

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

aetnaSM

Begin Your Path to Success **with Individual Medicare Supplement from:**

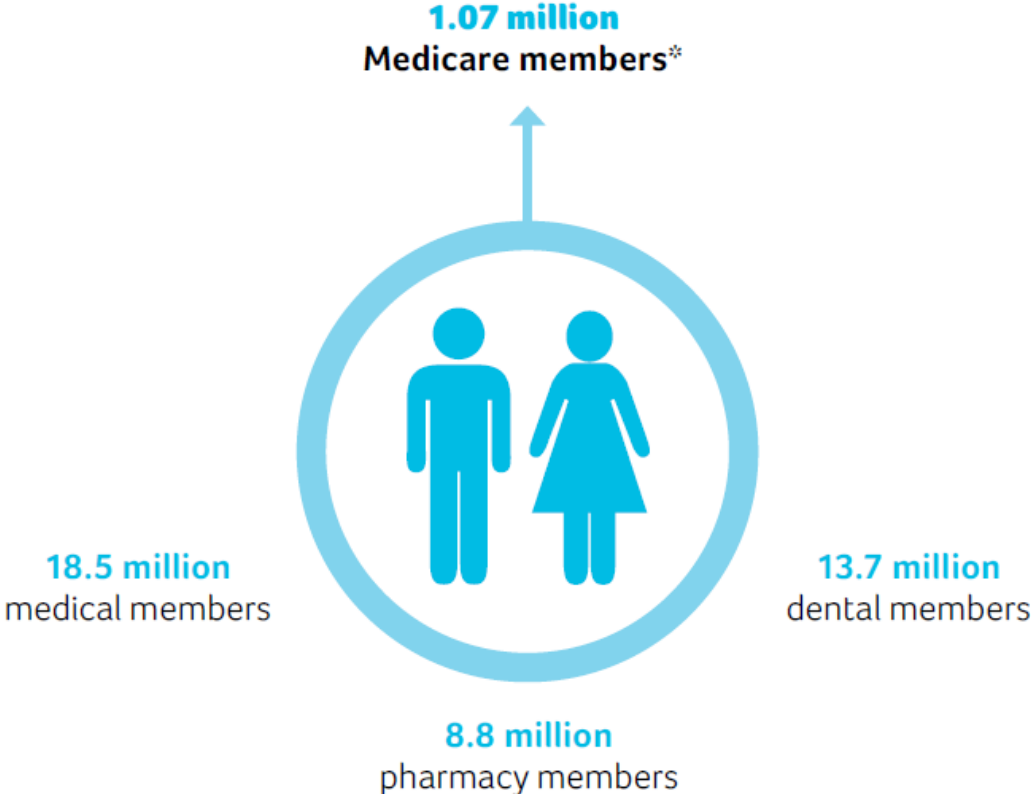
**Aetna Health and Life Insurance Company (AHLIC)
American Continental Insurance Company (ACI)
Continental Life Insurance Company of Brentwood,
Tennessee (CLI)**

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Aetna Inc. Proprietary and Confidential.



Aetna's Brand Value

A Recognized Leader in Health Insurance



*As of January 2012; includes 168K GNW/ALIC Medicare Supplement members

Top Financial Ratings – as of June 19, 2014

- Aetna Health and Life Insurance Company (AHLIC)
- American Continental Insurance Company (ACI)
- Continental Life Insurance Company of Brentwood, Tennessee (CLI)



A.M. Best

“A” Excellent is the third highest rating out of sixteen possible ratings by A. M. Best Company. Founded in 1899, A.M. Best Company is the world’s oldest and most authoritative insurance rating and information source.

History, Reputation, Innovation



Aetna has more than 155 years of insurance expertise.

FACT: Aetna paid the industry's first Medicare claim in 1966.

History, Reputation, Innovation

Aetna Senior Supplemental Insurance

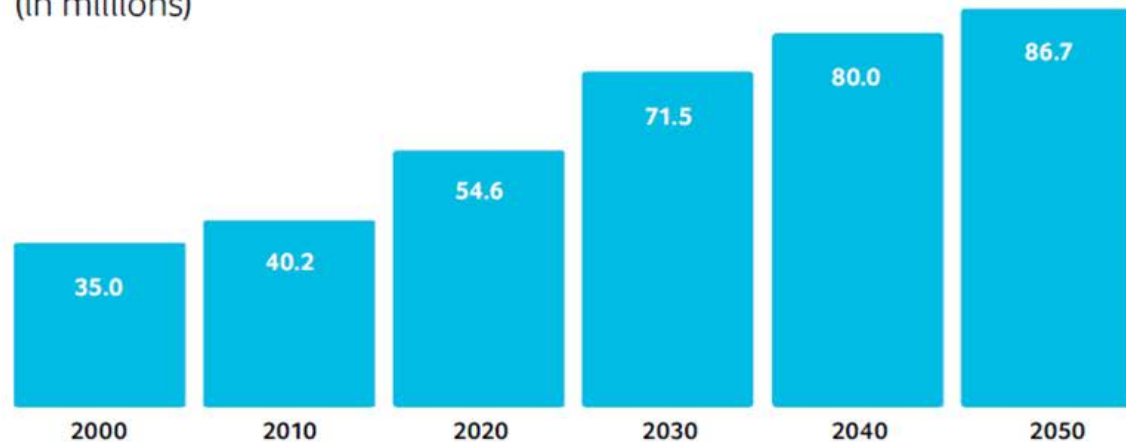
- ✓ Has 30 years of experience specializing in the senior market
- ✓ Focus on being a distributor-preferred company
- ✓ Supports the long-term success of our valued agents
- ✓ Has small company personality with BIG company capability
- ✓ Offers a diverse portfolio of products consumers know and trust

