

# Summary of Benefits

## Aetna Medicare Rx<sup>SM</sup> Plan

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**Pennsylvania and West Virginia**

## SUMMARY OF BENEFITS: Aetna MedicareRx<sup>SM</sup> Plan

Pennsylvania and West Virginia

Thank you for your interest in Aetna Medicare Rx Plan. Our plan is offered by AETNA LIFE INSURANCE COMPANY, a Medicare Prescription Drug Plan that contracts with the federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Aetna Medicare 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 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 Aetna Medicare Rx Plan to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

### Where Is Aetna Medicare Rx Plan Available?

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

The service area for this plan includes the following: Pennsylvania and West Virginia. You must live in one of these areas to join this plan.

### 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-Service plan or are enrolled in an 1876 Cost Plan. You cannot enroll in the Aetna Medicare Rx Premier Plan if your current or former employer or union (or your spouse's current or former employer or union) helps pay for your drugs.

### Does My Plan Cover Medicare Part B Or Part D Drugs?

Aetna Medicare Rx Plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare prescription drug benefit (Part D) and that are on our formulary.

### Where Can I Get My Prescriptions?

Aetna Medicare Rx Plan has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. Aetna Medicare has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescriptions. 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.

### What Is A Prescription Drug Formulary?

Aetna Medicare Rx Plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you, and you can see our complete formulary on our website at [www.aetna.com/members/individuals/medicare/medicare\\_resources/covered\\_drugs.html](http://www.aetna.com/members/individuals/medicare/medicare_resources/covered_drugs.html).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply

of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### **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. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan, and they will adjust your premium. 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 Aetna Medicare Rx Plan. Get this information before you decide to enroll in this plan.

### **How Can I Get Help With My Drug Plan Costs?**

If you qualify for extra help with your Medicare Prescription Drug Plan

costs, your premium and costs at the pharmacy will be lower. When you join Aetna Medicare Rx Plan, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

### **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 prescription drug 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 coverage in your area.

As a member of Aetna Medicare Rx Plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a

type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

### **What Is A Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a free service we 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.

#### **Please contact Aetna Medicare for more information about this plan.**

Visit us at [www.aetnamedicare.com](http://www.aetnamedicare.com), or call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m.

Current members should call 1-877-238-6211 (TTY/TDD 1-888-760-4748).

Prospective members should call 1-800-213-4599 (TTY/TDD 1-800-628-3323).

For more information about Medicare, please call Medicare at 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](http://www.medicare.gov).

***If you have special needs, this document may be available in other formats.***

## Section 2

If you have any questions about this plan's benefits or costs, please contact Aetna Medicare for details.

### SUMMARY OF BENEFITS

Benefit	Original Medicare	Aetna Medicare Rx Essentials <sup>SM</sup> Plan	Aetna Medicare Rx Plus <sup>SM</sup> Plan	Aetna Medicare Rx Premier <sup>SM</sup> Plan
<p><b>Prescription Drugs</b></p>	<p>Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)</p>	<p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <b>www.aetna.com/members/individuals/medicare/medicare_resources/covered_drugs.html</b>.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long-term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>\$27.70 monthly premium.</p> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition</p>	<p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <b>www.aetna.com/members/individuals/medicare/medicare_resources/covered_drugs.html</b>.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long-term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>\$42.30 monthly premium.</p> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition</p>	<p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <b>www.aetna.com/members/individuals/medicare/medicare_resources/covered_drugs.html</b>.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long-term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>\$77.20 monthly premium.</p> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition</p>

