

aetna®



Field Guide and Drug List

Medicare Supplement Insurance

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New Business:

Always take enough time with every applicant to assure that they fully understand all application questions and terminology.

Applications for coverage will be rejected for any of the following:

- Anyone other than the applicant supplies the answers to the questions and signs the application. (exception: **Open Enrollment/Guaranteed Issue only** – Attorney-In-Fact signing on behalf of applicant)
- The applicant did not know they applied for insurance.
- The applicant is unwilling or unable to complete a telephone interview. (Telephone interviews will be conducted on **all** underwritten applications. Please advise the applicant to expect a call.)
- During the telephone interview, it is discovered that the agent who signed the application did not speak with the applicant.
- Any health questions under Sections 3 and 4 are unanswered.
- Any health question is answered “YES” under Sections 3 or 4
- If the application was submitted with a check from a third-party payor that has no family (spouse/partner, child, etc.) or business relationship (business owner, employee or retiree of the business).
- No premium or electronic funds transfer information is submitted with the application. (List bills are not available on Medicare Supplement plans.)

Copy of Not-In-Good-Order (NIGO) Tip Sheet included on page 15.

Application submissions

- Applications must be submitted within 30 days of the application signature date.
- Applications may be mailed or faxed:
 - **Mail** (applications paying by check)
Aetna
Senior Supplemental Insurance
PO Box 14399
Lexington, KY 40512-9700
 - **Fax** (applications using EFT)
877 380.2777

Choosing an effective date

Effective dates and plans:

- All applications must contain requested effective date.
- Effective dates must be on or after the signature date of the application. All dates are available with the exception of the 29th, 30th, or 31st of each month.
- Underwritten applications can be submitted 90 days prior to effective date.
- Current New Business process times should be considered when requesting effective dates. (Process times may be longer during Annual Enrollment period.)
- Effective date must coordinate with the expiration date of the existing policy if the policy is being replaced. All existing policies should remain in force until the replacement application is approved and issued by the underwriter.
- Available plans: consult the Outline of Coverage for available plans in the applicant's state of residence. **NOTE: Plan G and Plan N are not available for any Guaranteed Issue applications.**
- Plan rates: refer to state rate guides when determining premium for application. Rates are determined by age on effective date. **NOTE: Area factors and modal factors may apply in certain states. Please refer to rate guide for details.**

Draft dates

- Initial premium for electronic funds transfer will be drafted the day of issuance. Drafting on an effective date is available upon request.
- Applicants may request to change the subsequent draft day. The draft day cannot be greater than 15 days from the policy effective date. Choosing a subsequent draft day of more than 15 days from the policy effective date may result in the policy drafting in advance. Subsequent draft days must be indicated on the application at the time of submission or by contacting our Policyholder Services Department after the policy has been issued.
- Draft days cannot occur on the 29th, 30th, or 31st of the month. All draft days scheduled for the 29th will be drafted on the 28th of the month. All drafts scheduled for the 30th or 31st will be drafted on the 1st of the following month.
- California - Only one month's premium may be accepted regardless of billing mode.

Power of attorney

- Acceptable for Open Enrollment and Guaranteed Issue applications **only**.
- Application must be signed by Attorney-In-Fact (POA) as follows:

***“John Smith, Attorney-In-Fact, for Mary Smith” or
“Mary Smith by John Smith, Attorney-In-Fact”***

Underage disability

- For age, state, plan availability and application type (OE, GI or UW), please consult the Outline of Coverage or contact the Underwriting Department.

Open Enrollment

- One time (in most instances), six-month period when an individual can purchase any Medicare Supplement plan offered in the resident state.
- Begins on 1st of month in which the applicant becomes 65 and/or enrolls in Medicare Part B.
 - Applications can be submitted 180 days prior to effective date.
 - **Exception: Wisconsin – 90 days prior to effective date**
- All plans offered by company are available.
- Health questions (Sections 4, 5 and 6) **should not** be answered.
- HIPAA form is **not** required for Open Enrollment applications.
- Open Enrollment policies are issued with preferred (non-smoker) rates.

California/Oregon Birthday Rule

California and Oregon provide special “Open Enrollment” period for individuals currently enrolled in Medicare supplement plans.

- 60 day enrollment period - (Begins 30 days prior to birthday.)
- Application must be signed (application signature date) within 60 day Open Enrollment period.
- Effective date must fall on birthday or up to 90 days after birthday.
- Plan benefits must be of equal or lesser value to current plan.
 - Copy of current ID Card or similar document showing current plan required.
- Application must be marked as Open Enrollment (California only.)

