

Summary of Benefits

Aetna Medicare RxSM Plan
January 1, 2006 – December 31, 2006

This Summary of Benefits tells you some features of our plan.



We want you to knowSM

 **Aetna[®] Medicare**

Introduction to the Summary of Benefits for Aetna Medicare RxSM Plan

January 1, 2006 – December 31, 2006

Thank you for your interest in the Aetna Medicare RxSM Plan. Our plan is offered by Aetna Life Insurance Company, a Medicare Prescription Drug Plan that contracts with Medicare. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or every exclusion. To get a complete list of our benefits, please call Aetna Life Insurance Company and ask for the Evidence of Coverage.

You have choices in your Medicare Prescription Drug Coverage.

As a Medicare beneficiary, you can choose from different Medicare Prescription Drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like the Aetna Medicare Rx Plan. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How can I compare my options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by the Aetna Medicare Rx Plan to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where is the Aetna Medicare Rx Plan available?

The service area for this plan includes: **all 50 states**. You must live in one of these states to join the plan. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one and wish to switch to another, you may do so only during certain times of the year. Please call Customer Service for more information.





Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private-Fee-For-Services plan that does not offer Medicare prescription drug coverage or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year.

Where can I get my prescriptions?

The Aetna Medicare Rx Plan has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. The Aetna Medicare Rx Plan 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 Pharmacy Directory or call Customer Service for an up-to-date list.

Do you cover Medicare Part B or Part D Drugs?

We do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biologicals and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Does my plan have a prescription drug formulary?

The Aetna Medicare Rx Plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified, in writing, before the change is made.

What is a Medication Therapy Management (MTM) program?

A Medication Therapy Management (MTM) Program is a service that your plan 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. If you have questions concerning our MTM Program please contact our Customer Service number listed at the end of this section.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Under certain circumstances, you can also buy a different Medigap policy without prescription drug coverage sold by your Medigap Issuer. Your Medigap Issuer cannot charge you more, based on any past or present health problems. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join the Aetna Medicare Rx Plan. Get this information before you decide to enroll in this plan.

How can I get help with drug plan costs?

Medicare beneficiaries with low or limited income and resources may qualify for additional assistance. If you qualify, your Medicare prescription drug plan costs, the amount of your premium and your drug costs at the pharmacy will be less. Once you have enrolled in the Aetna Medicare Rx Plan, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance, you should contact 1-800-Medicare to see if you might qualify.

What are my protections in this plan?

All Medicare Prescription Drug 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 Prescription Drug 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 prescription drug coverage in your area.

If the Aetna Medicare Rx Plan ever denies coverage for your prescription drugs, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary, is not a preferred drug or is subject to additional utilization rules, you may ask us to make a coverage exception.

Please call Aetna Life Insurance Company for more information about this plan.

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

Customer Service Hours:
Monday, Tuesday, Wednesday,
Thursday, Friday
8 a.m. - 5 p.m. Eastern

Current members should call
1-877-238-6211
TDD 1-800-628-3323

Prospective members should
call 1-800-213-4599
TDD 1-800-628-3323

For more information about Medicare, call
1-800-MEDICARE
(1-800-633-4227)
TTY/TDD 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.

