

Aetna Medicare Plans

2008 Benefits at a Glance

Plan Comparison for Medical and Prescription Drug Coverage

Broward, Miami-Dade,
Palm Beach Counties

Compare medical and prescription drug coverage in your area

This is a partial list of services. For a complete description of benefits, exclusions, limitations and conditions of coverage, please refer to the Summary of Benefits.

Contact us for answers to your questions:

1-800-832-2640
(TTY/TDD: 1-800-628-3323)
Monday — Friday, 8 AM to 6 PM

Or visit our website
www.aetnamedicare.com

New for 2008

Aetna Golden Medicare Plan®
Open Access HMO

Say Goodbye to Referrals!
**Visit any network doctor, anytime
without referrals**

Aetna Golden Medicare HMO PLANS

	Aetna Golden Medicare Value HMO (Open Access)	Aetna Golden Medicare Standard HMO (Open Access)	Aetna Golden Medicare Premier HMO (Open Access)
Monthly plan premium	\$0.00	\$66.00	\$100.00
MEDICAL COVERAGE*			
Preventive care <i>Includes routine physicals, annual exams, immunizations, flu shots and more</i>	\$0 copay	\$0 copay	\$0 copay
Primary doctor visits	\$25 copay, no PCP selection required	\$15 copay, no PCP selection required	\$10 copay, no PCP selection required
Specialist doctor visits	\$35 copay, no referrals required	\$30 copay, no referrals required	\$20 copay, no referrals required
Inpatient hospital (unlimited inpatient days)	\$200 copay per day for 1-10 days	\$150 copay per day for 1-7 days	\$100 copay per day for 1-7 days
Outpatient surgery	\$175 copay	\$150 copay	\$150 copay
Emergency care (worldwide coverage)	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Ambulance	\$100 copay	\$100 copay	\$100 copay
Home health care	\$20 copay	\$20 copay	\$20 copay
Skilled nursing care <i>No prior hospital stay required</i>	\$0 per day copay, day(s) 1-8; \$75 per day copay, days 9-14; \$100 per day copay, days 15-100	\$0 per day copay, day(s) 1-8; \$75 per day copay, days 9-14; \$100 per day copay, days 15-100	\$0 per day copay, day(s) 1-8; \$75 per day copay, days 9-14; \$100 per day copay, days 15-100
PRESCRIPTION DRUG COVERAGE			
Prescription deductible	\$0 copay for generics; \$275 for brands	\$0	\$0
Initial Coverage Limit	\$2,510	\$2,510	\$2,510
One-month supply from network pharmacy	\$4 copay/generic \$35 copay/preferred brand \$80 copay/non-preferred brand 25% coinsurance/specialty	\$4 copay/generic \$35 copay/preferred brand \$65 copay/non-preferred brand 33% coinsurance/specialty	\$4 copay/generic \$40 copay/preferred brand \$70 copay/non-preferred brand 33% coinsurance/specialty
Three-month supply using preferred prescription mail order service	\$8 copay/generic \$70 copay/preferred brand \$160 copay/non-preferred brand 25% coinsurance/specialty	\$8 copay/generic \$70 copay/preferred brand \$130 copay/non-preferred brand 33% coinsurance/specialty	\$8 copay/generic \$80 copay/preferred brand \$140 copay/non-preferred brand 33% coinsurance/specialty
Amount you and the plan pay for covered prescriptions after your initial coverage limit (listed above) and until your true out-of-pocket expenses reach \$4,050 (also called the donut hole or coverage gap)			
One-month supply from network pharmacy	No coverage	No coverage	\$12 copay/generic — coverage for generics only
Three-month supply using preferred prescription mail order service	No coverage	No coverage	\$24 copay/generic — coverage for generics only
Amount you pay for covered prescriptions after your true out-of-pocket expenses reach \$4,050			
Retail and prescription mail order	The greater of \$2.25 copay for generic drugs (including brand drugs treated as generic), \$5.60 copay for all other covered drugs OR 5% coinsurance	The greater of \$2.25 copay for generic drugs (including brand drugs treated as generic), \$5.60 copay for all other covered drugs OR 5% coinsurance	The greater of \$2.25 copay for generic drugs (including brand drugs treated as generic), \$5.60 copay for all other covered drugs OR 5% coinsurance
EXTRA VALUES INCLUDED WITH THE AETNA PLANS LISTED <i>No additional charge to you.</i>			
Eyewear reimbursement	Up to \$125 for every 24 months	Up to \$125 for every 24 months	Up to \$125 for every 24 months
Hearing aid reimbursement	Up to \$500 for every 36 months	Up to \$500 for every 36 months	Up to \$500 for every 36 months
Fitness benefit	\$0 copay for membership at participating fitness centers; discounts on select fitness-related services and products	\$0 copay for membership at participating fitness centers; discounts on select fitness-related services and products	\$0 copay for membership at participating fitness centers; discounts on select fitness-related services and products

