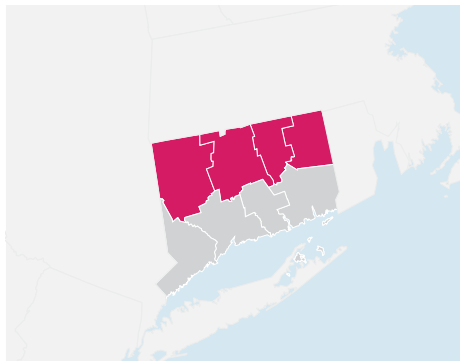


## CT Inland



### Number of Medicare eligibles

CT Inland: 253,788

### Service area

**Connecticut:** Hartford, Litchfield, Tolland, Windham

### Market highlights

- Over-the-counter on PPO, matches CVS preferred; \$2 generics, no deductible on Rx (\$0 statewide PPO & \$0 Elite HMO).
- SilverSneakers® on plans. Dental, Vision, and over the counter on all lead plans.
- Local welcome meetings, Aetna Resources for Living<sup>SM</sup> and seamless network on all plans.

### Value proposition

Aetna offers customers a range of Medicare plans to fit their lifestyles, health needs and budgets. Our plans include medical, hospital and prescription drug coverage plus access to a wide network of doctors. And our PPO plan gives customers the freedom to see any doctor they choose without a referral.

### Strong network

Extensive local physician and hospital network, Including: Pro Health, Hartford And St. Francis Hospitals. Also providing seamless access to Aetna's National Medicare network.

# CT Inland

**Connecticut: Hartford, Litchfield, Tolland**

## Aetna Medicare Value Plan (HMO) (H5793-001)



Monthly premium	\$49
PCP in network	\$30
Specialist in network	\$50
Inpatient hospital in network	\$450 per day, days 1-4; \$0 per day, days 5-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$125
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	30%/30%

This plan includes tier 1 and tier 2 prescription gap coverage.

# CT Inland

**Connecticut: Hartford, Litchfield, Tolland, Windham**

## Aetna Medicare Elite Plan (PPO) (H5521-157)



Monthly premium	\$0
PCP in network	\$15
Specialist in network	\$45
Inpatient hospital in network	\$750 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$1,000 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, outpatient
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes tier 1 and tier 2 prescription gap coverage.

# CT Inland

**Connecticut: Hartford, Litchfield, Tolland, Windham**

## Aetna Medicare Elite Plan (HMO) (H5793-011)



Monthly premium	\$0
PCP in network	\$10
Specialist in network	\$40
Inpatient hospital in network	\$750 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$1,000 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, outpatient
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes tier 1 and tier 2 prescription gap coverage.

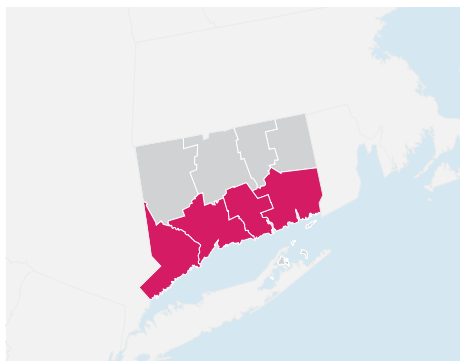
# CT Inland

**Connecticut: Hartford, Litchfield, Tolland, Windham**

	<b>Aetna Medicare Standard Plan (HMO)</b> (H5793-008) ★★★★	<b>Aetna Medicare Standard Plan (PPO)</b> (H5521-013) ★★★★
Monthly premium	\$139	\$99
PCP in network	\$10	\$10
Specialist in network	\$40	\$40
Inpatient hospital in network	\$360 per day, days 1-5; \$0 per day, days 6-90	\$280 per day, days 1-7; \$0 per day, days 8-90
Out-of-pocket maximum in network	\$6,700	\$6,700
Out-of-pocket maximum combined	N/A	\$10,000
Deductible	\$0	\$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>		
Prescription deductible	\$0	\$0
Tier 1 — Preferred generic	\$2/\$10	\$2/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100
Tier 5 — Specialty	33%/33%	33%/33%

This plan includes tier 1 and tier 2 prescription gap coverage.

## CT Shoreline



### Number of Medicare eligibles

CT Shoreline: 396,165

### Service area

**Connecticut:** Fairfield, Middlesex, New Haven, New London

### Market highlights

- Over-the-counter on PPO, matches CVS preferred; \$2 generics, no deductible on Rx (\$0 statewide PPO & \$0 Elite HMO).
- SilverSneakers® on plans. Dental, Vision, and over the counter on all lead plans.
- Local welcome meetings, Aetna Resources for Living<sup>SM</sup> and seamless network on all plans.

### Value proposition

Aetna offers customers a range of Medicare plans to fit their lifestyles, health needs and budgets. Our plans include medical, hospital and prescription drug coverage plus access to a wide network of doctors. And our PPO plan gives customers the freedom to see any doctor they choose without a referral.

### Strong network

Extensive local physician and hospital network including: Yale, Western Connecticut, And Bridgeport Hospital. Also providing seamless access to Aetna's National Medicare network.

## CT Shoreline

**Connecticut: Fairfield, Middlesex, New Haven, New London**

### Aetna Medicare Elite Plan (HMO) (H5793-010)



Monthly premium	\$0
PCP in network	\$20
Specialist in network	\$50
Inpatient hospital in network	\$750 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	N/A
Deductible	\$1,000 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, outpatient
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes tier 1 and tier 2 prescription gap coverage.

## CT Shoreline

**Connecticut: Fairfield, Middlesex, New Haven, New London**

### Aetna Medicare Elite Plan (PPO) (H5521-157)



Monthly premium	\$0
PCP in network	\$15
Specialist in network	\$45
Inpatient hospital in network	\$750 per stay
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
Deductible	\$1,000 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, outpatient
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes tier 1 and tier 2 prescription gap coverage.



## CT Shoreline

**Connecticut: Fairfield, Middlesex, New Haven, New London**

	<b>Aetna Medicare Standard Plan (HMO)</b> (H5793-008) ★★★★	<b>Aetna Medicare Standard Plan (PPO)</b> (H5521-013) ★★★★
Monthly premium	\$139	\$99
PCP in network	\$10	\$10
Specialist in network	\$40	\$40
Inpatient hospital in network	\$360 per day, days 1-5; \$0 per day, days 6-90	\$280 per day, days 1-7; \$0 per day, days 8-90
Out-of-pocket maximum in network	\$6,700	\$6,700
Out-of-pocket maximum combined	N/A	\$10,000
Deductible	\$0	\$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>		
Prescription deductible	\$0	\$0
Tier 1 — Preferred generic	\$2/\$10	\$2/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100
Tier 5 — Specialty	33%/33%	33%/33%

This plan includes tier 1 and tier 2 prescription gap coverage.