

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



You have choices Aetna Medicare

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Aetna Medicare is a Medicare Advantage organization with a Medicare contract. A stand-alone prescription drug plan with a Medicare contract. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Other providers are available in our network.

Y0001_M_LG_PS_20869_R2 CMS Approved



Today's agenda

- What is Medicare?
- Your Medicare plan choices
- When you can enroll
- Medicare Advantage plans
- Medicare prescription drug coverage
- What you can expect from Aetna Medicare plans
- How to enroll

Go through agenda.

What is Medicare?

- The nation's largest insurance program (also known as Original Medicare)
- Managed by the federal government
- Covers more than 45 million people nationwide
- Available to those ages 65 and over
- Available to those under 65 with certain disabilities
 - You automatically get Original Medicare after you get certain disability benefits from Social Security or the Railroad Retirement Board (RRB) for 24 months



Original Medicare is a federal health insurance program for people 65 years of age or older and certain people with disabilities.

Your Medicare plan choices

Benefits	Parts A and B Original Medicare	Part C — Medicare Advantage Plans
Medical	Part A <ul style="list-style-type: none"> Inpatient hospital care Skilled nursing care Home health/hospice care Usually no premium Part B <ul style="list-style-type: none"> Doctor services Outpatient care Preventative services Monthly premium 	<ul style="list-style-type: none"> Part A benefits Part B benefits May offer additional benefits not covered under Original Medicare Use plan's network to receive highest level of coverage
Rx	<ul style="list-style-type: none"> Does not include Part D prescription drug coverage 	<ul style="list-style-type: none"> Often includes Part D prescription drug coverage
Costs	<ul style="list-style-type: none"> Pay deductibles, coinsurance, copays No annual limit on out-of-pocket medical costs 	<ul style="list-style-type: none"> May have a monthly premium (plus Part B premium) Predictable copays Annual limit on out-of-pocket medical costs
	<ul style="list-style-type: none"> Managed by the government 	<ul style="list-style-type: none"> Offered by private insurance companies with an approved Medicare contract

Aetna Medicare 4

Part A (Hospital Insurance) helps cover the services described on the slide. Most people qualify for “premium-free” Part A automatically (since Medicare taxes were paid while working). If you aren't eligible for premium-free Part A, you may be able to buy Part A. If you choose to buy Part A, you generally must also have Part B and may pay monthly premiums for both. If you have limited income and resources, your state may help you pay for Part A and/or Part B.

Part B (Medical Insurance) helps cover the medically-necessary services described on the slide. Requires payment of a standard monthly Part B premium. If a higher Part B premium is required based on your income, you will be notified by Social Security. Some people qualify automatically for Part B. If you do not sign up for Part B when you are first eligible, you may have to pay a late enrollment penalty.

Part C (Medicare Advantage plans) is offered by private insurance companies with an approved Medicare contract. These companies must follow rules set by Medicare, and Medicare pays them a fixed amount to cover your benefits every month. Plans must include coverage for Part A and Part B covered services. Some may also include Part D prescription drug coverage, plus coverage for other services not covered by Original Medicare. Plans may include a monthly premium that must be paid in addition to the monthly Part B premium and, if applicable, Part A premium. You must have Medicare Part A and be enrolled in Part B to be eligible.

Your Medicare plan choices

Benefits	Parts A and B Original Medicare	Part C — Medicare Advantage Plans	Part D — Medicare Rx Coverage
Medical	Part A <ul style="list-style-type: none"> Inpatient hospital care Skilled nursing care Home health/hospice care Usually no premium Part B <ul style="list-style-type: none"> Doctor services Outpatient care Preventative services Monthly premium 	<ul style="list-style-type: none"> Part A benefits Part B benefits May offer additional benefits not covered under Original Medicare Use plan's network to receive highest level of coverage 	<ul style="list-style-type: none"> Purchased in addition to Original Medicare (Parts A and/or B), or included in a Part C plan, to help cover prescription drugs
Rx	<ul style="list-style-type: none"> Does not include Part D prescription drug coverage 	<ul style="list-style-type: none"> Often includes Part D prescription drug coverage 	<ul style="list-style-type: none"> Includes Part D prescription drug coverage
Costs	<ul style="list-style-type: none"> Pay deductibles, coinsurance, copays No annual limit on out-of-pocket medical costs 	<ul style="list-style-type: none"> May have a monthly premium (plus Part B premium) Predictable copays Annual limit on out-of-pocket medical costs 	<ul style="list-style-type: none"> Monthly premium (plus Part B premium, if you have it) May pay deductible Copays, coinsurance Helps limit out-of-pocket costs
	<ul style="list-style-type: none"> Managed by the government 	<ul style="list-style-type: none"> Offered by private insurance companies with an approved Medicare contract 	<ul style="list-style-type: none"> Offered by private insurance companies with an approved Medicare contract

