

Summary of Benefits

January 1, 2007 to
December 31, 2007

Aetna Golden Medicare Plan®

Ventura County

We want you to know®

 **Aetna® Medicare**

SUMMARY OF BENEFITS for Aetna Golden Medicare Plan

Ventura County

Thank you for your interest in Aetna Golden Medicare Plan. Our plan is offered by AETNA HEALTH OF CALIFORNIA INC., a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Aetna Golden Medicare Plan and ask for the "Evidence of Coverage."

You Have Choices In Your Health Care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Aetna Golden Medicare Plan. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Aetna Golden Medicare Plan at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How Can I Compare My Options?

You can compare Aetna Golden Medicare Plan and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where Is Aetna Golden Medicare Plan Available?

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call customer service for more information.

The service area for this plan includes the following county: Ventura County, CA. You must live in this area to join this plan.

Who Is Eligible To Join Aetna Golden Medicare Plan?

You can join Aetna Golden Medicare Plan if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are not eligible to enroll in Aetna Golden Medicare Plan.

Can I Choose My Doctors?

Aetna Golden Medicare Plan has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at www.aetnamedicare.com. Our customer service number is listed at the end of this introduction.

What Happens If I Go To A Doctor Who's Not In Your Network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Aetna Medicare nor the Original Medicare Plan will pay for these services.

Does My Plan Cover Medicare Part B Or Part D Drugs?

Aetna Golden Medicare Plan does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Where Can I Get My Prescriptions If I Join This Plan?

Aetna Golden Medicare Plan has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at www.aetnamedicare.com. Our customer service number is listed at the end of this introduction. Aetna Medicare has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

What Is A Prescription Drug Formulary?

Aetna Golden Medicare Plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our website at www.aetnamedicare.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirement or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How Can I Get Extra Help With Prescription Drug Plan Costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Aetna Golden Medicare Plan, Medicare

will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

What Are My Protections In This Plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Aetna Golden Medicare Plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us

for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Aetna Golden Medicare Plan for more details.

Please call Aetna Medicare for more information about this plan.

Visit us at www.aetnamedicare.com or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m.

Current members should call 1-800-282-5366 for questions related to the Medicare Advantage program. (TTY/TDD 1-800-628-3323)

Prospective members should call 1-800-832-2640 for questions related to the Medicare Advantage program. (TTY/TDD 1-800-628-3323)

Current members should call 1-800-282-5366 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-628-3323)

Prospective members should call 1-800-832-2640 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-628-3323)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

Section 2

If you have any questions about this plan's benefits or costs, please contact Aetna Medicare.

SUMMARY OF BENEFITS

Benefit Category	Original Medicare	Aetna Golden Medicare Value Plan	Aetna Golden Medicare Premier Plan
IMPORTANT INFORMATION			
1 - Premium and Other Important Information	You pay the Medicare Part B premium of \$93.50 each month.	There is no additional plan premium beyond the Medicare Part B premium of \$93.50 each month for your plan benefits including your Medicare Part D prescription drug benefits.	You pay \$45.00 each month for your plan benefits including Medicare Part D prescription benefits. You also continue to pay the Medicare Part B premium of \$93.50 each month.
2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	You must go to network doctors, specialists and hospitals. You need a referral to go to network hospitals and certain doctors, including specialists for certain services. A separate doctor office visit copayment may apply for certain services. You are covered for U.S. visitor/travel benefits. Contact plan for details.	You must go to network doctors, specialists and hospitals. You need a referral to go to network hospitals and certain doctors, including specialists for certain services. A separate doctor office visit copayment may apply for certain services. You are covered for U.S. visitor/travel benefits. Contact plan for details.
SUMMARY OF BENEFITS			
INPATIENT CARE			
3 - Inpatient Hospital Care (includes substance abuse and rehabilitation services)	You pay for each benefit period ³ : - Days 1-60: an initial deductible of \$992 - Days 61-90: \$248 each day - Days 91-150: \$496 each lifetime reserve day ⁴ Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. ⁴	You pay: - \$75 each day for day(s) 1-5 - \$0 each day for day(s) 6-90 for a Medicare-covered stay at a network hospital There is no copayment for additional days received at a network hospital. You are covered for unlimited days each benefit period.	You pay: - \$75 each day for day(s) 1-5 - \$0 each day for day(s) 6-90 for a Medicare-covered stay at a network hospital There is no copayment for additional days received at a network hospital. You are covered for unlimited days each benefit period.

