare eligibility or plan costs.

Would you like to complete the health survey with me today?



... Would you like to complete the health survey with me today?



If meeting with client in person and client says YES, proceed to launch the "Agent Complete" VBE option.

If enrolling through the RATE process and your client says YES, please ask: *In addition, you understand and agree to this* conversation being recorded. Do you want to continue?

If YES, launch the "Agent Complete" option.

If your client says NO, say: Would you like to speak with a wellness advocate to complete the health survey at another time that is convenient for you?

If YES, select the "Schedule a Call" VBE option.



A few considerations before offering the "Agent Complete" option

- A. Is your customer someone you see often in social gatherings, events or activities (such as gyms, yoga class or reading clubs)?
- B. Are you comfortable asking the health related questions to your customers?
- C. Is your customer willing to spend another 10-15 minutes of their time with you after their enrollment is submitted?
- D. Do you speak fluently your customers preferred language other than English?



If the answer is "yes" to questions A and B, and "no" to questions C and D, please offer the "Schedule a Call" option instead.



Considerations for the "Schedule a Call" option

Keep in mind:

- You can select to "Schedule a Call" based on your client's time zone.
- If your client misses the VBE call, the wellness advocate will leave a message and a callback number.
- They will attempt to callback up to 8 times.
- You may provide the callback number to your clients to keep, especially if they haven't set-up their voicemail.

VBE hours of operation



Oct 1, 2020 - Mar 31, 2021: 8am to 11pm ET, 7 days a week

- English VBE Wellness Callback numbers ➤ (833) 923-1469 or (833) 923-1470
- Spanish VBE Wellness Callback numbers > (833) 923-1651 or (833) 923-1680

Apr 1, 2021 – Sep 30, 2021: 8am to 8pm ET, Monday – Friday



What to expect with the "Agent Complete" option

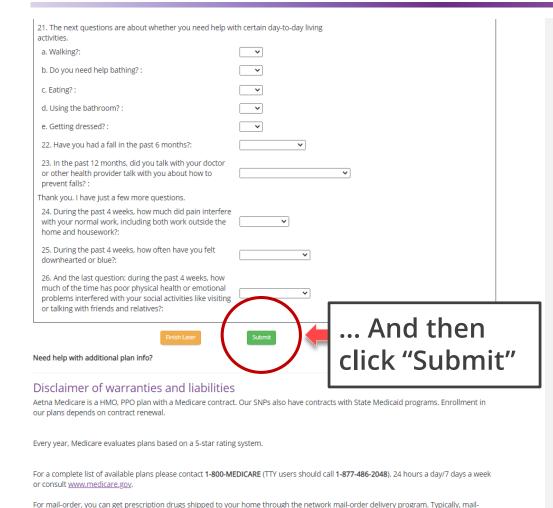
After selecting the "Agent Complete" option, you'll need to complete the health-related survey questionnaire with your client

	D.i.e.
Back to VBE search	Print
Health Risk Assessment - A	dd
Aetna - Health Risk Assessment	
To start, may I please confirm the telephone number	
you entered in your enrollment application?:	~
Enter the phone number:	
(If the customer says the 'didn't give the number', read this We ask for this information so that, when your coverage st offer you extra support in certain situations. For example, might get a call from a nurse case manager to answer que: and discharge instructions and help you access the service a call from us to tell you about some of your plan benefits. (Ask question 2 & 3 if applicable)	arts, we can contact you to if you were hospitalized, you stions about your medications is you need. You might also get
2. Is this number a landline or a cell phone? :	~
3. Would you be able to provide a cell phone:	<u> </u>
Enter the cell phone number:	
4. Do you have an email address that you can provide?:	
Next, I have a few questions about your experience with M	ledicare.
5. Is this the first time you are getting your health insurance through Medicare? :	~
(If no, proceed to question 6. If yes, select 'not applicable' t	then proceed to question 7
6. Is this the first time you are enrolling in a Medicare Advantage plan to get your Medicare benefits?:	
The next few questions relate to race, ethnicity, and vetera information so that we can understand the demographics programs and resources to meet our members' needs.	
7. Are you of Hispanic or Latino origin or descent?:	~
8. Which of the following describes your race? {Read choices to member} :	
9. Is English your preferred language? :	~
10. If not, what language would you prefer that we use when we communicate with you?:	<u> </u>
If you ever need to speak with a Member Services represer staff, they have a language line they can use to communicate	

11. Are you a veteran or currently serving in the military?:	~				
{If the answer is Veteran or Currently serving in the military, select "not applicable" then proceed to question 13}	proceed to 12. If neither,				
12. Do you receive care from Veterans Affairs (VA)? :	~				
Which VA facility {Location}?:					
Next, I have some questions about your health that may help us to identify care programs and resources that may benefit you. I want to emphasize that any information you give me today will not affect your enrollment into or how much you pay for your plan. You don't need to answer any questions you don't want to. {Pause} Now, let's get started.					
13. In general, how would you rate your health? :	~				
14. Now I'm going to ask if you've ever been told you have some common chronic conditions. Have you ever been told you have:					
Breathing problems like chronic obstructive pulmonary disease or asthma? :	~				
Congestive heart failure? :	~				
High blood pressure?:	~				
Chronic kidney disease? :	~				
Major depression? :	~				
Diabetes?:	~				
Cancer?:	~				
15. Have you had a colonoscopy in the last 9 years? This is a procedure to screen for colon cancer. (If the member says "yes" ask where the procedure was done}:					
Location where procedure was done:					
16. In the past 12 months, have you stayed overnight one or more times as a patient in the hospital?:	~				
17. In the past 6 months, have you been to the emergency room 3 or more times? :	~				
18. Does your health limit you in moderate activities such as moving a table, pushing a vacuum, bowling, or playing golf? The answer choices are:	~				
19. Does your health limit you in climbing a flight of stairs?:	~				
20. Do you have problems with balance or walking? :	~				



After completing the questionnaire with your client, read the closing statement



order drugs arrive within [x] days. You can call [phone number/TTY/hours of op] if you do not receive your mail-order drugs within this

Thank you very much for taking the time to answer my questions. Before I go, I'd like to tell you about just a few resources available to you as part of your plan and what you can expect next.

