

AARP® MedicareComplete® from SecureHorizons® – Product Overview for 2010

Introduction

Welcome! This document will give you a selling overview of the **AARP® MedicareComplete® from SecureHorizons®** Plan. It includes:

- Selling points
- Important information
- Plan changes for 2010
- Dos and don'ts

Things the Consumer Should Know:

- The AARP MedicareComplete Plan is a Medicare Advantage Plan.
- It combines Medicare Part A (hospital coverage) and Part B (medical coverage) and can also include Part D (prescription drug coverage).
- Consumers can elect a coordinated care Medicare Advantage Plan (HMO, PPO, POS) without Medicare Part D coverage, if available, but they cannot buy a separate Part D plan in this case.
- To qualify, consumers must have Medicare Parts A and B.
- Consumers remain a part of the Original Medicare Program after enrollment, and the Medicare Advantage Plan provides the Medicare benefits directly to the consumer.
- Plan premiums are not based on the consumer's age or health.
- The Plan comes in several different product options:
 - Health Maintenance Organizations (HMOs)
 - Preferred Provider Organizations (PPOs)
 - Point of Service (POS)

Selling the Product

AARP MedicareComplete Plans offer benefits and services that go beyond what is covered by Original Medicare. When you present the features of these plans, be sure to emphasize the value to the consumers. Consumers want to know why they should elect a Medicare Advantage Plan, and why AARP MedicareComplete may be the right plan for them.

Note: The benefits described in this training are presented at a national level. You will want to check the benefit plans in your local market for specific information.

Three Types of AARP Medicare Complete Plans

Health Maintenance Organizations (HMO)

- Consumers select a Primary Care Physician (PCP) from contracted network at time of enrollment.
- PCP coordinates care with specialists and hospitals. (Referrals to specialists are not required on some plans.)
- HMOs have specific provider network limitations.

Preferred Provider Organizations (PPO or Local PPO)/Regional Preferred Provider Organizations (RPPO)*

- Consumers select a PCP for in-network benefits at time of enrollment.
 - PPO utilizes an existing contracted network for in-network services. It is not the same provider network as the HMO network, although there can be overlap.
 - There are no referral requirements in any of these plans.
- For all services covered in-network, consumers may also seek these services outside the contracted network (usually at a higher copayment).
 - All plans are required to cover the same services out-of-network that they cover in-network.

* A RPPO is similar to local PPO, but serves a larger geographic area (either a single state or a multi-state area). It offers the same premiums, benefits and cost-sharing requirements to all consumers in the region.

Point of Service (POS)

- Consumers select a PCP at time of enrollment.
 - POS utilizes an existing contracted HMO physician network for in-network services.
- There are no referral requirements in some of these plans.
- Consumers may seek **certain** medical services outside the contracted physician network (usually at a higher copayment).
 - Plan benefits may vary in what is covered out-of-network. For example, a plan may only cover a few services out-of-network, such as inpatient and outpatient hospital care, while another plan may cover almost all services that are covered in-network on an out-of-network basis as well.
 - Some limitations by county or state

AARP MedicareComplete Benefit Points

All Plans

- No limit on the number of inpatient hospital days covered.
 - Original Medicare limits the inpatient hospital benefit to 90 days per benefit period
- No three-day acute stay required before Skilled Nursing Facility (SNF) Care
 - Original Medicare will not cover SNF care if not preceded by a three-day hospital stay.
- Worldwide emergency coverage.
- Additional benefits and services designed to help the member live a healthy and more vital life.
 - \$0 copayments for preventive care services
 - 24- hour NurseLine: Health advice from a registered nurse when members need it, available 24 hours a day

Many Plans

- Routine vision exams provided in most plans.
- Routine hearing exams and hearing aid benefits included in many plans.
- Out-of-Pocket maximum allows members to manage their health care expenses with greater confidence (all PPO Plans, most POS Plans, select HMO Plans).

AARP MedicareComplete Benefit Structure: \$0 Preventive Services

- Annual routine physicals
- Annual flu shots, plus pneumonia & Hepatitis B immunizations
- Annual Pap/pelvic screenings - exam and lab test
- Annual screening mammogram
- Annual prostate cancer screening - includes Prostate-Specific Antigen (PSA) test and exam
- Cardiovascular screening
- Bone Mass Measurement (BMM) or bone mass density (BMD) tests, as medically necessary
- Diabetes self-management training and testing supplies (blood glucose monitors, test strips and lancets)
- Colorectal screening - several different procedures and tests
 - For some plans, colonoscopy and sigmoidoscopy screenings are not \$0 – an outpatient hospital copayment applies if the procedure is performed in an outpatient setting.

Key Plan Changes for 2010

Plan Names

All plan names that include the term "Essential" mean the plan does not have built-in prescription drug coverage. Plan names without the term "Essential" do include drug coverage.

Premiums

Monthly plan premiums were added to some plans that were previously \$0 premium in 2009. See the Summary of Benefits for each plan for premium information.

Copayments

- For many plans, the inpatient Mental Health/Substance Abuse copayment applies to a different maximum number of days than inpatient acute hospital care.
- PCP, Specialist, and prescription drug copayments for a number of plans changed. Copayment amount still varies by plan and market.

Additional Coverage

Advance to Wellness program removed from all plans that previously had it in 2009; respite care removed from all plans.

Optional Supplemental Benefits (Riders)

- Plus Plan Rider is no longer available on any plans in 2010.
- Silver Sneakers® is available as a Fitness Rider in some markets for a \$10 monthly premium.

Dos and Don'ts

DO

- Explain how the Medicare Advantage Plan is not a Medicare Supplement Plan.
- Explain to consumers that they cannot enroll in a coordinated care (HMO, PPO, POS) MA-only plan for medical coverage and also buy a separate Medicare Part D Plan.
 - If they choose to enroll in an MA-only plan, they are electing not to have Medicare Part D coverage.
 - If they are enrolled in an MA-only plan and they enroll in a separate Medicare Part D plan, their MA enrollment will automatically terminate.
- Inform the consumer that they must keep paying their Medicare Part B premium.
- Review the Summary of Benefits and Statement of Understanding with each consumer.
- Inform the consumer at the point of sale regarding the Outbound Education and Verification (OEV) process.
- Review the Centers for Medicare & Medicaid Services (CMS) Point of Sales Disclosure located on the back of the Enrollment Request Form (ERF).
- Disclose Enrollment periods and limitations.
- Leave the consumer a copy of the entire sales kit, which includes the Summary of Benefits, ERF, provider directory, sales representative contact information, and a copy of the Appeals and Grievance process.

DON'T

- Describe a Medicare Advantage Plan as the same as a Medicare Supplement Plan.
- Tell a consumer that once they enroll in a Medicare Advantage Plan, they no longer have coverage with Original Medicare. It is important for the consumer to understand that while the Medicare Advantage Plan is now providing a member's benefits and services, all Medicare Advantage members remain a part of the Original Medicare Program.

Summary

There are three types of AARP Medicare Complete Plans:

- Health Maintenance Organizations (HMO)
- Preferred Provider Organizations (PPO)
- Point of Service (POS)

Benefit points include:

- No limit on inpatient hospital days
- No three-day acute stay for SNF care
- Many plans cover routine vision and hearing exams and hearing aid benefits
- Worldwide emergency coverage
- 24-hr NurseLine

Benefit structure includes:

- Annual routine physicals for a \$0 copayment
- Many preventive screenings and immunizations for a \$0 copayment
- Diabetes self-management training and testing supplies for a \$0 copayment