

PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY INC

PLAN FEATURES	Cost Share
Deductible (per calendar year)	\$0 Deductible
Unless otherwise indicated, the Deductible must be met prior to benefits being payable.	
Member Coinsurance	None
Applies to all expenses unless otherwise stated.	
Payment Limit (per calendar year)	Unlimited
Includes deductible. Certain other member cost sharing elements may not apply towards the Payment Limit.	
Lifetime Maximum	Unlimited except for where otherwise indicated
Primary Care Physician Selection	Not Applicable
Referral Requirements	None

PREVENTIVE CARE	Cost Share
Routine Physical Exams/Immunizations (One annual exam/Pneumonia, Flu, Hepatitis B)	Covered 100%
Routine Gynecological Care Exams	Covered 100%

One Routine GYN visit and pap smear every 365 days	
Routine Mammograms	Covered 100%
One baseline mammogram for members 35-39; and one annual mammogram for members age 40 and over	
Routine Digital Rectal Exams / Prostate Specific Antigen Test	Covered 100%
For males age 40 and over.	
Colorectal Cancer Screening	Covered 100%
For all members 50 and over.	
Bone Density Testing	Covered 100%
Routine Eye Exam	Covered 100%
One annual exam.	
Routine Hearing Screening	Covered 100%
One (1) annual exam	
Hearing Aid Reimbursement	\$500 once every 36 months

PHYSICIAN SERVICES	Cost Share
Primary Care Physician Visits	

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(Office hours)	\$25 copay
(After Office Hours)	\$25 copay
Specialist Office Visits	\$25 copay
Allergy Testing/Treatment	\$25 copay
For initial testing by a specialist; with or without physician encounter	
DIAGNOSTIC PROCEDURES	Cost Share
Diagnostic Laboratory and X-Ray	\$25 copay
EMERGENCY MEDICAL CARE	Cost Share
Urgent Care Provider	\$25 copay
Emergency Room; Worldwide (waived if admitted)	\$50 copay
Ambulance	\$25 copay
HOSPITAL CARE	Cost Share
Inpatient Coverage	\$250 copay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Surgery	Covered 100%
The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	
MENTAL HEALTH SERVICES	
Inpatient Mental Illness	\$250 copay
(Combined with Inpatient Substance Abuse)	190 Lifetime days
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Mental Illness	\$25 copay
The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	
ALCOHOL/DRUG ABUSE SERVICES	
Inpatient Substance Abuse (Detox and Rehab)	\$250 copay
(Combined with Inpatient Mental Health)	190 Lifetime days
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	
Outpatient Substance Abuse (Detox and Rehab)	\$25 copay
The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	
OTHER SERVICES	Cost Share
Skilled Nursing Facility	\$0 per day - days 1-10 \$25 per day - days 11-20 \$50 per day - days 21-100
(100 days per Medicare benefit period)	
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Home Health Care	Covered 100%
Hospice Care	Covered by Medicare at a Medicare certified hospice

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Outpatient Short-Term Therapy (speech, physical, cardiac and occupational)	\$25 copay
Chiropractic Care For manual manipulation of the spine to the extent covered by Medicare	\$25 copay
Durable Medical Equipment/Prosthetic Devices	20%
Podiatry Limited to Medicare covered benefits only	\$25 copay
Diabetic Supplies Includes test strips, lancets and glucometer	Covered 100%
Outpatient Complex Radiology	\$25 copay
Outpatient Dialysis	\$25 copay
Vision Eyewear Allowance	\$100 reimbursement every 24 months
Coaching One phone call per week	Included
PHARMACY - PRESCRIPTION DRUG BENEFITS	Cost Share
Prescription drug calendar year deductible	None

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Retail - Cost-Sharing	\$0 Copay for Preferred Generic
	\$9 Copay for Non-Preferred Generic
	\$30 Copay for Preferred Brand
	\$60 Copay for Non-Preferred Brand
	33% Copay for Specialty Tier Medications

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Up to one month (31 day) supply at indicated copay or coinsurance

(Three month (90 day) supply available at retail. Dollar copayments or applicable coinsurance will apply for each month supply.)

Mail Order through Aetna Rx Home Delivery - Cost-Sharing	\$0 Copay for Preferred Generic
	\$18 Copay for Non-Preferred Generic
	\$60 Copay for Preferred Brand
	\$120 Copay for Non-Preferred Brand
	33% Copay for Specialty Tier Medications

Up to a three month (90 day) supply available via our preferred vendor, Aetna Rx Home Delivery.

Catastrophic Coverage	Greater of \$2.40 or 5% for covered generic (including brand drugs treated as generic) drugs. Greater of \$6.00 or 5% for all other covered drugs.
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Catastrophic Coverage benefits start once \$4,350 in true out-of-pocket costs is incurred.

Requirements:	
Precertification	Yes
Step-Therapy	Yes
Formulary	Open
Mandatory Generic (MG)	No

Please refer to the plan documents (Evidence of Coverage) for a complete listing of benefits, exclusions and limitations. The following is a partial listing of exclusions and limitations under the Aetna Medicare Open Plan:

- Services that are not medically necessary or covered under the Original Medicare Program unless otherwise noted
- Plastic or cosmetic surgery unless medically necessary
- Custodial care

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- Experimental procedures or treatments beyond Original Medicare limits
- Routine foot care that is not medically necessary
- Drugs used for weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Barbiturates
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used for symptomatic relief of cough and colds
- Non-prescription drugs (OTC)
- Benzodiazepines
- Drugs when used for the treatment of sexual or erectile dysfunction

This material is for informational purposes only. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Aetna does not provide care or guarantee access to health services. Providers are independent

Enrollees must use network pharmacies to receive plan benefits except under emergency circumstances. Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling within the United States but o

If an individual qualifies for extra help with the Medicare prescription drug plan, premium and costs at the pharmacy may be lower. Upon enrollment in the Aetna Medicare plan, Medicare will tell us how much extra help an individual is getting. An individu

Benefits coverage is provided by Aetna Life Insurance Company, a Medicare Advantage organization, with a Medicare contract and benefits, limitations, service areas and premiums subject to change on January 1 of each year.

You can receive covered services from any licensed doctor or hospital that is eligible to receive payment from Medicare, agrees to treat you and accepts the Aetna Medicare Open Plan private fee-for-service terms and conditions of payment. This product doe

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A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergenc