



Benefits, Value Added Services and Premiums are effective January 1, 2013 through
 December 31, 2013

National

PLAN DESIGN AND BENEFITS
 PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	Network Providers	Out-of-Network Providers
Deductible (per calendar year)	\$0 Deductible	\$0 Deductible

Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Deductible is NOT applicable to Hearing Aid Reimbursement, Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.

Member Coinsurance	N/A	N/A
Applies to all expenses unless otherwise stated.		
Annual Maximum Out-of-Pocket Amount (includes deductible)	\$1,000	N/A
Combined Annual Maximum Out-of-Pocket Amount (Plan Level / includes deductible)	N/A	\$1,000

Annual Maximum Out-of-pocket Limit amount applies to all medical expenses EXCEPT Hearing Aid Reimbursement, Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.

Primary Care Physician Selection	Optional	Not Applicable
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Certification Requirements

There is not a requirement for member pre-certification. If a member fails to obtain pre-certification they will not be denied services or will any penalty amount be applied. However, pre-certification is requested on certain services including inpatient hospital care, inpatient mental health and substance abuse, skilled nursing facility, home health care and some durable medical equipment.

Referral Requirement	None	None
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PREVENTIVE CARE

Routine Physicals (Yearly Wellness Exams) /	Covered 100%	Covered 100%
One annual exam. Pneumococcal, Flu, Hepatitis B covered 100%		



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Routine GYN Care (Cervical and Vaginal Cancer Screenings) Exams One routine GYN visit and pap smear every 12 months	Covered 100%	Covered 100%
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Routine Mammograms (Breast Cancer Screening) One baseline mammogram for members 35-39; and one annual mammogram for members age 40 and over	Covered 100%	Covered 100%
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Routine Prostate Cancer Screening Exam For covered males age 50 and over every 12 months	Covered 100%	Covered 100%
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Routine Colorectal Cancer Screening For all members age 50 and over.	Covered 100%	Covered 100%
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Routine Bone Mass	Covered 100%	Covered 100%
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Additional Medicare Preventive Services***	Covered 100%	Covered 100%
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Routine Eye Exams One(1) annual exam	Covered 100%	Covered 100%
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Routine Hearing Exams One(1) annual exam	Covered 100%	Covered 100%
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PHYSICIAN SERVICES

Primary Care Physician Visits	\$10 copay	\$10 copay
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Primary Care Physician Visits (after hours) Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.	\$10 copay	\$10 copay
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Physician Specialist Visits	\$10 copay	\$10 copay
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Office Visits for Surgery	\$10 copay	\$10 copay
Allergy Testing/Treatment	\$10 copay	\$10 copay
DIAGNOSTIC PROCEDURES		
Outpatient Diagnostic Laboratory and X-Ray	\$10 copay	\$10 copay
EMERGENCY MEDICAL CARE		
Urgently Needed Care	\$10 copay	\$10 copay
Emergency Room; Worldwide (waived if admitted)	\$25 copay	\$25 copay
Ambulance Services	Covered 100%	Covered 100%
HOSPITAL CARE		
Inpatient Hospital Care	Covered 100%	Covered 100%
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.		
Outpatient Hospital Expenses (including surgery)	Covered 100%	Covered 100%
The member cost sharing applies to covered benefits incurred during a member's outpatient visit.		
MENTAL HEALTH SERVICES		
Inpatient Mental Health Care	Covered 100%	Covered 100%
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.		
Outpatient Mental Health Care	\$10 copay	\$10 copay
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)	Covered 100%	Covered 100%
The member cost sharing applies to covered benefits incurred during a member's inpatient stay		
Outpatient Substance Abuse (Detox and Rehab)	Covered 100%	Covered 100%
The member cost sharing applies to covered benefits incurred during a member's outpatient visit.		
OTHER SERVICES		



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Skilled Nursing Facility	Covered 100%	Covered 100%
<p>Limited to 120 days per Medicare benefit period. The member cost sharing applies to covered benefits incurred during a member's inpatient stay.</p>		
Home Health Agency Care	Covered 100%	Covered 100%
Hospice Care	Covered by Medicare at a Medicare certified hospice	Covered by Medicare at a Medicare certified hospice
Outpatient Rehabilitation Services	\$10 copay	\$10 copay
<p>Includes speech, physical, and occupational therapy.</p>		
Chiropractic Services	\$15 copay	\$15 copay
<p>For manipulation of the spine to the extent covered by Medicare</p>		
Durable Medical Equipment/ Prosthetic Devices	Covered 100%	Covered 100%
Podiatry Services	\$10 copay	\$10 copay
<p>Limited to Medicare covered benefits only</p>		
Diabetic Supplies	Covered 100%	Covered 100%
Outpatient Complex Radiology	\$10 copay	\$10 copay
Outpatient Dialysis Treatments	\$10 copay	\$10 copay
Medicare Part B Prescription Drugs	Covered 100%	Covered 100%
Vision Eyewear Allowance	Lens Discounts	Same as preferred care.
Hearing Aid Reimbursement	Discounts where available	Same as Preferred tier
Coaching One phone call per week	Included	Not covered



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*** Additional Medicare Preventive Services include ultrasound screening for abdominal aortic aneurysm (AAA), cardiovascular disease screening, diabetes screening tests, diabetes self-management training (DSMT), medical nutrition therapy, glaucoma screening, smoking & tobacco use cessation counseling, HIV screening and annual wellness visit.

Benefits, limitations, service areas and premiums are subject to change on January 1 of each year. Members must be entitled to Medicare Part A and continue to pay the Part B premium and Part A, if applicable.

This material is for informational purposes only. 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. Providers are independent contractors and are not agents of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Aetna does not provide care or guarantee access to health services.

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

The following is a partial listing of exclusions and limitations under the Aetna MedicareSM Plan

- 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 Original Medicare Part B.

Precertification, or prior approval of coverage is requested for certain services. Providers must be licensed and eligible to receive payment under the federal Medicare program.

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. In the event of a conflict or inconsistency between this material and plan documents, the terms of the plan document shall govern.

Discount programs provide access to discounted prices and are not insured benefits. The member is responsible for the full cost of the discounted services.



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Health Benefits and Health Insurance plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). A Medicare Advantage organization with a Medicare contract. A Medicare approved Part D sponsor.

This document may be available in a different format or language. For assistance, please call Member Services at 1-866-234-3129 (TTY/TDD: 711). Calls to this number are free. Hours of operation: 7 days per week, 8am till 8pm. Este documento podría estar disponible en diferentes formatos o idiomas. Para ayuda, por favor llame a Servicios al Miembro al 1-866-234-3129 (TTY/TDD: 711). Las llamadas a este número son gratuitas. Horario de atención: los 7 días de la semana, de 8 a.m. a 8 p.m.

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

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2013 Aetna Medicare

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