Aetna Medicare

City of Anaheim
Aetna Medicare SM Plan (HMO)
Custom Medicare Medical Plan
Custom Rx Plan ($10/$25/$30)

Arizona, California, Florida, Georgia, Nevada, Ohio, Pennsylvania, Texas

PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA HEALTH INC

PLAN FEATURES	PARTICIPATING PROVIDERS / REFERRED
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.	
Annual Maximum Out-of-pocket (includes Deductible)	$6,700
Annual Maximum Out-of-pocket Limit applies to all medical expenses EXCEPT Hearing Aid Reimbursement, Vision Reimbursement, Dental and Medicare prescription drug coverage.	
Primary Care Physician Selection	Required
Referral Requirements	Required for all non-emergency, non-urgent and non-Primary Care physicians services, except direct access services.
PREVENTIVE CARE	
Routine Physical Exams/Immunizations (One annual exam/Pneumonia, Flu, Hepatitis B)	Covered 100%
Routine Gynecological Care Exams	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 365 days	
Routine Mammograms	Covered 100%
One baseline mammogram for members 35-39; and one annual mammogram for members age 40 and	
Routine Digital Rectal Exams / Prostate Specific Antigen Test For males age 40 and over.	Covered 100%
Colorectal Cancer Screening For all members 50 and over.	Covered 100%
Bone Density Testing	Covered 100%
Routine Eye Exam	Covered 100%
Direct access to participating providers. One annual exam.	
Routine Hearing Screening One (1) annual exam	Covered 100%
Hearing Aid Reimbursement	$500 once every 36 months
PHYSICIAN SERVICES	
Primary Care Physician Visits (Office hours)	$20 copay

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(After Office Hours)	$25 copay (does not apply to CA)
Specialist Office Visits	$20 copay
Podiatry Limited to Medicare covered benefits only	$20 copay
Allergy Testing/Treatment For initial testing by a specialist; PCP copay for routine injections at PCP office with or without physician encounter	$20 copay
DIAGNOSTIC PROCEDURES	**PARTICIPATING PROVIDERS / REFERRED**
Diagnostic Laboratory and X-Ray	$20 copay
EMERGENCY MEDICAL CARE	**PARTICIPATING PROVIDERS / REFERRED**
Urgent Care Provider	$35 copay
Emergency Room; Worldwide (waived if admitted)	$35 copay
Ambulance	$15 copay
HOSPITAL CARE	**PARTICIPATING PROVIDERS / REFERRED**
Inpatient Coverage The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	Covered 100%
Outpatient Surgery The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	Covered 100%
MENTAL HEALTH SERVICES	**PARTICIPATING PROVIDERS / REFERRED**
Inpatient Mental Illness The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	Covered 100%
Outpatient Mental Illness The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	$20 copay
ALCOHOL/DRUG ABUSE SERVICES	**PARTICIPATING PROVIDERS / REFERRED**
Inpatient Substance Abuse (Detox and Rehab) The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	Covered 100%
Outpatient Substance Abuse (Detox and Rehab) The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	$20 copay
OTHER SERVICES	**PARTICIPATING PROVIDERS / REFERRED**
Skilled Nursing Facility (100 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.	$0 copay Days 1-10 $25 copay Days 11-20 $50 copay Days 21-100
Home Health Care	Covered 100%

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Hospice Care	Covered by Medicare at Medicare certified Hospice
Outpatient Short-Term Therapy (speech, physical, cardiac and occupational)	$20 copay
Chiropractic Care For manual manipulation of the spine to the extent covered by Medicare	$15 copay
Durable Medical Equipment/Prosthetic Devices	15% coinsurance
Diabetic Supplies	No copay for strips, lancets and glucometer
Outpatient Complex Radiology	$20 copay
Outpatient Dialysis	$20 copay
Part B Drugs	Covered 100%
Dental *	Discounts where available
Vision Eyewear Allowance	$100 reimbursement every 24 months
Coaching One phone call per week	Included

PHARMACY - PRESCRIPTION DRUG BENEFITS	**Cost Share**
Prescription drug calendar year deductible	None

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Initial Coverage Limit (ICL)	$2,840	Covered Medicare Prescription Drug Expenditure

The Initial Coverage Limit includes the applicable plan deductible. Until covered Medicare Prescription Drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied), cost-sharing is as follows:

Retail - Member Cost-Sharing up to the Initial Coverage Limit	Member pays $10 Copay for Tier 1 Generic Member pays $25 Copay for Tier 2 Preferred Brand Member pays $30 Copay for Tier 3Non-Preferred Brand

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Up to one month (31 day) supply at indicated copay or coinsurance
Three month (90 day) supply available at retail. Dollar copayments or applicable coinsurance will apply for each month supply.

Mail Order through Aetna Rx Home Delivery - Member Cost-Sharing up to Initial Coverage Limit	Member pays $20 Copay for Tier 1 Generic Member pays $50 Copay for Tier 2 Preferred Brand Member pays $60 Copay for Tier 3 Non-Preferred Brand

Up to a three month (90 day) supply available via our preferred vendor, Aetna Rx Home Delivery.

Coverage Gap*

Once covered Medicare Prescription Drug expenses have reached the Initial Coverage Limit, the Coverage Gap begins. Member cost sharing under the plan between the Initial Coverage Limit and until $4,550 in true out-of-pocket costs for Covered Part D drugs is incurred is as follows:

Retail - Member Cost-Sharing during Coverage Gap*	Member pays $10 Copay for Tier 1 Generic Member pays $50 Copay for Tier 2 Preferred Brand Member pays $60 Copay for Tier 3 Non-Preferred Brand

Up to one month (31 day) supply at indicated copay or coinsurance
Three month (90 day) supply available at retail. Dollar copayments or applicable coinsurance will apply for each month supply.