Summary of Benefits

BENEFIT CATEGORY	ORIGINAL MEDICARE	AETNA MEDICARE Rx ESSENTIALS SM PLAN	AETNA MEDICARE Rx PLUS SM PLAN	AETNA MEDICARE Rx PREMIER SM PLAN
<p>Outpatient Prescription Drugs</p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.</p>	<p>You pay from \$27.50 to \$38.86 each month for your Medicare Part D prescription benefits. Please refer to the Premiums Table located after this section to find out what the premium is in your area.</p> <p>This plan does not cover Medicare Part B prescription drugs.</p> <p>This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan's formulary, go to www.aetna medicare.com on the web.</p>	<p>You pay from \$36.94 to \$50.45 each month for your Medicare Part D prescription benefits. Please refer to the Premiums Table located after this section to find out what the premium is in your area.</p> <p>This plan does not cover Medicare Part B prescription drugs.</p> <p>This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan's formulary, go to www.aetna medicare.com on the web.</p>	<p>You pay from \$51.83 to \$66.75 each month for your Medicare Part D prescription benefits. Please refer to the Premiums Table located after this section to find out what the premium is in your area.</p> <p>This plan does not cover Medicare Part B prescription drugs.</p> <p>This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan's formulary, go to www.aetna medicare.com on the web.</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	AETNA MEDICARE Rx ESSENTIALS SM PLAN	AETNA MEDICARE Rx PLUS SM PLAN	AETNA MEDICARE Rx PREMIER SM PLAN
Outpatient Prescription Drugs		<p>People who have low 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 the plan for details.</p> <p>You pay a \$250 yearly deductible.</p> <p>After you have paid your yearly deductible and before the total yearly drug costs (paid by both you and your plan) reach \$2,250, you pay the following for prescription drugs:</p> <ul style="list-style-type: none"> ■ \$5 for a one-month (30 day) supply of Tier One – generic drugs you get at an in-network preferred pharmacy ■ \$25 for a one-month (30 day) supply of Tier Two – brand drugs you get at an in-network preferred pharmacy 	<p>People who have low 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 the plan for details.</p> <p>There is no deductible.</p> <p>Before the total yearly drug costs (paid by both you and your plan) reach \$2,250, you pay the following for prescription drugs:</p> <ul style="list-style-type: none"> ■ \$7 for a one-month (30 day) supply of Tier One – generic drugs you get at an in-network preferred pharmacy ■ \$35 for a one-month (30 day) supply of Tier Two – brand drugs you get at an in-network preferred pharmacy 	<p>People who have low 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 the plan for details.</p> <p>There is no deductible.</p> <p>Before the total yearly drug costs (paid by both you and your plan) reach \$2,250, you pay the following for prescription drugs:</p> <ul style="list-style-type: none"> ■ \$2 for a one-month (30 day) supply of Tier One Preferred – generic drugs you get at an in-network preferred pharmacy ■ \$20 for a one-month (30 day) supply of Tier Two – Preferred brand drugs you get at an in-network preferred pharmacy ■ \$40 for a one-month (30 day) supply of Tier Three Non-preferred – generic and brand drugs you get at an in-network preferred pharmacy

BENEFIT CATEGORY	ORIGINAL MEDICARE	AETNA MEDICARE Rx ESSENTIALS SM PLAN	AETNA MEDICARE Rx PLUS SM PLAN	AETNA MEDICARE Rx PREMIER SM PLAN
Outpatient Prescription Drugs		<ul style="list-style-type: none"> ■ \$15 for a three-month (90 day) supply of Tier One – generic drugs you get at an in-network preferred pharmacy ■ \$75 for a three-month (90 day) supply of Tier Two – brand drugs you get at an in-network preferred pharmacy ■ \$5 for a 15 day supply of Tier One – generic drugs you get at an out-of-network pharmacy ■ \$25 for a 15 day supply of Tier Two – brand drugs you get at an out-of-network pharmacy ■ \$10 for a three-month (90 day) supply of mail order Tier One – generic drugs from our preferred mail order vendor, Aetna Rx Home Delivery 	<ul style="list-style-type: none"> ■ \$21 for a three-month (90 day) supply of Tier One – generic drugs you get at an in-network preferred pharmacy ■ \$105 for a three-month (90 day) supply of Tier Two – brand drugs you get at an in-network preferred pharmacy ■ \$7 for a 15 day supply of Tier One – generic drugs you get at an out-of-network pharmacy ■ \$35 for a 15 day supply of Tier Two – brand drugs you get at an out-of-network pharmacy ■ \$14 for a three-month (90 day) supply of mail order Tier One – generic drugs from our preferred mail order vendor, Aetna Rx Home Delivery 	<ul style="list-style-type: none"> ■ \$6 for a three-month (90 day) supply of Tier One Preferred – generic drugs you get at an in-network preferred pharmacy ■ \$60 for a three-month (90 day) supply of Tier Two – Preferred brand drugs you get at an in-network preferred pharmacy ■ \$120 for a three-month (90 day) supply of Tier Three Non-preferred – generic and brand drugs you get at an in-network preferred pharmacy ■ \$2 for a 15 day supply of Tier One Preferred – generic drugs you get at an out-of-network pharmacy ■ \$20 for a 15 day supply of Tier Two – Preferred brand drugs you get at an out-of-network pharmacy ■ \$40 for a 15 day supply of Tier Three Non-preferred – generic and brand drugs you get at an out-of-network pharmacy ■ \$4 for a three-month (90 day) supply of mail order Tier One Preferred – generic drugs from our preferred mail order vendor, Aetna Rx Home Delivery

