

# Aetna Global Benefits Traditional Choice<sup>®</sup> Indemnity Medical Plan

## Summary of Benefits Effective January 1, 2010

Plan Provisions	Traditional Choice Indemnity Benefits Plan Benefits *
<b>Calendar Year Deductible</b>	
★ Individual	\$200
★ Family of 2	\$400 (2 times individual)
★ Family of 3 or more	\$600 (3 times individual)
<b>Out-of-Pocket Limit</b> (the maximum amount you pay for your share of covered expenses in a calendar year. Pharmacy copays, expenses covered at 50% and non-covered expenses <b>do not</b> count toward your Out-of-Pocket Limit)	
★ Individual	\$3,000
★ Family of 2	\$6,000 (2 times individual)
★ Family of 3 or more	\$9,000 (3 times individual)
<b>Lifetime Maximum</b>	Unlimited
<b>Hospital Precertification</b> Please see your Summary Plan Description (SPD) for details.	You must precertify any scheduled hospital stay. \$500 penalty for failure to precertify (penalty waived if you are overseas)
<b>Preventive Care</b>	
★ Routine physical exam and immunizations (one per calendar year)	100%, no deductible
★ Well-child care and immunizations Birth to age 7. Please see your SPD for age and frequency schedule.	100%, no deductible
★ Routine gynecological exam including Pap test and related lab fees (one per calendar year)	100%, no deductible
★ Routine Mammogram (one per calendar year for women age 35 and over)	100%, no deductible
★ Routine prostate screening exam (one per calendar year for men age 40 and over)	100%, no deductible
★ Routine eye exam (one per calendar year)	100%, no deductible
★ Prescription eyewear – lenses, frames and contacts You are also eligible to use Aetna Vision <sup>SM</sup> Discounts	100% up to a \$150 maximum benefit per person per calendar year
★ Routine hearing exam (one per calendar year) You are also eligible to use the HearPO <sup>®</sup> Hearing Discount Program	100%, no deductible
★ Hearing aids (\$1,000 lifetime maximum) You are also eligible to use the HearPO <sup>®</sup> Hearing Discount Program	100%, no deductible
<b>Physician Services</b>	
★ Office visits for treatment of illness or injury	80% after deductible
★ Walk-in clinic visit	80% after deductible
★ Diagnostic lab and X-ray	80% after deductible
★ Maternity care office visits	80% after deductible
★ In-office surgery	100% of first \$1,000, no deductible; then 80% after deductible
★ Physician hospital visits	80% after deductible
★ Anesthesia	80% after deductible
★ Allergy testing, serum and injections	80% after deductible
★ Specialists (office visits)	80% after deductible
★ Second surgical opinion	100%, no deductible
<b>Hospital Services</b>	
★ Inpatient hospital room and board and ancillary services	80% after deductible
★ Inpatient and outpatient surgery	80% after deductible
★ Outpatient services	80% after deductible
★ Pre-operative testing	80%, no deductible
★ Other hospital services	80% after deductible
<b>Urgent and Emergency Care</b>	
★ Hospital emergency room	80% after deductible
★ Hospital emergency room for non-emergency care	50% after deductible
★ Urgent care facility	80% after deductible
★ Ambulance	80% after deductible

\* Coverage is subject to reasonable and customary charges. This provision does not apply for services provided overseas.

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## Summary of Benefits (continued)

Effective January 1, 2010

Plan Provisions	<u>Traditional Choice Indemnity Benefits</u>	
	Plan Benefits *	
<b>Other Health Care</b>		
★ Convalescent facility (up to 90 days per calendar year)	80% after deductible	
★ Home health care (up to 90 visits per calendar year)	80% after deductible	
★ Private duty nursing (up to 70 eight-hour shifts per calendar year)	80% after deductible	
★ Hospice (inpatient and outpatient)	100%, no deductible	
★ Independent lab and X-ray facilities	80% after deductible	
★ Voluntary sterilization	80% after deductible	
★ Short-term rehabilitation (60-day maximum per course of treatment)	80% after deductible	
★ Durable medical equipment	80% after deductible	
★ Spinal disorder (chiropractic) (20 visits per calendar year)	80% after deductible	
★ Bariatric surgery	50% after deductible	
<b>Mental Health Care**</b>		
★ Inpatient	80% after deductible; up to 60 days per calendar year; 60% thereafter	
★ Outpatient (up to 45 visits per calendar year)	80% after deductible	
** Outpatient day maximums for mental health and substance abuse are not combined.		
<b>Substance Abuse Treatment**</b>		
★ Inpatient (up to 45 days per calendar year)	80% after deductible	
★ Outpatient (up to 45 visits per calendar year)	80% after deductible	
** Outpatient day maximums for mental health and substance abuse are not combined.		
<b>Prescription Drug Benefits**</b>		
<i>Participating Retail Pharmacy Program</i> (Up to a 12-month supply purchased at a participating U.S. pharmacy. Separate copays apply to each 30-day supply.)		
★ Tier One — Generic drugs	Participating Pharmacy	Non-Participating Pharmacy
★ Tier Two — Preferred brand-name drugs	100% after \$10 copay	Not covered
★ Tier Three — Non-preferred brand-name drugs	100% after \$20 copay	Not covered
	100% after 35% copay – the minimum you pay per prescription is \$35; the maximum is \$100.	Not covered
<i>Mail-Order Service – Aetna Rx Home Delivery<sup>®</sup></i> (up to a 90-day supply)		
★ Tier One — Generic drugs	100% after \$20 copay	Not covered
★ Tier Two — Preferred brand-name drugs	100% after \$40 copay	Not covered
★ Tier Three — Non-preferred brand-name drugs	100% after 35% copay – the minimum you pay per prescription is \$70; the maximum is \$200.	Not covered
<i>Prescriptions Purchased Overseas</i>		
★ Generic drugs	Not applicable	100% after deductible
★ Brand-name drugs	Not applicable	80% after deductible
** Pharmacy copays do not count toward your Out-of-Pocket Limit.		

\* Coverage is subject to reasonable and customary charges. This provision does not apply for services provided overseas.

This chart displays only a general description of your benefits under the DoD NAF HBP. Should there be a conflict between the benefits shown on the chart and those in the Aetna Global Benefits Summary Plan Description (SPD), the terms of the SPD will be used to determine coverages and benefits.



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