State of Maine
Aetna Medicare SM Plan (PPO)
Custom Medicare 100 ESA PPO Plan
Custom RX $10/30/45/45

Benefits, Value Added Services and Premiums are effective January 1, 2014 through December 31, 2014

National

PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	Network & Out-of-Network Providers
Combined In and Out of Network Deductible (Plan Level/includes Network Deductible)	$200

Unless otherwise indicated, the Deductible must be met prior to benefits being payable.

Services exempt from the plan level deductible: Emergency Room Ambulance, Non-Emergency Room Ambulance, Emergency Room including foreign travel, Urgently Needed Care, Diabetic Supplies, Blood, Dialysis, Part B Drugs, Routine Hearing Exams, Routine Eye Exams, Temporomandibular Joint Syndrome (TMJ), and all Medicare-Covered Preventive Services.

Deductible is NOT applicable to any additional non-Medicare covered services that may be available on your plan.

Member Coinsurance Applies to all expenses unless otherwise stated.	Covered 100%
Annual Maximum Out-of-pocket amount (Combined network and out-of-network and the deductible)	$3,400

Annual Maximum Out-of-pocket Limit amount applies to all medical expenses EXCEPT Hearing Aid Reimbursement, Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.

Primary Care Physician Selection	Not Applicable

Certification Requirements

There is not a requirement for member pre-certification. If a member fails to obtain pre-certification they will not be denied services or will any penalty amount be applied. However, pre-certification is requested on certain services including inpatient hospital care, inpatient mental health and substance abuse, skilled nursing facility, home health care and some durable medical equipment.

Referral Requirement	Not Applicable
PREVENTIVE CARE	
Annual Wellness Exams One exam every 12 months	Covered 100%

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Routine Physical Exams One exam every 12 months	Covered 100%
Medicare Covered Immunizations Pneumococcal, Flu, Hepatitis B	Covered 100%
Routine GYN Care **(Cervical and Vaginal Cancer Screenings)** One routine GYN visit and pap smear every 24 months	Covered 100%
Routine Mammograms (Breast Cancer Screening) One baseline mammogram for members 35-39; and one annual mammogram for members age 40 and over	Covered 100%
Routine Prostate Cancer Screening Exam For covered males age 50 and over every 12 months	Covered 100%
Routine Colorectal Cancer Screening For all members age 50 and over.	Covered 100%
Routine Bone Mass Measurement One exam every 24 months	Covered 100%
Additional Medicare Preventive Services* **	Covered 100%
Routine Eye Exams One annual exam every 12 months	Covered 100%
Routine Hearing Screening One exam every 12 months	Covered 100%
PHYSICIAN SERVICES	

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Primary Care Physician Visits	Covered 100%
Primary Care Physician Visits (after hours)	Covered 100%

Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.

Physician Specialist Visits	$20 copay
Allergy Testing	Covered 100%
DIAGNOSTIC PROCEDURES	
Outpatient Diagnostic Laboratory	Covered 100%
Outpatient Diagnostic X-ray	Covered 100%
Outpatient Diagnostic Testing	Covered 100%
Outpatient Complex Imaging	Covered 100%
EMERGENCY MEDICAL CARE	
Urgently Needed Care	$20 copay
Emergency Care; Worldwide (waived if admitted)	$65 copay
Ambulance Services	Covered 100%
HOSPITAL CARE	
Inpatient Hospital Care	Covered 100%

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Surgery	Covered 100%
MENTAL HEALTH SERVICES	

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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	Covered 100%
ALCOHOL/DRUG ABUSE SERVICES	
Inpatient Substance Abuse (Detox and Rehab)	Covered 100%
The member cost sharing applies to covered benefits incurred during a member's inpatient stay	
Outpatient Substance Abuse (Detox and Rehab)	Covered 100%
OTHER SERVICES	
Skilled Nursing Facility (SNF) Care	Covered 100%
Limited to 100 days per Medicare benefit period. The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Home Health Agency Care	Covered 100%
Hospice Care	Covered by Medicare at a Medicare certified hospice
Outpatient Rehabilitation Services	$20 copay
(speech, physical, and occupational therapy.)	
Cardiac Rehabilitation Services	$20 copay
Chiropractic Services	$20 copay
For manipulation of the spine to the extent covered by Medicare	
Non-Medicare Covered Chiropractic Services	$20 Copay; deductible applies
Benefits are provided for ancillary treatment such as massage therapy, heat and electro-stimulation provided by a licensed chiropractor in conjunction with an active course of treatment.	