We are very excited to offer you the Healthy Home Visit. This program is a way for you to maintain your overall health in the comfort of your own home. This program is offered annually at no extra cost to you. It is not intended to take the place of your primary care physical or your annual wellness visit. Instead, it helps us work with your primary care physician (PCP) to manage your care. It can direct you to the health programs and services you may need.

Here's what you can expect from the Healthy Home Visit.

A clinical licensed nurse practitioner or board-certified doctor will visit you in your home. During this visit, you'll be able to ask any health-related questions you may have. You'll receive a non-invasive physical exam, and recommendations for health resources/screenings you may need. In addition, the nurse practitioner or doctor will review your medicines and dosages. You can also get this visit completed virtually. A virtual appointment requires you have audio/visual smart technology.

Please be sure to also visit our website at:

<Aetna: aetnamedicare.com>

<Innovation Health: InnovationHealthMedicare.com> <ali>Allina Health | Aetna: allinahealthaetnamedicare.com>

It contains a wealth of information about Medicare and can help you to find providers. We have also added a special section on the coronavirus-COVID-19. If you register on the website, you will be able to:

Access your claims information

Once we confirm your enrollment, you'll get a Continuity of Care Form. This form helps us know if you'll have remaining, immediate care needs when your new plan starts. For example, if you have a surgery scheduled near the date your new plan starts. If this is the case, you should return the form to us. You should return this form if you answer "Yes" to any question on the form.

If you have any questions about your plan, please don't hesitate to reach out to me as your enrolling agent. After you receive your member ID, you may reach out to Member Services at:

<Aetna: 1-833-570-6670 (TTY 711)>

<Innovation Health: 1-855-249-1282 (TTY:711)> <ali>Allina Health | Aetna: 1-833-570-6671 (TTY: 711)>

Again, we want to thank you for being a member with

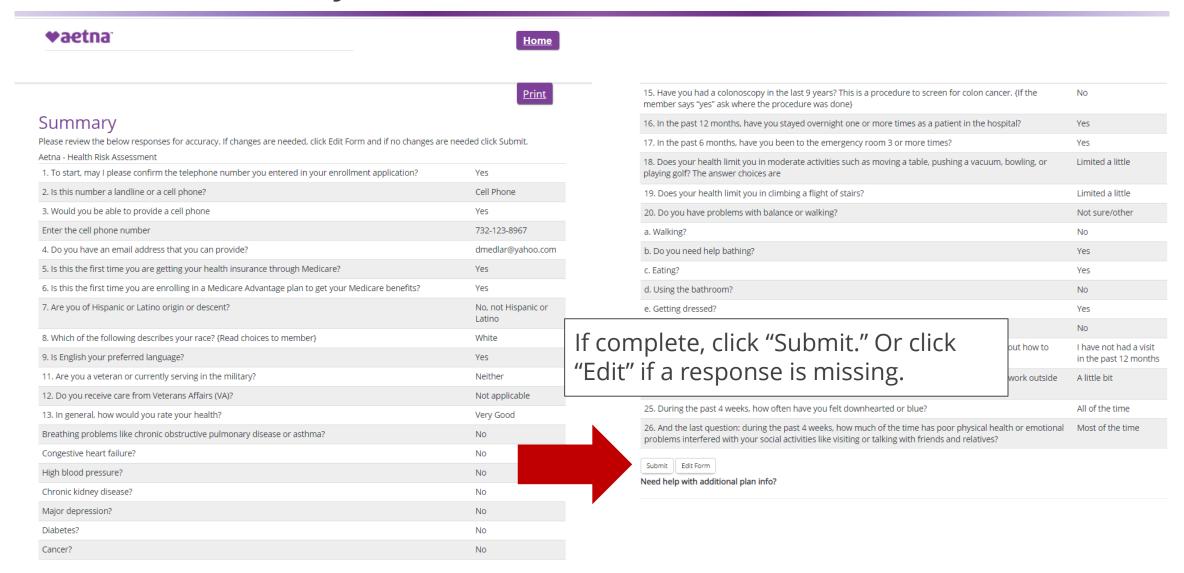
<Aetna> <Innovation Health> <Allina Health | Aetna>

Goodbye and have a nice day!