Aetna Medicare 5

Part D (Medicare prescription drug coverage) is offered by private insurance companies with an approved Medicare contract. Plans vary in costs and drugs covered, and are offered as either a stand-alone Medicare Prescription Drug Plan, or as part of a Medicare Advantage plan (Part C). You may have a monthly plan premium in addition to the monthly Part B premium, and, if applicable, the Part A premium. You must have Medicare Part A and/or Part B to be eligible.

Please note, If you decide not to join a Part D plan when you are first eligible, and you do not have prescription drug coverage equal to what we will cover on slide #12, you may have to pay a late enrollment penalty. Right now, the penalty amount is 1% of the “national base beneficiary premium” (\$31.08 in 2012). This amount is multiplied by the number of full months you delay coverage, and added to your monthly Part D premium. For example, if you delay enrollment for three years (36 months), you’ll be charged a monthly penalty of \$11.19 ($\$31.08 \times .01 = \$31.08 \times 36 = \11.19). This penalty is in addition to your plan’s monthly premium. And you may have to pay it for as long as you have Medicare prescription drug coverage.

Your Medicare plan choices

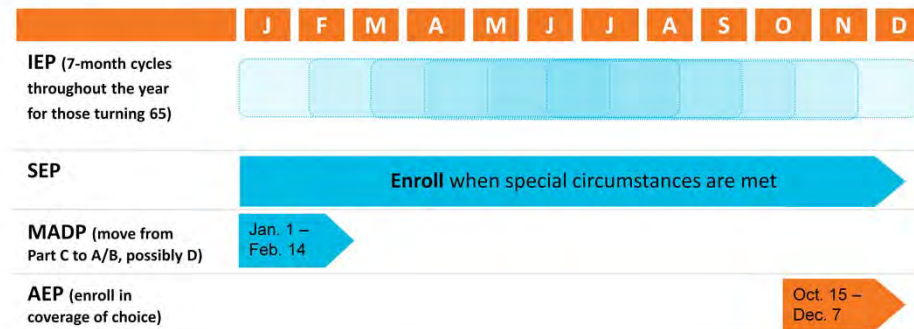
Benefits	Parts A and B Original Medicare	Part C — Medicare Advantage Plans	Part D — Medicare Rx Coverage	Medigap — Medicare Supplement Plans
Medical	Part A <ul style="list-style-type: none"> Inpatient hospital care Skilled nursing care Home health/hospice care Usually no premium Part B <ul style="list-style-type: none"> Doctor services Outpatient care Preventative services Monthly premium 	<ul style="list-style-type: none"> Part A benefits Part B benefits May offer additional benefits not covered under Original Medicare Use plan's network to receive highest level of coverage 	<ul style="list-style-type: none"> Purchased in addition to Original Medicare (Parts A and/or B), or included in a Part C plan, to help cover prescription drugs 	<ul style="list-style-type: none"> Supplements Parts A and B benefits Helps cover deductibles and coinsurance Covers visits to any provider that accepts Medicare Moves with you as long as premiums are paid
Rx	<ul style="list-style-type: none"> Does not include Part D prescription drug coverage 	<ul style="list-style-type: none"> Often includes Part D prescription drug coverage 	<ul style="list-style-type: none"> Includes Part D prescription drug coverage 	<ul style="list-style-type: none"> Does not include Part D prescription drug coverage
Costs	<ul style="list-style-type: none"> Pay deductibles, coinsurance, copays No annual limit on out-of-pocket medical costs 	<ul style="list-style-type: none"> May have a monthly premium (plus Part B premium) Predictable copays Annual limit on out-of-pocket medical costs 	<ul style="list-style-type: none"> Monthly premium (plus Part B premium, if you have it) May pay deductible Copays, coinsurance Helps limit out-of-pocket costs 	<ul style="list-style-type: none"> Monthly premium (plus Part B premium) May pay deductible Coinsurance Help limit out-of-pocket costs Buy Part D coverage separately
	<ul style="list-style-type: none"> Managed by the government 	<ul style="list-style-type: none"> Offered by private insurance companies with an approved Medicare contract 	<ul style="list-style-type: none"> Offered by private insurance companies with an approved Medicare contract 	<ul style="list-style-type: none"> State regulated Offered by private insurance companies

Aetna Medicare 6

Medicare Supplement plans (also known as Medigap) are plans that help provide coverage for health care expenses not covered by Original Medicare, such as deductibles and coinsurance. These plans are offered by public or private organizations and are regulated by state law. They do not have a contract with the federal government. Plan options may vary by state, and you must have Medicare Parts A and B to be eligible.