*You are required to use network providers, except for emergencies or urgently-needed, out-of-area care. (There is no coverage for services received from non-network providers except in the case of emergencies or urgently-needed care.)

All-in-One Medicare Plan Coverage has its Advantages

When you enroll in a plan listed, you get one Aetna Medicare member identification (ID) card and one phone number to call if you need help. Plus, our plans do not require a lot of complicated paperwork or claim forms. Using your medical coverage, having a prescription filled, or taking advantage of the discounts and extra values our plans offer is simple.

Access to Thousands of Hospitals, Doctors and Specialists

The Aetna Golden Medicare Plan and Aetna Golden Choice Plan provide you with access to a large number of top doctors and hospitals — locally or around the country where these plans are available. So even if you are traveling or away from home, if an Aetna Golden Medicare Plan or Aetna Golden Choice Plan network provider is available, you'll pay your low in-network cost sharing**. Finding a provider is easy. Search online at www.aetnamedicare.com or call Member Services to get help locating a provider in your area.

**HMO members may be required to enroll in the U.S. Travel Advantage Program prior to seeking care out of their service area. See your plan materials for details.

More Options in Your Area

There may be additional options available. Please contact an Aetna Medicare Specialist to review the plans in your area.

Flexibility in Choosing Providers

The Aetna Golden Medicare Plan® Open Access HMO allows you the freedom to visit Aetna Golden Medicare Plan network providers **without a referral** or **choosing a primary care physician (PCP)**. Although selecting a PCP is not required, you'll benefit by receiving care from a doctor that has a deeper understanding of your health care needs and may be able to assist with important medical decisions. It's your choice to visit any provider that is in the Aetna Golden Medicare Plan network for covered services — no referrals needed, no PCP required. It's just that easy.

See reverse side for dental coverage options...

We want you to know®

Aetna Medicare

Aetna Golden Choice PPO PLANS

Monthly plan premium	\$126 (\$500 annual out-of-network deductible; \$5,000 annual out-of-network, out-of-pocket maximum)
MEDICAL COVERAGE	
Preventive care <i>Includes routine physicals, annual exams, immunizations, flu shots & more</i>	\$0 copay (in network) 30% coinsurance (out of network)
Primary doctor visits	\$20 copay (in network) 30% coinsurance (out of network)
Specialist doctor visits	\$30 copay (in network) 30% coinsurance (out of network)
Inpatient hospital (unlimited inpatient days)	\$200 copay per day for 1-7 days (in network) 30% coinsurance (out of network)
Outpatient surgery	\$150 copay (in network) 30% coinsurance (out of network)
Emergency care (worldwide coverage)	\$50 copay (waived if admitted)
Ambulance	\$100 copay
Home health care	\$20 copay (in network) 30% coinsurance (out of network)
Skilled nursing care <i>No prior hospital stay required</i>	\$0 per day copay, day(s) 1-8; \$75 per day copay, days 9-14; \$100 per day copay, days 15-100 (in network); 30% per stay coinsurance (out of network)
PRESCRIPTION DRUG COVERAGE	
Prescription deductible	\$0
Initial Coverage Limit	\$2,510
One-month supply from network pharmacy	\$4 copay/generic \$40 copay/preferred brand \$70 copay/non-preferred brand 33% coinsurance/specialty
Three-month supply using preferred prescription mail order service	\$8 copay/generic \$80 copay/preferred brand \$140 copay/non-preferred brand 33% coinsurance/specialty
Amount you and the plan pay for covered prescriptions after your initial coverage limit (listed above) and until your true out-of-pocket expenses reach \$4,050 (also called the donut hole or coverage gap)	
One-month supply from network pharmacy	\$4 copay/generic — coverage for generics only
Three-month supply using preferred prescription mail order service	\$8 copay/generic — coverage for generics only
Amount you pay for covered prescriptions after your true out-of-pocket expenses reach \$4,050	
Retail and prescription mail order	The greater of \$2.25 copay for generic drugs (including brand drugs treated as generic), \$5.60 copay for all other covered drugs OR 5% coinsurance
EXTRA VALUES INCLUDED WITH THE AETNA PLANS LISTED <i>No additional charge to you.</i>	
Eyewear reimbursement	Up to \$125 for every 24 months
Hearing aid reimbursement	Up to \$500 for every 36 months
Fitness benefit	\$0 copay for membership at participating fitness centers; discounts on select fitness-related services and products