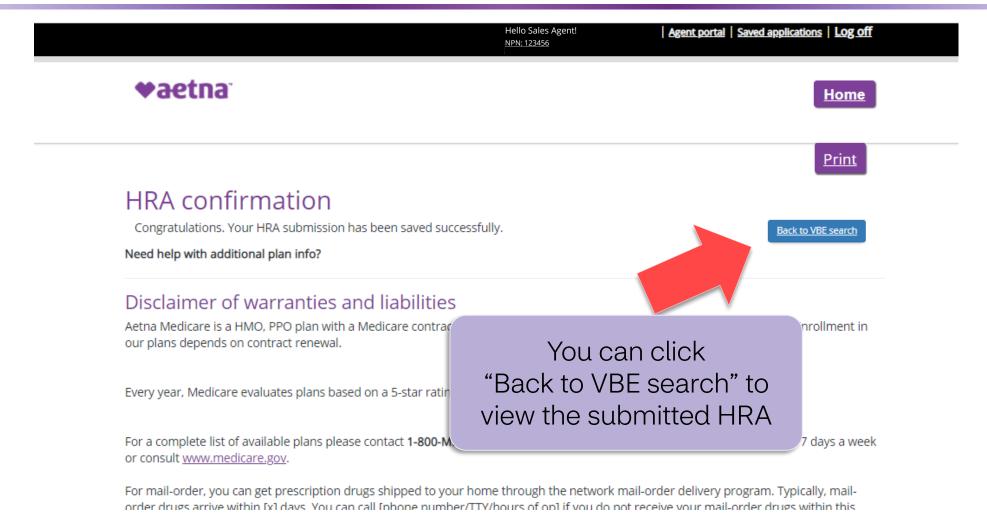
timeframe. [Members may have the option to sign-up for automated mail-order delivery.]

