
AETNA LIFE INSURANCE COMPANY

Contract Holder Name: The City Of Seattle
Contract Holder Group Agreement Effective Date: January 1, 2015
Contract Holder Number: 430517

This Prescription Drug Benefits Chart (Schedule of Copayments/Coinsurance) 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 per member	\$0
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Formulary Type:	Managed Standard with Select Care Formulary
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Initial Coverage Limit:	\$2,960
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True Out-of-Pocket Amount:	\$4,700
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<p>Standard Retail Pharmacy Network: Group Standard Network</p> <p>Your Medicare Part D plan is associated with pharmacies in the above network. To find a network pharmacy, you can look in your <i>Pharmacy Directory</i>, visit our website (http://www.aetnaretireplans.com), or call Customer Service (phone numbers are printed on the back of your member ID card).</p>
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Every drug on the plan’s Drug List is in one of the below cost-sharing tiers. For most drugs, the higher the cost-sharing tier number, the higher your cost for the drug. Shown below are the cost sharing tiers for our plan:

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

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- Tier Six – Select Care generic drugs: Limited list of generic drugs, providing a cost-effective option to treat high blood pressure, high cholesterol and diabetes.

To find out which cost-sharing tier your drug is in, look it up in the plan’s *Drug List*.

Initial Coverage Stage: Amount you pay, up to **\$2,960 in total covered prescription drug expenses:**

Six Tier Plan	Standard retail 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)	Out-of-network cost-sharing* (up to a 30-day supply)
Tier 1 Preferred Generic Drugs - Includes low-cost generic drugs	\$5	\$12.50	\$12.50	\$5
Tier 2 Non-Preferred Generic Drugs - Includes generic drugs	\$25	\$62.50	\$62.50	\$25
Tier 3 Preferred Brand Drugs - Includes preferred brand drugs and some high-cost generic drugs	\$40	\$100	\$100	\$40
Tier 4 Non-Preferred Brand Drugs - Includes non-preferred brand drugs and some higher-cost non-preferred generic drugs	\$65	\$162.50	\$162.50	\$65
Tier 5 Specialty Drugs - Includes high-cost/unique brand and generic drugs	25% for Generic Specialty Drugs and 25% for Brand Specialty Drugs	25% for Generic Specialty Drugs and 25% for Brand Specialty Drugs	25% for Generic Specialty Drugs and 25% for Brand Specialty Drugs	25% for Generic Specialty Drugs and 25% for Brand Specialty Drugs

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Six Tier Plan	Standard retail 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)	Out-of-network cost-sharing* (up to a 30-day supply)
Tier 6 Select Care Generics Limited list of generic drugs, providing a cost-effective option to treat high blood pressure, high cholesterol and diabetes.	\$0	\$0	\$0	\$0

*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.

Note: Your cost share for up to a 31-day supply received at a Long-term care (LTC) facility is the same cost share listed in the above chart under Standard retail-cost-sharing.

Coverage Gap Stage: Amount you pay after you reach **\$2,960** in total covered prescription drug expenses, and until you reach **\$4,700** in out-of-pocket covered prescription drug costs.

Six Tier Plan	Standard retail 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)	Out-of-network cost-sharing* (up to a 30-day supply)
Tier 1 Preferred Generic Drugs - Includes low-cost generic drugs	\$5	\$12.50	\$12.50	\$5
Tier 2 Non-Preferred Generic Drugs - Includes generic drugs	\$25	\$62.50	\$62.50	\$25
Tier 3	65% for	65% for	65% for	65% for

2015 Prescription Drug Benefits Chart (Schedule of Copayments/Coinsurance)

Six Tier Plan	Standard retail 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)	Out-of-network cost-sharing* (up to a 30-day supply)
Preferred Brand Drugs - Includes preferred brand drugs and some higher-cost generic drugs	Generic drugs and 45% for Brand drugs	Generic drugs and 45% for Brand drugs	Generic drugs and 45% for Brand drugs	Generic drugs and 45% for Brand drugs
Tier 4 Non-Preferred Brand Drugs - Includes non-preferred brand drugs and some higher-cost non-preferred generic drugs	65% for Generic drugs and 45% for Brand drugs	65% for Generic drugs and 45% for Brand drugs	65% for Generic drugs and 45% for Brand drugs	65% for Generic drugs and 45% for Brand drugs
Tier 5 Specialty Drugs - Includes high-cost/unique brand and generic drugs	65% for Generic Specialty Drugs and 45% for Brand Specialty Drugs	65% for Generic Specialty Drugs and 45% for Brand Specialty Drugs	65% for Generic Specialty Drugs and 45% for Brand Specialty Drugs	65% for Generic Specialty Drugs and 45% for Brand Specialty Drugs
Tier 6 Select Care Generics Limited list of generic drugs, providing a cost-effective option to treat high blood pressure, high cholesterol and diabetes.	\$0	\$0	\$0	\$0

*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.

Note: Your cost share for up to a 31-day supply received at a Long-term care (LTC) facility is the same cost share listed in the above chart under Standard retail-cost-sharing.

If a brand name drug tier in the above chart has a cost share amount equal to 45%, the Medicare Coverage Gap Discount Program applies. The Medicare Coverage Gap Discount Program

provides manufacturer discounts on brand name drugs. You pay 45% 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.

If a generic drug tier in the above chart has a cost share amount equal to 65%, you pay no more than 65% of the cost for generic drugs and the plan pays the rest. For generic drugs, the amount paid by the plan (35%) 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 65% of the costs of generic drugs until your yearly out-of-pocket payments reach a maximum amount that Medicare has set. In 2015, that amount is \$4,700.

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 **\$4,700** in out-of-pocket prescription drug costs.

Prescription Drug Quantity	All covered prescription drugs
Per prescription or refill	Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount: – <i>either</i> – coinsurance of 5% of the cost of the drug – <i>or</i> – \$2.65 copayment for a generic drug or a drug that is treated like a generic. Or a \$6.60 copayment for all other drugs. Our plan pays the rest of the cost.

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 a Managed Standard with Select Care Formulary:

Your plan uses a Managed Standard formulary with Select Care, which means that only drugs on Aetna’s preferred drug list will be covered under your plan as long as the drug is medically necessary and the plan rules are followed. Non-preferred copayment levels may apply to some drugs on the preferred 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

Aetna Medicare Plan (PPO)
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supporting your exception request. Review the *Aetna Medicare 2015 Group Formulary (List of Covered Drugs)* for more information.