Guaranteed Issue

- Guaranteed Issue applications must be submitted with the required Credible Coverage documentation.
- Federal and State guidelines outline eligibility for Guaranteed Issue applications. Please consult Department of Insurance for qualifying events in applicant's state.
- Plans G and N **are not** available for Guaranteed Issue applications.
 - State exceptions: questions regarding state exceptions, please contact the Underwriting Department.
- All questions on page 2 (Eligibility) **must** be completed. Dates and prior carrier information are required on all GI applications.
 - If prior coverage listed under question 3 or question 4, replacement form is required.
- Health questions (Sections 4, 5 and 6) **should not** be answered.
- Guaranteed Issue policies are issued with preferred (non-smoker) rates.

Additional Guaranteed Issue information

• **12 month trial right situations:**

- Upon first becoming eligible for benefits under Part B (or Part A in some states) of Medicare at age 65 or older, enroll in a Medicare Advantage plan and disenroll from plan not later than 12 months after effective date of enrollment – applicant is eligible for Guaranteed Issue with company.
- Applicant was enrolled under Medicare Supplement policy and terminates enrollment and subsequently enrolls for the **first time** in a Medicare Advantage plan and terminates the plan within the first 12 months – applicant is eligible for Guaranteed Issue with company if prior Medicare Supplement plan is **no longer available**. Proof of prior Medicare Supplement policy and Medicare Advantage policy is required.

• **Documentation (eligibility reason) – REQUIRED:**

- Example:

- *Losing group coverage* – copy of disenrollment (credible coverage) letter. Letter should include applicant’s (and spouse if applicable) name and address and date of termination.
- *Medicare Advantage (MA) plans*
 - Disenrollment – notification letter from MA plan indicating date of disenrollment, applicant’s name and address.
 - MA leaving area – same documentation as disenrollment.
 - Applicant leaving area – letter from MA plan indicating disenrollment due to move from area OR copy of documentation indicating applicant’s prior address.
 - Misrepresentation – copy of final judgment on filed grievance.

Underwriting

- Applications may be underwritten up until the time the policy is issued. If a declinable health condition is discovered between the time the application is taken and the time of policy issuance, the application will be declinable. For internal replacements, if the applicant is declined, they can stay with their current policy.
- **Telephone Interviews are required on all underwritten business.**
- Applications must include all pages of the application, HIPAA form, replacement form (if applicable), comparison form (Illinois and Kentucky only).
- Power of Attorneys are **not** acceptable on any underwritten applications.
- Section 4 (Health questions) must be completed prior to submission. **All** questions must be answered.
- Any “YES” answer will automatically disqualify the applicant. The application **should not be submitted.**

- Section 5 (Health history) should include a complete list of all medications and diagnosis for which they are prescribed. Refer to *drug list information* for any unacceptable medications.
 - Applications which include any of the unacceptable medication **should not be submitted for consideration.**
- Section 6 (Physician information) should include all physicians seen, including primary care and any specialists, within the past 24 months. Section must include physician specialty and reason for visit (diagnosis).

Additional underwriting information

Common reasons for decline

- Any type of further evaluation, diagnostic testing or surgery that has not been performed.
- Any condition listed under Question 3 of the application.
- Macular Degeneration (wet) requiring injections within the past 12 months.
- Atrial Fibrillation currently being treated with medication.
- Diabetes with heart or artery blockage **at any time.**
- History of prostate cancer with a detectable PSA reading.
- Aneurysms that have not been surgically removed.
- Osteoporosis with fracture (any type).
- Lung or respiratory disorders: use of oxygen or a nebulizer within the past 24 months (including hospital/in home use).
- Lung or respiratory disorder with tobacco use.

Drug list information

- Drug list information is provided to assist agents in completing Medicare Supplement insurance applications.
- Simple and concise list of the most commonly prescribed medications for declinable conditions.
- Applicants may be unaware of a condition listed on the application, but prescribed medication may indicate the condition exists and are not eligible for coverage with the company. Medications include oral drugs, inhalers, injections, and infusions.
- New drugs for these conditions are regularly introduced and may not be included but may be unacceptable. Any questions concerning questionable medications should be directed to the Underwriting Department.
- Because of the nature of some medications, individuals taking them will be declined, regardless of the severity of the condition.
- Some medications can be given for multiple conditions; medications with an asterisk (*) are unacceptable when they are prescribed for any of the conditions listed next to the drug. When applicant is prescribed a medication that has multiple uses, the condition for which it is prescribed must be furnished. Medications listed alone, are unacceptable for any condition.