When you can enroll

1. Medicare Advantage & Prescription Drug plans



2. Medicare Supplement plans – you can apply year-round.

Aetna Medicare 7

Review slide and extra detail below. Explain where this information, and how to disenroll, can be located in plan materials.

Initial Election Period (IEP)

- Includes the 3 months before, the month of, and the 3 months after your 65th birth month
- Can enroll in Medicare plan of choice
- If not enrolled during IEP, could pay government penalty and may have to wait several months to enroll
- If someone works past the age of 65, IEP starts when they retire

Special Election Period (SEP)

Begins when special exceptions to other election periods are met, such as losing employer coverage or moving to a new service area. Depending on the exception you meet, you may:

- Disenroll from an MA plan and return to Original Medicare
- Switch from Original Medicare to join an MA plan
- Switch from an MA plan to join another MA plan

Medicare Advantage Disenrollment Period (MADP), January 1 – February 14

Can: Disenroll from an MA plan and return to Original Medicare
Disenroll from an MA-PD plan, return to Original Medicare and, if desired, Enroll in a stand-alone PDP

Cannot: Disenroll from an MA plan to join another MA plan
Switch from Original Medicare to join an MA plan

Annual Election Period (AEP), October 15 - December 7

Can enroll in Medicare plan of choice and new plan benefits start January 1

Medicare Advantage plans

I'm now going to explain the highlights of Medicare Advantage plans.

Medicare Advantage plans

- **Keep Original Medicare benefits**, and get extra benefits, all managed under one plan
- **Pay low or no monthly plan premiums** (depending on the plan you choose)
- **Enroll without a physical** – your health history is not reviewed
- **Travel anywhere** – you're covered for medical emergencies worldwide
- **Budget your annual expenses** – there's a yearly cap on what you pay out of pocket
- **Get prescription drug coverage** included with most plans

Review slide.

Medicare Advantage plans

With Aetna, you'll also get, at no extra cost:

- Membership at a participating gym of your choice
- A home fitness kit

Tip

You must have Original Medicare (Parts A and B), and live in the plan's service area, to enroll. You must also continue to pay your Part B premium. Exceptions may apply if you have permanent kidney failure (also called End-Stage Renal Disease (ESRD)).

Aetna Medicare 10

Let attendees know that, if they have permanent kidney failure, also called End-Stage Renal Disease (ESRD), they can only enroll in certain situations, like:

- If they had a successful kidney transplant
- If they have an employer or union health plan, or other health coverage through a company that offers Medicare Advantage plans
 - In this case, they may be able to join one of their company's Medicare Advantage plans

There are two main types of Medicare Advantage plans

HMO — Health Maintenance Organization

- Use doctors and hospitals in the plan network to receive benefits
- Choose a Primary Care Physician (PCP)
- Get referrals to see other doctors for specialized care

PPO — Preferred Provider Organization

- Save when you use doctors or hospitals in the plan's network
- Pay more to use providers out of the plan's network
- See any doctor without a referral for covered services

Tip

If an Open Access HMO plan is available in your area, you can use any doctor in the network without a referral.

Aetna Medicare 11

HMOs

- Require PCP selection and referrals for covered services
- Require use of network providers for all covered services except urgent and Emergency care
- May require prior authorization (for some services)

Open Access HMOs

- Similar to HMOs, but with no referrals required to visit network doctors or hospitals

PPOs

- Allow you to go in or out of network with no referrals for covered services
- Out-of-network services often have a deductible and a higher copayment or coinsurance

All Medicare Advantage Plans

- Include a Maximum Out-of-Pocket (MOOP) limit
- Once MOOP is met, the plan pays 100% for covered medical services

To find doctors who participate in the Aetna Medicare network:

- Visit www.aetnamedicare.com/member
- Log into Aetna Navigator
- Select DocFind

Medicare prescription drug coverage

I'm now going to explain the highlights of Medicare prescription drug coverage.