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Benefit	Original Medicare	Aetna Medicare Rx Essentials <sup>SM</sup> Plan	Aetna Medicare Rx Plus <sup>SM</sup> Plan	Aetna Medicare Rx Premier <sup>SM</sup> Plan
		<p>before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Aetna Medicare Rx Essentials for certain drugs.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p><b>In-Network</b> \$275 deductible on all drugs except generic drugs.</p> <p>You pay \$3.50 copay for generic drugs until you reach the deductible.</p> <p><b>Initial Coverage</b> After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,510:</p> <p><b>Retail Pharmacy Tier 1 - Generic</b></p> <ul style="list-style-type: none"> <li>- \$3.50 copay for a one-month (31-day) supply of drugs from a preferred pharmacy.</li> <li>- \$8.75 copay for a three-month (90-day) supply of drugs from a preferred pharmacy.</li> <li>- \$3.50 copay for a one-month (31-day) supply of drugs from a non-preferred pharmacy.</li> </ul>	<p>before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Aetna Medicare Rx Plus for certain drugs.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510:</p> <p><b>Retail Pharmacy Tier 1 - Generic</b></p> <ul style="list-style-type: none"> <li>- \$4 copay for a one-month (31-day) supply of drugs from a preferred pharmacy.</li> <li>- \$10 copay for a three-month (90-day) supply of drugs from a preferred pharmacy.</li> <li>- \$4 copay for a one-month (31-day) supply of drugs from a non-preferred pharmacy.</li> </ul>	<p>before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Aetna Medicare Rx Premier for certain drugs.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p> <p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510:</p> <p><b>Retail Pharmacy Tier 1 - Generic</b></p> <ul style="list-style-type: none"> <li>- \$4 copay for a one-month (31-day) supply of drugs from a preferred pharmacy.</li> <li>- \$10 copay for a three-month (90-day) supply of drugs from a preferred pharmacy.</li> <li>- \$4 copay for a one-month (31-day) supply of drugs from a non-preferred pharmacy.</li> </ul>

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		<ul style="list-style-type: none"> <li>- \$10.50 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy.</li> </ul> <p><b>Tier 2 - Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$32 copay for a one-month (31-day) supply of drugs from a preferred pharmacy.</li> <li>- \$80 copay for a three-month (90-day) supply of drugs from a preferred pharmacy.</li> <li>- \$32 copay for a one-month (31-day) supply of drugs from a non-preferred pharmacy.</li> <li>- \$96 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy.</li> </ul> <p><b>Tier 3 - Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$80 copay for a one-month (31-day) supply of drugs from a preferred pharmacy.</li> <li>- \$200 copay for a three-month (90-day) supply of drugs from a preferred pharmacy.</li> <li>- \$80 copay for a one-month (31-day) supply of drugs from a non-preferred pharmacy.</li> <li>- \$240 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy.</li> </ul>	<ul style="list-style-type: none"> <li>- \$12 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy.</li> </ul> <p><b>Tier 2 - Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$35 copay for a one-month (31-day) supply of drugs from a preferred pharmacy.</li> <li>- \$87.50 copay for a three-month (90-day) supply of drugs from a preferred pharmacy.</li> <li>- \$35 copay for a one-month (31-day) supply of drugs from a non-preferred pharmacy.</li> <li>- \$105 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy.</li> </ul> <p><b>Tier 3 - Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$65 copay for a one-month (31-day) supply of drugs from a preferred pharmacy.</li> <li>- \$162.50 copay for a three-month (90-day) supply of drugs from a preferred pharmacy.</li> <li>- \$65 copay for a a one-month (31-day) supply of drugs from a non-preferred pharmacy.</li> <li>- \$195 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy.</li> </ul>	<ul style="list-style-type: none"> <li>- \$12 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy.</li> </ul> <p><b>Tier 2 - Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (31-day) supply of drugs from a preferred pharmacy.</li> <li>- \$100 copay for a three-month (90-day) supply of drugs from a preferred pharmacy.</li> <li>- \$40 copay for a one-month (31-day) supply of drugs from a non-preferred pharmacy.</li> <li>- \$120 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy.</li> </ul> <p><b>Tier 3 - Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$70 copay for a one-month (31-day) supply of drugs from a preferred pharmacy.</li> <li>- \$175 copay for a three-month (90-day) supply of drugs from a preferred pharmacy.</li> <li>- \$70 copay for a a one-month (31-day) supply of drugs from a non-preferred pharmacy.</li> <li>- \$210 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy.</li> </ul>

