



Benefits, Value Added Services and Premiums are effective January 1, 2012 through December 31, 2012
California and Illinois

PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA HEALTH INC

PLAN FEATURES		Network Providers
Deductible (per calendar year)		\$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, Dental and Medicare prescription drug coverage that may be available on your plan.		
Annual Maximum Out-of-pocket amount (includes Deductible)		\$2,500
Annual Maximum Out-of-pocket Limit applies to all medical expenses EXCEPT Hearing Aid Reimbursement, Vision Reimbursement, Dental and Medicare prescription drug coverage that may be available on your plan.		
Primary Care Physician Selection		Required
Referral Requirements		Required for all non-emergency, non-urgent and non-Primary Care physicians services, except direct access services.
ROUTINE PREVENTIVE CARE		
Routine Physical (Yearly Wellness Exams) /Immunizations		Covered 100%
(One exam every 12 months /Pneumonia, Flu, Hepatitis B)		
Routine GYN Care (Cervical and Vaginal Cancer Screenings)		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 12 months.		
Routine Mammogram (Breast Cancer Screening)		Covered 100%
One baseline mammogram for members 35-39; and one annual mammogram for members age 40 and over		
Routine Prostate Cancer Screening Exam		Covered 100%
For males age 50 and over every 12 months		
Routine Colorectal Cancer Screening		Covered 100%
For all members 50 and over every 12 months		
Routine Bone Mass Measurement		Covered 100%
One exam every 12 months		



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Additional Medicare Preventive Services***	Covered 100%
Routine Eye Exam	Covered 100%
Direct access to participating providers. One annual exam.	
Routine Hearing Screening	Covered 100%
One exam every 12 months	
PHYSICIAN SERVICES	Network Providers
Primary Care Physician Visits	
(Office hours)	\$15 copay
(After Office Hours)	\$15 copay
Physician Specialist Visits	\$25 copay
Podiatry Services	\$25 copay
Limited to Medicare covered benefits only	
Allergy Testing/Treatment	\$25 copay
For initial testing by a specialist; PCP copay for routine injections at PCP office with or without physician encounter	
DIAGNOSTIC PROCEDURES	Network Providers
Outpatient Diagnostic Laboratory and X-Ray	Covered 100%
EMERGENCY MEDICAL CARE	Network Providers
Urgently Needed Care	\$65 copay
Emergency Room; Worldwide (waived if admitted)	\$65 copay
Ambulance Services	Covered 100% per trip
HOSPITAL CARE	Network Providers
Inpatient Hospital Care	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	Network Providers
Inpatient Mental Health Care	Covered 100%
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Mental Health Care	\$25 copay
The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	
ALCOHOL/DRUG ABUSE SERVICES	Network Providers
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.	



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OTHER SERVICES	Network Providers
Skilled Nursing Facility (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.	Covered 100%
Home Health Agency Care	Covered 100%
Hospice Care	Covered by Medicare at Medicare certified Hospice
Outpatient Rehabilitation Services (speech, physical, cardiac and occupational)	\$25 copay
Chiropractic Services For manual manipulation of the spine to the extent covered by Medicare	\$15 copay
Durable Medical Equipment/Prosthetic Devices	Covered 100%
Diabetic Supplies	No copay for strips, lancets and glucometer
Outpatient Complex Radiology:	
CAT/PET/MRI	Covered 100%
Radiation Therapy	\$25 copay
Outpatient Dialysis	\$25 copay
Medicare Part B Prescription Drugs	Covered 100%
Dental *	Discounts where available
Vision Eyewear Allowance	Lens Discounts
Hearing Aid Reimbursement	Discounts where available
Coaching One phone call per week	Included

* Dental Benefits are not available in all service areas. Refer to your plan documents for a complete description of the benefits or discounts available.

*** 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.



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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 (HMO):

- All applicable services not referred by the 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 Original Medicare Part B.

Members must use network providers except for emergent care or out-of-area urgent care/renal dialysis. If care is received from out-of-network providers neither Medicare nor Aetna MedicareSM Plan (HMO) will be responsible for the costs. If the primary physician is part of an integrated delivery system or physician group, the primary care physician will generally refer members to specialists and hospitals that are affiliated with the delivery system or physician group.

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.

Health benefits and health insurance plans contain exclusions and limitations.

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.



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This document may be available in a different format or language. For assistance, please call Member Services at 1-800-282-5366 (TTY/TDD: 1-888-760-4748). 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 1-800-282-5366 (TTY/TDD: 1-888-760-4748). 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.

2012 Aetna Medicare

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