How Medicare prescription drug coverage can help you pay for pharmacy costs

Step 1 Deductible	<ol style="list-style-type: none">1. You pay \$0-\$325 up front, depending on the plan you choose2. Your prescription drug coverage starts
Step 2 Initial Coverage Period	<ol style="list-style-type: none">1. You pay a flat rate or a percentage for each covered drug2. Your plan pays the balance3. Until you and the plan together have paid \$2,970
Step 3 Coverage Gap	<ol style="list-style-type: none">1. You get a 50% discount on covered brand drugs2. After that, you pay 47.5% of the plan's cost for brand drugs3. You pay 79% of the plan's cost for covered generic drugs4. Until the total amount you have spent out of your own pocket for the calendar year reaches \$4,750. This includes what you paid for:<ul style="list-style-type: none">• Your deductible (Step 1)• The Initial Coverage Limit (Step 2)• Plus the 50% brand discount paid by the drug company (Step 3) <p>Tip: Some plans may offer you extra help paying for covered prescription drugs in the gap.</p>
Step 4 Catastrophic	<ol style="list-style-type: none">1. You pay up to 5% for all covered brand and generic drugs for the rest of the year

Tip

You must:

- Have Original Medicare Part A and/or Part B, and live in the plan's service area, to enroll.
- Complete the first three steps above, in the same calendar year, for Catastrophic coverage (Step 4) to begin.

Aetna Medicare 13

If you choose a Medicare Advantage plan with prescription drug coverage, or a stand-alone Medicare Prescription Drug Plan, this slide shows what you can expect to pay at the pharmacy.

You must use network pharmacies to get your prescription drug benefit, except under non-routine circumstances, and **quantity limits** and restrictions, such as **prior authorization** and **step therapy**, may apply.

Define these terms:

Prior Authorization:

- For certain drugs, you or your doctor need to get approval from the plan before the drug will be covered. This is called "prior authorization." Sometimes the requirement for getting approval in advance helps guide appropriate use of certain drugs. If you do not get this approval, your drug might not be covered by the plan.

Quantity Limits:

- Certain medications may only be covered up to a certain quantity
- Additional amounts beyond doses recommended by the Food and Drug Administration (FDA) require your doctor to obtain prior authorization from the insurer

Step Therapy:

- With certain prescribed drugs, you may be required to first try certain drugs to treat a medical condition before the originally prescribed medication will be covered
- If it is medically necessary for you to use the originally prescribed medication immediately, the treating doctor can request an exception

To learn more about these programs, please refer to the partial formulary in your enrollment kit, or view the complete formulary at www.aetnamedicare.com/formulary.

Aetna Medicare also offers these stand-alone Prescription Drug Plans

Name	Deductible	Highlights	Where
Aetna CVS/pharmacy Prescription Drug Plan (PDP)	\$325	<ul style="list-style-type: none"> • \$28 - \$32.50 monthly plan premium • Fill prescriptions at a CVS pharmacy for the greatest savings • Get an ExtraCare® Health Card for 20% off non-prescription CVS brand health items over \$1 	All states except AK, AR, CO, ID, OR, UT and WA
Aetna Medicare Rx® Premier Plan (PDP)	\$0	<ul style="list-style-type: none"> • \$86.20 - \$122.40 monthly premium • Coverage for all generic benzodiazepines and barbiturates • More coverage in the gap for most drugs 	All 50 states (including DC) <u>except</u> Hawaii

Both plans let you:

- Save with copays of \$7 or less on more than 1,200 drugs
- Save on the prescription drugs Medicare members use most
- Shop at more than 65,000 network pharmacies nationwide, or through mail order

Tip

You must have Original Medicare Part A and/or Part B, and live in the plan's service area, to enroll.

Aetna Medicare 14

I'm now going to explain the Medicare Prescription Drug Plans available from Aetna. These plans help cover your prescription drug costs only. They **cannot** be paired with a Medicare Advantage plan. They **can** be paired with Original Medicare alone, or Original Medicare plus a Medicare Supplement plan. Review slide.

You must use network pharmacies to get your prescription drug benefit, except under non-routine circumstances, and quantity limits and restrictions may apply.

To save the most with the Aetna CVS/pharmacy plan, you must fill your prescriptions at a CVS pharmacy (or Longs Drugs pharmacies in Hawaii).

To find out if your drugs are covered, refer to the partial formulary in your enrollment kit. Or visit www.aetnamedicare.com/formulary for a complete list of covered drugs.