The Right Demographics Enhance Your Medicare Supplement Opportunity

- The 65+ age group is projected to grow by 14.4M individuals, a 35% increase, over the next decade (2010 – 2020).
- The senior population will double from 40M to 80M, and represent one out of every five U.S. citizens (20%) over the next 30 years.

Population Aged 65 and Over: 2000 to 2050

(in millions)

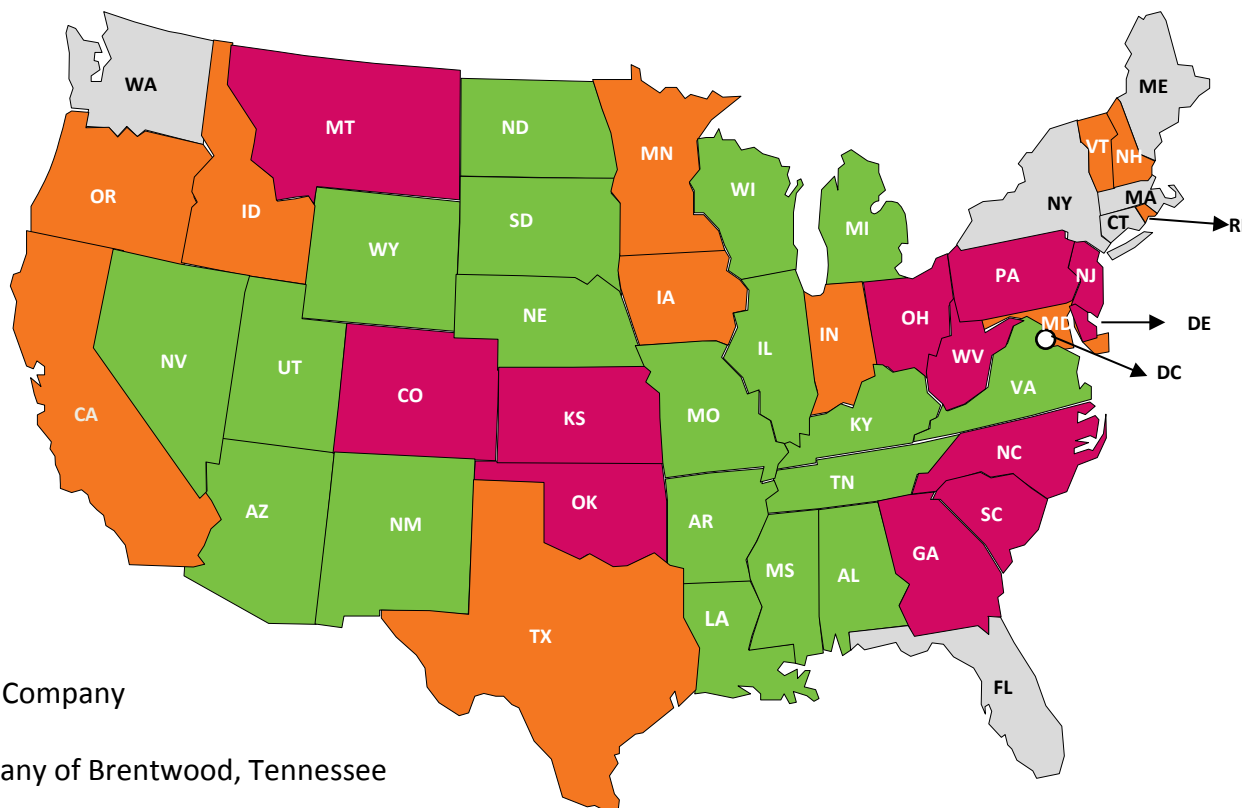





Note: The reference population for these data is the resident population.

Sources: 2000, U.S. Census Bureau, 2001, Table PCT12; 2010 to 2050, U.S. Census Bureau, 2004.