1. Each year, you pay a total of one \$131 deductible.

2. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

3. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

4. Lifetime reserve days can only be used once.

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Benefit Category	Original Medicare	Aetna Golden Medicare Value Plan	Aetna Golden Medicare Premier Plan
4 - Inpatient Mental Health Care	You pay the same deductible and copayments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a psychiatric hospital in a lifetime.	You pay: - \$75 each day for day(s) 1-5 - \$0 each day for day(s) 6-90 for a Medicare-covered stay at a network hospital Medicare beneficiaries may only receive 190 days in a psychiatric hospital in a lifetime.	You pay: - \$75 each day for day(s) 1-5 - \$0 each day for day(s) 6-90 for a Medicare-covered stay at a network hospital Medicare beneficiaries may only receive 190 days in a psychiatric hospital in a lifetime.
5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	You pay for each benefit period ³ , following at least a 3-day covered hospital stay: - Days 1-20: \$0 each day - Days 21-100: \$124 for each day There is a limit of 100 days for each benefit period. ³	You pay: - \$0 each day for day(s) 1-20 - \$20 each day for day(s) 21-100 for a stay at a skilled nursing facility No prior hospital stay is required. You are covered for 100 days each benefit period.	You pay: - \$0 each day for day(s) 1-20 - \$20 each day for day(s) 21-100 for a stay at a skilled nursing facility No prior hospital stay is required. You are covered for 100 days each benefit period.
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	There is no copayment for all covered home health visits.	You pay \$0 for Medicare-covered home health visits.	You pay \$0 for Medicare-covered home health visits.
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.
OUTPATIENT CARE			
8 - Doctor Office Visits	You pay 20% of Medicare-approved amounts. ^{1,2}	You pay \$5 for each primary care doctor office visit for Medicare-covered services. You pay \$10 for each specialist visit for Medicare-covered services. See 32 - Physical Exams - for more information.	You pay \$5 for each primary care doctor office visit for Medicare-covered services. You pay \$10 for each specialist visit for Medicare-covered services. See 32 - Physical Exams - for more information.

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9 - Chiropractic Services	You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers. You pay 100% for routine care. You pay 20% of Medicare-approved amounts. ^{1,2}	You pay \$10 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).	You pay \$10 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation).
10 - Podiatry Services	You pay 20% of Medicare-approved amounts. ^{1,2} You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs. You pay 100% for routine care.	You pay \$10 for each Medicare-covered visit (medically necessary foot care).	You pay \$10 for each Medicare-covered visit (medically necessary foot care).
11 - Outpatient Mental Health Care	You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges. ^{1,2}	For Medicare-covered mental health services, you pay \$10 for each individual/group therapy visit.	For Medicare-covered mental health services, you pay \$10 for each individual/group therapy visit.
12 - Outpatient Substance Abuse Care	You pay 20% of Medicare-approved amounts. ^{1,2}	For Medicare-covered services, you pay \$10 for each individual/group visit.	For Medicare-covered services, you pay \$10 for each individual/group visit.
13 - Outpatient Services/Surgery	You pay 20% of Medicare-approved amounts for the doctor. ^{1,2} You pay 20% of outpatient facility charges. ^{1,2}	You pay \$65 for each Medicare-covered visit to an ambulatory surgical center. You pay \$65 for each Medicare-covered visit to an outpatient hospital facility.	You pay \$65 for each Medicare-covered visit to an ambulatory surgical center. You pay \$65 for each Medicare-covered visit to an outpatient hospital facility.
14 - Ambulance Services (medically necessary ambulance services)	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. ^{1,2}	You pay \$75 for Medicare-covered ambulance services.	You pay \$75 for Medicare-covered ambulance services.

