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**EMERITI HEALTH  
INSURANCE PLAN OPTIONS**

A SUMMARY OF PLAN BENEFITS



EMERITI HEALTH PLAN OPTION ONE – AETNA TRADITIONAL CHOICE

Plan Features	
<b>Prescription Drug Benefits</b>	
<b>Formulary* (see page 10 for description)</b>	Open
<b>Annual Deductible Paid by Participant (Stage 1)</b>	\$100
<b>+ Initial Coinsurance Paid by Participant (Balance Paid by Plan) (Stage 2)</b>	15% generic drugs on formulary 25% brand drugs on formulary 35% drugs not on formulary
<b>= Total Cost Paid by Participant and Plan In Stages 1+2</b>	\$2,250
<b>+ Secondary Coinsurance in “the Gap” Paid by Participant (Balance Paid by Plan) (Stage 3)</b>	20% generic drugs on formulary 30% brand drugs on formulary 40% drugs not on formulary
<b>= True Out-of-Pocket (TrOOP) Expenses Paid by Participant (Stages 1+2+3) to Reach Catastrophic Threshold</b>	\$3,600
<b>Then, Catastrophic Coverage Begins (Amount the Participant Pays When “the Gap” is Met).</b>	0%
<b>Step Therapy** (see page 10 for description)</b>	Excluded
<b>Major Medical Benefits</b>	
<b>Participant Must Meet an Annual Deductible of:</b>	\$200 (medical costs only)
<b>Participant Coinsurance</b>	20% to \$1,000
<b>Annual Participant Out-of-Pocket (OOP) Limit</b>	\$1,000
<b>Lifetime Maximum</b>	Unlimited
<b>Physician Services</b>	20% after deductible to OOP limit
<b>Routine Office Visits</b> Routine Physicals/Immunizations - age 65+: 1 exam every 12 months. Includes coverage for immunizations. Tetanus-diphtheria booster every 10 years Annual influenza vaccine Pneumovax, Pnu-immune – once Varicella vaccine – 2 doses 4-8 weeks apart if no history of chickenpox High Risk immunizations Hepatitis B – 3 doses if at high risk Meningococcal (Meningitis) vaccine Hepatitis A	20% after deductible to OOP limit 100% coverage, deductible waived – \$150 preventive care allowance (per calendar year)
<b>Specialist Office Visits</b> Routine Mammography – No age or frequency limits  Flex sigmoid/double barium enema 1 every 5 years and colonoscopy 1 every 10 years. CA 125 test post treatment ovarian cancer.	20% after deductible to OOP limit 20% after deductible to OOP limit  20% after deductible to OOP limit

EMERITI HEALTH PLAN OPTION ONE – AETNA TRADITIONAL CHOICE

Plan Features	
<b>Specialist Office Visits (continued)</b>	
Routine Gynecological Care Exam – 1 routine exam per calendar year, including 1 Pap smear and related fees.	20% after deductible to OOP limit
Routine Annual Digital Rectal Exam (DRE) and Prostate Specific Antigen Test (PSA) for covered males.	20% after deductible to OOP limit
Allergy Testing and Treatment	20% after deductible to OOP limit
Physician In-Hospital Services	20% after deductible to OOP limit
Allergy Injections	20% after deductible to OOP limit
Other Physician Services	20% after deductible to OOP limit
<b>Hospital Services</b>	
Inpatient Services	20% after deductible to OOP limit
Outpatient Services	20% after deductible to OOP limit
Outpatient Surgery	20% after deductible to OOP limit
Emergency Room	20% after deductible to OOP limit
Non-Emergency Use of the Emergency Room	50% after deductible to OOP limit
<b>Diagnostic X-Ray &amp; Laboratory Services</b>	20% after deductible to OOP limit
<b>Skilled Nursing Facility</b>	20% after deductible to a maximum of 90 days per calendar year
<b>Home Health Care</b>	20% after deductible to a maximum of 100 visits per calendar year
Each visit of up to 4 hours by a home health care aide is one visit.	
<b>Private Duty Nursing – Outpatient</b>	20% after deductible to a maximum of 70 eight-hour shifts per calendar year
Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.	
<b>Hospice Care</b>	20% after deductible to 30 day inpatient and \$10,000 outpatient lifetime maximums
<b>Short-Term Rehabilitation</b>	20% after deductible to a maximum of 60 visits per calendar year
Physical, speech, occupational therapy and spinal disorder	
<b>Ambulance</b>	20% after deductible to OOP limit
<b>Durable Medical Equipment</b>	20% after deductible to OOP limit
<b>Mental Health Services</b>	
Inpatient Services	20% after deductible to OOP limit
Outpatient Services	20% after deductible to OOP limit
<b>Alcohol/Drug Abuse</b>	
Inpatient Services	20% after deductible to a maximum of 30 days per calendar year
Outpatient Services	50% after deductible to a maximum of 20 visits per calendar year