Review the summary



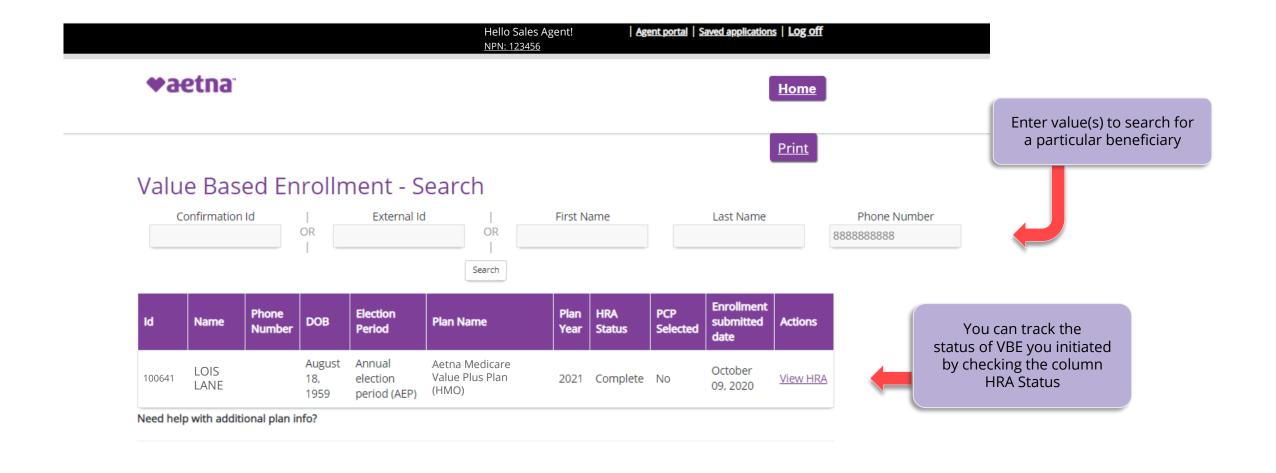


Confirmation of health survey submission



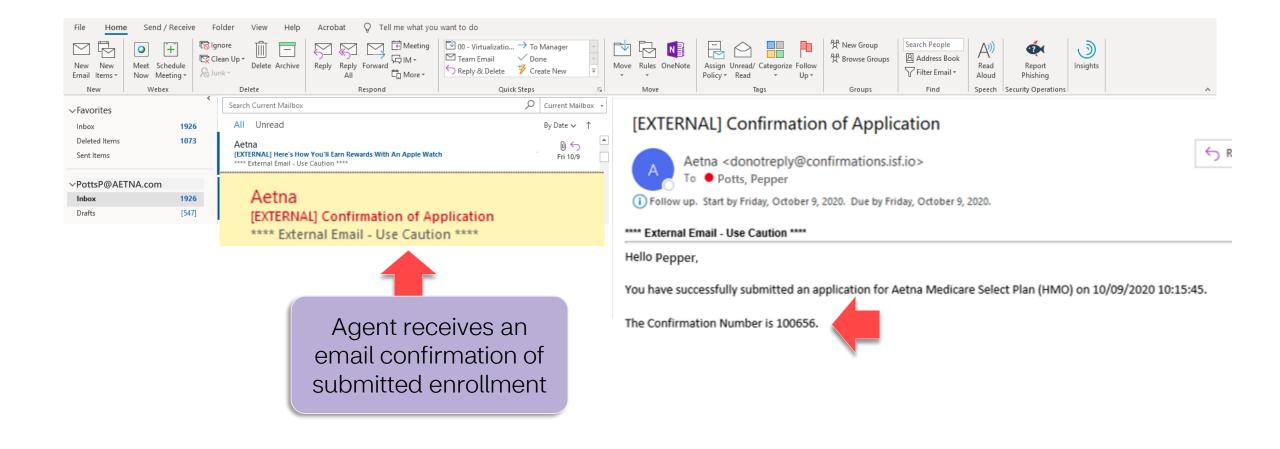


Record of completed VBE health surveys





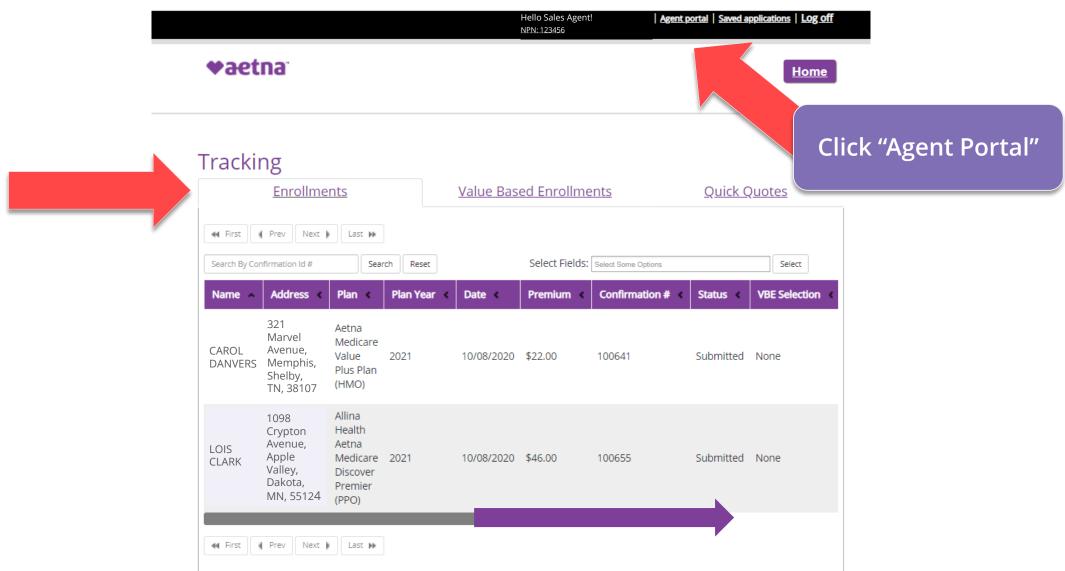
Email confirmation of submitted enrollment application





Tracking enrollments and VBE payments in the Ascend Agent Portal

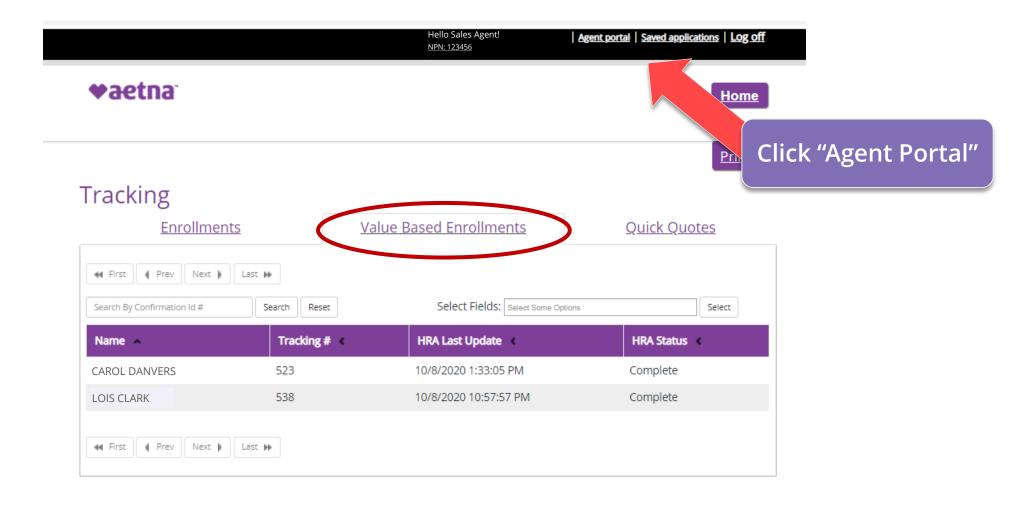
To track your submitted enrollments, click the link to "Agent Portal"





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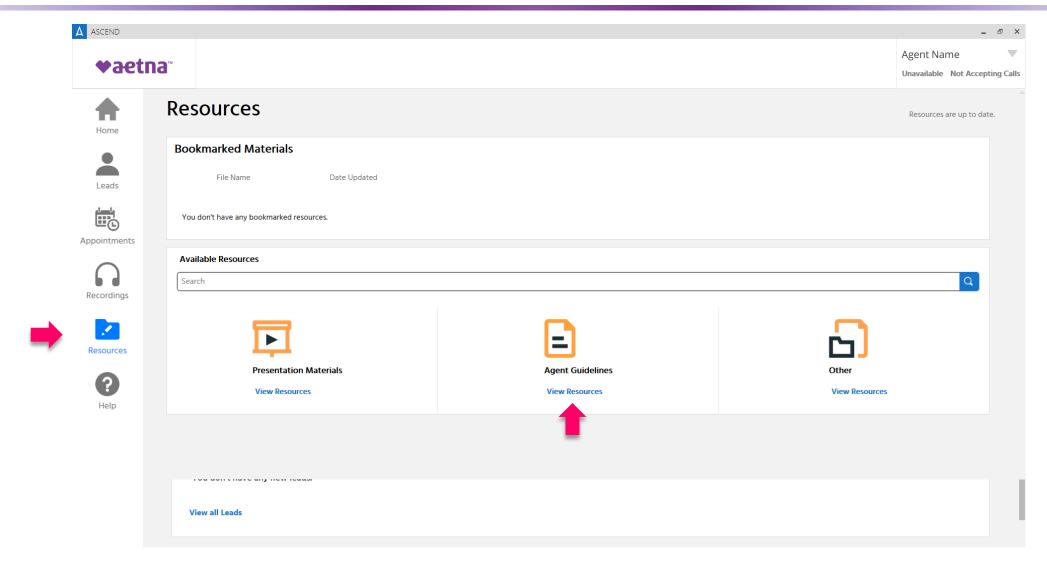
View a record of completed value-based enrollments