Individual Medicare Supplement

- Product not available in all states
- Policy based on applicant's state of residence
- Plan options also vary by state
 - Availability of under age 65 plans also vary by state
- 5% household discount available in: AZ, CA, CO, GA, IA, IL, IN, KS, LA, MO, MS, NC, NE, NH, NJ, OH, OK, OR, PA, SC, TX, UT, VT, and WI
- 7% household discount available in: DE, GA, KS, MT, NC, NJ, WV



-  American Continental Insurance Company (ACI)
-  Continental Life Insurance Company of Brentwood, Tennessee (CLI)
-  Aetna Health and Life Insurance Company (AHLIC)

Product availability as of 2/9/2015

Medicare Supplement Plan Options



| Medicare Supplement Benefits | A | B | C | D | F ¹ | G | K | L | M | N |
|--|---|---|---|---|----------------|---|--------|--------|-----|----------------|
| Medicare Part A co-insurance hospital costs up to an additional 365 days after Medicare benefits are exhausted | X | X | X | X | X | X | X | X | X | X |
| Medicare Part B co-payment or co-insurance coverage | X | X | X | X | X | X | 50% | 75% | X | X ² |
| First 3 pints of blood | X | X | X | X | X | X | 50% | 75% | X | X |
| Part A hospice care co-insurance or co-payment | X | X | X | X | X | X | 50% | 75% | X | X |
| Skilled Nursing Facility (SNF) care co-insurance | | | X | X | X | X | 50% | 75% | X | X |
| Medicare Part A deductible | | X | X | X | X | X | 50% | 75% | 50% | X |
| Medicare Part B deductible | | | X | | X | | | | | |
| Medicare Part B 'excess charges' | | | | | X | X | | | | |
| Foreign travel emergency coverage (up to plan limits) | | | X | X | X | X | | | X | X |
| Medicare preventative care Part B co-insurance | X | X | X | X | X | X | X | X | X | X |
| Out-Of-Pocket Limit ³ | | | | | | | \$4940 | \$2470 | | |

¹Plan F has an option called a high deductible plan, which pays the same benefits as Plan F after the policyholder has paid a calendar year deductible (\$2140 for 2014). Benefits from high deductible plan F will not pay until out-of-pocket expenses exceed the calendar year limit, \$2140. Out-of-pocket expenses for this policy are expenses that would ordinarily be paid by the policy and include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

²Plan N pays the Part B coinsurance, except up to \$20 copayment for an office visit, an up to \$50 copayment for an emergency visit. Copayments do not count toward the Part B deductible.

³Benefits pay at 100% after the annual out-of-pocket limit is reached.

Plans K, L, N require the insured to pay a portion of the coinsurance or copayments.

Choosing the right Plan...

| Medigap Plan G Part B Coverage | | | |
|---|---------------|---------------|---------------------------|
| MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR | | | |
| Once you have been billed \$147 of Medicare-Approved amounts for covered services your Medicare Part B Deductible will have been met for the calendar year. | | | |
| MEDICAL EXPENSES: In or Out of the Hospital and Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. | | | |
| Services | Medicare Pays | Plan Pays | You Pay |
| First \$147 of Medicare Approved Amounts | \$0 | \$0 | \$147 (Part B Deductible) |
| Remainder of Medicare Approved Amounts | Generally 80% | Generally 20% | \$0 |
| Part B <u>Excess Charges</u> (Above Medicare Approved Amounts) | \$0 | 100% | \$0 |
| BLOOD: | | | |
| Services | Medicare Pays | Plan Pays | You Pay |
| First 3 pints | \$0 | All costs | \$0 |
| Next \$147 of Medicare Approved Amounts | \$0 | \$0 | \$147 (Part B Deductible) |
| Remainder of Medicare Approved Amounts | 80% | 20% | \$0 |
| CLINICAL LABORATORY SERVICES: | | | |
| Services | Medicare Pays | Plan Pays | You Pay |
| Tests for Diagnostic Services | 100% | \$0 | \$0 |

The “hidden” benefits of Plan G

- A great cost-saving option for many consumers
- Compare the benefits of Plan G with the popular (but more costly) Plan F
 - Plan G offers broad coverage
 - Rates are approximately \$20 /month lower than Plan F
 - Popular with seniors who are willing to pay Part B deductible to keep their premiums lower
 - Has fewer Guaranteed Issue situations than Plans A, C, or F – rewarding clients with more stable rates
 - Premium savings can be used to buy our complementary products
 - Pays the same competitive commission

Plan G (continued)

| MEDICARE PARTS A & B | | | |
|--|---------------|-----------|---------------------------|
| HOME HEALTH CARE: Medicare Approved Services. | | | |
| Services | Medicare Pays | Plan Pays | You Pay |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment: | | | |
| First \$147 of Medicare Approved Amounts | \$0 | \$0 | \$147 (Part B Deductible) |
| Remainder of Medicare Approved Amounts | 80% | 20% | \$0 |

| OTHER BENEFITS - NOT COVERED BY MEDICARE | | | |
|---|---------------|---------------------------------------|--|
| FOREIGN TRAVEL: Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. (Canada & Mexico only.) | | | |
| Services | Medicare Pays | Plan Pays | You Pay |
| First \$250 each calendar year | \$0 | \$0 | \$250 |
| Remainder of charges | \$0 | 80% to a lifetime maximum of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

Why Medicare Supplement?

