

PLAN DESIGN AND BENEFITS
 PROVIDED BY AETNA LIFE INSURANCE COMPANY INC

PLAN FEATURES	Cost Share
Deductible (per calendar year)	\$100 Deductible
Unless otherwise indicated, the Deductible must be met prior to benefits being payable.	
Member Coinsurance	10%
Applies to all expenses unless otherwise stated.	
Payment Limit (per calendar year)	\$2,500
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 One Routine GYN visit and pap smear every 365 days	Covered 100%
Routine Mammograms One baseline mammogram for members 35-39; and one annual mammogram for members age 40 and over	Covered 100%
Routine Digital Rectal Exams / Prostate Specific Antigen Test For males age 40 and over.	Covered 100%
Colorectal Cancer Screening For all members 50 and over.	Covered 100%
Bone Density Testing	Covered 100%
Routine Eye Exam One annual exam.	Covered 100%
Routine Hearing Screening One (1) annual exam	Covered 100%
Hearing Aid Reimbursement	\$500 once every 36 months
PHYSICIAN SERVICES	Cost Share
Primary Care Physician Visits (Office hours)	10%
(After Office Hours)	10%
Specialist Office Visits	10%
Allergy Testing/Treatment	10%

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For initial testing by a specialist; with or without physician encounter

DIAGNOSTIC PROCEDURES	Cost Share
Diagnostic Laboratory and X-Ray	10%
EMERGENCY MEDICAL CARE	Cost Share
Urgent Care Provider	\$35 copay
Emergency Room; Worldwide (waived if admitted)	\$50 copay
Ambulance	10%
HOSPITAL CARE	Cost Share
Inpatient Coverage	10%
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Surgery	10%
The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	
MENTAL HEALTH SERVICES	
Inpatient Mental Illness	10%
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Mental Illness	10%
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)	10%
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	
Outpatient Substance Abuse (Detox and Rehab)	10%
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 1-20; 10% 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
Outpatient Short-Term Therapy (speech, physical, cardiac and occupational)	10%
Chiropractic Care	10%
For manual manipulation of the spine to the extent covered by Medicare	
Durable Medical Equipment/Prosthetic Devices	10%
Podiatry	10%
Limited to Medicare covered benefits only	
Diabetic Supplies	Covered 100%

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Includes test strips, lancets and glucometer

Outpatient Complex Radiology	10%
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Outpatient Dialysis	10%
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Vision Eyewear Allowance	Lens Discounts
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Coaching	Included
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One phone call per week

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
- Experimental procedures or treatments beyond Original Medicare limits
- Routine foot care that is not medically necessary
- Outpatient Prescription Drugs except those covered under Medicare Part B

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 contractors and are not agents of Aetna. Provider participation may change without notice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Discount Programs provide access to discounted prices and are not insured benefits. While this material is believed to be accurate as of the print date, it is subject to change.

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 must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

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 emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: www.aetna.com

*****This is the end of this plan benefit summary*****