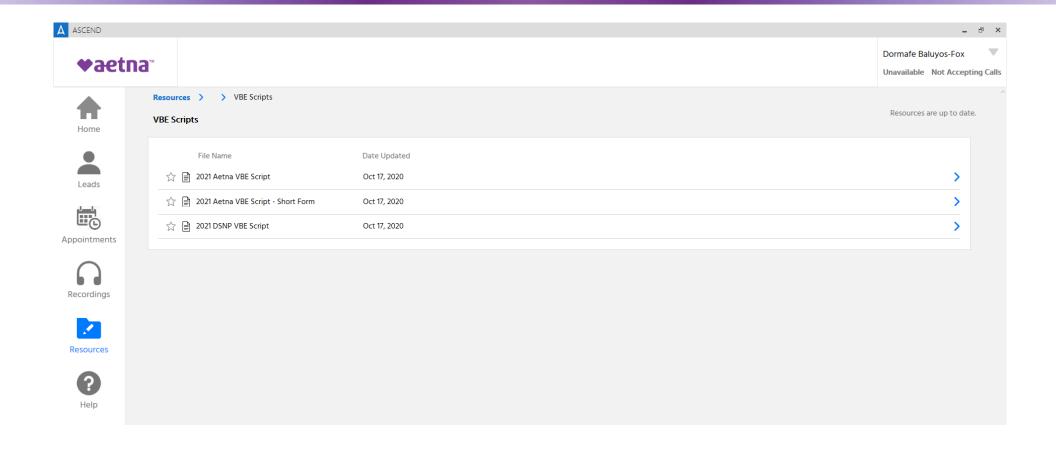


Where to find the VBE Script

In your Ascend VSO App, go to 'Resources'

