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**Aetna Life Insurance Company**  
Traditional Choice® Plan**Benefit**

Traditional Choice is an indemnity plan permitting freedom of choice of providers. Claim reimbursement is based upon reasonable and customary limits, rather than negotiated discounts.

The plan design reflected on the following pages contains the basic provisions of our Traditional Choice product. It is subject to modification in response to state or federal legislation.

**Aetna Navigator**®, a powerful, web-based tool designed to help members access and navigate Aetna's wide range of health information and programs.

All benefits of the plan are subject to coordination of benefits and the terms (including exclusions) of the Group Contract. Traditional Choice, is underwritten or administered by Aetna Life Insurance Company.

The information herein is believed to be accurate as of the date of this document and is subject to change without notice.

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<b>Plan Features</b>
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<b>Plan Deductible</b> (per plan year; applies to all covered services)	\$ 5,000 Individual \$ 15,000 Family
<b>Coinsurance Limit</b> (excludes deductible; once Family Coinsurance Limit is met, all family members will be considered as having met their coinsurance for the remainder of the plan year.)	\$5,000 Individual \$15,000 Family
<b>Lifetime Maximum</b>	Unlimited except where otherwise indicated.
<b>Physician Services</b> (except Mental Health/Alc/Drug)	80% after deductible
Routine Physicals/Immunizations	Not covered
Routine child exams, well baby care & immunizations	Not covered
<ul style="list-style-type: none"> <li>• Routine Mammography -One mammogram per plan year for covered females age 40 and over.</li> <li>• Routine Gynecological Care Exam - 1 routine exam per plan year, including 1 Pap smear and related fees.</li> <li>• Routine Annual Digital Rectal Exam (DRE) and Prostate Specific Antigen Test (PSA) for covered males age 40 and above.</li> </ul>	80% after deductible

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<b>Plan Features</b>
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**Hospital Services**

Inpatient coverage	80% after deductible and \$200 per confinement deductible
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Outpatient coverage	80% after deductible
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Non-emergency use of the Emergency Room	50% after deductible
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<b>Convalescent Facility</b>	80% after deductible and \$200 per confinement copay; up to 60 days per plan year.
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<b>Home Health Care</b> (Each visit by a nurse or therapist is one visit. Each visit of up to 4 hours by a home health care aide is one visit)	80% after deductible; up to 120 visits per plan year.
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<b>Private Duty Nursing – Outpatient</b> (Benefits will not be paid during a plan year for private duty nursing for any shifts in excess of the Private Duty Nursing Care maximum shifts. Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.)	80% after deductible; up to 70 eight-hour shifts per plan year
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Hospice Care	80% after deductible and \$200 per confinement copay
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Inpatient coverage	No maximum
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Outpatient coverage	No maximum
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<b>Ambulance</b>	80% after deductible
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<b>Durable Medical Equipment</b>	80% after deductible
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Contraceptive drugs and devices not obtainable at a pharmacy. Also includes	Payable as any other covered expense
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coverage for contraceptive associated office visits

**Prescription Drugs** 80% after deductible

Diabetic supplies included

**Maternity** (Coverage includes voluntary sterilization and voluntary abortion.) 80% after deductible

**Basic Infertility Services**

- Diagnosis and treatment of the underlying medical condition 80% after deductible

**Mental Health Services and Alcohol/Drug Abuse**

Inpatient coverage (Unlimited Day maximum) 80% after deductible and \$200 per confinement deductible \*\*

Outpatient coverage (52 visit maximum) 80% after deductible\*\*.

\*\* Combined maximum for mental health and alcohol/drug abuse.

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**Plan Features**


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**National Advantage Program**

Included

**National Medical Excellence Program<sup>®</sup> (NME)**

Included

- A program to help eligible members access appropriate, covered treatment for solid organ and tissue transplants using Aetna's Institutes of Excellence® network, and may also include travel expenses for the member and a companion.
- Coordinates specialized treatment needed by members with certain rare or complicated conditions and assist members who are admitted to a hospital for emergency medical care when they are traveling temporarily outside of the United States

**Transplants**

If procedure is performed through an Institutes of Excellence® facility benefits would be paid at the preferred level. If procedure is not performed through Institutes of Excellence® facility benefits would be paid at the non-preferred level.

**Moms-to-Babies Maternity Management Program<sup>™</sup>**

Included

Features include a pregnancy risk survey, case management by registered obstetrical nurses, comprehensive educational materials for pregnant members and their partners, and a personalized drug-free smoking cessation program, Smoke-free Moms-to-be™, designed specifically for pregnant women.

**Appeals Administration Services**

Service offered to Plan Sponsors that are their own claim fiduciary to assist with coordination of medical and claim review for medical appeals.

**Inpatient Precertification and Concurrent Review**

Members are responsible for obtaining precertification for inpatient hospital confinements; a **\$200** penalty will apply per occurrence, for failure to obtain precertification.

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Eligibility	All employees
Dependents Eligibility	Spouse, children and grandchildren to <b>25</b> if living at home
Private Room Limit	Semi-Private
Employee Actively-At-Work / Dependent Non-Confinement Rules	Do not apply
Pre-Existing Conditions Rule	<p>Applies. <b>On Effective Date</b> Waived <b>After Effective Date</b> \$4,000</p> <p>The Pre-Existing Conditions Rule is waived for individuals who become covered under this Plan, exclusive of any probationary period, within 90 days following their termination of coverage under a prior plan of “creditable” coverage. Does not apply to pregnancies, newborns covered within 31 days of birth, and adopted children covered within 31 days of placement for adoption. Lookback period for determining a pre-existing condition (conditions for which diagnosis, care or treatment was recommended or received) is 90 days prior to the enrollment date. Prior carrier issuance of certificates of “creditable” coverage to be performed by the customer.</p> <p>Maximum exclusion period is 365 days after enrollment date.</p>
Conversion	None
Continuation	Standard continuation applies – COBRA
Extension of Benefits	None
Order of Benefit Determination	Standard rules apply. (Parent birthday, divorced or separated parent, retired or laid off, continuation, cost containment).

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Medicare	Government Exclusion - Medicare eligible benefits are subtracted from Covered Medical Expenses before secondary Aetna benefits are calculated.
Coordination with Other Benefits	Up to 100% of Allowable Expenses per year
Subrogation	Third party liability claims with recovery potential will be forwarded to the designated subrogation vendor for pursuit.

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Aetna contractual definitions will apply to all treatment.

**Deductible**

Deductible - an out-of-pocket expense applicable to all benefits. Calendar year deductibles are individual and family, with family limits equal to 3x the individual deductible.

Covered expenses are reduced by the amount of the deductible at the time of claim adjudication by the claim processor.

All out-of-pocket expenses (except those resulting from application of a coinsurance percentage, e.g., 80%) are referred to as deductibles.

Deductibles apply independently (i.e., no cross application between calendar year and per confinement deductibles). There is no deductible carryover provision.

**Coinsurance Limits**

Coinsurance limits are the maximum amount of out-of-pocket expenses (other than copays and deductibles) that an employee/family will have to pay in a calendar year. Expenses are reimbursed at 100% once these limits are met. Coinsurance limits apply on a calendar year basis only. Coinsurance limits are individual and family, with family limits equal to 3x the individual limit.

Expenses applicable to coinsurance limit - Only those out-of-pocket expenses resulting from the application of a coinsurance percentage (except outpatient mental disorders and alcoholism and drug expenses and any penalty amounts) may be used to satisfy the coinsurance limit.

**Claims Submission**

Members are responsible for submission of claims under Traditional Choice.