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		<p><b>Tier 4 - Specialty</b></p> <ul style="list-style-type: none"> <li>- 25% coinsurance for a one-month (31-day) supply of drugs from a preferred pharmacy.</li> <li>- 25% coinsurance for a three-month (90-day) supply of drugs from a preferred pharmacy.</li> <li>- 25% coinsurance for a one-month (31-day) supply of drugs from a non-preferred pharmacy.</li> <li>- 25% coinsurance for a three-month (90-day) supply of drugs from a non-preferred pharmacy.</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Tier 1 - Generic</b></p> <ul style="list-style-type: none"> <li>- \$3.50 copay for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Tier 2 - Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$32 copay for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Tier 3 - Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$80 copay for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Tier 4 - Specialty</b></p> <ul style="list-style-type: none"> <li>- 25% coinsurance for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Mail Order</b></p> <p><b>Tier 1 - Generic</b></p> <ul style="list-style-type: none"> <li>- \$7 copay for a three-month (90-day) supply of drugs</li> </ul>	<p><b>Tier 4 - Specialty</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs from a preferred pharmacy.</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs from a preferred pharmacy.</li> <li>- 33% coinsurance for a one-month (31-day) supply of drugs from a non-preferred pharmacy.</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs from a non-preferred pharmacy.</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Tier 1 - Generic</b></p> <ul style="list-style-type: none"> <li>- \$4 copay for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Tier 2 - Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$35 copay for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Tier 3 - Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$65 copay for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Tier 4 - Specialty</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Mail Order</b></p> <p><b>Tier 1 - Generic</b></p> <ul style="list-style-type: none"> <li>- \$8 copay for a three-month (90-day) supply of drugs</li> </ul>	<p><b>Tier 4 - Specialty</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs from a preferred pharmacy.</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs from a preferred pharmacy.</li> <li>- 33% coinsurance for a one-month (31-day) supply of drugs from a non-preferred pharmacy.</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs from a non-preferred pharmacy.</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Tier 1 - Generic</b></p> <ul style="list-style-type: none"> <li>- \$4 copay for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Tier 2 - Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Tier 3 - Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$70 copay for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Tier 4 - Specialty</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Mail Order</b></p> <p><b>Tier 1 - Generic</b></p> <ul style="list-style-type: none"> <li>- \$8 copay for a three-month (90-day) supply of drugs</li> </ul>

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Benefit	Original Medicare	Aetna Medicare Rx Essentials <sup>SM</sup> Plan	Aetna Medicare Rx Plus <sup>SM</sup> Plan	Aetna Medicare Rx Premier <sup>SM</sup> Plan
		<p>from a preferred mail order pharmacy.</p> <ul style="list-style-type: none"> <li>- \$10.50 copay for a a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 2 - Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$64 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy.</li> <li>- \$96 copay for a a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 3 - Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$160 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy.</li> <li>- \$240 copay for a a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 4 - Specialty</b></p> <ul style="list-style-type: none"> <li>- 25% coinsurance for a three-month (90-day) supply of drugs from a preferred mail order pharmacy.</li> <li>- 25% coinsurance for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul>	<p>from a preferred mail order pharmacy.</p> <ul style="list-style-type: none"> <li>- \$12 copay for a a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 2 - Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$70 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy.</li> <li>- \$105 copay for a a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 3 - Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$130 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy.</li> <li>- \$195 copay for a a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 4 - Specialty</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a three-month (90-day) supply of drugs from a preferred mail order pharmacy.</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul>	<p>from a preferred mail order pharmacy.</p> <ul style="list-style-type: none"> <li>- \$12 copay for a a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 2 - Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$80 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy.</li> <li>- \$120 copay for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 3 - Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>- \$140 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy.</li> <li>- \$210 copay for a a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul> <p><b>Tier 4 - Specialty</b></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a three-month (90-day) supply of drugs from a preferred mail order pharmacy.</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul>

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Benefit	Original Medicare	Aetna Medicare Rx Essentials <sup>SM</sup> Plan	Aetna Medicare Rx Plus <sup>SM</sup> Plan	Aetna Medicare Rx Premier <sup>SM</sup> Plan
		<p><b>Coverage Gap</b>                      After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p>	<p><b>Coverage Gap</b>                      After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p>	<p><b>Coverage Gap</b>                      The plan covers all generics through the gap.                      You pay the following:</p> <p><b>Retail Pharmacy</b>  <b>Tier 1 - Generic</b></p> <ul style="list-style-type: none"> <li>- \$12 copay for a one-month (31-day) supply of drugs you get at a preferred pharmacy.</li> <li>- \$36 copay for a three-month (90-day) supply of drugs you get at a preferred pharmacy.</li> <li>- \$12 copay for a one-month (31-day) supply of drugs you get at a non-preferred pharmacy.</li> <li>- \$36 copay for a three-month (90-day) supply of drugs you get at a non-preferred pharmacy.</li> </ul> <p><b>Long-Term Care Pharmacy</b>  <b>Tier 1 - Generic</b></p> <ul style="list-style-type: none"> <li>- \$12 copay for a one-month (31-day) supply of drugs.</li> </ul> <p><b>Mail Order</b>  <b>Tier 1 - Generic</b></p> <ul style="list-style-type: none"> <li>- \$24 copay for a three-month (90-day) supply of drugs from a preferred mail order pharmacy.</li> <li>- \$36 copay for a three-month (90-day) supply of drugs from a non-preferred mail order pharmacy.</li> </ul>

