



**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.

Deductible None

Member Coinsurance 0%

Lifetime Maximum Unlimited except where otherwise indicated.

Primary Care Physician Selection Not Applicable

Certification Requirements - Not Applicable

Referral Requirement None

PREVENTIVE CARE

Annual Wellness Visit (Routine Adult Physical Exam) 0%

1 exam every 12 months

Immunizations 0%

Pneumonia, Flu, Hepatitis B, Zostavax Shingles vaccine

Routine Well Child Exams/Immunizations¹ 0%

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 0%

1 routine GYN exam 24 months including pap smears & related lab fees.

Routine Mammograms 0%

Covered for members age 40 and over.

Women's Health 0%

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.

Routine Digital Rectal Exam (DRE) / Prostate-specific Antigen (PSA) Test 0%

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.



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

Colorectal Cancer Screening	0%
For all members age 45 and over. Frequency based on the type of service performed.	
PHYSICIAN SERVICES	
Office Visits to non-Specialist	0%
Includes services of an internist, general physician, family practitioner or pediatrician.	
Specialist Office Visits	0%
Pre-Natal Maternity	0%
Allergy Testing	0%
Allergy Injections	0%
DIAGNOSTIC PROCEDURES	
Diagnostic Laboratory and X-ray	0%
EMERGENCY MEDICAL CARE	
Urgent Care Provider	0%
Emergency Room	0%
Emergency Use of Ambulance	0%
HOSPITAL CARE	
Inpatient Coverage (semi-private room)	0%
Inpatient Maternity Coverage	0%
Outpatient Hospital Expenses (including surgery)	0%
MENTAL HEALTH SERVICES	
Inpatient	0%
Mental Health Office Visits	0%
Other Mental Health Services	0%
SUBSTANCE ABUSE	
Inpatient	0%
Residential Treatment Facility	0%
Substance Abuse Office Visits	0%
Other Substance Abuse Services	0%
OTHER SERVICES	
Convalescent Facility	0%
Limited to 100 days per Medicare benefit period.	
Home Health Care	0%
Hospice Care - Inpatient	0%
Applies to all covered benefits incurred during a member's inpatient stay in a Medicare certified facility and covered by Medicare.	
Hospice Care - Outpatient	0%
Applies to all covered benefits incurred during a Hospice outpatient visit and covered by Medicare.	
Outpatient Short-Term Rehabilitation	0%
Unlimited visits. Includes Speech, Physical, and Occupational Therapy.	
Spinal Manipulation Therapy	0%
Hearing Aids	One hearing aid every 36 months
Durable Medical Equipment	0%
Diabetic Supplies	0%
Women's Contraceptive drugs and devices not obtainable at a pharmacy	0%



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

Affordable Care Act mandated	0%
Women's Contraceptives	
Fertility Drugs (oral and injectable)	Not Covered
Infusion Therapy	0%
Administered in the home or physician's office	
Infusion Therapy	0%
Administered in an outpatient hospital department or freestanding facility	
Transplants	0%
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	0%, Covered when medically necessary
Surgical treatment of morbid obesity.	
FAMILY PLANNING	
Infertility Treatment	0%
Diagnosis and treatment of the underlying medical condition only.	
Tubal Ligation	Not Covered
Vasectomy	Not Covered
GENERAL PROVISIONS	
Dependents Eligibility	Covers Medicare primary spouse as well as incapacitated children if Medicare primary
Pre-existing Conditions Exclusion	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.



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

- 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.

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.