BENEFIT CATEGORY	ORIGINAL MEDICARE	AETNA MEDICARE Rx ESSENTIALS SM PLAN	AETNA MEDICARE Rx PLUS SM PLAN	AETNA MEDICARE Rx PREMIER SM PLAN
Outpatient Prescription Drugs		<ul style="list-style-type: none"> ■ \$15 for a three-month (90 day) supply of mail order Tier One – generic drugs from a non-preferred mail order vendor ■ \$50 for a three-month (90 day) supply of mail order Tier Two – brand drugs from our preferred mail order vendor, Aetna RX Home Delivery ■ \$75 for a three-month (90 day) supply of mail order Tier Two – brand drugs from a non-preferred mail order vendor <p>After the total yearly drug costs (paid by both you and your plan) reach \$2,250, you pay 100% of your prescription drug costs.</p>	<ul style="list-style-type: none"> ■ \$21 for a three-month (90 day) supply of mail order Tier One – generic drugs from a non-preferred mail order vendor ■ \$70 for a three-month (90 day) supply of mail order Tier Two – brand drugs from our preferred mail order vendor, Aetna RX Home Delivery ■ \$105 for a three-month (90 day) supply of mail order Tier Two – brand drugs from a non-preferred mail order vendor <p>After the total yearly drug costs (paid by both you and your plan) reach \$2,250, you pay the following for prescription drugs:</p>	<ul style="list-style-type: none"> ■ \$6 for a three-month (90 day) supply of mail order Tier One Preferred – generic drugs from a non-preferred mail order vendor ■ \$40 for a three-month (90 day) supply of mail order Tier Two – Preferred brand drugs from our preferred mail order vendor, Aetna RX Home Delivery ■ \$60 for a three-month (90 day) supply of mail order Tier Two – Preferred brand drugs from a non-preferred mail order vendor ■ \$80 for a three-month (90 day) supply of mail order Tier Three Non-preferred – generic and brand drugs from our preferred mail order vendor, Aetna RX Home Delivery ■ \$120 for a three-month (90 day) supply of mail order Tier Three Non-preferred – generic and brand drugs from a non-preferred mail order vendor <p>After the total yearly drug costs (paid by both you and your plan) reach \$2,250, you pay the following for prescription drugs:</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	AETNA MEDICARE Rx ESSENTIALS SM PLAN	AETNA MEDICARE Rx PLUS SM PLAN	AETNA MEDICARE Rx PREMIER SM PLAN
Outpatient Prescription Drugs			<ul style="list-style-type: none"> ■ \$7 for a one-month (30 day) supply of Tier One – generic drugs you get at an in-network preferred pharmacy ■ \$21 for a three-month (90 day) supply of Tier One – generic drugs you get at an in-network preferred pharmacy ■ \$7 for a 15 day supply of Tier One – generic drugs you get at an out-of-network pharmacy ■ \$14 for a three-month (90 day) supply of mail order Tier One – generic drugs from our preferred mail order vendor, Aetna RX Home Delivery 	<ul style="list-style-type: none"> ■ \$2 for a one-month (30 day) supply of Tier One Preferred – generic drugs you get at an in-network preferred pharmacy ■ \$40 for a one-month (30 day) supply of Tier Three Non-preferred – generic drugs you get at an in-network preferred pharmacy ■ \$6 for a three-month (90 day) supply of Tier One Preferred – generic drugs you get at an in-network preferred pharmacy ■ \$120 for a three-month (90 day) supply of Tier Three Non-preferred – generic drugs you get at an in-network preferred pharmacy ■ \$2 for a 15 day supply of Tier One Preferred – generic drugs you get an out-of-network pharmacy ■ \$40 for a 15 day supply of Tier Three Non-preferred – generic drugs you get at an out-of-network pharmacy ■ \$4 for a three-month (90 day) supply of mail order Tier One Preferred – generic drugs from our preferred mail order vendor, Aetna RX Home Delivery

