

2010 Medicare Part D Plans

Plan Features	GROUP PLAN C1*	Plan Features	GROUP PLAN C1b*	GROUP 1	GROUP 2	GROUP 6	GROUP 8	GROUP 9	GROUP 9b	GROUP 10	GROUP 10b	GROUP 12	GROUP 13	Plan Features	GROUP 7	Plan Features	GROUP 16b	GROUP 17b	
Deductible	\$310	Deductible	\$310	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Deductible	\$0	Deductible	\$0	\$0	
Initial Coverage Limit	\$2,830	Initial Coverage Limit	\$2,830	\$2,830	\$2,830	\$2,830	\$3,750	\$2,830	\$2,830	\$2,830	\$2,830	\$2,830	\$2,830	Initial Coverage Limit	\$2,830	Initial Coverage Limit	\$2,830	\$2,830	
Up to Initial Coverage Limit - In-Network Retail Copays - 1 month (31 day) supply																			
Generic Brand	25% 25%	Generic Brand Non-Pref. Brand	20% 25% 35%	\$15 \$25 \$40	\$10 \$20 \$35	\$5 \$20 \$40	\$5 \$20 \$40	\$10 \$20 \$40	\$10 \$20 \$40	15% 25% 35%	15% 25% 35%	\$10 \$20 \$35	\$5 \$20 \$40	Generic Preferred Brand Non-Pref. Brand Specialty Tier	\$0 \$20 \$40 33%	Pref. Generic Non-Pref. Generic Preferred Brand Non-Pref. Brand Specialty Tier	\$5 \$10 \$35 \$75 33%	\$5 \$10 \$30 \$60 33%	
Up to Initial Coverage Limit - Preferred Mail Order Drug (MOD) Copays - 3 month (90 day) supply																			
Mail Order Drug	25%	Mail Order Drug	20% 25% 35%	2x Copay	2x Copay	2x Copay	2x Copay	2x Copay	2x Copay	15% 25% 35%	15% 25% 35%	2x Copay	2x Copay	Mail Order Drug	2x Copay/ 33%	Mail Order Drug	2x Copay/ 33%	2x Copay/ 33%	
Between Initial Coverage Limit and Catastrophic Threshold of \$4,550																			
Gap Coverage	None	Gap Coverage	None	Generics	Generics	Generics	Generics	Full Coverage	Generics	Full Coverage	Generics	Full Coverage	Full Coverage	Full Coverage	Gap Coverage	Generics	Gap Coverage	Generics	Full Coverage
After Catastrophic Threshold of \$4,550 in True Out-of-Pocket expenses is reached																			
Catastrophic Coverage	Greater of \$2.50 or 5% for generic (including brand drugs treated as generic). Greater of \$6.30 or 5% for any other drugs.																		
Formulary Type	Standard	Formulary Type	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Formulary Type	Standard	Formulary Type	Standard	Standard
Step Therapy	Yes	Step Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Step Therapy	Yes	Step Therapy	Yes	Yes
Mandatory Generics	No	Mandatory Generics	No	No	No	No	No	No	No	No	No	No	No	No	Mandatory Generics	No	Mandatory Generics	No	No
Precertification	Yes	Precertification	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Precertification	Yes	Precertification	Yes	Yes
Quantity Limits	Yes	Quantity Limits	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Quantity Limits	Yes	Quantity Limits	Yes	Yes
Minimum Employer Contribution	None	Minimum Employer Contribution	None	25%	25%	25%	25%	50%	25%	50%	25%	50%	50%	Minimum Employer Contribution	25%	Minimum Employer Contribution	25%	50%	

*Retiree funded plans with no employer contribution (Group Plans C1 & C1b).

Alternate minimum employer contribution requirements available for total replacement.

Out-of-Network coverage: 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.

These plans represent a high level overview of our 2010 Medicare Part D plans.

Detailed plan summaries are available upon request.

Aetna Medicare Rx® plan options offer varying benefit levels — allowing just the right cost share for your retiree population.

