

# 2013 Pre-65 Medicare Eligible Traditional

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## Pre-65 Medicare Eligible Traditional

### Network

#### Cost Sharing

Annual deductible	\$1,000 You Only coverage \$3,000 Other coverage levels
Out-of-pocket maximum	\$3,000 You Only coverage \$6,000 Other coverage levels; includes deductible
Lifetime coverage limit	No limit

#### Preventive Care

Annual physical exam	100% covered
Well-woman exam (includes pap)	100% covered
Mammogram	100% covered
Preventive colonoscopy	100% covered

#### Outpatient Care

Primary doctor office visit	80% covered after deductible
Specialist office visit	80% covered after deductible
Outpatient surgery	80% covered after deductible
Outpatient laboratory services	80% covered after deductible
Outpatient physical therapy	80% covered after deductible
Outpatient X-ray	80% covered after deductible

#### Family Planning/Maternity

Office visit: Pre/postnatal	80% covered after deductible
In-hospital delivery services	80% covered after deductible
Fertility services	80% covered after deductible; check with Plan

#### Vision

Routine vision exams	Preventive: 100% covered Non-Preventive: 80% covered after deductible
Glasses and contacts	Aetna Vision Discounts

#### Dental

Oral surgery	Not covered except for treatment due to accidental injury
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	<b>Pre-65 Medicare Eligible Traditional</b>
	<b>Network</b>
<b>Inpatient Care</b>	
Inpatient physician and surgeon services	80% covered after deductible
Hospital semi-private room	80% covered after deductible
<b>Emergency Care</b>	
Emergency room	80% covered after deductible; 50% covered after deductible for non-emergency use
Urgent care clinic visit	80% covered after deductible
Ambulance services	80% covered after deductible
<b>Mental Health</b>	
Mental Health: Outpatient coverage	80% covered after deductible; must meet medical necessity
Mental Health: Inpatient coverage	80% covered after deductible; must meet medical necessity
Detox: Outpatient coverage	80% covered after deductible; must meet medical necessity
Detox: Inpatient coverage	80% covered after deductible; must meet medical necessity
Rehab: Outpatient coverage	80% covered after deductible; must meet medical necessity
Rehab: Inpatient coverage	80% covered after deductible; must meet medical necessity
<b>Alternative Care</b>	
Chiropractic	80% covered after deductible; limited to 20 visits per year
<b>Other</b>	
Durable medical equipment	80% covered after deductible
<b>Policies/Requirements</b>	
Need to file claims	If provider does not file

## Prescription Drugs

	<b>Network</b>
<b>Retail</b>	
Retail generic	\$10 copay
Retail formulary brand	60% covered; \$25 minimum copay; \$125 maximum
Retail nonformulary brand	50% covered; \$50 minimum copay; \$250 maximum copay
<b>Mail Order</b>	
Mail order generic	\$20 copay
Mail order formulary brand	60% covered; \$50 minimum copay; \$250 maximum copay
Mail order nonformulary brand	50% covered; \$100 minimum copay; \$500 maximum copay

These comparisons provide an overview of certain terms and conditions of the health and welfare benefits and are for information purposes only. Benefits and eligibility for coverage are determined under the specific provisions of the official plan documents and any underlying insurance contracts. If there is any discrepancy or conflict between these highlights and the terms of the official plan documents and any underlying insurance contracts, as applicable, the official plan documents and insurance contracts, as applicable, will control. ConocoPhillips reserves the right to amend, change or terminate the health and welfare benefit plans, any underlying contracts or any other programs, at any time and without notice, at its sole discretion, according to the terms of the applicable plans or programs.

## 2013 Pre-65 Medicare Eligible Traditional Rates

Pricing Factor	Option Description	Monthly Retiree Cost				
		You Only or Spouse Only	You + Spouse	You, Spouse & Child(ren)	You + Child(ren) or Spouse + Child(ren)	Child(ren)
90	hC Retirees only (Full Max Heritage Subsidy)	\$352.00	\$703.00	\$1,055.00	\$703.00	\$352.00
85	All Heritage & CP Retirees (100% CoP Max Subsidy)	\$467.00	\$933.00	\$1,400.00	\$933.00	\$467.00
80	All Heritage & CP Retirees (90% CoP Max Subsidy)	\$478.00	\$956.00	\$1,435.00	\$956.00	\$478.00
75	All Heritage & CP Retirees (80% CoP Max Subsidy)	\$490.00	\$980.00	\$1,471.00	\$980.00	\$490.00
70	All Heritage & CP Retirees (70% CoP Max Subsidy)	\$502.00	\$1,004.00	\$1,507.00	\$1,004.00	\$502.00
65	All Heritage & CP Retirees (60% CoP Max Subsidy)	\$514.00	\$1,028.00	\$1,543.00	\$1,028.00	\$514.00

## Carrier Information

**Aetna**

800-738-7674

[www.aetn navigator.com](http://www.aetn navigator.com)

Search "Aetna Mobile" in the App Store