BENEFIT CATEGORY	ORIGINAL MEDICARE	AETNA MEDICARE Rx ESSENTIALS SM PLAN	AETNA MEDICARE Rx PLUS SM PLAN	AETNA MEDICARE Rx PREMIER SM PLAN
Outpatient Prescription Drugs			<ul style="list-style-type: none"> ■ \$21 for a three-month (90 day) supply of mail order Tier-One – generic drugs from a non-preferred mail order vendor <p>100% for all Tier Two – brand drugs you get at an in-network preferred pharmacy, out-of-network pharmacy, or from a mail order vendor</p>	<ul style="list-style-type: none"> ■ \$6 for a three-month (90 day) supply of mail order Tier One Preferred – generic drugs from a non-preferred mail order vendor ■ \$80 for a three-month (90 day) supply of mail order Tier Three Non-preferred – generic drugs from our preferred mail order vendor, Aetna RX Home Delivery ■ \$120 for a three-month (90 day) supply of mail order Tier Three Non-preferred – generic drugs from a non-preferred mail order vendor <p>100% for all Tier Two – brand drugs you get at an in-network preferred pharmacy, out-of-network pharmacy, or from a mail order vendor</p> <p>100% for all Tier Three – Non-preferred brand drugs you get at an in-network preferred pharmacy, out-of-network pharmacy, or from a mail order vendor</p>

BENEFIT CATEGORY	ORIGINAL MEDICARE	AETNA MEDICARE Rx ESSENTIALS SM PLAN	AETNA MEDICARE Rx PLUS SM PLAN	AETNA MEDICARE Rx PREMIER SM PLAN
Outpatient Prescription Drugs		<p>After your yearly out-of-pocket drug costs reach \$3,600, you pay the greater of:</p> <ul style="list-style-type: none"> ▪ \$2 for generic or preferred brand drug that is a multi-source drug and \$5 for all other drugs, or ▪ 5% coinsurance <p>Certain prescription drugs will have maximum quantity limits. Contact plan for details</p> <p>Your provider must get prior authorization from Aetna Medicare Rx Plan for certain prescription drugs. Contact plan for details</p>	<p>After your yearly out-of-pocket drug costs reach \$3,600, you pay the greater of:</p> <ul style="list-style-type: none"> ▪ \$2 for generic or preferred brand drug that is a multi-source drug and \$5 for all other drugs, or ▪ 5% coinsurance <p>Certain prescription drugs will have maximum quantity limits. Contact plan for details</p> <p>Your provider must get prior authorization from Aetna Medicare Rx Plan for certain prescription drugs. Contact plan for details</p>	<p>After your yearly out-of-pocket drug costs reach \$3,600, you pay the greater of:</p> <ul style="list-style-type: none"> ▪ \$2 for generic or preferred brand drug that is a multi-source drug and \$5 for all other drugs, or ▪ 5% coinsurance <p>Certain prescription drugs will have maximum quantity limits. Contact plan for details</p> <p>Your provider must get prior authorization from Aetna Medicare Rx Plan for certain prescription drugs. Contact plan for details</p>

Aetna Medicare RxSM Plan

Premiums Table

The Aetna Medicare Rx Plans are available in all 50 states, and include three options — the **Aetna Medicare Rx Essentials, Plus and Premier Plans**. The monthly premium for each of the plans is listed below. This is the amount you will pay each month if you enroll in an Aetna Medicare Rx Plan.

Just locate your state in the **Service Area** column. Then, find the amount you will pay each month for your prescription drug coverage with the Aetna Medicare Rx Plan you select.

SERVICE AREA	AETNA MEDICARE Rx ESSENTIALS SM PLAN	AETNA MEDICARE Rx PLUS SM PLAN	AETNA MEDICARE Rx PREMIER SM PLAN
Alaska	\$35.46	\$46.02	\$61.92
Alabama/Tennessee	\$38.86	\$50.45	\$66.75
Arizona	\$28.42	\$38.10	\$53.20
Arkansas	\$35.47	\$46.57	\$62.51
California	\$27.50	\$36.94	\$51.83
Colorado	\$32.99	\$43.30	\$58.93
Connecticut/Massachusetts/ Rhode Island/Vermont	\$37.61	\$49.31	\$65.58
District of Columbia/Delaware/Maryland	\$32.13	\$42.82	\$58.36
Florida	\$31.91	\$42.36	\$57.86
Georgia	\$32.46	\$43.08	\$58.64
Hawaii	\$35.89	\$47.90	\$64.43
Idaho/Utah	\$33.83	\$44.41	\$60.07
Illinois	\$31.31	\$41.96	\$57.50
Indiana/Kentucky	\$37.83	\$49.13	\$65.29
Iowa/Minnesota/Montana/North Dakota/ Nebraska/South Dakota/Wyoming	\$35.94	\$48.40	\$64.78
Kansas	\$34.97	\$45.03	\$60.83
Louisiana	\$38.32	\$50.26	\$66.59
Maine/New Hampshire	\$36.47	\$47.60	\$63.62
Michigan	\$37.88	\$49.50	\$65.69
Mississippi	\$36.97	\$48.08	\$64.10
Missouri	\$35.77	\$45.91	\$61.87
Nevada	\$34.36	\$45.05	\$60.82
New Jersey	\$33.25	\$44.21	\$59.95
New Mexico	\$32.68	\$43.45	\$59.16
New York	\$32.78	\$43.54	\$59.39
North Carolina	\$37.24	\$48.45	\$64.48
Ohio	\$31.13	\$41.35	\$56.69
Oklahoma	\$36.12	\$46.79	\$62.76
Oregon/Washington	\$33.41	\$43.91	\$59.62
Pennsylvania/West Virginia	\$32.26	\$42.88	\$58.41
South Carolina	\$37.39	\$48.68	\$64.89
Texas	\$30.70	\$40.95	\$56.39
Virginia	\$31.22	\$41.83	\$57.30
Wisconsin	\$33.99	\$43.68	\$59.31