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15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	You pay 20% of the facility charge or applicable copayment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. ^{1,2} You pay 20% of doctor charges. ^{1,2} NOT covered outside the U.S. except under limited circumstances.	You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are immediately admitted to the hospital. Worldwide coverage.	You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are immediately admitted to the hospital. Worldwide coverage.
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	You pay 20% of Medicare-approved amounts or applicable copayment. ^{1,2} NOT covered outside the U.S. except under limited circumstances.	You pay \$25 for each Medicare-covered urgently needed care visit. Worldwide coverage.	You pay \$25 for each Medicare-covered urgently needed care visit. Worldwide coverage.
17 - Outpatient Rehabilitation Services (occupational therapy, physical therapy, speech and language therapy)	You pay 20% of Medicare-approved amounts. ^{1,2}	You pay \$10 for each Medicare-covered occupational therapy visit. You pay \$10 for each Medicare-covered physical therapy and/or speech/ language therapy visit.	You pay \$10 for each Medicare-covered occupational therapy visit. You pay \$10 for each Medicare-covered physical therapy and/or speech/ language therapy visit.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare-approved amounts. ^{1,2}	You pay 20% of the cost for each Medicare-covered item. Authorization rules may apply for services. Contact plan for details.	You pay 20% of the cost for each Medicare-covered item. Authorization rules may apply for services. Contact plan for details.
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare-approved amounts. ^{1,2}	You pay 20% of the cost for each Medicare-covered item.	You pay 20% of the cost for each Medicare-covered item.

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20 - Diabetes Self-Monitoring Training and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training)	You pay 20% of Medicare-approved amounts. ^{1,2}	You pay \$0 for Medicare-covered diabetes self-monitoring training. You pay \$0 for each Medicare-covered diabetes supply item.	You pay \$0 for Medicare-covered diabetes self-monitoring training. You pay \$0 for each Medicare-covered diabetes supply item.
21 - Diagnostic Tests, X-Rays, and Lab Services	You pay 20% of Medicare-approved amounts, except for approved lab services. ^{1,2} There is no copayment for Medicare-approved lab services.	You pay: - \$0 for each Medicare-covered clinical/diagnostic lab service - \$10 for each Medicare-covered radiation therapy service - \$0 to \$50 for each Medicare-covered X-ray visit	You pay: - \$0 for each Medicare-covered clinical/diagnostic lab service - \$10 for each Medicare-covered radiation therapy service - \$0 to \$50 for each Medicare-covered X-ray visit
PREVENTIVE SERVICES			
22 - Bone Mass Measurement (for people with Medicare who are at risk)	You pay 20% of Medicare-approved amounts. ^{1,2}	You pay \$0 for each Medicare-covered bone mass measurement.	You pay \$0 for each Medicare-covered bone mass measurement.
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	You pay 20% of Medicare-approved amounts. ^{1,2}	You pay \$0 for each Medicare-covered colorectal screening exam.	You pay \$0 for each Medicare-covered colorectal screening exam.
24 - Immunizations (flu vaccine, hepatitis B vaccine - for people with Medicare who are at risk, pneumonia vaccine)	There is no copayment for the pneumonia and flu vaccines. You pay 20% of Medicare-approved amounts for the hepatitis B vaccine. ^{1,2} You may only need the pneumonia vaccine once in your lifetime. Please contact your doctor for further details.	There is no copayment for the pneumonia and flu vaccines. No referral necessary for Medicare-covered influenza and pneumonia vaccines. No referral necessary for other immunizations. You pay \$0 for the hepatitis B vaccine.	There is no copayment for the pneumonia and flu vaccines. No referral necessary for Medicare-covered influenza and pneumonia vaccines. No referral necessary for other immunizations. You pay \$0 for the hepatitis B vaccine.

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25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	You pay 20% of Medicare-approved amounts. ² No referral necessary for Medicare-covered screenings.	You pay \$0 for each Medicare-covered screening mammogram. No referral necessary for Medicare-covered screenings.	You pay \$0 for each Medicare-covered screening mammogram. No referral necessary for Medicare-covered screenings.
26 - Pap Smears and Pelvic Exams (for women with Medicare)	There is no copayment for a Pap smear once every 2 years, annually for beneficiaries at high risk. ² You pay 20% of Medicare-approved amounts for pelvic exams. ²	You pay: - \$0 for each Medicare-covered Pap smear and pelvic exam - \$0 for each additional Pap smear and pelvic exam up to 1 Pap smear and pelvic exam every year	You pay: - \$0 for each Medicare-covered Pap smear and pelvic exam - \$0 for each additional Pap smear and pelvic exam up to 1 Pap smear and pelvic exam every year
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	There is no copayment for approved lab services and a copayment of 20% of Medicare-approved amounts for other related services. ^{1, 2}	You pay \$0 for each Medicare-covered prostate cancer screening exam.	You pay \$0 for each Medicare-covered prostate cancer screening exam.
28 - Prescription Drugs Drugs covered under Medicare Part B (Original Medicare) Drugs covered under Medicare Part D (Prescription Drug Benefit)	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.	You pay 20% of the cost for Part B-covered drugs. This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our website at	You pay 20% of the cost for Part B-covered drugs. This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our website at