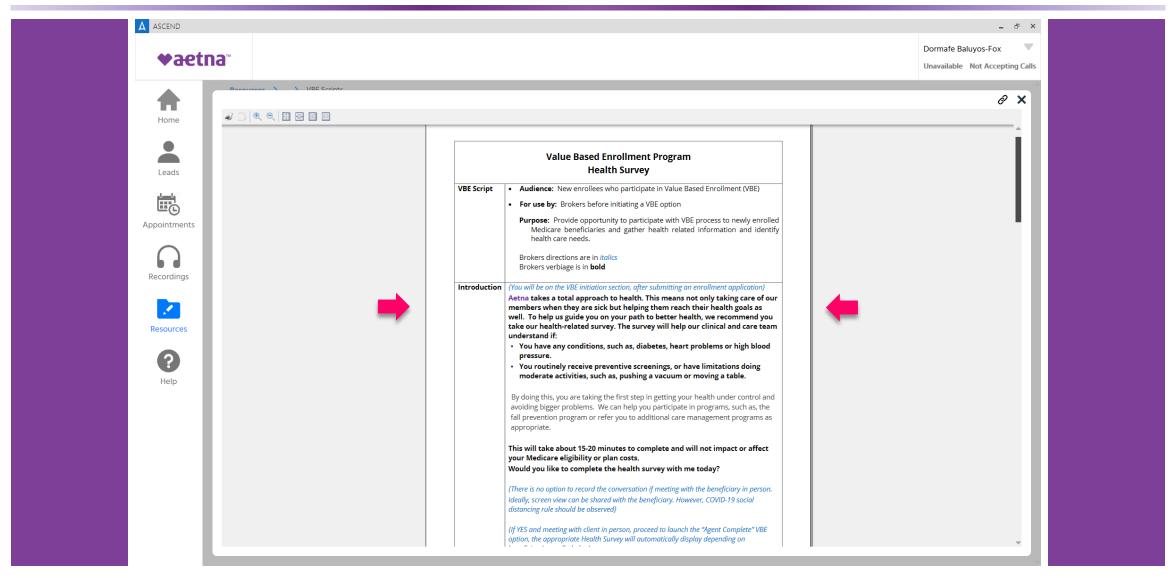




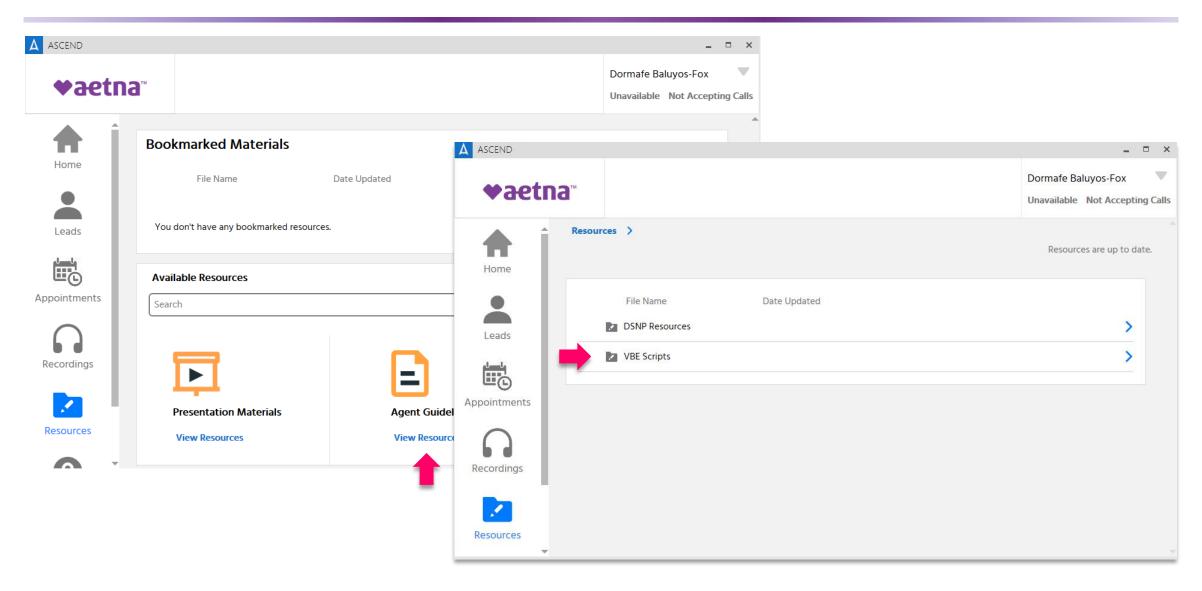




Use the script when launching the 'Agent Complete' VBE option with your client

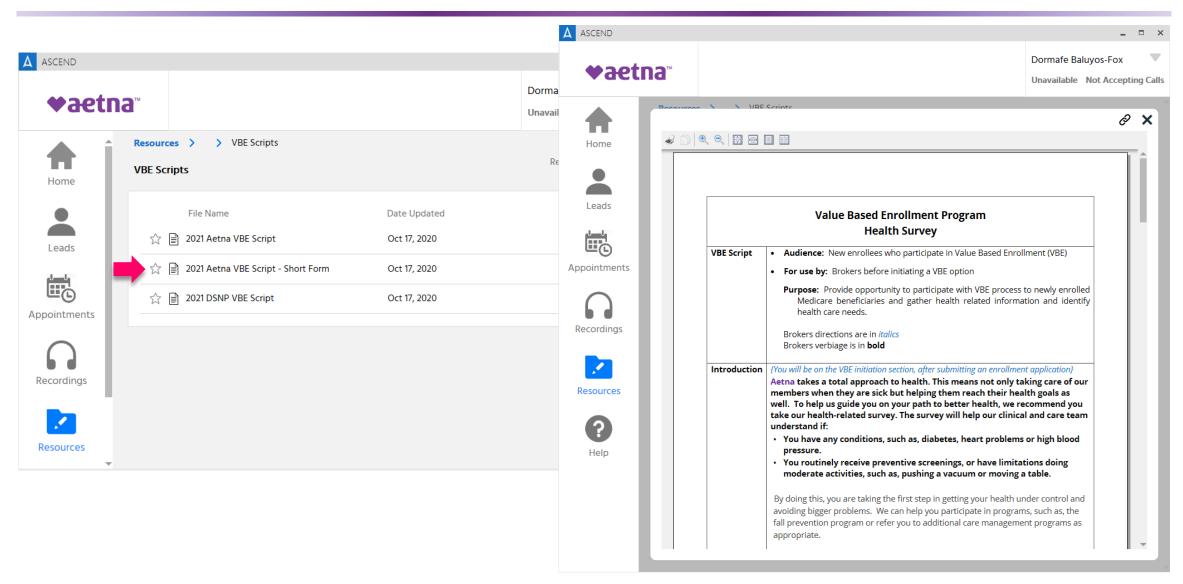








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Ascend Virtual Sales Office (VSO) App & Value Based Enrollment (VBE) Program

A User Guide & Training Series



Full list of Ascend Training: This Topic Covers ...

- Getting Started with Ascend
- My Ascend Settings
- Adding a Lead
- Electronic Scope of Appointment (eSOA)
- Ascend Virtual Meeting Video
- Year Over Year Plan Change Tool
- Email a Quote (eKit)
- Pre-Filled Application and Digital Signature
- Blue Button
- Pharmacy Search
- Formulary Search
- Doctor Search
- Extra Help Eligibility
- Enroll a Prospect
- Initiating a Value Based Enrollment (VBE)
- The Agent Portal
- My Book of Business
- VBE Service Fees and Payments
- The Sandbox Mode

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What is the Ascend Virtual Sales Office (VSO)?



- Also known as the Ascend Mobile Application (AMA), or simply the Ascend app.
- It is a modular system with many functions designed to assist sales agents with:
 - Electronic scope appointment (eSOA)
 - Audio recording capabilities of your sales meetings
 - Remote Agent Telephonic Enrollment (RATE) capability
 - Electronic application submission

What is the Ascend Quote & Enrollment (AQE) Tool?