**SUMMARY OF BENEFITS**

Benefit	Original Medicare	Aetna Medicare Rx Essentials <sup>SM</sup> Plan	Aetna Medicare Rx Plus <sup>SM</sup> Plan	Aetna Medicare Rx Premier <sup>SM</sup> Plan
		<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p>\$275 deductible on all drugs except generic drugs.</p> <p>You pay \$3.50 copay for generic drugs until you reach the deductible.</p> <p><b>Out-of-Network Initial Coverage</b> After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,510:</p>	<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p>\$0 deductible.</p> <p><b>Out-of-Network Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510:</p>	<p>For all other covered drugs, after your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or</li> <li>- 5% coinsurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p>\$0 deductible.</p> <p><b>Out-of-Network Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,510:</p>

**SUMMARY OF BENEFITS**

Benefit	Original Medicare	Aetna Medicare Rx Essentials <sup>SM</sup> Plan	Aetna Medicare Rx Plus <sup>SM</sup> Plan	Aetna Medicare Rx Premier <sup>SM</sup> Plan
		<p><b>Out-of-Network Pharmacy</b>  <b>Tier 1 - Generic</b>                      - \$3.50 copay for a 10-day supply of drugs.</p> <p><b>Tier 2 - Preferred Brand</b>                      - \$32 copay for a 10-day supply of drugs.</p> <p><b>Tier 3 - Non-Preferred Brand</b>                      - \$80 copay for a 10-day supply of drugs.</p> <p><b>Tier 4 - Specialty</b>                      - 25% coinsurance for a 10-day supply of drugs.</p> <p><b>Out-of-Network Coverage Gap</b>                      After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p> <p><b>Out-of-Network Catastrophic Coverage</b>                      After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:                      - \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or                      - 5% coinsurance.</p>	<p><b>Out-of-Network Pharmacy</b>  <b>Tier 1 - Generic</b>                      - \$4 copay for a 10-day supply of drugs.</p> <p><b>Tier 2 - Preferred Brand</b>                      - \$35 copay for a 10-day supply of drugs.</p> <p><b>Tier 3 - Non-Preferred Brand</b>                      - \$65 copay for a 10-day supply of drugs.</p> <p><b>Tier 4 - Specialty</b>                      - 33% coinsurance for a 10-day supply of drugs.</p> <p><b>Out-of-Network Coverage Gap</b>                      After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p> <p><b>Out-of-Network Catastrophic Coverage</b>                      After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:                      - \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or                      - 5% coinsurance.</p>	<p><b>Out-of-Network Pharmacy</b>  <b>Tier 1 - Generic</b>                      - \$4 copay for a 10-day supply of drugs.</p> <p><b>Tier 2 - Preferred Brand</b>                      - \$40 copay for a 10-day supply of drugs.</p> <p><b>Tier 3 - Non-Preferred Brand</b>                      - \$70 copay for a 10-day supply of drugs.</p> <p><b>Tier 4 - Specialty</b>                      - 33% coinsurance for a 10-day supply of drugs.</p> <p><b>Out-of-Network Coverage Gap</b>                      You pay the following:  <b>Tier 1 - Generic</b>                      - \$12 copay for a 10-day supply of drugs.</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p> <p><b>Out-of-Network Catastrophic Coverage</b>                      After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:                      - \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or                      - 5% coinsurance.</p>

Benefits coverage is provided through Aetna Life Insurance Company, 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.

This material is for informational purposes only. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. 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. Pharmacy clinical programs such as pre-certification, step therapy, and quantity limits may apply to your prescription drug coverage. Aetna does not provide care or guarantee access to health services. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional.

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 1-877-238-6211 (TTY/TDD: 1-888-760-4748), Sunday–Monday, 8 a.m. to 8 p.m.

Puede estar disponible la traducción de este material en otro idioma. Por favor, para ayuda llame a Servicios al Miembro al 1-877-238-6211 (TTY/TDD: 1-888-760-4748), Lunes–Domingo, 8 a.m. to 8 p.m.

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.

Enrollees must use network pharmacies to receive plan benefits except under emergency circumstances. Covered Part D drugs are available at out-of-network pharmacies in special circumstances, 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.

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 an 1876 Cost Plan.

If an individual qualifies for extra help with the Medicare Prescription Drug Plan costs, premium and costs at the pharmacy may be lower. Upon enrollment in the Aetna Medicare plan, Medicare will tell us how much extra help an individual is getting. An individual can obtain information on whether they qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

We want you to know<sup>®</sup>