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		<p>www.aetnamedicare.com.</p> <p>People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p>	<p>www.aetnamedicare.com.</p> <p>People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p>
Deductible		There is no deductible.	There is no deductible.
Initial Coverage		Before the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay the following for prescription drugs:	Before the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay the following for prescription drugs:
In-Network Retail Pharmacy		<ul style="list-style-type: none"> - \$11 for a one month (31 day) supply of Tier One drugs - \$40 for a one month (31 day) supply of Tier Two drugs - 33% coinsurance for a one month (31 day) supply of Tier Three drugs - \$33 for a three month (90 day) supply of Tier One drugs - \$120 for a three month (90 day) supply of Tier Two drugs -33% coinsurance for a three month (90 day) supply of Tier Three drugs 	<ul style="list-style-type: none"> - \$0 for a one month (31 day) supply of Tier One drugs - \$20 for a one month (31 day) supply of Tier Two drugs - \$40 for a one month (31 day) supply of Tier Three drugs - 33% coinsurance for a one month (31 day) supply of Tier Four drugs - \$0 for a three month (90 day) supply of Tier One drugs - \$60 for a three month (90 day) supply of Tier Two drugs - \$120 for a three month (90 day) supply of Tier Three drugs

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In-Network Retail Pharmacy (continued)			- 33% coinsurance for a three month (90 day) supply of Tier Four drugs
Mail Order		<ul style="list-style-type: none"> - \$22 for a three month (90 day) supply of Tier One drugs you get through a preferred mail order pharmacy - \$80 for a three month (90 day) supply of Tier Two drugs you get through a preferred mail order pharmacy - 33% coinsurance for a three month (90 day) supply of Tier Three drugs you get through a preferred mail order pharmacy 	<ul style="list-style-type: none"> - \$0 for a three month (90 day) supply of Tier One drugs you get through a preferred mail order pharmacy - \$40 for a three month (90 day) supply of Tier Two drugs you get through a preferred mail order pharmacy - \$80 for a three month (90 day) supply of Tier Three drugs you get through a preferred mail order pharmacy - 33% coinsurance for a three month (90 day) supply of Tier Four drugs you get through a preferred mail order pharmacy - \$0 for a three month (90 day) supply of Tier One drugs you get through a non-preferred mail order pharmacy - \$60 for a three month (90 day) supply of Tier Two drugs you get through a non-preferred mail order pharmacy - \$120 for a three month (90 day) supply of Tier Three drugs you get through a non-preferred mail order pharmacy

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Mail Order (continued)			<ul style="list-style-type: none"> - 33% coinsurance for a three month (90 day) supply of Tier Four drugs you get through a non-preferred mail order pharmacy
Coverage After You Reach Your Initial Coverage Limit		<p>After the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3,850.</p>	<p>You pay the following:</p>
In-Network Retail Pharmacy			<ul style="list-style-type: none"> - \$0 for a one month (31 day) supply of Tier One drugs - \$0 for a three month (90 day) supply of Tier One drugs
Mail Order			<ul style="list-style-type: none"> - \$0 for a three month (90 day) supply of Tier One drugs you get through a preferred mail order pharmacy - \$0 for a three month (90 day) supply of Tier One drugs you get through a non-preferred mail order pharmacy <p>For all other covered drugs and after the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs up until your yearly out-of-pocket drug costs reach \$3,850.</p>

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SUMMARY OF BENEFITS

Benefit Category	Original Medicare	Aetna Golden Medicare Value Plan	Aetna Golden Medicare Premier Plan
Catastrophic Coverage		<p>After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, OR - 5% coinsurance 	<p>After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, OR - 5% coinsurance
General Information		<p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits. Your provider must get prior authorization from Aetna Golden Medicare Value Plan for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy. Please contact the plan for details.</p>	<p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits. Your provider must get prior authorization from Aetna Golden Medicare Premier Plan for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy. Please contact the plan for details.</p>

1. Each year, you pay a total of one \$131 deductible.
2. If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.
3. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.
4. Lifetime reserve days can only be used once.