The following drug list information has been arranged alphabetically by medication. This should be helpful in finding the medication prescribed.

lower case: generic name

Upper Case: brand name

*: A medication that is unacceptable when prescribed for any of the conditions listed next to it.

Drug list

- abatacept
- Abilify
- abiraterone
- acamprostate
- Aclasta
- *Actemra for:
rheumatoid arthritis
- Actigall
- Actimmune
- adalimumab
- Adriamycin
- Adrucil
- Agrylin
- *Akineton for:
Parkinson's Disease
- alefacept
- alemtuzumab
- Alferon
- Alkeran
- *amantadine for:
Parkinson's Disease
- ambenonium
- Amevive
- amiodarone
- Ampyra
- anagrelide
- anakinra
- anastrozole
- Antabuse
- *apixaban for:
atrial fibrillation, arrhythmia,
irregular heartbeat
- apremilast
- Aranesp
- Arava
- Aredia
- Aricept
- Arimidex
- aripiprazole
- *Artane for:
Parkinson's Disease
- Atamet
- *atenolol + blood thinner for:
atrial fibrillation, arrhythmia,
irregular heartbeat
- auranofin
- Aurolate
- Avastin
- Avinza
- Avonex
- azathioprine
- AZT (azidothymidine)
- Azilect
- *baclofen for:
multiple sclerosis
- benztropine
- Betapace
- Betaseron
- bethanechol
- bexarotene
- Bexxar
- BCG
- bicalutamide
- Blenoxane
- bleomycin
- Bloxiverz
- Brilinta
- bromocriptine
- bumetanide
- Bumex
- buprenorphine
- busulfan
- Busulfex
- *Calan + blood thinner for:
atrial fibrillation, arrhythmia,
irregular heartbeat
- calcium acetate
- Campath
- Campral
- Cannabis
- capecitabine
- *carbidopa for:
Parkinson's Disease
- *Cardioquin + blood thinner
for: atrial fibrillation,
arrhythmia, irregular
heartbeat
- *carvedilol for: cardiomyopathy,
heart disorder
- Casodex
- CeeNu
- Cellcept
- Cerespan
- certolizumab
- Cerubidine
- cevimeline
- chlorambucil
- chlormpromazine
- cilostazol
- Cimzia
- cisplatin
- *clopidogrel for: peripheral
vascular disease
- clozapine
- Clozaril
- Cogentin
- Cognex
- Compazine
- Comtan
- Copegus
- Cordarone
- *Coreg for: cardiomyopathy,
heart disorder
- Cosmegen
- Cotazym
- *Coumadin for: atrial
fibrillation, arrhythmia,
irregular heartbeat
- *Covera + blood thinner for:
atrial fibrillation, arrhythmia,
irregular heartbeat
- Cycloset
- cyclophosphamide
- cyclosporine
- cytarabine
- Cytosar
- Cytoxan
- dabigatran
- dactinomycin
- dalfampridine
- Dantrium
- dantrolene
- darbepoetin alfa
- daunorubicin
- Dazidox
- Demadex
- Demerol
- didanosine
- dideoxyinosine
- Didronel
- *Digitek for: atrial fibrillation,
arrhythmia, irregular
heartbeat
- *digoxin for: atrial fibrillation,
arrhythmia, irregular
heartbeat
- Dilaudid

Disipal
disulfiram
Docefrez
docetaxel
dofetilide
Dolophine
donepezil
*Dopar for: Parkinson's Disease
doxorubicin
dronedarone
Droxia
Duragesic
*Dutoprol + blood thinner for:
atrial fibrillation, arrhythmia,
irregular heartbeat
Duvid
Dygase
*edoxaban for:
atrial fibrillation
edrophonium
*Efudex for: cancer
ETH-Oxydose
Eldepryl
Eligard
Eliphos
Eliquis for: atrial fibrillation,
arrhythmia, irregular
heartbeat
Eloxatin
Emcyt
Enbrel
Encron10
Endocet
Enlon
entacapone
enzalutamide
epoetin alfa
Epogen
ergoloid mesylates
erlotinib
erythropoietin
Eskalith
estramustine
etanercept
etidronate
etoposide
Etrafon Forte
Eulexin
Evoxac
exemestane
Exelon
Fareston