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Durable Medical Equipment	Covered 100%
Prosthetic Devices	Covered 100%
Podiatry Services Limited to Medicare covered benefits only	$20 copay
Diabetic Supplies	Covered 100%
Outpatient Dialysis Treatments	Covered 100%
Medical nutrition therapy	Covered 100%
Medicare Part B Prescription Drugs	Covered 100%
Medicare Covered Dental Coverage for Medicare Covered Benefits Only.	$20 copay; deductible applies
ADDITIONAL NON-MEDICARE COVERED SERVICES	
Vision Care	Covered 100% for visits to a network primary care physician for Medicare-covered exams to diagnose and treat diseases of the eye $20 copay for visits to a network specialist for Medicare-covered exams to diagnose and treat diseases of the eye. Covered 100% for Medicare-covered glaucoma screening. Covered 100% for glasses/contacts following Medicare covered cataract surgery.

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Temporomandibular Joint Syndrome (TMJ)	Covered 100%

Coverage is provided for the treatment of a specific organic condition of or physical trauma to the temporomandibular joint (jaw hinge). Coverage is limited to surgery or injections of the temporomandibular joint, physical therapy, or other medical treatments. Benefits are not provided for any temporomandibular joint syndrome services not listed as covered in the Covered Services section. Coverage is not provided for any procedure or device that alters the vertical relationship of the teeth or the relation of the mandible to the maxilla. Dental services related to TMJ are not covered. Oral appliances are covered.

Healthy Lifestyle Coaching One phone call per week	Included
Acupuncture	Discounts where available
Fitness Membership	Forever Fit
PHARMACY - PRESCRIPTION DRUG BENEFITS	**Cost Share**
Prescription drug calendar year deductible	$0

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.

Formulary	State of Maine Custom Formulary (Three Tier)	
Initial Coverage Limit (ICL)	$2,850	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:

SelectCare Generics	Member pays $0 Copay for Select Generics

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Your plan includes a reduced copay on some generic drugs, called Select generics. The list of Select generic drugs can be found in the State of Maine Medicare formulary guide.

Retail - Member Cost-Sharing up to the Initial Coverage Limit	Member pays $10 Copay for Tier 1 Generic Member pays $30 Copay for Tier 2 Preferred Brand Member pays $45 Copay for Tier 3 Non-Preferred Brand

Up to a three month (90 day) supply available at retail pharmacy at indicated copay.

Mail Order through Aetna Rx Home Delivery - Member Cost-Sharing up to Initial Coverage Limit	Member pays $10 Copay for Tier 1 Generic Member pays $30 Copay for Tier 2 Preferred Brand Member pays $45 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:

SelectCare Generics	Member pays $0 Copay for Select Generics

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Retail - Member Cost-Sharing during Coverage Gap*	Member pays $10 Copay for Tier 1 Generic Member pays $30 Copay for Tier 2 Preferred Brand Member pays $45 Copay for Tier 3 Non-Preferred Brand

Up to a three month (90 day) supply available at retail pharmacy at indicated copay.

Mail Order through Aetna Rx Home Delivery - Member Cost Sharing during Coverage Gap*	Member pays $10 Copay for Tier 1 Generic Member pays $30 Copay for Tier 2 Preferred Brand Member pays $45 Copay for Tier 3 Non-Preferred Brand

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

Catastrophic Coverage	Member pays $0 once $4,550 in true out-of-pocket is incurred.

