



**2012 Aetna Medicare<sup>SM</sup> Plans (PPO)  
Small Group Markets**



	PPO 1.7	PPO 2.7	PPO 3.7	PPO 4.7	PPO 5.7
<b>Pharmacy Benefit<sup>(2)</sup></b>	<b>1 Month (up to 31 day) Supply at In-Network Retail Pharmacy</b>				
Annual Deductible	\$125	\$125	\$0	\$125	\$0
	<b>In-Network Retail 1 Month - Member Copays/Coinsurance during Initial Coverage Period (ICP)<sup>(3)</sup></b>				
Tier 1: Preferred Generic	\$5	\$5	\$5	\$5	\$5
Tier 2: Non-Preferred Generic	\$25	\$25	\$25	\$25	\$25
Tier 3: Preferred Brand	\$40	\$40	\$40	\$40	\$40
Tier 4: Non-Preferred Brand	\$75	\$75	\$75	\$75	\$75
Tier 5: Specialty Tier <sup>(4)</sup>	30%	30%	33%	30%	33%
Initial Coverage Limit (ICL) <sup>(5)</sup>	\$2,930				
	<b>In-Network Retail 1 Month - Member Copays/Coinsurance between Initial Coverage Limit and TrOOP Threshold (Coverage Gap)<sup>(6)</sup></b>				
Tier 1: Preferred Generic	86%	86%	\$5	86%	\$5
Tier 2: Non-Preferred Generic	86%	86%	86%	86%	86%
Tier 3: Preferred Brand	100%	100%	100%	100%	100%
Tier 4: Non-Preferred Brand	100%	100%	100%	100%	100%
Tier 5: Specialty Tier <sup>(4)</sup>	Generic: 86% Brand: 100%	Generic: 86% Brand: 100%	Generic: 86% Brand: 100%	Generic: 86% Brand: 100%	Generic: 86% Brand: 100%
True Out-of-Pocket (TrOOP) Limit <sup>(7)</sup>	\$4,700				
Catastrophic Coverage	Greater of 5% OR \$2.60 for generic drugs/drugs treated like generic and \$6.50 for other drugs				
Formulary	Base Closed				

<sup>1</sup> Preventive care benefits include: routine physical, routine hearing exam, routine eye exam, routine gynecological exam, routine mammogram, bone mass measurement, colorectal cancer screening, prostate cancer screenings and pneumonia, flu and Hepatitis B immunizations and any additional preventive service covered by Original Medicare.

<sup>2</sup> Members must use network pharmacies to receive plan benefits except in limited, non-routine circumstances when a network pharmacy is not available. Coverage is limited to a 10-day supply and additional cost may be incurred for drugs received at an out-of-network pharmacy

<sup>3</sup> Initial Coverage Period cost sharing applies between the plan deductible and the Initial Coverage Limit.

<sup>4</sup> The specialty tier includes drugs which cost at least \$600 per month and are not eligible for tiering exception requests.

<sup>5</sup> The Initial Coverage Limit (ICL) is the total amount paid by Aetna AND the member for covered Part D drugs.

<sup>6</sup> The Medicare Coverage Gap Discount Program will provide manufacturer discounts on brand 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) is available for those brand name drugs from manufacturers that have agreed to pay the discount.

<sup>7</sup> Once member out-of-pocket costs for covered Part D drugs reaches TrOOP threshold, Catastrophic Coverage applies.

This material is for informational purpose only. See plan documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. A Medicare Advantage organization with a Medicare contract. Health insurance plans are offered by Aetna Health Inc., Aetna Health of California Inc. and/or Aetna Life Insurance Company. The Aetna PPO Medicare Plan is available for groups with retirees in certain counties in AZ, CA, CO, CT, DC, DE, FL, GA, HI, IL, IN, KS, KY, MA, MD, ME, MI, MO, MS, NC, NJ, NM, NV, NY, OH, OK, PA, RI, SC, TN, TX and VA, WA, WV, WI.