If you have questions, call Member Services at 1-800-213-4599 (TDD: 1-800-628-3323), Monday through Friday, 8 a.m. to 5 p.m.

Section 3:

What Else Do I Need to Know About the Aetna Medicare Rx Plan?



The new Medicare prescription drug coverage helps Medicare recipients cover some of the costs of their prescription drugs. This is the first time this type of broad prescription drug coverage has been available.

Note: *If you do not join a Medicare Prescription Drug Plan, or a plan that includes Medicare prescription drug coverage, during the initial enrollment period, Federal law may require you to pay a penalty to join at a later date. If you have questions about when you may join a Medicare Prescription Drug Plan, please contact Member Services at 1-800-213-4599 (TDD: 1-800-628-3323), Monday through Friday, 8 a.m. to 5 p.m.*

What's included in the base Medicare prescription drug coverage?

The Federal government defined the base Medicare prescription drug coverage, which includes the following cost sharing:

- An annual deductible of \$250
- 25% of the cost of covered drugs, until the Medicare recipient reaches \$2,250 in total covered prescription drug expenses
- 100% of all prescription drug costs after the Medicare recipient has reached \$2,250 in total prescription drug expenses, but before they reach \$3,600 in out-of-pocket prescription drug costs. This is sometimes referred to as the "coverage gap"
- After the Medicare recipient reaches \$3,600 in out-of-pocket prescription drug costs, they will pay \$2 for generic drugs and \$5 for brand drugs, or 5%, whichever is greater.

What are the features of the Aetna Medicare Rx Plan?

Aetna's quality, cost-effective prescription drug plans help you take care of your health *and* save you money. Here are some of the features included in the Aetna prescription drug plans:

- A network of more than 52,000 chain and independent pharmacies throughout all 50 states, the District of Columbia, Puerto Rico, Guam and the Virgin Islands
- Access to a 90-day supply of covered medications through participating retail pharmacies, or save money by using our preferred mail order vendor, Aetna Rx Home Delivery®
- Low copays and no annual maximums on generic or brand medications with most plans.

We offer three different Medicare Prescription Drug Plan options that build upon the base Medicare prescription drug coverage outlined above. So, you can select the benefits that best meet your individual needs. Review the grid to determine which plan is right for you.

