

Arizona, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Maryland, Maine, New Jersey, Nevada, New York, Ohio, Pennsylvania, Tennessee, Texas, Virginia

**PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA HEALTH INC**

PLAN FEATURES	PARTICIPATING PROVIDERS / REFERRED
Out-of-pocket Maximum	\$2,500
Includes deductible. Certain other member cost sharing elements may not apply towards the Payment Limit including any costs for eyewear, hearing aid and outpatient prescription drugs.	
Lifetime Maximum	Unlimited
Primary Care Physician Selection	Recommended
Referral Requirements	No referral required when using In-network providers.
PREVENTIVE CARE	PARTICIPATING PROVIDERS / REFERRED
Routine Physical Exams/Immunizations (One annual exam/Pneumonia, Flu, Hepatitis B)	Covered 100%
Routine Gynecological Care Exams	Covered 100%
Includes related lab fees for covered females age 18 and older. Direct Access to participating providers 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%
Direct access to participating providers. One annual exam.	
Routine Hearing Screening	Covered 100%
One (1) annual exam	
Hearing Aid Reimbursement	Discounts where available
PHYSICIAN SERVICES	PARTICIPATING PROVIDERS / REFERRED
Primary Care Physician Visits (Office hours)	\$10 copay
(After Office Hours)	\$15 copay (does not apply to CA)
Specialist Office Visits	\$10 copay
Podiatry	\$10 copay
Limited to Medicare covered benefits only	
Allergy Testing/Treatment	\$10 copay
For initial testing by a specialist; PCP copay for routine injections at PCP office with or without physician encounter	

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DIAGNOSTIC PROCEDURES	PARTICIPATING PROVIDERS / REFERRED
Diagnostic Laboratory and X-Ray	Covered 100%
EMERGENCY MEDICAL CARE	PARTICIPATING PROVIDERS / REFERRED
Urgent Care Provider	\$35 copay
Emergency Room; Worldwide (waived if admitted)	\$35 copay
Ambulance	Covered 100%
HOSPITAL CARE	PARTICIPATING PROVIDERS / REFERRED
Inpatient Coverage	Covered 100%
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	PARTICIPATING PROVIDERS / REFERRED
Inpatient Mental Illness	Covered 100%
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Mental Illness	\$10 copay
The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	
ALCOHOL/DRUG ABUSE SERVICES	PARTICIPATING PROVIDERS / REFERRED
Inpatient Substance Abuse (Detox and Rehab)	Covered 100%
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	
Outpatient Substance Abuse (Detox and Rehab)	Covered 100%
The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	
OTHER SERVICES	PARTICIPATING PROVIDERS / REFERRED
Skilled Nursing Facility	\$0 per day - days 1-120
(120 days per Medicare benefit period; prior authorization from HMO required)	
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 Medicare certified Hospice.
Outpatient Short-Term Therapy (speech, physical, cardiac and occupational)	\$10 copay
Chiropractic Care	\$10 copay
For manual manipulation of the spine to the extent covered by Medicare	
Durable Medical Equipment/Prosthetic Devices	Covered 100%
Diabetic Supplies	No copay for strips, lancets, and glucometer.

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Outpatient Complex Radiology:	
CAT/ PET/ MRI	Covered 100%
Radiation Therapy	\$10 copay
Outpatient Dialysis	\$10 copay
Dental *	Discounts where available
Vision Eyewear Allowance	Lens Discounts
Coaching	Included
One phone call per week	

* Dental Riders are not available in the following service areas : DE01, ME01, NY03, VA01, and TX05

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 MedicareSM Plan (HMO):

- All applicable services not referred by your network primary care doctor, except for services received as a result of an emergency or urgent situation;
- Services that are not medically necessary or covered under the Original Medicare Program
- 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 Health Inc., Aetna Health of California Inc. and/or Aetna Health of Illinois Inc., which are Medicare Advantage organizations with a Medicare contract and benefits, limitations, service areas and premiums subject to change on January 1 of each year



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You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable. You must use network providers except for emergent care or out-of-area urgent care/renal dialysis. If your primary physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group.

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