

Aetna Life Insurance Company

Former Employer/Union/Trust Name: THE CITY OF SEATTLE

Group Agreement Effective Date: 01/01/2021

Group/Account Number: 430517

This Prescription Drug Schedule of Cost Sharing is part of the Evidence of Coverage (EOC) for our plan. When the EOC refers to the attachment for details of Medicare Part D prescription drug benefits covered under our plan, it is referring to this Prescription Drug Benefits Chart. (See the EOC chapters titled "Using the plan's coverage for your Part D prescription drugs" and "What you pay for your Part D prescription drugs.")

Annual Deductible Amount:	\$0
Formulary Type:	GRP B2
Number of Cost Share Tiers:	5 Tier
Initial Coverage Limit:	\$4,130
True Out-of-Pocket Amount:	\$6,550
Retail Pharmacy Network: S2	
The name of your pharmacy network is listed above. To find a network pharmacy, or find up-to-date information about our network pharmacies, please call Member Services at the number on the back of your member ID card or consult the online Pharmacy Directory at www.AetnaRetireePlans.com .	

Every drug on the plan's Drug List is in one of the cost-sharing tiers described below:

- Tier One – Preferred generic drugs: Includes low-cost generic drugs
- Tier Two – Generic drugs: Includes generic drugs
- Tier Three – Preferred brand drugs: Includes preferred brand drugs and some high-cost generic drugs
- Tier Four – Non-preferred drugs: Includes non-preferred brand drugs and some higher-cost generic drugs
- Tier Five – Specialty drugs: Includes high-cost/unique brand and generic drugs

To find out which cost-sharing tier your drug is in, look it up in the plan's Drug List. If your covered drug costs less than the copayment amount listed in the chart, you will pay that lower price for the drug. You pay either the full price of the drug or the copayment amount, whichever is lower.

Initial Coverage Stage: Amount you pay, up to \$4,130 in total covered prescription drug expenses.

Initial Coverage	One-Month Supply			Extended Supply	
	Standard retail cost sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost sharing (up to a 31-day supply)	Out-of-network cost sharing* (up to a 30-day supply)	Standard retail or standard mail order cost sharing (up to a 90-day supply)	Preferred mail order cost sharing (up to a 90-day supply)
Tier 1 Preferred generic drugs - Includes low-cost generic drugs	You pay \$5	You pay \$5	You pay \$5	You pay \$12.50	You pay \$12.50
Tier 2 Generic drugs - Includes generic drugs	You pay \$20	You pay \$20	You pay \$20	You pay \$50	You pay \$50
Tier 3 Preferred brand drugs - Includes preferred brand drugs and some high-cost generic drugs	You pay \$40	You pay \$40	You pay \$40	You pay \$100	You pay \$100

Initial Coverage	One-Month Supply			Extended Supply	
	Standard retail cost sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost sharing (up to a 31-day supply)	Out-of-network cost sharing* (up to a 30-day supply)	Standard retail or standard mail order cost sharing (up to a 90-day supply)	Preferred mail order cost sharing (up to a 90-day supply)
Tier 4 Non-preferred drugs - Includes non-preferred brand drugs and some higher-cost generic drugs	You pay \$65	You pay \$65	You pay \$65	You pay \$162.50	You pay \$162.50
Tier 5 Specialty drugs - Includes high-cost/unique brand and generic drugs	You pay 25% for your drug	You pay 25% for your drug	You pay 25% for your drug	Limited to one-month supply	Limited to one-month supply

*Out-of-network coverage is limited to certain situations; see the Evidence of Coverage chapter titled “Using the plan’s coverage for your Part D prescription drugs,” Section 2.5.

Coverage Gap Stage: Amount you pay after you reach \$4,130 in total covered prescription drug expenses and until you reach \$6,550 in out-of-pocket covered prescription drug costs.

Your plan's gap coverage is listed in the chart below.

Supplemental Gap Coverage	One-Month Supply			Extended Supply	
	Standard retail cost sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost sharing (up to a 31-day supply)	Out-of-network cost sharing* (up to a 30-day supply)	Standard retail or standard mail order cost sharing (up to a 90-day supply)	Preferred mail order cost sharing (up to a 90-day supply)
Tier 1 Preferred generic drugs - Includes low-cost generic drugs	You pay \$5	You pay \$5	You pay \$5	You pay \$12.50	You pay \$12.50
Tier 2 Generic drugs - Includes generic drugs	You pay \$20	You pay \$20	You pay \$20	You pay \$50	You pay \$50
Tier 3 Preferred brand drugs - Includes preferred brand drugs and some high-cost generic drugs	You pay 25% for your drug	You pay 25% for your drug	You pay 25% for your drug	You pay 25% for your drug	You pay 25% for your drug
Tier 4 Non-preferred drugs - Includes non-preferred brand drugs and some higher-cost generic drugs	You pay 25% for your drug	You pay 25% for your drug	You pay 25% for your drug	You pay 25% for your drug	You pay 25% for your drug

Supplemental Gap Coverage	One-Month Supply			Extended Supply	
	Standard retail cost sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost sharing (up to a 31-day supply)	Out-of-network cost sharing* (up to a 30-day supply)	Standard retail or standard mail order cost sharing (up to a 90-day supply)	Preferred mail order cost sharing (up to a 90-day supply)
Tier 5 Specialty drugs - Includes high-cost/unique brand and generic drugs	You pay 25% for your drug	You pay 25% for your drug	You pay 25% for your drug	Limited to one-month supply	Limited to one-month supply

*Out-of-network coverage is limited to certain situations; see the Evidence of Coverage chapter titled “Using the plan’s coverage for your Part D prescription drugs,” Section 2.5.