EMERITI HEALTH PLAN OPTION ONE – AETNA TRADITIONAL CHOICE

Additional Plan Features	
<b>National Medical Excellence Program®</b>	A program to help eligible members access covered treatment for solid organ and bone marrow transplants and coordinate arrangements for treatment of members with certain rare or complicated conditions at certain tertiary care facilities across the country when those services are not available locally. May also include travel expenses for the member and a companion.
<b>National Advantage Program</b>	The National Advantage Program (NAP) offers access to contracted rates for many medical claims that would otherwise be paid at the full rate billed by health care professionals under indemnity plans, the out-of-network portion of managed care plans, or for emergency/medically necessary services not provided within the standard network. The NAP network consists of many of Aetna's directly-contracted hospitals, ancillary providers, and physicians, as well as hospitals, ancillary providers, and physicians accessed through vendor arrangements where Aetna does not have direct contractual arrangements.
<b>Informed Health Line</b>	Aetna's Informed Health Line gives members telephone access to registered nurses experienced in providing information on a variety of health topics. The nurses encourage informed health care decision-making and optimal patient/provider relationships through information and support. The Informed Health Line is available 24 hours a day, 7 days a week via a toll free telephone number.  The Informed Health Line is limited to the domestic market (1-800 access only) and does not include international access.
<b>Claim Submission</b>	Medicare Direct (cross-over) (normally, third-party administrator handles all Medicare claims from provider and sends them to Aetna; patient is generally not involved in claim submission process)
<b>Private Room Limit</b>	Semi-private
<b>Pre-Existing Conditions Rule</b>	Does not apply
<b>Extension of Benefits</b>	12-month extension if totally disabled when coverage ceases – extension applies to all covered expenses
<b>Indemnity Insurance Arrangement</b>	Patient may use any provider or medical facility that accepts Medicare assignment or Medicare balance billing. Patient does not need a referral to see a doctor or get covered services.
<b>Medicare Payment Coordination</b>	Government Exclusion – Medicare eligible benefits are subtracted from covered medical expenses before secondary Aetna benefits are calculated on a coinsurance basis up to the annual coinsurance limit.
<b>Coordination with Other Benefits</b>	Up to 100% of allowable expenses per year
<b>Subrogation</b>	Third party liability claims with recovery potential will be forwarded to the designated subrogation vendor for pursuit.



AETNA LIFE INSURANCE COMPANY

EMERITI HEALTH PLAN OPTION TWO – AETNA TRADITIONAL CHOICE

Plan Features	
<b>Prescription Drug Benefits</b>	
<b>Formulary* (see page 10 for description)</b>	Open
<b>Annual Deductible Paid by Participant (Stage 1)</b>	\$250
<b>+ Initial Coinsurance Paid by Participant (Balance Paid by Plan) (Stage 2)</b>	10% generic drugs on formulary 20% brand drugs on formulary 30% drugs not on formulary
<b>= Total Cost Paid by Participant and Plan In Stages 1+2</b>	\$2,250
<b>+ Secondary Coinsurance in “the Gap” Paid by Participant (Balance Paid by Plan) (Stage 3)</b>	40% generic drugs on formulary 50% brand drugs on formulary 60% drugs not on formulary
<b>= True Out-of-Pocket (TrOOP) Expenses Paid by Participant (Stages 1+2+3) to Reach Catastrophic Threshold</b>	\$3,600
<b>Then, Catastrophic Coverage Begins (Amount the Participant Pays When “the Gap” is Met).</b>	0%
<b>Step Therapy** (see page 10 for description)</b>	Excluded
<b>Major Medical Benefits</b>	
<b>Participant Must Meet an Annual Deductible of:</b>	\$750 (medical costs only)
<b>Participant Coinsurance</b>	20% to \$2,000
<b>Annual Participant Out-of-Pocket (OOP) Limit</b>	\$2,000
<b>Lifetime Maximum</b>	Unlimited
<b>Physician Services</b>	20% after deductible to OOP limit
<b>Routine Office Visits</b> Routine Physicals/Immunizations - age 65+: 1 exam every 12 months. Includes coverage for immunizations. Tetanus-diphtheria booster every 10 years Annual influenza vaccine Pneumovax, Pnu-immune – once Varicella vaccine – 2 doses 4-8 weeks apart if no history of chickenpox High Risk immunizations Hepatitis B – 3 doses if at high risk Meningococcal (Meningitis) vaccine Hepatitis A	20% after deductible to OOP limit 100% coverage, deductible waived - \$100 preventive care allowance (per calendar year)
<b>Specialist Office Visits</b> Routine Mammography – No age or frequency limits  Flex sigmoid/double barium enema 1 every 5 years and colonoscopy 1 every 10 years. CA 125 test post treatment ovarian cancer.	20% after deductible to OOP limit 20% after deductible to OOP limit  20% after deductible to OOP limit