- Choice of plans to meet the individual's needs
- Choice of any licensed doctor or hospital that is eligible to receive reimbursement from Medicare – no network constraints
- Plans are portable; policyholders don't have to worry about losing coverage when they relocate
- Unlike Medicare Advantage plans, Medicare Supplement applications are accepted throughout the year for eligible applicants
- A product that seniors know and trust
- Plans available that cover emergency care outside the United States
- Claims are electronically submitted by the Original Medicare processor for Parts A and B
 - Beneficiary is generally not required to submit paper claims
- Electronic payment options* (checking account) policyholders paying for monthly premiums
 - EFT results in better business persistency

* Credit card payments not available at this time. List bill with other individual policies with the same underwriting company is available in some situations. Call Policyholder Services for details.

- Backed by Aetna's financial strength
- Personable service for you and your clients
- Competitive rates AND commissions
- Sales incentives (that include trips to exotic destinations)
- Consumer referral lead program



AHLIC, ACI and CLI individual Medicare Supplement Plans

Broad Choice of Plans

- A, B, C, F, High Deductible F (HDF), G, and N available in most states

Do Not Include a Pre-existing Condition Clause

5% Household discount (available in most states) for those who qualify



Qualifying for the household discount

The two Medicare eligible individuals applying for coverage must be either:

- Married
- Domestic Partner (civil union or partnership), or
- Individuals who have resided at the same residence for 12 continuous months or more

Both applications must result in an issued Medicare Supplement policy – but the applicants do not have to apply at the same time.

Both policies must be a MIPAA plan issued by the same underwriting company

Application for the discount **MUST** be indicated on the application

- For applicants who apply separately (such as when one spouse later becomes eligible for Medicare), the second applicant **MUST** include the existing policyholder's coverage information

Policies are **NOT** issued **UNTIL** both applications are processed

- Inform the applicant and plan accordingly

Household Discount (continued)

Each policy receives the discount

- One discount per policy
- One discount per household

Discount will apply to the total premium AND for the life of the policy Inform the applicant(s) that the initial premium should include the 5% discount

- Should one application be declined or withdrawn a premium adjustment will be made to the issued policy

The joint application **MUST** include for **EACH** applicant all state required forms

- To include, HIPAA, Policy Replacement, and Proof of Creditable Coverage

Policies are **NOT** issued **UNTIL** both applications are processed

- **30 Days Free Look:** Return any policy for any reason within 30 days after receipt for a full refund of all premiums paid.
- **Guaranteed Renewable:** No worries of reduced benefits or cancelled coverage for the life of the policy, as long as the premiums are paid on time.
- **Freedom to Choose Your Doctors:** You control and choose the physicians who you trust for your care.
- **Benefits Stay the Same:** You always know what your benefits are with this standardized plan...no surprises or re-evaluations year-after-year.
- **Portable Coverage:** You are not restricted to use a network of health care providers. If you move, your coverage goes with you.

What's great about the plans

All of the following are features of all of the Medicare Supplement plans offered by Continental Life Insurance Company of Brentwood, Tennessee.

- **30 days free look**

Return any policy for any reason within 30 days after receipt for a full refund of all premiums paid.

- **12-month rate guarantee**

No rate increase for the first 12 months, as long as the premiums are paid on time.

- **Guaranteed renewable**

No worries of reduced benefits or cancelled coverage for the life of the policy, as long as the premiums are paid on time.

- **Freedom to choose your doctors**

You control and choose the physicians who you trust for your care.

- **Go direct to your doctors**

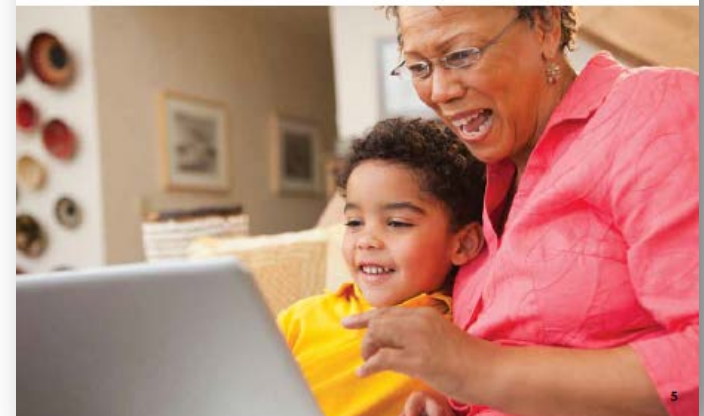
You can go directly to the physicians and specialists you choose without pre-certifications and pre-approvals.