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29 - Dental Services	In general, you pay 100% for preventive dental services.	In general, you pay 100% for preventive dental services. See optional benefits section. You pay \$10 for each Medicare-covered dental benefit.	In general, you pay 100% for preventive dental services. See optional benefits section. You pay \$10 for each Medicare-covered dental benefit.
30 - Hearing Services	You pay 100% for routine hearing exams and hearing aids. You pay 20% of Medicare-approved amounts for diagnostic hearing exams. ^{1,2}	There is no copayment for hearing aids. You pay: - \$10 for each Medicare-covered hearing exam (diagnostic hearing exams) - \$0 for each routine hearing test You are covered up to \$500 for hearing aids every three years.	There is no copayment for hearing aids. You pay: - \$10 for each Medicare-covered hearing exam (diagnostic hearing exams) - \$0 for each routine hearing test You are covered up to \$500 for hearing aids every three years.
31 - Vision Services	You are covered for one pair of eyeglasses or contact lenses after each cataract surgery. ^{1,2} For people with Medicare who are at risk, you are covered for annual glaucoma screenings. ^{1,2} You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. ^{1,2} You pay 100% for routine eye exams and glasses.	There is no copayment for the following items: - Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery) - Glasses - Contacts You pay: - \$10 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye) - \$0 for each routine eye exam, limited to 1 exam every year	There is no copayment for the following items: - Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery) - Glasses - Contacts You pay: - \$10 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye) - \$0 for each routine eye exam, limited to 1 exam every year

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32 - Physical Exams	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay 20% of the Medicare-approved amount.^{1,2}</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay \$0 for Medicare-covered services.</p> <p>You pay \$0 for each exam.</p> <p>You are covered up to 1 exam every year.</p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage.</p> <p>This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay \$0 for Medicare-covered services.</p> <p>You pay \$0 for each exam.</p> <p>You are covered up to 1 exam every year.</p>
33 - Health/Wellness Education	<p>You pay 100%.</p>		<p>You are covered for the following:</p> <ul style="list-style-type: none"> - Health Club Membership/Fitness Classes <p>Copayments may apply. Contact plan for details.</p>

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OPTIONAL BENEFITS			
OPTIONAL SUPPLEMENTAL PACKAGE #1			
Premium and Other Important Information		Package 1 - Preventive Dental: You pay \$5 each month, in addition to your monthly plan premium of \$0 and the Medicare Part B premium, for these optional benefits: - Dental Services	Package 1 - Preventive Dental: You pay \$5 each month, in addition to your monthly plan premium of \$45 and the Medicare Part B premium, for these optional benefits: - Dental Services
Dental Services		You pay: \$5 for an office visit that includes the following services: - oral exams up to 2 visits every year - cleanings up to 2 visits every year	You pay: \$5 for an office visit that includes the following services: - oral exams up to 2 visits every year - cleanings up to 2 visits every year
OPTIONAL SUPPLEMENTAL PACKAGE #2			
Premium and Other Important Information		Package 2 - Advantage Dental: You pay \$10 each month, in addition to your monthly plan premium of \$0 and the Medicare Part B premium, for these optional benefits: - Dental Services	Package 2 - Advantage Dental: You pay \$10 each month, in addition to your monthly plan premium of \$45 and the Medicare Part B premium, for these optional benefits: - Dental Services
Dental Services		You pay: \$5 for an office visit that includes the following services: - oral exams up to 1 visit every six months - cleanings up to 1 visit every six months - dental x-rays up to 1 visit every year Additional comprehensive dental benefits are available. Contact plan for details.	You pay: \$5 for an office visit that includes the following services: - oral exams up to 1 visit every six months - cleanings up to 1 visit every six months - dental x-rays up to 1 visit every year Additional comprehensive dental benefits are available. Contact plan for details.

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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. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features 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. 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. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional.

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 1-800-282-5366 (TTY/TDD: 1-800-628-3323), Monday through Sunday, 8 a.m. to 8 p.m.

Puede estar disponible la traducción de este material en otro idioma. Por favor, para ayuda llame a Servicios al Miembro al 1-800-282-5366 (TTY/TDD: 1-800-628-3323), de Lunes a Viernes de 8 a.m. a 8 p.m.

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.