EMERITI HEALTH PLAN OPTION TWO – AETNA TRADITIONAL CHOICE

Plan Features	
<b>Specialist Office Visits (continued)</b> Routine Gynecological Care Exam – 1 routine exam per calendar year, including 1 Pap smear and related fees.	20% after deductible to OOP limit
Routine Annual Digital Rectal Exam (DRE) and Prostate Specific Antigen Test (PSA) for covered males.	20% after deductible to OOP limit
Allergy Testing and Treatment	20% after deductible to OOP limit
Physician In-Hospital Services	20% after deductible to OOP limit
Allergy Injections	20% after deductible to OOP limit
Other Physician Services	20% after deductible to OOP limit
<b>Hospital Services</b>	
Inpatient Services	20% after deductible to OOP limit
Outpatient Services	20% after deductible to OOP limit
Outpatient Surgery	20% after deductible to OOP limit
Emergency Room	20% after deductible to OOP limit
Non-Emergency Use of the Emergency Room	50% after deductible to OOP limit
<b>Diagnostic X-Ray &amp; Laboratory Services</b>	20% after deductible to OOP limit
<b>Skilled Nursing Facility</b>	20% after deductible to a maximum of 90 days per calendar year
<b>Home Health Care</b> Each visit of up to 4 hours by a home health care aide is one visit.	20% after deductible to a maximum of 100 visits per calendar year
<b>Private Duty Nursing – Outpatient</b> Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.	20% after deductible to a maximum of 70 eight-hour shifts per calendar year
<b>Hospice Care</b>	20% after deductible to 30 day inpatient and \$10,000 outpatient lifetime maximums
<b>Short-Term Rehabilitation</b> Physical, speech, occupational therapy and spinal disorder	20% after deductible to a maximum of 60 visits per calendar year
<b>Ambulance</b>	20% after deductible to OOP limit
<b>Durable Medical Equipment</b>	20% after deductible to OOP limit
<b>Mental Health Services</b>	
Inpatient Services	20% after deductible to OOP limit
Outpatient Services	20% after deductible to OOP limit
<b>Alcohol/Drug Abuse</b>	
Inpatient Services	20% after deductible to a maximum of 30 days per calendar year
Outpatient Services	50% after deductible to a maximum of 20 visits per calendar year

EMERITI HEALTH PLAN OPTION TWO – AETNA TRADITIONAL CHOICE

Additional Plan Features	
<b>National Medical Excellence Program®</b>	A program to help eligible members access covered treatment for solid organ and bone marrow transplants and coordinate arrangements for treatment of members with certain rare or complicated conditions at certain tertiary care facilities across the country when those services are not available locally. May also include travel expenses for the member and a companion.
<b>National Advantage Program</b>	The National Advantage Program (NAP) offers access to contracted rates for many medical claims that would otherwise be paid at the full rate billed by health care professionals under indemnity plans, the out-of-network portion of managed care plans, or for emergency/medically necessary services not provided within the standard network. The NAP network consists of many of Aetna’s directly-contracted hospitals, ancillary providers, and physicians, as well as hospitals, ancillary providers, and physicians accessed through vendor arrangements where Aetna does not have direct contractual arrangements.
<b>Informed Health Line</b>	Aetna’s Informed Health Line gives members telephone access to registered nurses experienced in providing information on a variety of health topics. The nurses encourage informed health care decision-making and optimal patient/provider relationships through information and support. The Informed Health Line is available 24 hours a day, 7 days a week via a toll free telephone number.  The Informed Health Line is limited to the domestic market (1-800 access only) and does not include international access.
<b>Claim Submission</b>	Medicare Direct (cross-over) (normally, third-party administrator handles all Medicare claims from provider and sends them to Aetna; patient is generally not involved in claim submission process)
<b>Private Room Limit</b>	Semi-private
<b>Pre-Existing Conditions Rule</b>	Does not apply
<b>Extension of Benefits</b>	12-month extension if totally disabled when coverage ceases – extension applies to all covered expenses
<b>Indemnity Insurance Arrangement</b>	Patient may use any provider or medical facility that accepts Medicare assignment or Medicare balance billing. Patient does not need a referral to see a doctor or get covered services.
<b>Medicare Payment Coordination</b>	Government Exclusion – Medicare eligible benefits are subtracted from covered medical expenses before secondary Aetna benefits are calculated on a coinsurance basis up to the annual coinsurance limit.
<b>Coordination with Other Benefits</b>	Up to 100% of allowable expenses per year
<b>Subrogation</b>	Third party liability claims with recovery potential will be forwarded to the designated subrogation vendor for pursuit.