- **Benefits stay the same**

You always know what your benefits are with this standardized plan...no surprises or re-evaluations year-after-year.

- **Portable coverage**

You are not restricted to use a network of health care providers. If you move, your coverage goes with you.



Pre-existing Condition Limitations

Unlike some Medicare Supplement plans, Pre-existing Condition limitations DO NOT apply to AHLIC, ACI, or CLI Medicare Supplement policies

A pre-existing condition is any injury, sickness or disease for which the insured has received, or has had recommended, medical advice or treatment during the six months before the effective date

For Plans where a Pre-existing Condition does Apply:

- Plans do not pay benefits for loss which occurs within six months* after the effective date as a result of a pre-existing condition
- Pre-existing conditions will be covered six months* from the policy effective date

- Individuals who apply during their OE period and, as of the date they applied, had a continuous period of Creditable Coverage of at least 6 months are not subject to the pre-existing conditions limitation
 - If period of creditable coverage is less than 6 months, the pre-existing condition limitation is reduced by the continuous period of creditable coverage the insured had within 63 days of the effective date of the Medicare Supplement policy

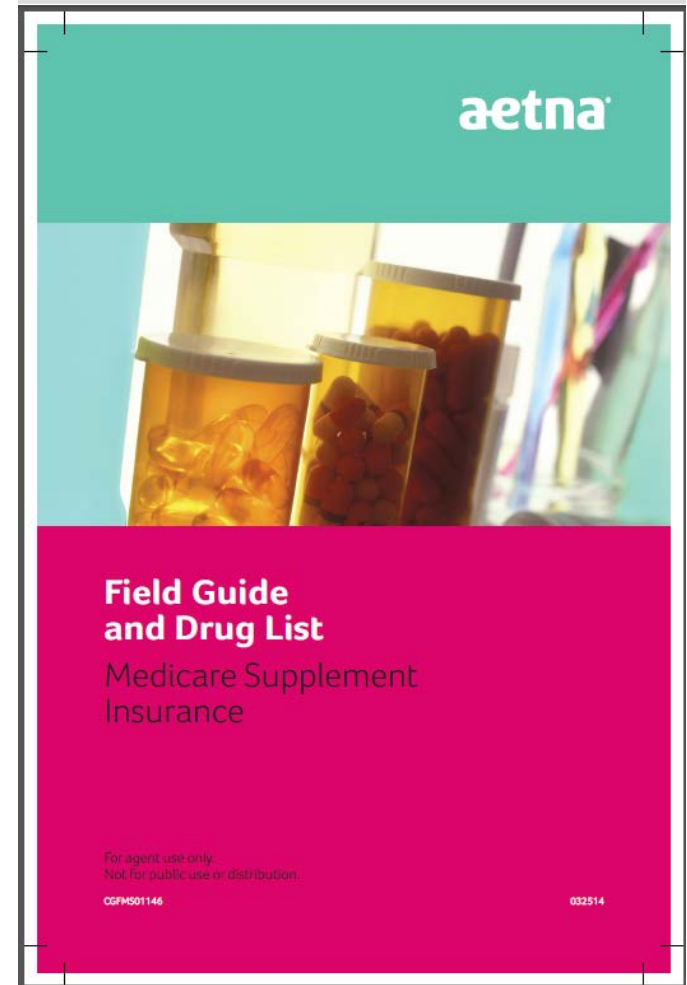
*The period for which a pre-existing condition is determined and/or for which benefits are not available can vary by carrier.

Field Underwriting

Agents should use caution when asking an applicant the health questions found on the application form.

- Don't rush through the health questions
- Make sure the applicant fully understands each part of the question and has enough time to carefully consider his/her response.
- If an applicant is unsure as to how to answer any of the health questions based on his/her health history, contact our underwriting department for guidance before you complete the application form.

Be careful. Responding incorrectly to a health question can result in a policy that is later rescinded.



Field Underwriting Case Study

- Applicant had a heart attack and was later diagnosed as being a diabetic.
- The agent advised the applicant to respond “No” to the health question (shown below) because the applicant was not a diabetic at the time his heart attack occurred.
- As the question indicates, diabetics who have any history of having a either a heart attack or a stroke are not eligible for a Medicare Supplement plan (in most states) regardless of which diagnosis occurs first.
- Careful field underwriting is the first line of review that can prevent a policy from having to be declined or worse, rescinded.

| | | |
|---|-------------------------|-------------------------|
| 4. Do you have diabetes? | | |
| A. that requires use of insulin | <input type="radio"/> Y | <input type="radio"/> N |
| B. with complications including retinopathy, neuropathy, peripheral vascular or arterial disease or heart artery blockage | <input type="radio"/> Y | <input type="radio"/> N |
| C. with history of heart attack or stroke (at any time) | <input type="radio"/> Y | <input type="radio"/> N |
| D. treated with medication that has been changed or adjusted in the past 12 months because of uncontrolled blood sugar | <input type="radio"/> Y | <input type="radio"/> N |

Health questions vary by state. Review each state’s application form carefully and call underwriting if any health question seems unclear or if the applicant does not understand the question.