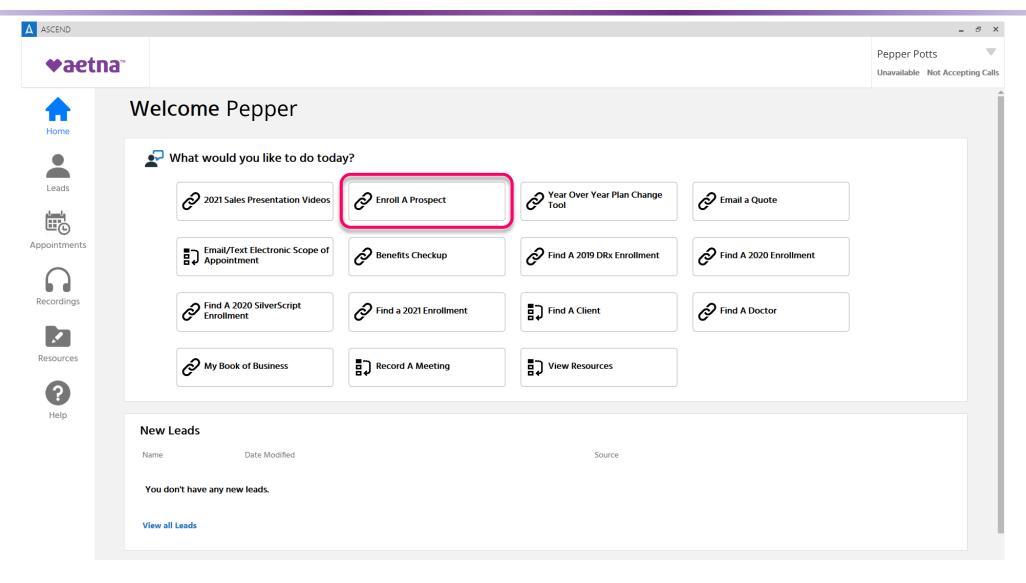
- A tool in Ascend that gives you the capability to compare plan info and choose the best plan for your prospect
- Ability to create your member profile with provider info, formulary and pharmacy choices
- Functionality to create and send an eKit, or text or email a
 Quote to your prospect
- Where you can complete and submit the online enrollment application





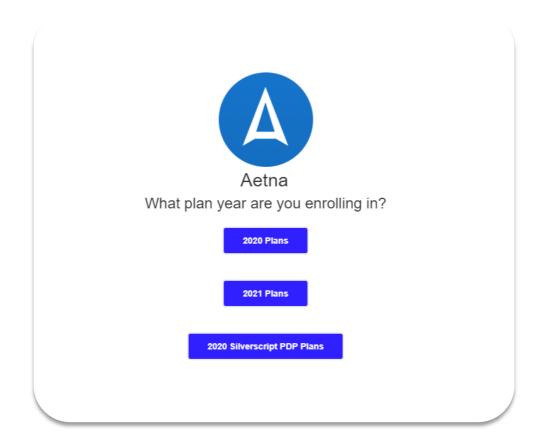
Extra Help Eligibility

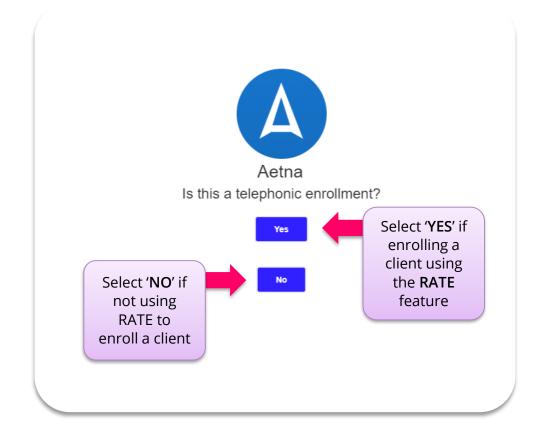
Log-in to Ascend VSO, and Select the 'Enroll a Prospect' tile





Select the appropriate plan year and mode of enrollment







The Ascend Quote and Enrollment Tool



Enter the client's

ZIP Code, then
click 'View Plans'



Disclaimer of warranties and liabilities

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Every year, Medicare evaluates plans based on a 5-star rating system.

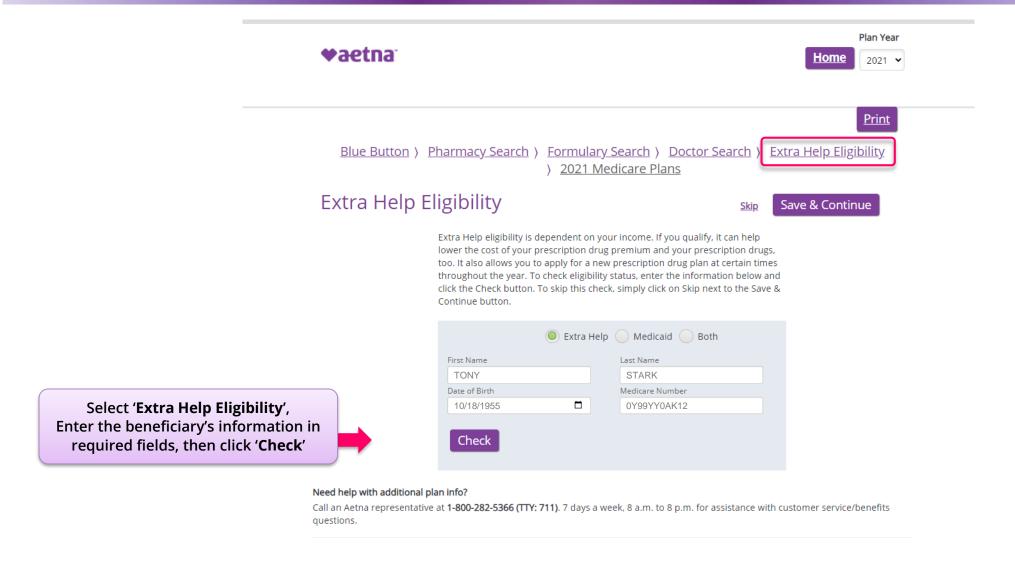
For a complete list of available plans please contact **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week or consult www.medicare.gov.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within [x] days. You can call [phone number/TTY/hours of op] if you do not receive your mail-order drugs within this timeframe. [Members may have the option to sign-up for automated mail-order delivery.]



