

PHARMACY - MEDICARE PRESCRIPTION DRUG BENEFITS

Benefits, Value Added Services, and Premiums are effective January 1, 2010 through December 31, 2010.

Prescription drug calendar year deductible None

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Retail - Cost-Sharing \$10 Copay for Generic

\$20 Copay for Preferred Brand

\$40 Copay for Non-Preferred Brand

Up to one month (31 day) supply at indicated copay or coinsurance (Three month (90 day) supply available at retail. Dollar copayments or applicable coinsurance will apply for each month supply.)

Mail Order through Aetna Rx Home Delivery - Cost-Sharing \$20 Copay for Generic

\$40 Copay for Preferred Brand

\$80 Copay for Non-Preferred Brand

Up to a three month (90 day) supply available via our preferred vendor, Aetna Rx Home Delivery.

Catastrophic Coverage Greater of \$2.50 or 5% for covered generic (including brand drugs treated as generic) drugs. Greater of \$6.30 or 5% for all other covered drugs.

Catastrophic Coverage benefits start once \$4,550 in true out-of-pocket costs is incurred.

Requirements:

Precertification Yes

Step-Therapy Yes

Formulary Standard

Please refer to the plan documents (Evidence of Coverage) for a complete listing of benefits, exclusions and limitations.

Certain types of drugs or categories of drugs are not normally covered by Medicare Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs". These drugs include:

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- Drugs used for weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Barbiturates
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs covered under Medicare Part A or Part B
- Drugs used to promote fertility
- Drugs used for symptomatic relief of cough and colds
- Non-prescription drugs (OTC)
- Benzodiazepines
- Drugs when used for the treatment of sexual or erectile dysfunction

This material is for informational purposes only. See plan documents for a complete description of benefits, exclusions, limitations and conditions of 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.

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.

Members must use network pharmacies to receive plan benefits except in limited, non-routine circumstances when a network pharmacy is not available, 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.

Benefits coverage is provided by 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.

You must be entitled to Medicare Part A or Part B and continue to pay your Part B premium, if not otherwise paid for under Medicaid or by another third-party. You may only be enrolled in one Medicare Prescription Drug plan at a time.

If an individual qualifies for extra help with the Medicare prescription drug plan, 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.

*****This is the end of this plan benefit summary*****