To locate pharmacies in the Aetna Medicare network, visit www.aetnamedicare.com:

- Click the "Easy Answers" box near the top right of the screen
- Select "Find pharmacies"

To find more information about our Transition of Care policy for Part D prescription drugs, refer to the partial formulary in your enrollment kit.

1. The government offers Extra Help with prescription drug premiums and costs for those who qualify.
2. To learn more, they can call Medicare 24 hours a day, 7 days a week: **1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048)**.

Now let's look at the enrollment kit

Specific Aetna Medicare plans and benefits available in your area

Benefits-at-a-Glance

You can also find Aetna plan ratings, and learn about our FREE interpreter services, in your enrollment kit.

Additional Resources

Visit:

www.aetna.com/docfind

to see if your doctors, hospital and pharmacy are part of the Aetna Medicare network

www.aetnamedicare.com/formulary

to see if your prescription drugs are covered

www.aetnamedicare.com

and enter your zip code, to:

- Do a side-by-side comparison of plans in your area
- See how much you can expect to pay for prescription drugs with each plan

Review slide.

What you can expect as a member of an Aetna Medicare Advantage plan

Now we are going to talk about what you can expect as a member of an Aetna Medicare Advantage plan.

What you get, at no extra charge

- ✓ Programs to help you be well
- ✓ A smartphone application, so you can manage your health on the go
- ✓ Nurse case managers to help coordinate your care with your doctors
- ✓ Resources to help you live better with diabetes and other conditions
- ✓ A program to help manage high blood pressure
- ✓ A program to help with advanced illnesses
- ✓ Special discounts for members



Aetna Medicare 18

Aetna offers a number of benefits and wellness programs to help support your well-being, all at no extra charge. They include...

Go through bullets listed above.

Manage your health

Annual preventive reminders

For vaccines, screenings, etc.

Women's health reminders

Cervical and breast cancer screening reminders

Numbers to Know®

Booklet and wallet card to help you manage your blood pressure and cholesterol



Review slide.

Manage your health

Aetna Mobile app

- Our Smartphone application helps you manage your health on the go

Informed Health Line®

- Get 24-hour access to a registered nurse, who can offer information on thousands of health topics



Aetna Medicare 20

Review slide.

Manage your health

Online Personal Health Record

- Organizes your Aetna medical history for you and lets you easily add health information, like family health history
- Tracks your office visits, prescriptions and medical conditions

Aetna Navigator® a secure member website that lets you do things, like:

- Request new member ID cards
- Review claims listing
- Find a network doctor, hospital or pharmacy

Review slide.

Get support from nurse case managers

Aetna Case Managers

are registered nurses who:

- Are specially trained to recognize your unique needs
- Call you and your doctors, when needed, to help coordinate your care



Aetna Medicare 22

Elaborate a little on the information in the slide.

- Aetna keeps track of the diagnoses and treatments you receive and, when needed, a registered nurse will call you and your doctor to help coordinate the services covered under your plan
- Our nurse case managers also get special training to understand the unique needs of people in the Medicare program
- They work with you, your doctor and a team of experts to help you develop a care plan especially for you
- Like member services, they are your advocate, helping you to understand both your Aetna and your Medicare benefits, and how you can use them

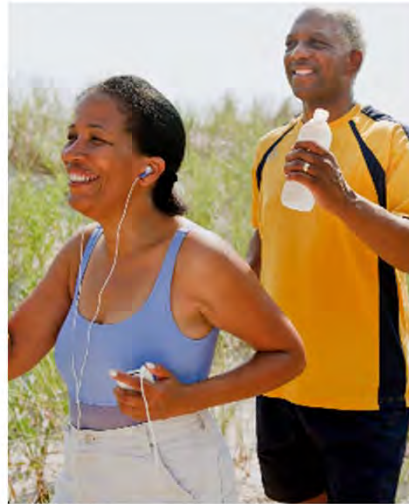
*Refer attendees to the **Aetna Extras Brochure** to see the list of conditions that will qualify them for this program.*

Get help with health conditions like diabetes

Choose from a wide range of free materials and resources to help you live better with diabetes, heart conditions, asthma, arthritis and other conditions

Get help from a registered nurse “health coach,” depending on your condition, by the method you prefer:

- Mail
- Phone
- E-mail



Aetna Medicare 23

Elaborate a little on the information in the slide.