	AETNA MEDICARE Rx ESSENTIALS PLAN	AETNA MEDICARE Rx PLUS PLAN*	AETNA MEDICARE Rx PREMIER PLAN*
Monthly Plan Premium	From \$27.50 to \$38.86, depending upon where you live. Refer to the Premiums Table on page 11 to find out what the premium is in your area.	From \$36.94 to \$50.45, depending upon where you live. Refer to the Premiums Table on page 11 to find out what the premium is in your area.	From \$51.83 to \$66.75, depending upon where you live. Refer to the Premiums Table on page 11 to find out what the premium is in your area.
Annual Deductible	\$250	\$0	\$0
Amount you pay, up to \$2,250 in total covered prescription drug expenses (after meeting deductible):			
■ 30-day supply of covered prescription drugs at a retail pharmacy	\$5 copay for generic drugs \$25 copay for brand drugs	\$7 copay for generic drugs \$35 copay for brand drugs	\$2 copay for preferred generic drugs \$20 copay for preferred brand drugs \$40 copay for non-preferred drugs
■ 90-day supply of covered prescription drugs through our preferred mail order** vendor, Aetna Rx Home Delivery	\$10 copay for generic drugs \$50 copay for brand drugs	\$14 copay for generic drugs \$70 copay for brand drugs	\$4 copay for preferred generic drugs \$40 copay for preferred brand drugs \$80 copay for non-preferred drugs
Amount you pay between \$2,250 in total covered prescription drug expenses, and until you reach \$3,600 in out-of-pocket covered prescription drug costs (the "coverage gap"):			
■ 30-day supply of covered prescription drugs at a retail pharmacy	100% for all drugs	\$7 copay for generic drugs 100% for brand drugs	\$2 copay for preferred generic drugs \$40 copay for non-preferred generic 100% for brand drugs
■ 90-day supply of covered prescription drugs through our preferred mail order** vendor, Aetna Rx Home Delivery	100% for all drugs	\$14 copay for generic drugs 100% for brand drugs	\$4 copay for preferred generic drugs \$80 copay for non-preferred generic 100% for brand drugs
Amount you pay for covered drugs after reaching \$3,600 in out-of-pocket covered prescription drug costs:			
	The greater of: ■ \$2 for generics ■ \$5 for brand or ■ 5%	The greater of: ■ \$2 for generics ■ \$5 for brand or ■ 5%	The greater of: ■ \$2 for generics ■ \$5 for brand or ■ 5%
Formulary Type	Closed	Closed	Open

* Generic substitution applies.

**You may pay a higher copayment if you use a non-preferred contracted mail order pharmacy.



What is a Formulary (Aetna's Preferred Drug List)?

Aetna's Preferred Drug List, also known as a **formulary**, provides you and your doctor with a listing of quality, cost-effective, generic and brand medications approved by the U.S. Food and Drug Administration (FDA). Depending on your plan, when your doctor prescribes drugs on this list, it can help reduce your costs and the overall cost of health care. Our list is approved by the Federal government and may change throughout the year. Depending on the type of change, members taking the medication will receive notification. You can find our Preferred Drug List at www.aetnamedicare.com. You can also call Member Services at 1-800-213-4599 (TDD: 1-800-628-3323), Monday through Friday, 8 a.m. to 5 p.m.

The Aetna Medicare Rx Essentials and Plus Plans use a **closed formulary**, which means that only drugs on Aetna's Preferred Drug List will be covered under these plans. If it is medically necessary for you to use a medication that is eligible for coverage under the Medicare drug benefit but is not on Aetna's Preferred Drug List, your doctor can contact Aetna to request coverage.

The Aetna Medicare Rx Premier Plan uses an **open formulary**, which means you have coverage for drugs on the Preferred Drug List, as well as many that are not. You will pay a higher copay for covered drugs that are not on the list. Review Aetna's Preferred Drug List for more information.

Will I be able to stay on my current medications?

Possibly. To ease your transition to the new prescription drug plan, a number of chronic medications, which are important for members to access during this transition, have been identified and included on a "Transition of Coverage" list. To learn which drugs are on this list, call Member Services at 1-800-213-4599 (TDD: 1-800-628-3323), Monday through Friday, 8 a.m. to 5 p.m. In order to provide a smooth transition, if you fill a prescription for one of these medications during the first 90 days of coverage under your new Aetna plan, the drug will be covered for the entire plan year. If your doctor approves your use of an alternative medication that is on Aetna's Preferred Drug List, we encourage you to consider using this alternative medication. More information on this policy can be obtained by calling Member Services at 1-800-213-4599 (TDD: 1-800-628-3323), Monday through Friday, 8 a.m. to 5 p.m.

How do I get my prescriptions filled?

In-Network Retail Pharmacies

Except in certain circumstances, you must use Aetna network pharmacies to receive coverage (see below). We have more than 52,000 network pharmacies located in all 50 states, the District of Columbia, Puerto Rico, Guam and the Virgin Islands. Simply show your Aetna member ID card at any network pharmacy to receive your covered prescription drugs. You will receive our negotiated discount price for your drugs even when you are required to pay a copay or deductible.

To find a participating pharmacy:

- Use our DocFind® directory at www.aetnamedicare.com.
- Refer to the Provider Directory.
- Check with your current pharmacy to see if they participate in the Aetna Medicare Rx Plan.
- Call Member Services at 1-800-213-4599 (TDD: 1-800-628-3323), Monday through Friday, 8 a.m. to 5 p.m.

If you do not show your member ID card, you will pay 100 percent of the retail pharmacy cost of a drug at the time of purchase. You will also be required to submit a claim to Aetna for reimbursement. Also, you may be subject to additional costs based on the actual cost of the drug.

