

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%

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Allergy Testing/Treatment	10%
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%

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Podiatry	10%
Limited to Medicare covered benefits only	
Diabetic Supplies	Covered 100%
Includes test strips, lancets and glucometer	
Outpatient Complex Radiology	10%
Outpatient Dialysis	10%
Vision Eyewear Allowance	Lens Discounts
Coaching	Included
One phone call per week	
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	\$10 Copay for Generic
	\$25 Copay for Preferred Brand
	\$50 Copay for Non-Preferred Brand
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	\$20 Copay for Generic
	\$50 Copay for Preferred Brand
	\$100 Copay for Non-Preferred Brand

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

Catastrophic Coverage	Greater of \$2.50 or 5% for covered generic (including brand drugs treated as generic) drugs. Greater of \$6.30 or 5% for all other covered drugs.
Catastrophic Coverage benefits start once \$4,550 in true out-of-pocket costs is incurred.	
Requirements:	
Precertification	Yes
Step-Therapy	Yes
Formulary	Standard

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

Certain types of drugs or categories of drugs are not normally covered by a Medicare prescription drug plan. These drugs are not considered Part D and may be referred to as "exclusions" or "Non-Part D drugs". These drugs include:

- 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

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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.

Members must use network pharmacies to receive plan benefits except in limited, non-routine circumstances when a network pharmacy is not available, including illness while traveling within the United States but outside of the plan's service area where there is no network pharmacy. An additional cost may be incurred for drugs received at an out-of-network pharmacy.

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 individual can obtain information on whether they qualify by calling 1-800-Medicare (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

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 does not require a contracted network. 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

Aetna Medicare Non-Part D Drug Rider

Certain types of drugs or categories of drugs are not normally covered by Medicare Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs."

This plan offers additional coverage of some prescription drugs not normally covered in a Medicare Prescription Drug Plan. For those receiving extra help from Medicare to pay for prescriptions, the extra help will not pay for these drugs.

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List of Non-Part D Drugs Covered Under The Supplemental Benefit Prescription Drug Rider:

- agents when used for weight loss
- prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- barbiturates
- benzodiazepines
- drugs when used for the treatment of sexual or erectile dysfunction

List of Non-Part D Drugs That Are Not Covered Under The Supplemental Benefit Prescription Drug Rider:

- agents when used for weight gain or anorexia
- agents when used to promote fertility
- agents when used for cosmetic purposes or hair growth
- agents when used for the symptomatic relief of cough and colds
- nonprescription drugs
- outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee as a condition of sale

Non-Part D drugs covered under the Rider can be accessed at the applicable plan copay. **Copayments and associated costs for these prescription drugs will not apply toward the deductible, initial coverage limit or True Out-of-Pocket threshold.** Some drugs may require prior authorization before they are covered under the plan. The physician can contact Aetna for prior authorization, toll-free at 1-800-414-2386.

Questions should be directed to Member Services at the toll-free phone number-on the Aetna Medicare Member ID card.

Benefits coverage is provided by Aetna Life Insurance Company. This material is for informational purposes only. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage.

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