Our focus on helping you (the agent) is what sets us apart...

- A dedicated Agent Services team with one number for all administrative questions 800 264.4000 option 3, 1
- Knowledgeable Regional Vice Presidents and Regional Sales Managers
 - Field staff that cover six geographical regions
 - Offer product training and support to help grow your business
 - Provide assistance in resolving issues or concerns

Available to answer your questions regarding:

- How to become contracted (or approved to sell new products)
- Product support or training opportunities
- Order sales materials
- New business
- Underwriting
- Commissions
- Policyholder services

Regional Vice President, Region 5
Tony Clark

Regional Vice President, Region 4
George Pelekanos

Regional Vice President, Region 3
Frank Bell

Regional Vice President, Region 2
Johnny Matos

Regional Vice President, Region 1
Greg Etchison

Regional Sales Manager
Michael Lavin

Regional Sales Manager
Vanessa Parker

| | |
|---|--|
| 5 Region AZ, CO, IA, ID, KS, MI, NE, NM, OR, UT, WY | Regional Vice President Tony Clark Tony.Clark@aetna.com 804 381.1068 |
| | Sales Specialist William Davis William.Davis@aetna.com 615 807.7514 |
| 4 Region AR, IL, MN, MO, ND, OK, SD, WI | Regional Vice President George Pelekanos George.Pelekanos@aetna.com 615 636.5470 |
| | Sales Specialist Linda Williams WilliamsLc3518@aetna.com 615 807.7529 |
| 3 Region KY, LA, MS, TN, TX | Regional Vice President Frank Bell Frank.Bell@aetna.com 615 336.8327 |
| | Sales Specialist Leah Morgan MorganL5@aetna.com 615 807.7516 |
| 2 Region AL, CA, GA, FL, NC, NY, SC, VA | Regional Vice President Johnny Matos MatosJA@aetna.com 954 729.4000 |
| | Sales Specialist Georgia Fletcher Georgia.Fletcher@aetna.com 615 807.7517 |
| 1 Region DE, IL, IN, MD, ME, NH, NJ, OH, PA, RI, VT, WV | Regional Vice President Greg Etchison Gregory.Etchison@aetna.com 765 425.8840 |
| | Sales Specialist Rose Faulkner Rose.Faulkner@aetna.com 615 807.7515 |
| Regional Sales Manager Michael Lavin LavinM@aetna.com 757 651.5220 | |
| Regional Sales Manager Vanessa Parker ParkerV2@aetna.com 813 997.9634 | |

A website dedicated to supporting your business: **aetnaseniorproducts.com**

Information you need at your fingertips

- Producer dashboard
 - Pending new business report
 - Recently issued business
 - Potential Policy Lapse
(a policy conservation report)
 - Policy termination
 - Policy search
- Product and supplies
 - View, download or order materials
- Promotions (sales contests)
 - Track your progress toward qualification
- Commission statements



Keeping You on Top of What is Happening

Email Blasts -- be sure we have your current email address on file

- Product launches
- Sales incentive announcements
- Product and regulatory updates
- Company and industry developments
- Operational updates
- Notice of upcoming webinars and seminars

Pacesetter

- Includes informative sales, administrative, and compliance articles
- Includes sales promotions and agent recognition

aetnaseniorproducts.com

- Agent message board – (to include office closings due inclement weather, etc.)
- Alerts - important policyholder alerts (register to have these delivered to your email inbox)

Get out front of the market and be ready to sell...

Licensing and Appointment

IMPORTANT:

- You need home office approval to sell before you take an application
 - Indicate the states where you plan to sell in Section 4 of the Producer Information Form (PIF)
- Use approved marketing materials based on the policy issue state
 - Sales kit includes all the required forms and sales materials (sales kits vary by state)
- Unlike Medicare Advantage plans, no certification or tests are required

Remember – as new products become available home office approval is required. Make sure you are properly licensed AND appointed (with the appropriate underwriting company) in the state(s) where you wish to market any Aetna Senior Supplemental insurance product.

