

2011 Medicare Part D Base Closed Formulary Plans

Plan Features	B1**	B2**	B3**	B4	B5	B6**
Tier Structure	3 tier	5 tier	5 tier	5 tier	5 tier	5 tier
Formulary	Base Closed					
Deductible	\$280	\$125	\$0	\$100	\$50	\$0
Initial Coverage Limit	Member payments up to \$2,840 in total drug expenditures (plan ICL) Retail supply - 1 month/Preferred Mail-Order Drug - 3 month supply					
Preferred Generic	20% / 20%	\$5 / \$10	\$5 / \$10	\$5 / \$10	\$5 / \$10	\$4 / \$12
Non-Preferred Generic		\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$60
Preferred Brand	25% / 25%	\$40 / \$80	\$40 / \$80	\$45 / \$90	\$40 / \$80	\$30 / \$75
Non-Preferred Brand	35% / 35%	\$75 / \$150	\$80 / \$160	\$75 / \$150	\$75 / \$150	\$65 / \$180
Specialty		30% / 30%	33% / 33%	30% / 30%	30% / 30%	25% / 25%
Gap*	Member payments after \$2,840 (ICL), but before spending \$4,550 out-of-pocket (TrOOP) Retail supply - 1 month/Preferred Mail-Order Drug - 3 month supply					
Preferred Generic	93% / 93%	93% / 93%	93% / 93%	\$10 / \$20	\$5 / \$10	93% / 93%
Non-Preferred Generic		93% / 93%	93% / 93%	93% / 93%	93% / 93%	93% / 93%
Preferred Brand	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%
Non-Preferred Brand	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%
Specialty		93%G;100%B/ 93%G; 100%B	93%G;100%B/ 93%G; 100%B	93%G;100%B/ 93%G; 100%B	93%G;100%B/ 93%G; 100%B	93%G;100%B/ 93%G; 100%B
Catastrophic	Member payments once \$4,550 TrOOP threshold is reached Greater of \$2.50 or 5% (Generic), Greater of \$6.30 or 5% (All other covered drugs)					
Employer Contribution	None	None	None	TR: None Opt: 25%	TR: None Opt: 25%	None
Out-of-Network	1 copay for up to 10 day supply (limited situations)					
Availability:	Total Replacement (TR): National Accounts, Public Sector & Labor, Key Accounts, Select Accounts Option (Opt) Sale: National Accounts, Public Sector & Labor, Key Accounts					

*Beginning in 2011, the Medicare Coverage Gap Discount Program will provide manufacturer discounts on brand-name drugs to Part D enrollees who have reached the coverage gap and are not already receiving "Extra Help." A 50% discount on the negotiated price (excluding the dispensing fee) will be available for those brand-name drugs from manufacturers that have agreed to pay the discount.

**Retiree pay-all plan options available with no employer contribution (Group Plans B1, B2, B3, B6).

Applicable coinsurance will apply for each one month supply.

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 2011 Medicare Part D plans.

Detailed plan summaries are available upon request.

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



2011 Medicare Part D Standard Formulary Plans

Plan Features	S1**	S2**	S3**	S4**	S5	S6	S7	S8	S9
Tier Structure	5 tier	5 tier	5 tier	3 tier	4 tier	3 tier	4 tier	5 tier	4 tier
Formulary	Standard								
Deductible	\$100	\$50	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Initial Coverage Limit	Member payments up to \$2,840 in total drug expenditures Retail supply - 1 month/Preferred Mail-Order Drug - 3 month supply								
Preferred Generic	\$5 / \$10	\$5 / \$10	\$5 / \$10	20% / 20%	\$5 / \$10	20% / \$0	\$0 / \$0	\$5 / \$10	\$5 / \$10
Non-Preferred Generic	\$25 / \$50	\$25 / \$50	\$25 / \$50					\$25 / \$50	
Preferred Brand	\$45 / \$90	\$40 / \$80	\$40 / \$80	25% / 25%	\$25 / \$50	25% / \$30	\$25 / \$50	\$40 / \$80	\$40 / \$80
Non-Preferred Brand	\$75 / \$150	\$75 / \$150	\$75 / \$150	35% / 35%	\$50 / \$100	35% / \$60	\$50 / \$100	\$75 / \$150	\$75 / \$150
Specialty	30% / 30%	30% / 30%	33% / 33%		33% / 33%		33% / 33%	33% to \$200 max/ 33% to \$400 max	33% / 33%
Gap*	Member payments after \$2,840 (ICL), but before spending \$4,550 out-of-pocket (TrOOP) Retail supply - 1 month/Preferred Mail-Order Drug - 3 month supply								
Preferred Generic	\$10 / \$20	\$5 / \$10	\$5 / \$10	20% / 20%	\$5 / \$10	20% / 20%	\$0 / \$0	\$5 / \$10	\$5 / \$10
Non-Preferred Generic	93% / 93%	93%/93%	\$25 / \$50					\$25 / \$50	
Preferred Brand	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	\$80 / \$160	\$80 / \$160
Non-Preferred Brand	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	\$150 / \$300
Specialty	93%G;100%B/ 93%G;100%B	93%G;100%B/ 93%G;100%B	93%G;100%B/ 93%G;100%B		93%G;100%B/ 93%G;100%B		93%G;100%B/ 93%G;100%B	93%G;100%B/ 93%G;100%B	93%G;100%B/ 93%G;100%B
Catastrophic	Member payments once \$4,550 TrOOP threshold is reached Greater of \$2.50 or 5% (Generic), Greater of \$6.30 or 5% (All other covered drugs)								
Employer Contribution	TR: None Opt: 25%	TR: None Opt: 25%	TR: None Opt: 25%	TR: None Opt: 25%	TR: 25% Opt: 50%	TR: 25% Opt: 50%	TR: 25% Opt: 50%	TR: 50% Opt: 50%	TR: 50% Opt: Not Avl
Out-of-Network	1 copay for up to 10 day supply (limited situations)								
Segment Availability:	Total Replacement (TR): National Accounts, Public Sector & Labor, Key Accounts Option (Opt) Sale: National Accounts, Public Sector & Labor, Key Accounts							Total Replacement: National Accounts, Public Sector & Labor, Key Accounts Option Sale: National Accounts, Public Sector	Total Replacement: National Accounts, Public Sector & Labor Option Sale: Not Available

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**Retiree pay-all plan options available with no employer contribution (Group Plans S1, S2, S3 and S4).

Applicable coinsurance will apply for each one month supply.

Out-of-Network coverage: Must use network pharmacies to receive plan benefits except in limited, non-routine circumstances when a network pharmacy is not

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