Note: *The cost of your medication is based on Aetna's negotiated charge with network pharmacies and includes rebates that Aetna receives from drug manufacturers.*

Out-of-Network Retail Pharmacies

You may use a non-network pharmacy in certain situations, including the following: 1) the covered drug you need is out of stock at a network pharmacy, 2) you have an emergency, or 3) you are traveling. You will be limited to a 15-day supply (or the smallest package size available to treat your medical condition). To be reimbursed for the cost of the drug minus your copayment (if applicable), you may need to submit claim forms to Aetna.

Mail-Order Pharmacy

You can obtain covered prescription drugs through mail order, which is especially helpful when you are taking medications on a regular basis. You can save money when you order a 90-day supply of covered drugs from our **preferred** mail-order vendor, Aetna Rx Home Delivery®. By using our preferred mail-order vendor, you'll also enjoy:

- **Convenience:** Quick and confidential **FREE** shipping of your medications to the location of your choice.
- **Ease of Use:** Our mail-order brochure provides all the information you need to get started.
- **Quality Service:** Registered pharmacists check orders for accuracy and are available 24 hours a day, 7 days a week in case of an emergency. Customer Service representatives are available Monday through Friday, 7 a.m.-11 p.m.; Saturday, 8 a.m. - 9:30 p.m.; and Sunday, 8 a.m. - 6 p.m., ET. Our toll-free number is 1-866-612-3862 (TDD: 1-800-201-9457).



Can I get help with prescription costs if I have limited income and resources?

If you have qualified for additional assistance for your Medicare Prescription Drug Plan costs, the amount of your premium and cost at the pharmacy will be less. Once you have joined an Aetna Medicare Rx Plan, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance, you should contact 1-800 MEDICARE (TTY/TDD users call 1-877-486-2048), your State Medicaid Office, or local Social Security Administration Office to see if you might qualify.

What else do I need to know about Aetna Medicare Rx Plans?

Aetna members are automatically enrolled in our medication therapy management program. This program will help you and your doctor: 1) identify drug safety issues specific to you, 2) help manage your prescription drug costs and 3) identify opportunities to improve your current drug therapy. You and your doctor may receive informational mailings or be contacted by Aetna regarding this program. *If you wish to decline participation at any time, just call Member Services at 1-800-213-4599 (TDD: 1-800-628-3323), Monday through Friday, 8 a.m. to 5 p.m.*

Your drug coverage may also include the following programs:

1. **Generic Substitution:** The use of generic drugs where appropriate can lower your out-of-pocket prescription drug costs. If a member or doctor requests a brand drug when a generic is available, the member is responsible for the generic copay, plus the difference in cost between the brand and generic drug. Generics are as safe and effective as their brand-name equivalents but cost much less. Please ask your doctor if a generic drug is available and appropriate for you.
2. **Step Therapy:** Some drugs are covered by your plan only after one or more “alternative” drugs that are clinically appropriate and cost effective, are tried first. If a specific step therapy drug is medically necessary for you, your doctor can contact us to request coverage without a trial of the alternative drug(s).
3. **Precertification:** This process helps encourage safe, cost-effective use of prescription drugs by requiring your doctor to obtain prior authorization before certain drugs will be covered. This process applies to drugs that 1) should only be prescribed for certain conditions, 2) are likely to be taken inappropriately for too long, 3) have an equally effective, less-expensive drug alternative or 4) may be covered under the Medicare Part B benefit. Quantity limits are included as part of our precertification program and are designed to help promote appropriate and efficient medication use and enhanced patient safety.



The precertification and step therapy lists can be found in the Aetna Preferred Drug List online at www.aetnamedicare.com, or by calling Member Services at 1-800-213-4599 (TDD: 1-800-628-3323), Monday through Friday, 8 a.m. to 5 p.m.

What prescription drugs are not covered by Aetna Medicare Prescription Drug Plans?

Nonprescription drugs and prescription drugs and supplies listed in the limitations and exclusions section of the Evidence of Coverage are not covered. A partial list of these drugs includes:

■ Medications used for symptomatic relief of cough and colds.	■ Vitamins and mineral products, except prenatal vitamins and fluoride preparations.
■ Medications to promote fertility.	■ Medications for cosmetic purposes or hair growth.
■ Drugs for weight loss, anorexia or weight gain.	■ Barbiturates and benzodiazepines.