AETNA LIFE INSURANCE COMPANY

EMERITI HEALTH PLAN OPTION THREE – AETNA TRADITIONAL CHOICE

Plan Features	
<b>Prescription Drug Benefits</b>	
<b>Formulary* (see page 10 for description)</b>	Closed
<b>Annual Deductible Paid by Participant (Stage 1)</b>	\$250
<b>+ Initial Copayment Paid by Participant (Balance Paid by Plan) (Stage 2)</b>	\$5 copayment generic drugs on formulary \$25 copayment brand drugs on formulary
<b>= Total Cost Paid by Participant and Plan In Stages 1+2</b>	\$2,250
<b>+ Secondary Coinsurance in “the Gap” Paid by Participant (Balance Paid by Plan) (Stage 3)</b>	100%
<b>= True Out-of-Pocket (TrOOP) Expenses Paid by Participant (Stages 1+2+3) to Reach Catastrophic Threshold</b>	\$3,600
<b>Then, Catastrophic Coverage Begins (Amount the Participant Pays When “the Gap” is Met).</b>	Greater of \$2/\$5 and 5%
<b>Step Therapy** (see page 10 for description)</b>	Included
<b>Major Medical Benefits</b>	
<b>Participant Must Meet an Annual Deductible of:</b>	\$200 (medical costs only)
<b>Participant Coinsurance</b>	20% to \$1,000
<b>Annual Participant Out-of-Pocket (OOP) Limit</b>	\$1,000
<b>Lifetime Maximum</b>	Unlimited
<b>Physician Services</b>	20% after deductible to OOP limit
<b>Routine Office Visits</b> Routine Physicals/Immunizations - age 65+: 1 exam every 12 months. Includes coverage for immunizations. Tetanus-diphtheria booster every 10 years Annual influenza vaccine Pneumovax, Pnu-immune – once Varicella vaccine – 2 doses 4-8 weeks apart if no history of chickenpox High Risk immunizations Hepatitis B – 3 doses if at high risk Meningococcal (Meningitis) vaccine Hepatitis A	20% after deductible to OOP limit 100% coverage, deductible waived – \$150 preventive care allowance (per calendar year)
<b>Specialist Office Visits</b> Routine Mammography – No age or frequency limits  Flex sigmoid/double barium enema 1 every 5 years and colonoscopy 1 every 10 years. CA 125 test post treatment ovarian cancer.	20% after deductible to OOP limit 20% after deductible to OOP limit  20% after deductible to OOP limit

EMERITI HEALTH PLAN OPTION THREE – AETNA TRADITIONAL CHOICE

Plan Features	
<b>Specialist Office Visits (continued)</b>	
Routine Gynecological Care Exam – 1 routine exam per calendar year, including 1 Pap smear and related fees.	20% after deductible to OOP limit
Routine Annual Digital Rectal Exam (DRE) and Prostate Specific Antigen Test (PSA) for covered males.	20% after deductible to OOP limit
Allergy Testing and Treatment	20% after deductible to OOP limit
Physician In-Hospital Services	20% after deductible to OOP limit
Allergy Injections	20% after deductible to OOP limit
Other Physician Services	20% after deductible to OOP limit
<b>Hospital Services</b>	
Inpatient Services	20% after deductible to OOP limit
Outpatient Services	20% after deductible to OOP limit
Outpatient Surgery	20% after deductible to OOP limit
Emergency Room	20% after deductible to OOP limit
Non-Emergency Use of the Emergency Room	50% after deductible to OOP limit
<b>Diagnostic X-Ray &amp; Laboratory Services</b>	20% after deductible to OOP limit
<b>Skilled Nursing Facility</b>	20% after deductible to a maximum of 90 days per calendar year
<b>Home Health Care</b>	20% after deductible to a maximum of 100 visits per calendar year
Each visit of up to 4 hours by a home health care aide is one visit.	
<b>Private Duty Nursing – Outpatient</b>	20% after deductible to a maximum of 70 eight-hour shifts per calendar year
Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.	
<b>Hospice Care</b>	20% after deductible to 30 day inpatient and \$10,000 outpatient lifetime maximums
<b>Short-Term Rehabilitation</b>	20% after deductible to a maximum of 60 visits per calendar year
Physical, speech, occupational therapy and spinal disorder	
<b>Ambulance</b>	20% after deductible to OOP limit
<b>Durable Medical Equipment</b>	20% after deductible to OOP limit
<b>Mental Health Services</b>	
Inpatient Services	20% after deductible to OOP limit
Outpatient Services	20% after deductible to OOP limit
<b>Alcohol/Drug Abuse</b>	
Inpatient Services	20% after deductible to a maximum of 30 days per calendar year
Outpatient Services	50% after deductible to a maximum of 20 visits per calendar year