Faslodex
Femara
fentanyl
filgrastim
flecainide
floxuridine
fluorouracil
fluoxetine
fluphenazine
flutamide
Forteo
foscarnet sodium
FUdR
fulvestrant
furosemide (40 mg) daily
*Gablofen for: multiple
sclerosis
galantamine
gefitinib
Gengraf
Geodon
Gleevec
gold sodium thiomalate
golimumab
goserelin
Haldol
haloperidol
Herceptin
histrelin
Hizentra
Humira
Hydergine
Hydrea
*hydromorphone for: chronic
pain
hydroxyurea
hylan G-F 20
imatinib
Imuran
Inbrance
*Inderal + blood thinner for:
atrial fibrillation, arrhythmia,
irregular heartbeat
infliximab
liozyme
*InnoPran + blood thinner for:
atrial fibrillation, arrhythmia,
irregular heartbeat
interferon alpha 2a
interferon alpha 2b
interferon beta
interferon gamma

Intron A
Invega
Iressa
*Isoptin + blood thinner for:
atrial fibrillation, arrhythmia,
irregular heartbeat
Jantoven
Kadian
Kemadrin
Kineret
lamotrigine
*Lanoxicaps for:atrial
fibrillation, arrhythmia,
irregular heartbeat
*Lanoxin for: atrial fibrillation,
arrhythmia, irregular
heartbeat
Lapase
*Laradopa for: Parkinson's
Disease
Lasix (40 mg) daily
Latuda
leflunomide
lenalidomide
letrozole
Leukeran
leuprolide
*levodopa for: Parkinson's
Disease
*Lioresal for: multiple sclerosis
Lipram
Lithane
lithium
Lithobid
*Lodosyn for: Parkinson's
Disease
lomustine
*Lopressor + blood thinner for:
atrial fibrillation, arrhythmia,
irregular heartbeat
loxapine
Loxitane
Lupron
lurasidone
Lysodren
Magnacet
marijuana
Matulane
mechlorethamine
Megace
megestrol
Mellaril
melphalan

memantine
Mepergan
meperidine
mercaptapurine (6MP)
Mestinin
methadone
Methadose
methotrexate
metolazone
*metoprolol + blood thinner
for: atrial fibrillation,
arrhythmia, irregular
heartbeat
*Mirapex for: Parkinson's
Disease
mitomycin
mitotane
Moban
Moderiba
molindone
morphine
M-Oxy
MS Contin
Multaq
Mustargen
Mutamycin
mycophenolate mofetil
Mykrox
Myleran
Myochrysin
Mytelase
naltrexone
Namenda
Namzaric
Nardil
Navane
Nebupent
Neoral
neostigmine
Neulasta
Neupogen
Nilandron
nilutamide
Numorphan
octreotide
olanzapine
Oncovin
Opana
Orap
Orencia
Otezla
oxaliplatin

Oxecta
oxycodone
Oxycontin
oxymorphone
Pacerone
paclitaxel
palbociclib
Palcaps
paliperidone
pamidronate
Panokase
papaverine
paricalcitol
Parlodel
Pavabid
pegfilgrastim
peginterferon
Peg-Intron
Pentam
pentamidine
pentoxifylline
Pentoxil
Percocet
Permitil
perphenazine
Pertzeye
phenelzine
Phoslo
Plaretase
Platinol
*Plavix for: peripheral
vascular disease
Pletal
Pradaxa
*pramipexole for:
Parkinson's Disease
prednisone
Primlev
procarbazine
prochlorperazine
Procrit
Prograf
Prolixin
propafenone
Protilase
*propranolol + blood thinner
for: atrial fibrillation,
arrhythmia, irregular
heartbeat
Prostigmin
Purinethol (6MP)
Purixan

pyridostigmine
quetiapine
*Quin-G for: heart rhythm
disorder
*Quinidex + blood thinner for:
atrial fibrillation, arrhythmia,
irregular heartbeat
*quinidine + blood thinner for:
atrial fibrillation, arrhythmia,
irregular heartbeat
*Quinora + blood thinner for:
atrial fibrillation, arrhythmia,
irregular heartbeat
rasagiline
Rayos
Razadyne
Rebetol
Rebif
*Reclast for: internal cancer,
Paget's disease, multiple
myeloma
Remicade
Reminyl
Renagel
*Requip for: Parkinson's Disease
Retrovir
ReVia
Revimid
Rythmol
ribavirin
Ridaura
Rilutek
riluzole
Risperdal
risperidone
Rituxan
rituximab
rivastigmine
Roferon-A
*ropinirole for: Parkinsons
Disease
Roxanol
Roxicet
Roxicodone
Sandimmune
Sandostatin
*Savaysa for: Atrial Fibrillation,
arrhythmia, irregular
heartbeat
selegiline
Seroquel
sevelamer
Simponi Aria