Note: *This plan does not cover any drug that does not, by Federal or state law, require a prescription (i.e., an over-the-counter (OTC) drug), even when a prescription is written.*

Members have the right to submit a grievance or an appeal concerning coverage decisions by Aetna. However this does not guarantee coverage of a particular prescription drug. If you feel Aetna should cover a drug and we do not, please refer to the Evidence of Coverage for details on the process to file an appeal or grievance.

What is the Evidence of Coverage?

The Evidence of Coverage document gives members a complete list of benefits, including limitations, exclusions, applicable cost sharing, such as copays and coinsurance, and plan rules. This document is provided upon enrollment and once annually thereafter. If you're a current member, your 2006 Evidence of Coverage will be mailed to you at a later date.

Note: *If you have drug coverage through a current or former employer or union, and this coverage is on average at least as good as the new Medicare prescription drug coverage (called "creditable coverage"), you may want to stay in that employer plan to receive prescription drug benefits. If your current employer plan has creditable coverage, you can avoid higher payments later if you sign up for the Medicare drug benefit at another time. Speak to your employer or benefits administrator to learn more.*



Enrollees must use network pharmacies to receive plan benefits except under emergency circumstances.

You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable, if not otherwise paid for under Medicaid or by another third-party. You must reside in the Aetna Medicare Prescription Drug Plan service area. You may be enrolled in only one Medicare Prescription Drug Plan at a time. If you are enrolled in a Medicare Advantage (MA) Plan, you may not enroll in a Medicare Prescription Drug Plan, unless you are a member of a Private Fee-for-Service MA Plan (PFFS), a Medical Savings Account MA Plan (MSA), or a 1876 Cost Plan.

Coverage is provided through a Medicare Prescription Drug Plan Sponsor with a Medicare contract and benefits, limitations, service areas and premiums are subject to change on January 1 of each year.

If you have qualified for additional assistance for your Medicare Prescription Drug Plan costs, the amount of your premium and cost at the pharmacy will be less. Once you have enrolled in an Aetna Medicare Rx Plan, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance, you should contact 1-800-MEDICARE (TTY/TDD users call 877-486-2048), your State Medicaid office, or local Social Security Administration office to see if you might qualify.

If you have a Medicare Supplement (Medigap) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Under certain circumstances, you can also buy a different Medigap policy without prescription drug coverage sold by your Medigap Issuer. Your Medigap Issuer cannot charge you more based on any past or present health problems. Call your Medigap Issuer for details.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Life Insurance Company.

Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

Aetna Rx Home Delivery® refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through mail-order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost it pays for the drugs and the costs of its mail-order pharmacy services. For these purposes, Aetna Rx Home Delivery's cost of purchasing drugs takes into account discounts, credits and other amounts that it may receive from wholesalers, manufacturers, suppliers and distributors.

Receipt of this notice is not a guarantee of coverage under a pharmacy benefits plan. If you have any questions, please call the Member Services number on your member ID card. This material is for informational purposes only and does not dictate or control physicians' clinical decisions regarding the appropriate care of patients. All patient care and related decisions are the sole responsibility of the physician.

Aetna receives rebates from the manufacturers of many drugs, including many that are on the Preferred Drug List. These rebates do not reduce the amount you pay for an individual prescription drug. However, they help control the overall costs of prescription drug coverage. Your pharmacy benefit provides coverage for many drugs that are not on this list. Also, in some cases, if you need to pay a percentage of the cost of the drug or an amount to meet a deductible, or if your benefit is subject to an annual maximum, your costs may be higher for a "preferred drug" than they would be for a "non-preferred drug." You can find out more about the terms and limitations on your plan by reading your plan documents. You can also contact Member Services. The preferred drug list is subject to change.

This material is for informational purposes only and contains only a partial, general description of plan benefits or programs and does not constitute a contract. Consult the plan documents (Summary of Benefits, Evidence of Coverage) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. Aetna does not provide health care services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Some benefits are subject to limitations or visit maximums. With the exception of Aetna Rx Home Delivery, all participating physicians, hospitals and other health care providers are independent contractors in private practice and are neither employees nor agents of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.

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 1-800-213-4599 (TDD: 1-800-628-3323), Monday - Friday, 8 a.m. to 5 p.m.

Puede estar disponible la traducción de este material en otro idioma. Por favor, para ayuda llame a Servicios al Miembro al 1-800-213-4599 (TDD: 1-800-628-3323), Lunes - Viernes, 8 a.m. to 5 p.m.

We want you to knowSM

