



**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.

|   |   |
|---|---|
| <b>Deductible</b>                       | None  |
| <b>Member Coinsurance</b>               | 0%  |
| <b>Lifetime Maximum</b>                 | Unlimited except where otherwise indicated. |
| <b>Primary Care Physician Selection</b> | Not Applicable                              |
| <b>Certification Requirements</b>       | Not Applicable                              |
| <b>Referral Requirement</b>             | None  |

**PREVENTIVE CARE**

|  |    |
|--|----|
| <b>Annual Wellness Visit (Routine Adult Physical Exam)</b><br>1 exam every 12 months   | 0% |
| <b>Immunizations</b><br>Pneumonia, Flu, Hepatitis B, Zostavax Shingles vaccine   | 0% |
| <b>Routine Well Child Exams/Immunizations<sup>1</sup></b><br>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.   | 0% |
| <b>Routine Gynecological Care Exams</b><br>1 routine GYN exam 24 months including pap smears & related lab fees.   | 0% |
| <b>Routine Mammograms</b><br>Covered for members age 40 and over.  | 0% |
| <b>Women's Health</b><br>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. | 0% |
| <b>Routine Digital Rectal Exam (DRE)/Prostate-Specific Antigen (PSA) Test</b><br>One DRE and PSA test annually for males.  | 0% |

<sup>1</sup> Well Child Visits are available for eligible dependents only. Please refer to Dependent Eligibility under the General Provisions section of this plan summary.



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|   |    |
|---|----|
| <b>Colorectal Cancer Screening</b>  | 0% |
| For all members age 45 and over. Frequency based on the type of service performed.  |    |
| <b>PHYSICIAN SERVICES</b>   |    |
| <b>Office Visits to non-Specialist</b>  | 0% |
| Includes services of an internist, general physician, family practitioner or pediatrician.  |    |
| <b>Specialist Office Visits</b>   | 0% |
| <b>Pre-Natal Maternity</b>  | 0% |
| <b>Walk-in clinics</b>  | 0% |
| 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. |    |
| <b>Allergy Testing</b>  | 0% |
| <b>Allergy Injections</b>   | 0% |
| <b>DIAGNOSTIC PROCEDURES</b>  |    |
| <b>Diagnostic Laboratory and X-ray</b>  | 0% |
| <b>EMERGENCY MEDICAL CARE</b>   |    |
| <b>Urgent Care Provider</b>   | 0% |
| <b>Emergency Room</b>   | 0% |
| <b>Emergency Use of Ambulance</b>   | 0% |
| <b>HOSPITAL CARE</b>  |    |
| <b>Inpatient Coverage (semi-private room)</b>   | 0% |
| <b>Inpatient Maternity Coverage</b>   | 0% |
| <b>Outpatient Hospital Expenses (including surgery)</b>   | 0% |
| <b>MENTAL HEALTH SERVICES</b>   |    |
| <b>Inpatient</b>  | 0% |
| <b>Mental Health Office Visits</b>  | 0% |
| <b>Other Mental Health Services</b>   | 0% |
| <b>SUBSTANCE ABUSE</b>  |    |
| <b>Inpatient</b>  | 0% |
| <b>Residential Treatment Facility</b>   | 0% |
| <b>Substance Abuse Office Visits</b>  | 0% |
| <b>Other Substance Abuse Services</b>   | 0% |
| <b>OTHER SERVICES</b>   |    |
| <b>Telehealth</b>   | 0% |
| Telemedicine services   |    |
| <b>Convalescent Facility</b>  | 0% |
| Limited to 100 days per Medicare benefit period.  |    |
| <b>Home Health Care</b>   | 0% |
| <b>Hospice Care - Inpatient</b>   | 0% |
| Applies to all covered benefits incurred during a member's inpatient stay in a Medicare certified facility and covered by Medicare.   |    |
| <b>Hospice Care - Outpatient</b>  | 0% |
| Applies to all covered benefits incurred during a Hospice outpatient visit and covered by Medicare.   |    |
| <b>Outpatient Short-Term Rehabilitation</b>   | 0% |



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|  |  |
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| Unlimited visits. Includes Speech, Physical, and Occupational Therapy.   |  |
| <b>Spinal Manipulation Therapy</b>   | 0%   |
| <b>Hearing Aids</b>  | Not Covered  |
| <b>Durable Medical Equipment</b>   | 0%   |
| <b>Diabetic Supplies</b>   | 0%   |
| <b>Women's Contraceptive drugs and devices not obtainable at a pharmacy</b>  | 0%   |
| <b>Affordable Care Act mandated Women's Contraceptives</b>   | 0%   |
| <b>Fertility Drugs (oral and injectable)</b>   | Not Covered  |
| <b>Infusion Therapy</b><br>Administered in the home or physician's office  | 0%   |
| <b>Infusion Therapy</b><br>Administered in an outpatient hospital department or freestanding facility  | 0%   |
| <b>Transplants</b><br>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. | 0%   |
| <b>Bariatric Surgery</b><br>Surgical treatment of morbid obesity.  | 0%, Covered when medically necessary   |
| <b>FAMILY PLANNING</b>   |  |
| <b>Infertility Treatment</b><br>Diagnosis and treatment of the underlying medical condition only.  | 0%   |
| <b>Tubal Ligation</b>  | Not Covered  |
| <b>Vasectomy</b>   | Not Covered  |
| <b>GENERAL PROVISIONS</b>  |  |
| <b>Dependents Eligibility</b>  | Covers Medicare primary spouse as well as incapacitated children if Medicare primary |
| <b>Pre-existing Conditions Exclusion</b>   | Does not apply   |

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.

Aetna, or its affiliate(s), receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. CVS Caremark® Mail Service Pharmacy refers to CVS Caremark® Mail Service Pharmacy, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with CVS Caremark® Mail Service Pharmacy may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

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).**



California Institute of Technology  
Effective Date: 01-01-2024  
Traditional Choice® TC

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

For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are both within the CVS Health family.

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