Your former employer/union/trust provides some additional coverage during the Coverage Gap stage for covered drugs. Your cost share appears in the chart above.

For brand drugs not included in the additional coverage provided by your former employer/union/trust, the Medicare Coverage Gap Discount Program applies. The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. You pay 25% of the negotiated price (excluding the dispensing fee and vaccine administration fee, if any) for brand name drugs. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.

You also receive some coverage for generic drugs. You pay no more than 25% of the cost for generic drugs and the plan pays the rest. For generic drugs, the amount paid by the plan (75%) does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap.

You continue paying the discounted price for brand name drugs and no more than 25% of the costs of generic drugs until your yearly out-of-pocket payments reach a maximum amount that Medicare has set. In 2021, that amount is \$6,550. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

Catastrophic Coverage Stage: Amount you pay for covered prescription drugs after reaching \$6,550 in out-of-pocket prescription drug costs.

Prescription Drug Quantity	All covered prescription drugs
Per prescription orrefill	<p>Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount:</p> <p>–either – coinsurance of 5% of the cost of the drug–or– \$3.70 for a generic drug or a drug that is treated like a generic and \$9.20 for all other drugs.</p> <p>Our plan pays the rest of the cost.</p>

Step Therapy

Your plan includes step therapy. This requirement encourages you to try less costly but just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the plan may require you to try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

This Plan Uses the GRP B2 Formulary:

Your plan uses the GRP B2 formulary, which means that only drugs on Aetna's drug list will be covered under your plan as long as the drug is medically necessary, and the plan rules are followed. Tiers labeled as brand, preferred brand, and non-preferred drug will also include some high-cost generic drugs. Non-preferred copayment levels may apply to some drugs on the drug list. If it is medically necessary for you to use a prescription drug that is eligible for coverage under the Medicare drug benefit, but is not on our formulary, you can contact Aetna to request a coverage exception. Your doctor must submit a statement supporting your exception request. Review the Aetna Medicare 2021 Group Formulary (List of Covered Drugs) for more information.

Online documents make it easy to find the info you need

Did you know? Your essential plan documents are online at [AetnaRetireePlans.com](https://www.aetna.com/retireeplans). This includes your Evidence of Coverage (EOC) and your plan's formulary, too. Online documents are kinder to the environment — saving both trees and landfill space. And they're more portable, too. You can access them anytime, anywhere, from any device, no matter if it's your computer, tablet or smartphone.

Save time when you search online

You can usually locate info more quickly in an online document by:

- Pressing the “CTRL” and “F” keys at the same time on your computer keyboard
- Clicking the magnifying glass icon () on your smartphone or tablet

Both allow you to jump to specific words or phrases wherever they appear in the document.

Prefer larger text?

Simply use the "zoom" feature on your device or web browser to make the text larger.

Get to know your plan documents

Your EOC: a guide to what's covered

Your EOC is a description of coverage under your Medicare plan. It also outlines how to get services and your member rights.

Your formulary: a list of prescription drugs your plan covers

Along with the drug name, the formulary has each drug's tier level, which can affect how much you'll pay for the drug. It also lists any special requirements, such as prior authorization, quantity limits or step therapy.

Tip: how to use the formulary

Online you can get a list of all the prescription drugs we cover or just look for a specific drug. In the full drug list, or formulary, we show drugs under the medical condition they're used to treat (such as “Antiviral”) and in an alphabetical index. This makes it easier for you and your doctor to find a drug that works best with your treatment plan.

Your provider directory: the key to unlocking our provider network

Your provider directory lists the doctors, hospitals and health care facilities in your plan's network. In it you'll find primary care physicians, specialists such as cardiologists and podiatrists, and other providers to help you reach your best health.

Rest assured, even if your doctor or hospital doesn't appear in the provider directory network, you may still be able to see them depending on your plan. You may pay more for out-of-network services. Please check your EOC or call us at the number on your member ID card.

Your pharmacy directory: a road map for finding a network pharmacy
 Our pharmacy network includes national chains as well as local options for your prescription drugs. You'll find a list of them in your pharmacy directory.

Be sure you have the most up-to-date info. Your 2021 documents are currently available on our website. To view/download your documents:

Material	Where to find 2021 info	Call to request printed material
Your EOC name ESA with RX	AetnaRetireePlans.com	Call 1-866-325-5908
Your Formulary name 2021 GRP B2 (5 Tier) Formulary-MAPD	AetnaRetireePlans.com	Call 1-866-325-5908
Pharmacy directory	AetnaRetireePlans.com	Call the number on your ID card
Provider directory	AetnaRetireePlans.com	Call the number on your ID card

We're here to help

Need help finding a network provider who accepts the plan or Pharmacy? Want to know if your prescription is covered? Just have general questions about your plan? Simply call us at the number on your member ID card.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

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