Columbia University
Aetna Medicare SM Plan (PPO)
Custom Medicare 30 PPO Plan
Custom Rx $10/$25/$45

Benefits, Value Added Services and Premiums are effective January 1, 2012 through December 31, 2012

California, Florida, Massachusetts, Maryland, Maine, North Carolina, New Jersey, New York, Pennsylvania
PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	Network Providers	Out-of-Network Providers
Deductible (per calendar year)	$0 Deductible	$0 Deductible
Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Deductible is NOT applicable to Hearing Aid Reimbursement, Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.		
Member Coinsurance	N/A	30%
Applies to all expenses unless otherwise stated.		
Annual Maximum Out-of-Pocket Amount (includes deductible)	$6,700	N/A
Combined Annual Maximum Out-of-Pocket Amount (Plan Level / includes deductible)	N/A	$10,000
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	Optional	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-certificaiton 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	None	None
PREVENTIVE CARE	**Network Providers**	**Out-of-Network Providers**
Routine Physicals (Yearly Wellness Exams) / Immunizations	Covered 100%	30%
One annual exam. Pneumococcal, Flu, Hepatitis B covered 100%		
Routine GYN Care (Cervical and Vaginal Cancer Screenings) Exams One routine GYN visit and pap smear every 12 months	Covered 100%	30%

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Routine Mammograms (Breast Cancer Screening)	Covered 100%	30%
One baseline mammogram for members 35-39; and one annual mammogram for members age 40 and over		
Routine Prostate Cancer Screening Exam For covered males age 40 and over every	Covered 100%	30%
Routine Colorectal Cancer Screening For all members age 50 and over.	Covered 100%	30%
Routine Bone Mass Measurement	Covered 100%	30%
Additional Medicare Preventive Services* **	Covered 100%	30%
Routine Eye Exams One(1) annual exam	Covered 100%	30%
Routine Hearing Exams One(1) annual exam	Covered 100%	30%
PHYSICIAN SERVICES	**Network Providers**	**Out-of-Network Providers**
Primary Care Physician Visits	$30 copay	30%
Primary Care Physician Visits (after hours)	$30 copay	30%
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. Lower cost sharing will apply to services when provided by selected PCP. Specialist cost sharing will apply when no PCP selection is made.		
Physician Specialist Visits	$30 copay	30%
Office Visits for Surgery	$30 copay	30%
Allergy Testing/Treatment	$30 copay	30%
DIAGNOSTIC PROCEDURES	**Network Providers**	**Out-of-Network Providers**
Outpatient Diagnostic Laboratory and X-Ray	$30 copay	30%

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EMERGENCY MEDICAL CARE	**Network Providers**	**Out-of-Network Providers**
Urgently Needed Care	$30 copay	$30 copay
Emergency Room; Worldwide (waived if admitted)	$65 copay	$65 copay
Ambulance Services	$30 copay	30%
HOSPITAL CARE	**Network Providers**	**Out-of-Network Providers**
Inpatient Hosptial Care	$500 per stay	30%
The member cost sharing applies to covered benefits incurred during a member's inpatient stay		
Outpatient Hospital Expenses (including surgery)	$120 copay	30%
The member cost sharing applies to covered benefits incurred during a member's outpatient visit		
MENTAL HEALTH SERVICES	**Network Providers**	**Out-of-Network Providers**
Inpatient Mental Health Care	$500 per stay	30%
The member cost sharing applies to covered benefits incurred during a member's inpatient stay		
Outpatient Mental Health Care	$30 copay	30%
The member cost sharing applies to covered benefits incurred during a member's outpatient visit		
ALCOHOL/DRUG ABUSE SERVICES	**Network Providers**	**Out-of-Network Providers**
Inpatient Substance Abuse (Detox and Rehab)	$500 per stay	30%
The member cost sharing applies to covered benefits incurred during a member's inpatient stay		
Outpatient Substance Abuse (Detox and Rehab)	$30 copay	30%
The member cost sharing applies to covered benefits incurred during a member's outpatient visit		
OTHER SERVICES	**Network Providers**	**Out-of-Network Providers**
Skilled Nursing Facility	$0 days 1-10 $25 days 11-20 $50 days 21-100	30%
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%	30%
Hospice Care	Covered by Medicare at a Medicare certified hospice	Covered by Medicare at a Medicare certified hospice
Outpatient Rehabilitation Services	$30 copay	30%
Includes speech, physical, and occupational therapy.		
Chiropractic Services	$20 copay	30%

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For manipulation of the spine to the extent covered by Medicare

Durable Medical Equipment/ Prosthetic Devices	20% coinsurance	30%
Podiatry Services **Limited to Medicare covered benefits only**	$30 copay	30%
Diabetic Supplies	Covered 100%	30%
Outpatient Complex Radiology	$30 copay	30%
Outpatient Dialysis Treatments	$30 copay	Same as in-network
Medicare Part B Prescription Drugs	Covered 100%	30%
Vision Eyewear Allowance	$70 reimbursement every 24 months	Same as preferred care.
Hearing Aid Reimbursement	$500 once every 36 months	Same as Preferred tier
Coaching One phone call per week	Included	Not covered

PHARMACY - PRESCRIPTION DRUG BENEFITS	**Cost Share**
Prescription drug calendar year deductible	None

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.