EMERITI HEALTH PLAN OPTION THREE – AETNA TRADITIONAL CHOICE

Additional Plan Features	
<b>National Medical Excellence Program®</b>	A program to help eligible members access covered treatment for solid organ and bone marrow transplants and coordinate arrangements for treatment of members with certain rare or complicated conditions at certain tertiary care facilities across the country when those services are not available locally. May also include travel expenses for the member and a companion.
<b>National Advantage Program</b>	The National Advantage Program (NAP) offers access to contracted rates for many medical claims that would otherwise be paid at the full rate billed by health care professionals under indemnity plans, the out-of-network portion of managed care plans, or for emergency/medically necessary services not provided within the standard network. The NAP network consists of many of Aetna's directly-contracted hospitals, ancillary providers, and physicians, as well as hospitals, ancillary providers, and physicians accessed through vendor arrangements where Aetna does not have direct contractual arrangements.
<b>Informed Health Line</b>	Aetna's Informed Health Line gives members telephone access to registered nurses experienced in providing information on a variety of health topics. The nurses encourage informed health care decision-making and optimal patient/provider relationships through information and support. The Informed Health Line is available 24 hours a day, 7 days a week via a toll free telephone number.  The Informed Health Line is limited to the domestic market (1-800 access only) and does not include international access.
<b>Claim Submission</b>	Medicare Direct (cross-over) (normally, third-party administrator handles all Medicare claims from provider and sends them to Aetna; patient is generally not involved in claim submission process)
<b>Private Room Limit</b>	Semi-private
<b>Pre-Existing Conditions Rule</b>	Does not apply
<b>Extension of Benefits</b>	12-month extension if totally disabled when coverage ceases – extension applies to all covered expenses
<b>Indemnity Insurance Arrangement</b>	Patient may use any provider or medical facility that accepts Medicare assignment or Medicare balance billing. Patient does not need a referral to see a doctor or get covered services.
<b>Medicare Payment Coordination</b>	Government Exclusion – Medicare eligible benefits are subtracted from covered medical expenses before secondary Aetna benefits are calculated on a coinsurance basis up to the annual coinsurance limit.
<b>Coordination with Other Benefits</b>	Up to 100% of allowable expenses per year
<b>Subrogation</b>	Third party liability claims with recovery potential will be forwarded to the designated subrogation vendor for pursuit.

EMERITI HEALTH PLAN OPTION FOUR – AETNA PHARMACY MANAGEMENT

Plan Features	
<b>Prescription Drug Benefits</b>	
<b>Formulary*</b>	Open
<b>Annual Deductible Paid by Participant (Stage 1)</b>	\$125
<b>+ Initial Coinsurance Paid by Participant (Balance Paid by Plan) (Stage 2)</b>	15% generic drugs on formulary 25% brand drugs on formulary 35% drugs not on formulary
<b>= Total Cost Paid by Participant and Plan In Stages 1+2</b>	\$2,250
<b>+ Secondary Coinsurance in “the Gap” Paid by Participant (Stage 3)</b>	100%
<b>= True Out-of-Pocket (TrOOP) Expenses Paid by Participant (Stages 1+2+3) to Reach Catastrophic Threshold</b>	\$3,600
<b>Then, Catastrophic Coverage Begins (Amount the Participant Pays When “the Gap” is Met).</b>	5%
<b>Step Therapy**</b>	Excluded

\* Aetna uses a formulary called the Aetna Medicare Preferred Drug List, which has been approved by the Centers for Medicare and Medicaid Services as part of Aetna’s certification as a national prescription drug provider (PDP). Aetna Medicare Prescription Drug Plans cover both brand-name drugs and generic drugs and are offered on a three-tier coinsurance basis (open formulary) and a two-tier copayment basis (closed formulary) for the Emeriti Retiree Health Insurance Options program.

A formulary is a catalog of the prescription drugs covered on a preferred basis. There are open and closed formularies. A closed formulary means that your pharmacy benefit does not cover drugs that are not on the preferred list. You may view the formulary at [www.aetna.com/members/individuals/medicare/medicare\\_resources/covered\\_drugs.html](http://www.aetna.com/members/individuals/medicare/medicare_resources/covered_drugs.html).