All-in-One Medicare Plan Coverage has its Advantages

When you enroll in a plan listed, you get one Aetna Medicare member identification (ID) card and one phone number to call if you need help. Plus, our plans do not require a lot of complicated paperwork or claim forms. Using your medical coverage, having a prescription filled, or taking advantage of the discounts and extra values our plans offer is simple.

Wide Flexibility in Choosing Providers

With the Aetna Golden Choice Plan, you have the **freedom to choose** to use either network providers at lower out-of-pocket costs, or out-of-network at a higher cost-sharing level. Save more with a lower copayment when you select a primary care physician (PCP) from the **Aetna Golden Choice** network.

Remember that you are covered when you access care outside the Aetna network, but there are higher out-of-pocket costs that you may have to pay. For example, after you have met your annual deductible, you will continue to pay coinsurance when you visit out of network providers. Once you reach the annual coinsurance maximum amount, covered services will be paid at 100%. Certain services like your deductible, Medicare prescription drug benefits, eyewear, hearing aids, and any optional benefits do not apply towards the annual maximum coinsurance amount. Please review the Summary of Benefits for more information.

Optional Supplemental Dental Coverage Available with the HMO and PPO Plans

Many of the Aetna Medicare Advantage Plans allow you the opportunity to select our optional supplemental benefit for dental coverage. With this optional dental benefit, you can receive covered dental services when you select a primary care network dentist. Please keep in mind there will be an additional monthly premium if you enroll for the optional dental coverage.

You Pay:	Aetna Advantage Dental Plan
Additional monthly plan premium	\$14 per month (with HMO plans) \$14 per month (with PPO plans)
Per-visit copay	\$5 (must use selected primary care dentist)
Covered Services (partial list)	<ul style="list-style-type: none"> ▪ Oral and emergency exams ▪ Cleanings ▪ Oral hygiene consultation ▪ X-rays ▪ Restorative care: retention pins, fillings, minor dental adjustments ▪ Periodontic care
Reduced-fee services (partial list)	<ul style="list-style-type: none"> ▪ Crown, bridges, dentures ▪ Root canals ▪ Oral surgery, including non-surgical extractions related to medications
Covered services received out of network (PPO only)	▪ 50% coinsurance (out of network)

A complete list of services available under these plans can be found in the Aetna Medicare Summary of Benefits. Coverage is **only** available when using primary care network dentist for all plans.

Benefits coverage is provided by Aetna Health Inc., Aetna Health of California Inc. and/or Aetna Health of Illinois Inc., which are Medicare Advantage organizations with a Medicare contract and benefits, limitations, service areas and premiums are subject to change on January 1 of each year.

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. 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. Pharmacy clinical programs such as pre-certification, step therapy, and quantity limits may apply to your prescription drug coverage. 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. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Discount programs provide access to discounted prices and are not insured benefits.

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

For the Aetna Golden Medicare Plan: You must use network providers except for emergent care or out-of-area urgent care/renal dialysis.

For the Aetna Golden Choice Plan: Higher costs apply for out-of-network services. 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.

While this material is believed to be accurate as of the print date, it is subject to change.

Translation of this material into another language may be available. For assistance, please call Member Services at 1-800-832-2640 (TTY/TDD: 1-800-628-3323), Monday through Friday, 8 a.m. to 6 p.m.

Puede estar disponible la traducción de este material en otro idioma. Por favor, para ayuda llame a Servicios al Miembro al 1-800-832-2640 (TTY/TDD: 1-800-628-3323), de Lunes a Viernes de 8 a.m. to 6 p.m.