Mail Order through Aetna Rx Home Delivery - Member Cost Sharing during Coverage Gap*	Member pays $20 Copay for Tier 1 Generic Member pays $100 Copay for Tier 2 Preferred Brand Member pays $120 Copay for Tier 3 Non-Preferred Brand

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Catastrophic Coverage	Greater of $2.50 or 5% for covered generic (including brand drugs treated as generic) drugs. Greater of $6.30 or 5% for all other covered drugs.
Catastrophic Coverage benefits start once $4,550 in true out-of-pocket costs is incurred.	
Requirements:	
Precertification	Yes
Step-Therapy	Yes
Formulary	Standard (Three Tier)

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

Not all services are covered. Aetna does not provide care or guarantee access to health services. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice.

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.

Please refer to the plan documents (Evidence of Coverage) for a complete listing of benefits, exclusions and limitations. The following is a partial listing of exclusions and limitations under the Aetna MedicareSM Plan (HMO) and Aetna Medicare Rx® (PDP):

• All applicable services not referred by your 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;

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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.

***Beginning in 2011, the Medicare Coverage Gap Discount Program will provide manufacturer discounts on brand name drugs to Part D enrollees who have reached the coverage gap and are not already receiving "Extra Help." A 50% discount on the negotiated price (excluding the dispensing fee) will be available for those brand name drugs from manufacturers that have agreed to pay the discount.**

There are three general rules about drugs that Medicare drug plans will not cover under Part D.

• cover a drug that would be covered under Medicare Part A or Part B.
• cover a drug purchased outside the United States and its territories.
• generally cover drugs prescribed for "off label" use, unless supported by criteria included in certain reference books (eg, American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI).

Additionally, certain types of drugs or categories of drugs are not normally covered by a Medicare Prescription Drug Plan. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs". These drugs include:

• Drugs used for the treatment of weight loss, weight gain or anorexia;
• Drugs used for cosmetic purposes or to promote hair growth;
• Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations;
• Barbiturates;
• Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale;
• Drugs used to promote fertility;
• Drugs used for symptomatic relief of cough and colds;
• Non-prescription drugs, also called over-the counter (OTC);
• Benzodiazepines;
• Drugs when used for the treatment of sexual or erectile dysfunction.

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

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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). Coverage is provided through a Medicare Advantage organization or a Medicare prescription drug plan sponsor with a Medicare contract. Benefits, limitations, service areas and premiums are subject to change on January 1 of each year.

You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

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

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions.

Members must use network pharmacies to receive plan benefits except in limited, non-routine circumstances when a network pharmacy is not available, including illness while traveling within the United States but outside of the plan's service area where there is no network pharmacy. An additional cost may be incurred for drugs received at an out-of-network pharmacy.

If an individual qualifies for extra help with the Medicare prescription drug plan, premium and costs at the pharmacy may be lower. Upon enrollment in the Aetna Medicare plan, Medicare will tell us how much extra help an individual is getting. An individual can obtain information on whether they qualify for extra help by calling 1-800-Medicare (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

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.

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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.

If you require language assistance from an Aetna representative, please call Member Services' multilingual hotline at **1-888-982-3862** (140 languages are available. You must ask for an interpreter). **TDD 1-800-628-3323** (hearing impaired only).

Si necesita asistencia lingüística de un representante de Aetna, contamos con una línea directa de Servicios a Miembros disponible en varios idiomas. Comuníquese al **1-888-982-3862** (140 idiomas disponibles. Debe solicitar un intérprete). TDD **1-800-628-3323** (para personas con problemas de audición únicamente).

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

Aetna Medicare Non-Part D Drug Rider

Certain types of drugs or categories of drugs are not normally covered by Medicare Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs.”

This plan offers additional coverage of some prescription drugs not normally covered in a Medicare Prescription Drug Plan. The amount paid when filling a prescription for these drugs does not count towards qualifying for catastrophic coverage.

For those receiving extra help from Medicare to pay for prescriptions, the extra help will not pay for these drugs.

List of Non-Part D Drugs Covered Under The Supplemental Benefit Prescription Drug Rider:

- agents when used for weight loss
- prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- barbiturates
- benzodiazepines
- drugs when used for the treatment of sexual or erectile dysfunction

List of Non-Part D Drugs That Are Not Covered Under The Supplemental Benefit Prescription Drug Rider:

- agents when used for weight gain or anorexia
- agents when used to promote fertility
- agents when used for cosmetic purposes or hair growth
- agents when used for the symptomatic relief of cough and colds

• nonprescription drugs
• outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee as a condition of sale

Non-Part D drugs covered under the Rider can be accessed at the applicable plan copay. **Copayments and associated costs for these prescription drugs will not apply toward the deductible, initial coverage limit or True Out-of-Pocket threshold.** Some drugs may require prior authorization before they are covered under the plan. The physician can contact Aetna for prior authorization, toll-free at 1-800-414-2386.

Questions should be directed to Member Services at the toll-free phone number on the Aetna Medicare Member ID card.

Benefits coverage is provided by Aetna Life Insurance Company. This material is for informational purposes only. See plan documents for a complete description of benefits, exclusions, limitations and

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