Generic drugs have the same active ingredient formulas as brand-name drugs. Generic drugs actually cost less than brand-name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand-name drugs.

\*\* Step Therapy is a process where in certain cases one or more clinically equivalent drugs must be tried before the prescribed drug is approved. Step Therapy is generally required when a prescribed drug is more expensive or has more serious potential side effects than other clinically equivalent drugs.

Prescriptions must be obtained through an Aetna contracted retail pharmacy or via mail order from Aetna RX Home Delivery. To find a retail pharmacy in your state, go to the Aetna Medicare website at [www.aetna.com/members/individuals/medicare](http://www.aetna.com/members/individuals/medicare) and click on “Locate Pharmacies” on the left margin. To learn more about mail order pharmacy, go to [www.aetnarxhomedelivery.com](http://www.aetnarxhomedelivery.com).

EMERITI HEALTH PLAN OPTION FIVE – AETNA PHARMACY MANAGEMENT

Plan Features	
<b>Prescription Drug Benefits</b>	
<b>Formulary*</b>	Closed
<b>Annual Deductible Paid by Participant (Stage 1)</b>	\$250
<b>+ Initial Copayment Paid by Participant (Balance Paid by Plan) (Stage 2)</b>	\$5 copayment generic drugs on formulary \$25 copayment brand drugs on formulary
<b>= Total Cost Paid by Participant and Plan In Stages 1+2</b>	\$2,250
<b>+ Secondary Coinsurance in “the Gap” Paid by Participant (Stage 3)</b>	100%
<b>= True Out-of-Pocket (TrOOP) Expenses Paid by Participant (Stages 1+2+3) to Reach Catastrophic Threshold</b>	\$3,600
<b>Then, Catastrophic Coverage Begins (Amount the Participant Pays When “the Gap” is Met).</b>	Greater of \$2/\$5 and 5%
<b>Step Therapy**</b>	Included

\* Aetna uses a formulary called the Aetna Medicare Preferred Drug List, which has been approved by the Centers for Medicare and Medicaid Services as part of Aetna’s certification as a national prescription drug provider (PDP). Aetna Medicare Prescription Drug Plans cover both brand-name drugs and generic drugs and are offered on a three-tier coinsurance basis (open formulary) and a two-tier copayment basis (closed formulary) for the Emeriti Retiree Health Insurance Options program.

A formulary is a catalog of the prescription drugs covered on a preferred basis. There are open and closed formularies. A closed formulary means that your pharmacy benefit does not cover drugs that are not on the preferred list. You may view the formulary at [www.aetna.com/members/individuals/medicare/medicare\\_resources/covered\\_drugs.html](http://www.aetna.com/members/individuals/medicare/medicare_resources/covered_drugs.html).

Generic drugs have the same active ingredient formulas as brand-name drugs. Generic drugs actually cost less than brand-name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand-name drugs.

\*\* Step Therapy is a process where in certain cases one or more clinically equivalent drugs must be tried before the prescribed drug is approved. Step Therapy is generally required when a prescribed drug is more expensive or has more serious potential side effects than other clinically equivalent drugs.

Prescriptions must be obtained through an Aetna contracted retail pharmacy or via mail order from Aetna RX Home Delivery. To find a retail pharmacy in your state, go to the Aetna Medicare website at [www.aetna.com/members/individuals/medicare](http://www.aetna.com/members/individuals/medicare) and click on “Locate Pharmacies” on the left margin. To learn more about mail order pharmacy, go to [www.aetnarxhomedelivery.com](http://www.aetnarxhomedelivery.com).



