

**Medicare Eligible (Post-65)
2011 Aetna Supplemental Retiree Medical Plan and Aetna Traditional Choice® Plan**

<u>Benefit Feature/Option</u>	<u>Original Medicare Pays</u>	Aetna Supplemental Retiree Medical Plan* Not available in Maryland, Minnesota, New Hampshire, Vermont & Washington	Aetna Traditional Choice Plan⁽¹⁾ Available only in Maryland, Minnesota, New Hampshire, Vermont & Washington
Plan Deductible	N/A	N/A	N/A
Plan Out-of-Pocket Maximum	N/A	N/A	N/A
Part A – Hospital Care⁽²⁾	All except the \$1,100 Medicare Part A deductible	Member pays nothing	Member pays nothing (no deductible) in accord with Aetna claims policies and procedures; administered on a calendar year basis
Days 1-60:	All except \$275 per day each benefit period ⁽³⁾	Member pays nothing	
Days 61-90:	All except \$550 per "lifetime reserve day" after day 90, each benefit period	Member pays nothing	
Days 91-150:	Member pays 100%	Member pays nothing for additional 365 days of coverage	
After lifetime reserve days exhausted:	Inpatient Psychiatric – limited to 190 days per lifetime in a psychiatric hospital	No coverage beyond 190 day lifetime maximum in a psychiatric hospital	
Skilled Nursing Facility		Member pays nothing - Covered in full by Medicare	Standardly covered by Medicare
Days 1-20	100% each benefit period		
Days 21-100:	All except \$137.50 per day each benefit period	Member pays nothing	Member pays nothing
Days 100 and beyond:	Member Pays 100%	Member pays 100%	Member pays nothing; may be subject to overall day limit/calendar year
Part B – Physician, Outpatient Hospital or Other Professional Provider Services	Member pays deductible of \$155 yearly for Part B covered services or items	Member pays nothing	Member pays nothing
	20% of the Medicare-approved amount for most doctor services, outpatient therapy, and preventive services	Member pays nothing	Member pays nothing
Durable Medical Equipment	Member pays 20% of Medicare-approved amount for DME after Part B annual deductible	Member pays nothing	Member pays nothing
Medicare Part B Excess Charges⁽⁴⁾	Member pays 100%	Member pays nothing (up to the Medicare balance billing limit); no coverage beyond	Member pays nothing up to the Medicare balance billing limit
Foreign Travel Emergency	Member pays 100%	Member pays \$250 ⁽⁶⁾	Covers emergency and non-emergency medically necessary treatment, benefits depend on service rendered. ⁽⁵⁾
Outpatient Psychiatric	Member pays 50% for most outpatient mental health care	Member pays nothing	Coverage in accord with Aetna response to state legislation; administered on a CY basis
Non-Medicare covered Preventive Services	Member pays all costs ⁽⁷⁾	Member pays 100%	Member pays nothing up to a fixed dollar limit

NOTE: * In the states of New York and Kentucky, this group health product is named "Aetna Retiree Medical Plan". In the state of Kansas, the name of this group health product is the "Aetna Retiree Medical Insurance Plan". In all other states, this group health plan is named the "Aetna Supplemental Retiree Medical Plan". This is a commercial group health product, and, therefore, is not a Medicare Supplement or Medigap insurance plan. In addition, some states may require that the "Aetna Supplemental Retiree Plan" include state mandated benefits. In Florida, this product is a true Medicare Supplement insurance plan. CHCS Services, Inc. is the third party administrator for the Aetna Supplemental Retiree Medical Plan. This product is currently not available in Maryland, Minnesota, New Hampshire, Vermont & Washington.

Please see applicable notes on following page.

Medicare Eligible (Post-65)

2011 Aetna Supplemental Retiree Medical Plan and Aetna Traditional Choice® Plan

⁽¹⁾ Aetna Traditional Choice Plan: An Indemnity plan that coordinates with Medicare and pays secondary to Medicare, 100% coverage, no deductible. Coordination of Benefits at 100%: Allows for the payment of up to 100 percent for allowable expenses incurred during a calendar year for all plans. In a calendar year, the secondary plan pays the lesser of:

- Its regular benefits in full, or
- A reduced amount which, when added to the amount paid by the primary plan (Medicare), does not exceed 100% of allowable expense

Available only in the following states: Maryland, Minnesota, New Hampshire, Vermont & Washington.

⁽²⁾ Semi-private room and board, miscellaneous supplies

⁽³⁾ A benefit period ends when the beneficiary has not received any inpatient hospital or skilled care in a Skilled Nursing Facility for 60 days in a row. There is no limit on the number of benefit periods, but inpatient psychiatric is limited as shown in the chart.

⁽⁴⁾ Medicare Part B Excess Charges – For providers who do not accept assignment, difference between Medicare's approved amount and provider's actual charge subject to limiting charge.

⁽⁵⁾ Limited to covered medical services provided in Canada when the member travels on the most direct route through Canada between Alaska and another state. Medicare also covers hospital, ambulance, and doctor services if the member is in the United States, but the nearest hospital that can provide treatment is not in the United States. (Includes the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.) In some limited cases, Medicare may pay for services a member receives while on board a ship within the territorial waters adjoining the land areas of the United States. The member pays coinsurance, and the Part B deductible applies.

⁽⁶⁾ Covered up to a maximum of \$50,000 lifetime maximum applies. Begins during first 60 days of travel.

⁽⁷⁾ Preventive screening: flexible sigmoidoscopy, colonoscopy, barium enema, fecal occult blood test is at 100% (physician charge 80%), mammograms, gyn and pap and prostate cancer screenings and bone mass measurement

Eligibility rules apply for all plans.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. While this material is believed to be accurate as of the print date, it is subject to change. This material contains only a partial, general description of plan benefits or programs and does not constitute a contract.

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. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

Plans are offered by Aetna Life Insurance Company. Retiree Health Access® reserves the right to change or terminate benefit plans at any time.

© 2010 Aetna Inc.