To become approved to sell, or for product information or training, contact the **Agent Services** team at:

Phone:

800 264.4000 option 3, 1 (Sales)
8 a.m. – 4:30 p.m. Central time

Fax:

855 690.0893

Email:

AetSSlinformation@aetna.com



Understanding Your Commission

- The commission amount paid is a percentage of the policy's paid premium as calculated at the time of the initial sale
 - No commission paid on rate increases or on the policy fee
 - Commissions not paid on premiums for the Medicare Part B Deductible
 - Companies policy replacement rules can apply on internal policy replacement or policy exchanges
 - Commission rules can vary by state for policies issued to individuals under age 65 and/or under the provisions of Guaranteed Issue
- Commission payments are processed based on receipt of the policyholder's premium payment:
 - Commissions are paid based on the premium mode (monthly, quarterly, semi-annual or annual) selected by the policyholder
 - Commission advancing is available and is subject to home office approval
- Commissions can be paid by Electronic Funds Transfer (EFT) or by check
- Commission cycles
 - Commissions paid by EFT are issued twice weekly
 - Commissions paid by check (available on request) are issued weekly
 - Bank and company holidays can vary new business cut off date

Enrollment and Applications

The Sales Kit includes everything you need and contents vary by state:

- Product Brochure
- Outline of Coverage (benefit summary, including premium rate information) – MUST be left with the applicant
- Form entitled “Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage”
- Application and Electronic Funds Transfer Form
- Copy of CMS’ booklet, “Choosing a Medigap Policy”
- Business Reply Envelope
- New Business Fax Cover Sheet (use for EFT applications and get your business issued faster)
- Agent Checklist

Available separately:

- Agent rate card – shows monthly and annual rates

Online (electronic) applications are not available. Sales materials can be ordered as sales kits or individually through **aetnaseniorproducts.com** (agent website) or by calling the Agent Services team. Online forms can be downloaded and printed.

Application Checklist

Before the Application is Submitted, the Producer is Responsible for Reviewing the Following Information:

- ✓ Make sure applicant is provided with all the required enrollment materials included in the Enrollment Kit (state laws vary)
- ✓ Make sure all information on all required forms is complete and legible
- ✓ Complete all required fields on the application, including the effective dates for Part A and Part B.
 - Incomplete applications will be returned to the applicant
- ✓ Make sure beneficiary's Medicare claim number is complete (include the alpha code)*
- ✓ Ensure all health questions are completed for individuals who enroll outside of their Open Enrollment (OE) and Guaranteed Issue (GI) periods.
 - **Use the Preferred Rate for all GI and OE applications**
 - **Do not answer the health questions on GI and OE applications (Applications received with health questions answered in a OE or GI period will be returned.)**
- ✓ Make sure the signature and date are valid on the application

*If the applicant is becoming eligible for Medicare and the Medicare claim number has not been issued, instruct the applicant to call Policyholder Services as soon as the ID card is received.

Application Checklist (continued)

- ✓ Complete and sign the agent information section of the application
- ✓ Include initial premium amount on the application, including applicable adjustments for increases for directly monthly billing or smoker status. Include the one time only Policy Fee (\$20 in most states)
- ✓ Include a voided check if the applicant elects to pay their monthly premium via Electronic Fund Transfer (EFT)
- ✓ Make check payable to the appropriate underwriting company. CA applications must include 1/12 of the annual premium
- ✓ Attach any necessary documentation of prior coverage for proof of Guaranteed Issue entitlement
- ✓ Make sure all state-required forms are included
- ✓ Submit the application on time, within 30 days of the signature date
- ✓ Do not sell a Medicare Supplement plan to an individual if they are not terminating their existing Medicare Advantage plan prior to the desired effective date of coverage
- ✓ Inform applicant if they are cancelling a Medicare Advantage plan that Aetna does not process the disenrollment
- ✓ Advise the applicant to retain their current coverage until they receive the new policy and accept the terms of coverage (30-day free look)
- ✓ Advise an applicant who is not applying during OE or GI that a company representative will be calling them to conduct a telephone interview (They will be asked the same health questions asked on the application)

Individual Medicare Supplement Enrollments and Applications

Submit an application ONE of three ways:

- **E-App (electronic application)**
- **By fax (EFT apps only): 877-380-2777**
- **By mail* (include initial payment):**

AHLIC/ACI/CLI
P.O. Box 14399
Lexington, KY 40512-9700

*Make check payable to the appropriate underwriting company (shown at the top of the application)

Note: For faster processing agents should:

- Use E-App whenever possible.
- Get the Telephone Interview (TI) done at point of sale (POS) for applications that require underwriting.



E-App (Electronic Application)

Benefits of using E-App:

- One login – takes you from **aetnaseniorproducts.com** to the E-App tool
- Multi-device capability
- Voice and electronic signature options
- Helps ensure application is “in good order”
- Submitted in real time
- Rapid visibility to the submitted application
- Receive commissions faster
- No more forms to carry around or inventory to manage and store

Policy Issuance

- Unless otherwise requested, Policy is issued the first day of the month following receipt and acceptance of the completed application
 - Policy effective date cannot be the 29th, 30th, or 31st of a month
 - Policy effective date cannot be more than 90 days from the application date UNLESS the application date is within 6 months (90 days in WI) of their Medicare Open Enrollment Period
- If application is missing information, the application will be pended until the missing information is received
 - The agent will be contacted for the missing information
- In addition to the applicant's notification, Agent will be informed by letter when policy is issued or if application is declined.
- Agent may request delivery of policy directly to him/herself (except PA) or the policyholder
- Policy is sent on approval to the policyholder* and includes:
 - A welcome letter
 - ID card
 - Policy page reflects the member's name, policy number, effective date, and premium rate
 - HIPAA Notice of Privacy Practices
- Coverage may be canceled within the 30 day "free look" period for a full refund

State rules vary. Policy must be delivered to the Policyholder in some states, like PA.