**AETNA OPEN CHOICE PPO PLAN – for under 65 dependents in Aetna PPO service areas\***

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Participant Must Meet Annual Deductible of:</b> (Combined in- and out-of-network)		\$1,000 \$1,000
<b>Participant Coinsurance</b>	20% to \$3,000	40% to \$9,000
<b>Annual Participant Out-of-Pocket (OOP) Limit</b>	\$3,000 - combined medical/Rx, inclusive of deductible (per calendar year)	\$9,000 – combined medical/Rx, inclusive of deductible (per calendar year)
<b>Lifetime Maximum</b> (Combined in- and out-of-network)	\$5,000,000	\$5,000,000
<b>Physician Services</b>		
Office Visits (non-surgical)	20% after deductible to OOP limit	40% after deductible to OOP limit
Specialist (office visit)	20% after deductible to OOP limit	40% after deductible to OOP limit
<b>Routine Physicals/Immunizations \$400 preventive care allowance (per calendar year)</b>		
<b>Children:</b> 6 exams in first 12 months of life, 2 exams in the 13th – 24th months of life, 1 exam every 12 months of life thereafter up to age 18, 1 exam every 24 months for children age 18 and older. Includes coverage for immunizations.	Covered at 100%; deductible waived	40% covered after deductible to OOP limit
<b>Adults:</b> 1 exam every 24 months. Includes coverage for immunizations.		
Routine Gynecological Care Exam – 1 routine exam per calendar year, including 1 Pap smear and related fees	Covered at 100% after deductible	40% after deductible to OOP limit
Routine Mammography No age or frequency limits	Covered at 100% after deductible	40% after deductible to OOP limit
Flex sigmoid/double barium enema 1 every 5 years and colonoscopy 1 every 10 years. CA 125 test post treatment ovarian cancer.	Covered at 100% after deductible	40% after deductible to OOP limit
Routine Annual Digital Rectal Exam (DRE) and Prostate Antigen Test (PSA) for males age 40 and over.	Covered at 100% after deductible	40% after deductible to OOP limit
Routine blood level tests for dependent children	20% after deductible to OOP limit	40% after deductible to OOP limit
Surgery	20% after deductible to OOP limit	40% after deductible to OOP limit
Physician In-Hospital Services	20% after deductible to OOP limit	40% after deductible to OOP limit
Allergy Testing and Treatment	20% after deductible to OOP limit	40% after deductible to OOP limit
Allergy Injections	20% after deductible to OOP limit	40% after deductible to OOP limit
Other Physician Services	20% after deductible to OOP limit	40% after deductible to OOP limit

\* For under 65 dependents outside Aetna PPO service areas, the Aetna Indemnity Plan benefits will be at the Preferred Benefits level unless otherwise noted.

**AETNA OPEN CHOICE PPO PLAN – for under 65 dependents in Aetna PPO service areas**

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Hospital Services</b>		
Inpatient coverage	20% after deductible to OOP limit	40% after deductible and \$500 per hospital stay deductible
Outpatient coverage	20% after deductible to OOP limit	40% after deductible to OOP limit
Outpatient Surgery	20% after deductible to OOP limit	40% after deductible to OOP limit
Emergency Room	20% after \$75 Emergency Room copay (waived if hospitalized); calendar year deductible waived	Same as preferred. 20% after \$75 Emergency Room copay (waived if hospitalized); calendar year deductible waived
Non-emergency use of the Emergency Room	50% after \$75 Emergency Room copay (waived if hospitalized); calendar year deductible waived	Same as preferred. 50% after \$75 Emergency Room copay (waived if hospitalized); calendar year deductible waived
<b>Diagnostic X-ray &amp; Laboratory Services</b>		
deductible to OOP limit		20% after deductible to OOP limit 40% after
<b>Convalescent Facility</b>	20% after deductible to a maximum of 90 days per calendar year	40% after deductible to a maximum of 90 days per calendar year
<b>Home Health Care</b> (Each visit of up to 4 hours by a home health care aide is one visit)	20% after deductible to a maximum of 100 visits per calendar year	40% after deductible to a maximum of 100 visits per calendar year
<b>Private Duty Nursing – Outpatient</b> (Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift)	20% after deductible to maximum of 70 eight-hour shifts per calendar year	40% after deductible to maximum of 70 eight-hour shifts per calendar year
<b>Hospice Care</b>	20% after deductible to 30 day inpatient and \$10,000 outpatient lifetime maximums	40% after deductible to 30 day inpatient and \$10,000 outpatient lifetime maximums
<b>Short-Term Rehabilitation</b>	20% after deductible to a maximum of \$2,000 per calendar year	40% after deductible to a maximum of \$2,000 per calendar year
<b>Spinal Disorders</b>	20% after deductible to a maximum of \$1,000 per calendar year	40% after deductible to a maximum of \$1,000 per calendar year
<b>Ambulance</b>	30% after deductible – PPO to OOP limit 20% after deductible – Indemnity to OOP limit	30% after deductible to OOP limit
<b>Durable Medical Equipment/Prosthetics</b>		
deductible to a maximum		20% after deductible to a maximum 40% after
		of \$2,000 per calendar year
<b>Prescription Drug – Aetna Pharmacy Management*</b>	50% Rx expenses (generic or brand) after calendar year plan deductible satisfied  Rx expenses, after deductible, apply toward the annual combined Rx/medical coinsurance limit.  Rx expenses apply for 1-30 day retail supply or 31-90 day mail order supply.	Rx expenses outside of Aetna Pharmacy Management not covered
<b>Prescription Drug – Doctor’s Office</b>	20% after deductible for contraceptive drugs and devices, including associated office visit, whether or not medically necessary. Includes diabetic mandate.	40% after deductible for contraceptive drugs and devices, including associated office visit, whether or not medically necessary. Includes diabetic mandate.