***Sinemet** for: Parkinson's Disease

sofosbuvir

Soliris

sotalol

Stelara

Stelazine

Symbyax

***Symmetrel** for: Parkinson's Disease

Synvisc

Tabloid

tacrolimus

Tambocor

Tarabine PFS

Tarceva

Targretin

Taxol

Taxotere

***Tenormin + blood thinner** for:
atrial fibrillation, arrhythmia,
irregular heartbeat

Tensilon

teriparatide

tetrabenazine

Thalomid

TheraCys

thioguanine

thioridazine

thiotepa

thiothixene

Thorazine

ticagrelor

Tice BCG Live

Ticlid

ticlopidine

Tikosyn

***tocilizumab** for:
rheumatoid arthritis

tofacitinib

***Toprol + blood thinner** for:
atrial fibrillation, arrhythmia,
irregular heartbeat

toremifene

toremide

tositumomab

trastuzumab

Trelstar LA

Trental

Triavil

trifluoperazine

Trihexane

***trihexyphenidyl** for:
Parkinson's Disease

Trilafon

triptorelin pamoate

Tylox

Ultrase

Urecholine

Urso

ursodiol

valganciclovir

Velban

VePesid

***verapamil + blood thinner**

for: atrial fibrillation,
arrhythmia, irregular
heartbeat

***Verelan + blood thinner** for:
atrial fibrillation, arrhythmia,
irregular heartbeat

Viadur

Videx

vilazodone

vinblastine

Vincasar

vincristine

Viokase

Vivitrol

***warfarin** for: atrial fibrillation,
arrhythmia, irregular
heartbeat

***Xarelto** for: atrial fibrillation,
arrhythmia, irregular
heartbeat

Xeloda

Xeljanz

Xenazine

Xtandi

Zaroxolyn

Zelapar

Zenpep

zidovudine, AZT

ziprasidone

Zoladex

zoledronic acid

Zometa

Zymase

Zyprexa

Zytiga

For faster service eliminate these Not-In-Good-Order (NIGO) errors

NIGO Reason	Business Area	Description
Missing and Incomplete Forms, Invalid Data, Shortages	Licensing and All New Business	<ul style="list-style-type: none"> • Agent contracts and applications for insurance are legal documents; make sure ALL required forms (new business forms vary by state) are complete, legible, properly signed, and dated • Submit ALL forms in their entirety to the home office • A check list (included with agent contracting forms and in product sales kits) identifies all of the documents required by the home office • Ensure the SSN matches the applicant on the application; do not use spouse's Social Security Number; include both on household discount applications • Keep live checks and apps together if using the lockbox • Include Credible Coverage letter with GI application • Include application fee and verify area factors to prevent shortages • In CA, include one month premium when submitting for direct bill
Health Questions	Medicare Supplement Applications	<ul style="list-style-type: none"> • OE and GI applications are NOT underwritten <ul style="list-style-type: none"> ○ DO NOT have an applicant in an OE or GI period complete the health questions or the physician information (Sections 4, 5, and 6) of the application ○ Quote the preferred rates for OE or GI applications, regardless of the applicant's use of tobacco
US Residency	New Business	<ul style="list-style-type: none"> • Confirming that the applicant is a US resident (Section 1) is mandatory on all Medicare Supplement and Final Expense applications
Physical Address	All New Business	<ul style="list-style-type: none"> • Provide the applicant's physical address • If the applicant uses a P O Box mailing address, you must also indicate their physical address in the address information section of the application • Use application forms based on the applicant's state of residence; forms vary by state and where household discount applies • Use Aetna branded sales materials that are current
Effective Dates and Signature Dates	All New Business	<ul style="list-style-type: none"> • Make sure all dates are correct (including the year) • The signature date can NOT be in the future and MUST be the date the applicant signed the application • The Policy Effective Date cannot be the 29th, 30th, or 31st of a month • The Policy Effective Date cannot be more than 6 months in future (90 days in WI; 30 days in WV-OE only)
Valid Phone Numbers	Licensing and All New Business	<ul style="list-style-type: none"> • Make sure telephone numbers (including area code) are correct and legible • For underwritten applications: <ul style="list-style-type: none"> ○ Inform the applicant to expect a phone call from the home office and that a telephone interview is standard underwriting procedure ○ When possible, indicate the best telephone number and time to reach an applicant for the required telephone interview
Medicare ID	Medicare Supplement Applications	<ul style="list-style-type: none"> • Include the applicant's Medicare ID number (and name) as shown on their Medicare ID card and include the letter that is the suffix to the nine digit number (Medicare ID# is NOT always the applicant's Social Security Number) • Include a copy of the Medicare card for applicants under the age of 65
Appointment States	Licensing	<ul style="list-style-type: none"> • In Section 4 of the Producer Information Form (PIF), indicate all states that an agent is actively licensed and for which he/she would like to market the product



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