Premium Rate and Billing Information

- Premiums may be paid on a monthly, quarterly, semi-annual* or annual basis
 - Electronic Funds Transfer (EFT) is available by monthly bank draft (EFT helps get your policies issued faster and results in better business persistency)
 - Unless requested differently, premium draft dates are based on the policy effective date (Call Policyholder Services or New Business for details)
 - Direct Bill is available for applicants who chose to pay annually, semi-annually, or quarterly
- AHLIC, ACI, or CLI Individual Medicare Supplement plans include a one year rate guarantee
 - Premium rate adjustments are made on the policyholder's policy anniversary date

IMPORTANT: Guaranteed Renewable – coverage cannot be terminated as long as the policyholder pays their premium

Privacy: It's Everyone's Responsibility

Customer information needs to be protected and secured at all times

- Demographic, bank and health information
- Coverage type, policy and claims information

Data stored on laptops and other electronic and mobile devices used for business must be encrypted

- Do not download or store customer data unless absolutely necessary
- Secure these devices when not in use

Any loss of data, stolen/lost laptops/devices must be reported to Aetna Compliance as soon as possible

- Notify Aetna's 24-hour corporate security hotline at 800 682.3213

Vendors and support staff used by producers must also comply with privacy laws

- Do not provide customer data to anyone other than what is minimally necessary to transact business

Another Way We Help Agents To Grow Their Business With Us!

Get FREE leads from your existing policyholders with this simple program:

- Referral cards are sent to existing policyholders through their policy (when issued) and with each EOB
- Policyholder provides a referral and receives a FREE gift.
- Agent works the referral AND receives his/her normal commission for the sale PULS production credit

Registration in the program is required.

For more information contact:

Vicki Chandler, Program Manager

vicki.chandler@aetna.com

615 807.7526





aetna[®]

Senior Supplemental
Insurance

**\$20.15 Happy New Year
Sales Incentive**

Qualification Period: February 2, 2015 – May 2, 2015

Product: Medicare Supplement (ACI, AHLIC, CLI)

Submit qualifying applications of ACI, AHLIC and CLI Medicare Supplement and receive a bonus payout per issued policy. You must have a minimum of six policies issued to receive a payout.

There's no limit to the amount of extra cash you can earn!

For full contest details, call Agent Services or visit aetnaseniorproducts.com

Payout Scale:

| | |
|-------------------------------------|-----------------|
| 6-14 qualifying applications | \$10 per app |
| 15-24 qualifying applications | \$15 per app |
| 25+ qualifying applications | \$20.15 per app |



aetna[®]

Senior Supplemental
Insurance

Qualification Period: January 1, 2015 – December 31, 2015

Destination: Iceland, Early Summer 2016

Qualification requirements:

*Combination of Medicare Supplement, Final Expense,
and Complementary products*

- MGAs..... \$6,000,000 min. production
- Recruiting GAs... \$1,000,000 min. production
- Agents \$ 200,000 min. production

Qualifying Products:

| | |
|---------------------|----------------|
| Medicare Supplement | 1:1 production |
| Final Expense | 2:1 production |
| Complementary | 2:1 production |

PLUS - between now and **April 30, 2015**
Cancer and Heart Attack or Stroke
 counts as 3:1 production

For details, contact Agent Services or visit aetnaseniorproducts.com

For a limited time only...

new
Cancer and Heart
Attack or Stroke
product counts
three for one
on production.
See contest details
for info.

New from
January 1 –
December 31, 2015:

Going on now through
March 31, 2015:



From **January 1 – March 31, 2015**, sell our Senior Supplemental Insurance products and your sales will count towards qualification in BOTH the “**Leapfrog to Costa Rica**” AND the new “**Imagine Iceland**” sales contests.

For details, contact Agent Services or visit aetnaseniorproducts.com



Qualification Period: April 1, 2014 – March 31, 2015

Destination: Costa Rica, Early Summer 2015

Qualifying requirements:

Combination of Medicare Supplement, Final Expense, and Complementary products

- **MGAs**
(top 10 qualify)
 - \$ 6,000,000 production = 1 trip
 - \$10,000,000 production = 1 extra trip
 - \$15,000,000 production = 2 extra trips
- **Recruiting GAs**
(top 10 qualify)
 - \$ 1,000,000 production
- **Agents**
(top 70 qualify)
 - \$ 200,000 production

MGAs, Recruiting GAs, and Agents who qualify but are not in the "top" group for the trip, will each receive \$3,000.



For full details, contact Agent Services or visit aetnaseniorproducts.com

Thank you for your
attention today.