



EMERITI HEALTH PLAN OPTION FIVE – AETNA PHARMACY MANAGEMENT

Plan Features

Prescription Drug Benefits

Formulary*	Closed
Annual Deductible Paid by Participant (Stage 1)	\$265
+ Initial Copayment Paid by Participant (Balance Paid by Plan) (Stage 2)	\$5 copayment generic drugs on formulary \$35 copayment brand drugs on formulary 25% coinsurance specialty* drugs on formulary
= Total Cost Paid by Participant and Plan In Stages 1+2	\$2,400
+ Secondary Coinsurance in “the Gap” Paid by Participant (Stage 3)	100%
= True Out-of-Pocket (TrOOP) Expenses Paid by Participant (Stages 1+2+3) to Reach Catastrophic Threshold	\$3,850
Then, Catastrophic Coverage Begins (Amount the Participant Pays When “the Gap” is Met). (Stage 4)	Greater of \$2.15 or 5% for generic drugs Greater of \$5.35 or 5% for all other covered drugs
Step Therapy**	Included

* Aetna uses a formulary called the Aetna Medicare Preferred Drug List, which has been approved by the Centers for Medicare and Medicaid Services as part of Aetna’s certification as a national prescription drug provider (PDP). Aetna Medicare Prescription Drug Plans cover both brand-name drugs and generic drugs and are offered on a three-tier coinsurance basis (open formulary) and a two-tier copayment basis (closed formulary) for the Emeriti Retiree Health Insurance Options program.

A formulary is a catalog of the prescription drugs covered on a preferred basis. There are open and closed formularies. A closed formulary means that your pharmacy benefit does not cover drugs that are not on the preferred list. You may view the formulary at www.aetna.com/members/individuals/medicare/medicare_resources/covered_drugs.html.

Generic drugs have the same active ingredient formulas as brand-name drugs. Generic drugs actually cost less than brand-name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand-name drugs.

Specialty medications per Medicare (CMS) definition are high cost, unique items like genomic and biotech products with a cost of at least \$500 for a one-month supply.

** Step Therapy is a process where in certain cases one or more clinically equivalent drugs must be tried before the prescribed drug is approved. Step Therapy is generally required when a prescribed drug is more expensive or has more serious potential side effects than other clinically equivalent drugs.

Prescriptions must be obtained through an Aetna contracted retail pharmacy or via mail order from Aetna RX Home Delivery. To find a retail pharmacy in your state, go to the Aetna Medicare website at www.aetna.com/members/individuals/medicare and click on “Locate Pharmacies” on the left margin. To learn more about mail order pharmacy, go to www.aetnarxhomedelivery.com.

EXCLUSIONS & LIMITATIONS

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on the state mandates or the plan design or rider(s) purchased by your employer:

- All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents;
- Charges related to any eye surgery mainly to correct refractive errors;
- Cosmetic surgery, including breast reduction;
- Custodial care;
- Dental care and X-rays;
- Donor egg retrieval;
- Experimental and investigational procedures;
- Hearing aids;
- Immunizations for travel or work;
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents;
- Nonmedically necessary services or supplies;
- Orthotics;
- Over-the-counter medications and supplies;
- Reversal of sterilization;
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling;
- Special duty nursing.

Disclaimers

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the insurance plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. All preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates.

Some benefits are subject to limitations or visit maximums.

The Emeriti Health Insurance Plan Options are provided by Aetna Life Insurance Company through your institution's Emeriti Retiree Health Plan. For more information about your institution's Emeriti plan, including information regarding your eligibility for the Emeriti Health Insurance Plan Options, consult the Summary Plan Description.