



PLAN DESIGN & BENEFITS
TRADITIONAL CHOICE MEDICARE INTEGRATION PLAN
PROVIDED BY AETNA LIFE INSURANCE COMPANY INC

Please Note:

Plans are provided by Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.

State mandates may apply.

See plan documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

PLAN FEATURES

Benefit limitations - For any service or supply that is subject to a maximum visit, day, or dollar limitation on a per year basis, the benefit year begins on January 1st unless otherwise mandated. Refer to your plan documents for more information.

Table with 2 columns: Feature Name and Description. Rows include Deductible, Member coinsurance, Out of pocket maximum, Lifetime maximum, Primary care physician selection, Certification requirements, and Referral requirement.

PREVENTIVE CARE

Annual Wellness Visit (Routine Adult Physical Exam) 0%; only covers immunizations and routing lab and x-ray charges associated with routine exam. NO COVERAGE FOR RELATED ROUTINE EXAM. 1 exam every 12 months

Immunizations 20% Pneumonia, Flu, Hepatitis B, Zostavax Shingles vaccine

Routine well child exams/immunizations¹ 20% 7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per 12 months thereafter to age 22.

Routine gynecological care exams 20% 1 routine GYN exam 24 months including pap smears & related lab fees.

Routine mammogram 20% Covered for members age 40 and over.

Women's health 20% Includes: Screening for gestational diabetes, HPV (Human- Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.



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Routine Digital Rectal Exam (DRE)/Prostate-Specific Antigen (PSA) Test	20%
One DRE and PSA test annually for males.	
¹ Well Child Visits are available for eligible dependents only. Please refer to Dependent Eligibility under the General Provisions section of this plan summary.	
Colorectal cancer screening	20%
For all members age 45 and over. Frequency based on the type of service performed.	
PHYSICIAN SERVICES	
Office visits to non-specialist	20%
Includes services of an internist, general physician, family practitioner or pediatrician.	
Specialist office visits	20%
Pre-Natal Maternity	20%
Walk-in clinics	20%
Walk-in clinics are free-standing health care facilities that (a) may be located in or with a pharmacy, drug store, supermarket or other retail store; and (b) provide limited medical care and services on a scheduled or unscheduled basis. Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices are not considered to be Walk-in Clinics.	
Allergy testing	20%
Allergy injections	20%
DIAGNOSTIC PROCEDURES	
Diagnostic Laboratory and X-ray	20%
EMERGENCY MEDICAL CARE	
Urgent care provider	20%
Emergency room	20%
Emergency use of ambulance	20%
HOSPITAL CARE	
Inpatient coverage (semi-private room)	20%
Inpatient maternity coverage	20%
Outpatient hospital expenses (including surgery)	20%
MENTAL HEALTH SERVICES	
Inpatient	20%
Mental health office visits	20%
Other mental health services	20%
SUBSTANCE ABUSE	
Inpatient	20%
Residential treatment facility	20%
Substance abuse office visits	20%
Other substance abuse services	20%

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OTHER SERVICES	
Telehealth	20%
Telemedicine services	
Convalescent facility	20%
Limited to 100 days per Medicare benefit period.	
Home health care	20%
Hospice care - inpatient	20%
Applies to all covered benefits incurred during a member's inpatient stay in a Medicare certified facility and covered by Medicare.	
Hospice care - outpatient	20%
Applies to all covered benefits incurred during a Hospice outpatient visit and covered by Medicare.	
Outpatient Short-Term Rehabilitation	20%
60 visit maximum. Includes Speech, Physical, and Occupational Therapy.	
Spinal Manipulation Therapy	20%
Hearing aids	0%
Durable medical equipment	20%
Diabetic supplies	20%
Women's Contraceptive drugs and devices not obtainable at a pharmacy	20%
Affordable Care Act mandated women's contraceptives	20%
Fertility Drugs (oral and injectable)	Not Covered
Infusion therapy	20%
Administered in the home or physician's office	
Infusion therapy	20%
Administered in an outpatient hospital department or freestanding facility	
Transplants	20%
When Medicare is not primary, requires pre-authorization by National Medical Excellence (NME)/ Institutes of Excellence (IOE) Transplant Program. Covers transplants that are not experimental or investigational	
Bariatric surgery	20%, Covered when medically necessary
Surgical treatment of morbid obesity.	
FAMILY PLANNING	
Infertility treatment	20%
Diagnosis and treatment of the underlying medical condition only.	
Tubal ligation	Not Covered
Vasectomy	Not Covered



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PHARMACY	
Pharmacy plan type	None
GENERAL PROVISIONS	
Dependents Eligibility	Covers Medicare primary spouse as well as incapacitated children if Medicare primary

Plans are provided by: Aetna Health Inc. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.

The following is a list of services and supplies that are *generally* not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.



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- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction/enhancement, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

If you require language assistance, please call the Member Services number located on your ID card, and you will be connected with the language line if needed; or you may dial direct at 1-888-982-3862 (140 languages are available. You must ask for an interpreter). TDD 1-800-628-3323 (hearing impaired only).

Si requiere la asistencia de un representante que hable su idioma, por favor llame al número de Servicios al Miembro que aparece en su tarjeta de identificación y se le comunicará con la línea de idiomas si es necesario; de lo contrario, puede llamar directamente al 1-888-982-3862 (140 idiomas disponibles. Debe pedir un intérprete). TDD-1-800-628-3323 (sólo para las personas con impedimentos auditivos).

Plan features and availability may vary by location and group size.

For more information about Aetna plans, refer to www.aetna.com.



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