\* To locate a participating pharmacy or to learn more about mail order delivery, visit [www.aetnapharmacy.com](http://www.aetnapharmacy.com).

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Maternity</b> (Coverage includes voluntary sterilization and voluntary abortion)	20% after deductible to OOP limit	40% after deductible to OOP limit
<b>Basic Infertility Services</b> Diagnosis and treatment of the underlying medical condition	20% after deductible to OOP limit	40% after deductible to OOP limit
<b>Mental Health Services</b> Inpatient Services	20% after deductible to OOP limit	40% after deductible and \$500 deductible per confinement
Outpatient Services	20% after deductible to OOP limit	40% after deductible to OOP limit
<b>Alcohol/Drug Abuse</b> Inpatient Services	20% after deductible to a maximum of 30 days per calendar year	40% after deductible and \$500 per confinement deductible for to a maximum of 30 days per calendar year
Outpatient Services	20% after deductible to maximum of 24 visits per calendar year	40% after deductible to a maximum of 24 visits per calendar year
<b>Inpatient pre-certification and concurrent review</b>	Provider initiated	Member initiated
<b>Penalty to employee for failure to pre-certify</b> Applies to inpatient hospital, treatment facility, skilled nursing facility, home health care, hospice care and private duty nursing	None – PPO \$500 penalty applies per occurrence – Indemnity	\$500 penalty applies per occurrence
<b>Claim Submission</b>	Provider Initiated	Member Initiated
<b>National Medical Excellence Program®</b> (Where state approved) A program to help access covered treatment for solid organ and bone marrow transplants and coordinate arrangements for treatment of certain rare or complicated conditions at certain tertiary care facilities across the country when those services are not available locally. May also include travel expenses for the member and a companion.	Included	Not applicable
<b>National Advantage Program</b> The National Advantage Program (NAP) offers access to contracted rates for many medical claims that would otherwise be paid at the full rate billed by health care professionals under indemnity plans, the out-of-network portion of managed care plans, or for emergency/medically necessary services not provided within the standard network. The NAP network consists of many of Aetna's directly-contracted hospitals, ancillary providers, and physicians, as well as hospitals, ancillary providers, and physicians accessed through vendor arrangements where Aetna does not have direct contractual arrangements.	Included	Included

Plan Features	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Informed Health Line</b> Aetna's Informed Health Line gives members telephone access to registered nurses experienced in providing information on a variety of health topics. The nurses encourage informed health care decision-making and optimal patient/provider relationships through information and support. The Informed Health Line is available 24 hours a day, 7 days a week via a toll free telephone number.  The Informed Health Line is limited to the domestic market (1-800 access only) and does not include international access.	Included	Included
<b>Healthy Outlook</b> A disease management program for covered persons with one of the following chronic conditions: Diabetes Asthma Congestive Heart Failure Coronary Artery Disease	Included	Not included

**Plan Administration**

<b>Dependent Eligibility</b>	Spouse, qualifying domestic partner, children from birth to 19 or 24 (if full-time student)
<b>Private Room Limit</b>	Semi-private
<b>Pre-Existing Conditions Rule</b>	Does not apply
<b>Continuation</b>	Standard continuation applies – COBRA or state mandated
<b>Extension of Benefits</b>	12 months extension if totally disabled when coverage ceases - extension applies to all covered expenses
<b>Coordination with Other Benefits</b>	Up to 100% of allowable expenses per year
<b>Subrogation</b>	Third party liability claims with recovery potential will be forwarded to the designated subrogation vendor for pursuit.

## EXCLUSIONS & LIMITATIONS

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on the state mandates or the plan design or rider(s) purchased by your employer.

- All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents;
- Charges related to any eye surgery mainly to correct refractive errors;
- Cosmetic surgery, including breast reduction;
- Custodial care;
- Dental care and X-rays;
- Donor egg retrieval
- Experimental and investigational procedures;
- Hearing aids;
- Immunizations for travel or work;
- Infertility services, including, but not limited to, 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;
- Nonmedically necessary services or supplies;
- Orthotics;
- Over-the-counter medications and supplies;
- Reversal of sterilization;
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling;
- Special duty nursing.

### Disclaimers

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the insurance plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. All preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates.

Some benefits are subject to limitations or visit maximums.

The Emeriti Health Insurance Plan Options are provided by Aetna Life Insurance Company through your institution's Emeriti Retiree Health Plan. For more information about your institution's Emeriti plan, including information regarding your eligibility for the Emeriti Health Insurance Plan Options, consult the Summary Plan Description.