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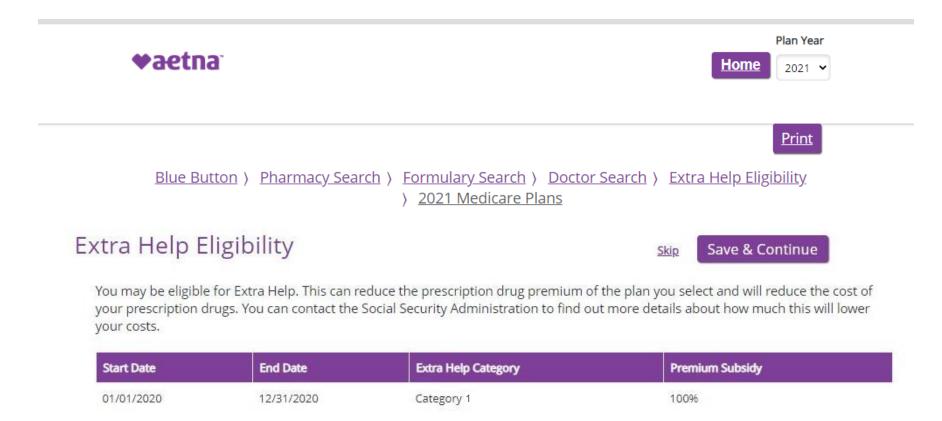
Extra Help Eligibility





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Extra Help result if eligible for premium subsidy

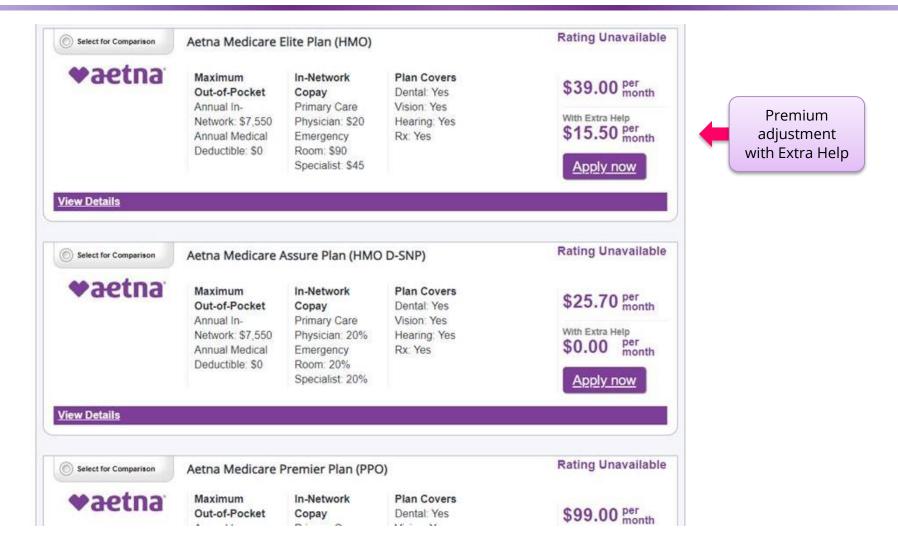




Call an Aetna representative at 1-800-282-5366 (TTY: 711). 7 days a week, 8 a.m. to 8 p.m. for assistance with customer service/benefits questions.

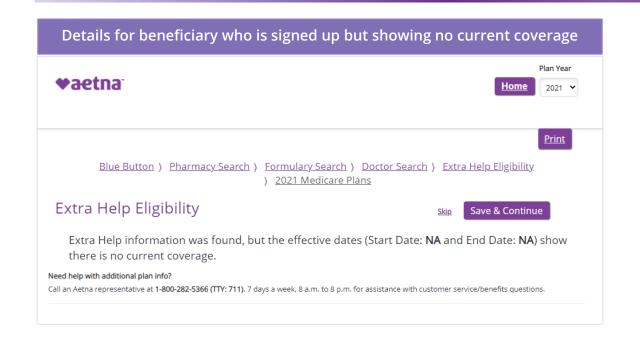


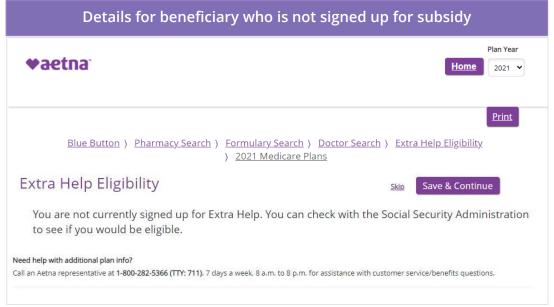
Prescription drug premium adjustment as a result if eligible for subsidy





Extra Help Eligibility check result





How to Apply for Extra Help?

Individuals who are not deemed eligible may apply by contacting:

- SSA (by mail, by telephone, on the Internet at www.ssa.gov, or in person) or
- Their State Medicaid agency

Click to view: <u>Understanding the Extra Help with Your Medicare Part D Plan</u>



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