- The above only shows some of the most common health conditions. Refer to the **Aetna Extras Brochure** to see a full list of conditions this program supports.
- The nurses educate people about their condition, how to cope and provide educational materials

Get help with high blood pressure

Members with high blood pressure receive:

- A free blood-pressure cuff
- Calls that remind you to enter your blood-pressure into an automated system
- Feedback on your blood-pressure reading and support from a case manager, if needed

More than half of all participants during an initial test of the program got their blood pressure under control*



*Source: Time magazine, January 29, 2011 "Wellness: Does Your Doc Know What To Look For?"
<http://www.time.com/time/magazine/article/0,9171,2040210,00.html>

Aetna Medicare 24

Talk through the bullets on the slide, bring up the article, and offer to provide the link after the meeting.

This program is offered to all members diagnosed with high blood pressure. Once enrolled, members get a free blood pressure cuff, and when members check their blood pressure, the result is entered into an automated system. Members then get feedback to help them manage their condition. Sometimes a case manager may offer additional support, too.

Get help in the advanced stage of an illness

Get support for you, or a member of your family, including:

Help from nurses who:

- Are specially trained to coordinate care
- Help you manage your benefits
- Help identify helpful resources

A website that can give you:

- Information about living wills
- Tips for discussing care and treatment options with loved ones



Aetna Medicare 25

This is a topic that can be hard to talk about. But we want you to know that Aetna does offer support for you and your loved ones in the advanced stages of an illness.

Talk through the bullets on the slide.

Save with discounts on items and services

Such as:

- Routine eye exams and select items and services
- Hearing aids and comprehensive hearing tests
- Acupuncture, chiropractic care and massage therapy
- Some of today's most popular weight-loss programs, meal plans and products
- Books and other items from select bookstores
- Blood pressure monitors
- Customized sleep improvement program



Aetna Medicare 26

Explain that these are extra discounts that Aetna provides to its members. These are not plan benefits.

Enrollment is as easy as 1-2-3

Step 1

Review your enrollment kit and select the plan that's right for you.

Step 2

Complete the enrollment form.

Step 3

Hand in your enrollment form today or mail your completed form to Aetna. You can also enroll online at **www.aetnamedicare.com** or **www.medicare.gov**. You'll receive a welcome packet and ID card in the mail.



Aetna Medicare 27

Take people through enrollment steps. Remind them where they can find Aetna's plan ratings, and information about Aetna's free interpreter services (the multi-language insert), in the enrollment kit.

Be sure to fill out your enrollment form completely. An incomplete form could delay your enrollment date.

If you're ready, you can hand in your enrollment form today, or you can mail it to Aetna.

You can also enroll online at **www.aetnamedicare.com** or **www.medicare.gov**.

And don't forget about these election periods:

- **Annual Election Period (AEP)** – October 15 to December 7
 - Can enroll in Medicare plan of choice and new plan benefits will start January 1
- **Initial Election Period (IEP)** – 7-month period surrounding your 65th birthday
 - Can enroll in Medicare plan of choice
 - If not enrolled during IEP, could pay government penalty and may have to wait several months to enroll
 - If you work past the age of 65, IEP starts when you retire

What you can expect from an Aetna Medicare Advantage Plan

- Simple sign up
- People working with you for your health and well-being
- A complimentary health assessment by phone after you enroll
- A call from an Aetna Nurse Case Manager if we see that you have, or are at risk for, certain conditions



Aetna Medicare 28

Take people through bullets on the slide.

What you can expect from Aetna

Experience:

- In business for more than 150 years
- Paid the first Medicare claim in 1966
- Covers more than 36 million members nationwide



Aetna Inc. 29

Take people through bullets on the slide.

Thank you



Thank you for attending today's presentation.

Explain that you'll be available after the meeting to assist with questions.

Additional Information

Plans are offered by Aetna Health Inc., Aetna Health of California Inc. and/or Aetna Life Insurance Company (Aetna).

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Other plans may be available in the service area.

You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services.

If you obtain routine care from out-of-network providers neither Medicare nor Aetna Medicare will be responsible for the costs.

Members may enroll in the plan only during specific times of the year. Contact Aetna Medicare for more information.

This information is available for free in other languages. Please contact our customer service number at 1-800-282-5366 (TTY/TDD:711) for additional information. Hours of operation: 7 days per week, 8 a.m. to 8 p.m.

Esta información está disponible en otros idiomas de manera gratuita. Si desea más información, comuníquese con Servicios al Cliente al 1-800-282-5366 (TTY/TDD: 711). Horario de atención: los 7 días de la semana, de 8 a.m. a 8 p.m.

Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Aetna may receive a percentage of the fee you pay to the discount vendor. Information is believed to be accurate as of this production date, however, it is subject to change.