Initial Coverage Limit (ICL) $2,930 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:

Retail - Member Cost-Sharing up to the Initial Coverage Limit	Member pays $10 Copay for Tier 1 Generic Member pays $25 Copay for Tier 2 Preferred Brand Member pays $45 Copay for Tier 3 Non-Preferred Brand

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Up to one month (31 day) supply at indicated copay or coinsurance
Three month (90 day) supply available at retail. Dollar copayments or applicable coinsurance will apply for each month supply.

Mail Order through Aetna Rx Home Delivery - Member Cost-Sharing up to Initial Coverage Limit	Member pays $15 Copay for Tier 1 Generic Member pays $50 Copay for Tier 2 Preferred Brand Member pays $90 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 $4,700 in true out-of-pocket costs for Covered Part D drugs is incurred is as follows:

Retail - Member Cost-Sharing during Coverage Gap*	Member pays $10 Copay for Tier 1 Generic Member pays $50 Copay for Tier 2 Preferred Brand Member pays $90 Copay for Tier 3 Non-Preferred Brand

Up to one month (31 day) supply at indicated copay or coinsurance
Three month (90 day) supply available at retail. Dollar copayments or applicable coinsurance will apply for each month supply.

Mail Order through Aetna Rx Home Delivery - Member Cost Sharing during Coverage Gap*	Member pays $15 Copay for Tier 1 Generic Member pays $100 Copay for Tier 2 Preferred Brand Member pays $180 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	Greater of $2.60 or 5% for covered generic (including brand drugs treated as generic) drugs. Greater of $6.50 or 5% for all other covered drugs.

Catastrophic Coverage benefits start once $4,700 in true out-of-pocket costs is incurred.

Requirements:	
Precertification	Yes
Step-Therapy	Yes
Formulary	Standard (Three Tier)

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*** Additional Medicare Preventive Services include ultrasound screening for abdominal aortic aneurysm (AAA), cardiovascular disease screening, diabetes screening tests, diabetes self-management training (DSMT), medical nutrition therapy, glaucoma screening, smoking & tobacco use cessation counseling, HIV screening and annual wellness visit.

Benefits, formulary, pharmacy network, premium, co-payments/co-insurance, limitations and services areas may change on January 1 of each year.

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

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. Providers are independent contractors and are not agents of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Aetna does not provide care or guarantee access to health services.

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

The following is a partial listing of exclusions and limitations under the Aetna Medicare SM Plan (PPO):

• Services that are not medically necessary or covered under the Original Medicare Program;
• Plastic or cosmetic surgery unless medically necessary;
• Custodial care;
• Experimental procedures or treatments beyond Original Medicare limits;
• Routine foot care that is not medically necessary

Higher cost sharing may 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.

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change.

Discount programs provide access to discounted prices and are not insured benefits. The member is responsible for the full cost of the discounted services.
Health benefits and health insurance plans contain exclusions and limitations.

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*The Medicare Coverage Gap Discount Program will provide manufacturer discounts on brand name drugs to Part D enrollees who have reached the coverage gap and are not already receiving “Extra Help.” A 50% discount on the negotiated price (excluding the dispensing fee) is available for those brand name drugs from manufacturers that have agreed to pay the discount.

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 those indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books (eg, 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;
• Barbiturates;
• 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 for symptomatic relief of cough and colds;
• Non-prescription drugs, also called over-the counter (OTC);
• Benzodiazepines;
• Drugs when used for the treatment of sexual or erectile dysfunction.

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.

Enrollees must use network pharmacies to receive plan benefits except in limited, non-routine circumstances when a network pharmacy is not available, including illness while traveling within the United States but outside of the plan’s service area where there is no network pharmacy. An additional cost may be incurred for drugs received at an out-of-network pharmacy. Quantity limits and restrictions may apply.

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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 hours a day/7 days a week;
- 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; or
- Your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. 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. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

Health Benefits and Health Insurance plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). A Medicare Advantage organization with a Medicare contract. A Medicare approved Part D sponsor.

This document may be available in a different format or language. For assistance, please call Member Services at 1-800-282-5366 (TTY/TDD: 1-888-760-4748). Calls to this number are free. Hours of operation: 7 days per week, 8am till 8pm. Este documento podría estar disponible en diferentes formatos o idiomas. Para ayuda, por favor llame a Servicios al Miembro al 1-800-282-5366 (TTY/TDD: 1-888-760-4748). Las llamadas a este número son gratuitas. Horario de atención: los 7 días de la semana, de 8 a.m. a 8 p.m.

For more información about Aetna plans, refer to www.aetna.com.

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2012 Aetna Medicare

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