Catastrophic Coverage benefits start once $4,550 in true out-of-pocket costs is incurred.

Requirements:	
Precertification	Yes
Step-Therapy	Yes
Non-Part D Drug Rider	Custom

*** Additional Medicare Preventive Services include:

- Ultrasound screening for abdominal aortic aneurysm (AAA)
- Cardiovascular disease screening
- Diabetes screening tests and diabetes self-management training (DSMT)
- Medical nutrition therapy
- Glaucoma screening
- Screening and behavioral counseling to quit smoking and tobacco use
- Screening and behavioral counseling for alcohol misuse
- Adult depression screening
- Behavioral counseling for and screening to prevent sexually transmitted infections
- Behavioral therapy for obesity
- Behavioral therapy for cardiovascular disease and HIV screening

Aetna Medicare is a Medicare Advantage organization with a Medicare contract. A Medicare approved Part D sponsor. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1 of each year. Plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). 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.

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

This document is for your information only. Not all health services are covered. The plan documents describe what is covered, what isn't covered and any limits to coverage under the plan. What the plan covers and how may vary by location and may change.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

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

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The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services not performed by your primary care doctor, except in an emergency or urgent situation
- Services that are not medically necessary unless the service is covered by Original Medicare
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some in network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Health information programs provide general information and do not replace diagnosis or treatment by a physician or other health care professional. Aetna believes this information is accurate as of the date printed however; it may change. If there is a difference between this document and the Evidence of Coverage, the plan documents are considered correct.

Discount programs are offered at discounted prices and are not insured benefits. You are responsible for the full cost of any discounted services.

*Your plan sponsor/former employer provides additional coverage during the Coverage Gap phase for covered brand-name drugs. This means that you will generally continue to pay the same amount for covered brand-name drugs throughout the Coverage Gap phase of the plan as you paid in the Initial Coverage phase.

Coinsurance is applied against the overall cost of the drug, before any discounts or benefits are applied.

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Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offering as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS; we receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

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

- 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, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. 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
- 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 to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over the counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

We receive rebates from drug manufacturers that may be considered when determining our Preferred Drug List. Rebates do not reduce the amount you pay the pharmacy for covered prescriptions.

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances when a network pharmacy is not available. If you become ill, while traveling in the United States but are outside of your plan's service area, you may need to use an out-of-network pharmacy. An additional cost may be charged for drugs received at an out-of-network pharmacy. Quantity limits and restrictions may apply.

Enrollees may be able to get Extra Help to pay for prescription drug premiums and costs. To see if an individual may qualify for Extra Help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24/7.
- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**.
- Your state Medicaid office.

If you qualify, Medicare could pay for up to 75 percent or more of your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it.

This information is available for free in other languages. Please contact our customer service number at **1-888-982-3862** (TTY/TDD 711) for additional information. Hours of operation: 7 days per week, 8am to 8pm.

Esta información está disponible en otros idiomas de manera gratuita. Si desea más información, comuníquese con Servicios al Cliente al **1-888-982-3862** (TTY/TDD: 711). Horario de atención: los 7 días de la semana, de 8 a.m. a 8 p.m.

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."

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This plan offers additional coverage for some prescription drugs not normally covered under 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.

Non-Part D drugs covered under the Supplemental Benefit Prescription Drug Rider are:

- Agents when used for weight loss
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Drugs when used for the treatment of sexual or erectile dysfunction**
- Agents used to promote fertility**
- DESI drugs

List of non-Part D drugs that are <u>not covered</u> under the Supplemental Benefit Prescription Drug Rider are:

- agents when used for weight gain or anorexia
- 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 purchased at the appropriate plan copay, unless noted below.
**Drugs used for the treatment of sexual or erectile dysfunction and agents when used to promote fertility can be accessed at a $50 member cost share.
Copayments and other 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**.

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You can call Member Services at the toll free phone number on the back of your Aetna Medicare member ID card if you have questions.

For more information about Aetna plans, go to **www.aetna.com**.
2014 Aetna Medicare

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