

> [Go to PDP Map](#)

First Look at Aetna's 2012 Individual Medicare Part D Prescription Drug Plan Product Offering

Get Ready to Sell Aetna Medicare!

We are pleased to provide producers with a high level overview of Aetna's 2012 Individual Medicare Prescription Drug Plan (PDP) product and service area information, which are pending CMS approval. Aetna is a recognized leader in health insurance and offers competitive plans and pricing. Aetna Medicare Advantage plans (MA, MAPD) are available in 19 states plus D.C., and our standalone prescription drug plans (PDP) are in all 50 states.

Aetna and pharmacy industry leader CVS/pharmacy are creating a Medicare Part D plan that gives members high value on prescription drugs plus the convenience of shopping at their own neighborhood pharmacy.

All producers are required to be certified, licensed and appointed before engaging in any sales-related activities involving 2012 Aetna Medicare Individual plans (MA, MAPD, PDP).

Don't miss out on your chance to sell Aetna Medicare this upcoming Annual Enrollment Period! Start completing the Aetna Medicare Individual Producer Certification today to ensure you're ready to sell by October 15th.

If you have any questions, please contact your local Broker Representative.

**OUT
FRONT
WITH
AETNA**

Producer Support
Program

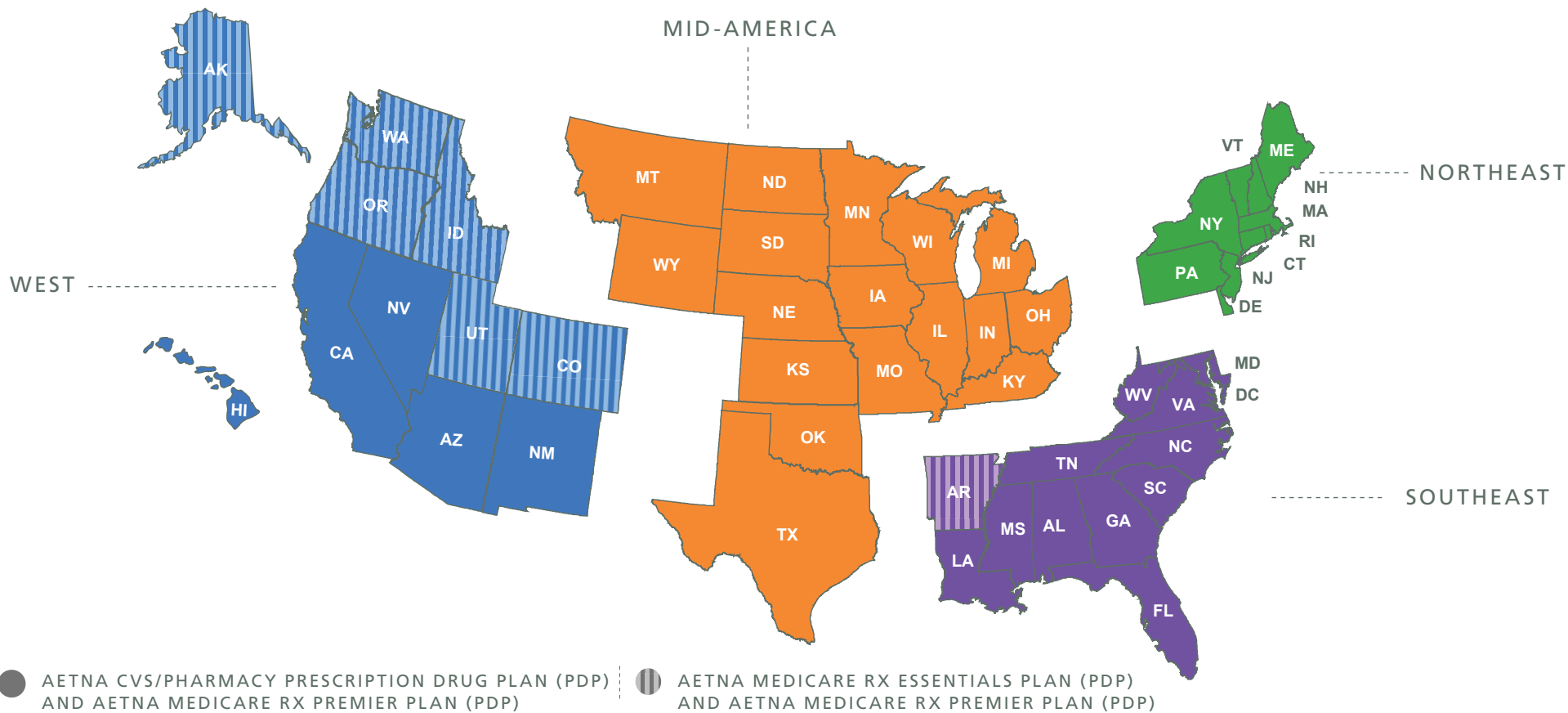
Plan designs and service areas described in this document are pending government approval and are therefore subject to change. For producer use only. Distribution to consumers, other insurers, or any other person or company is strictly prohibited. Unauthorized dissemination, forwarding or copying of this information may subject the user to civil or criminal penalties.

18.25.008.1

 **Aetna® Medicare**

> Go to PDP Map

2012 Individual Medicare Part D Prescription Drug Plan Product Offering



Plan designs and service areas described in this document are pending government approval and are therefore subject to change. For producer use only. Distribution to consumers, other insurers, or any other person or company is strictly prohibited. Unauthorized dissemination, forwarding or copying of this information may subject the user to civil or criminal penalties.



> Go to PDP Map

Mid-America Region: Medicare Part D Prescription Drug Plans

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER PLAN (PDP)	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	
STATES	All Mid-America States	All Mid-America States	Aetna and CVS/pharmacy are joining together to deliver a Medicare Part D Prescription Drug Plan with the value your clients demand plus the convenience they deserve. <ul style="list-style-type: none"> • Low \$26 monthly premiums. • First dollar coverage on most generic drugs — the \$320 plan deductible applies only to drugs on tiers 3-5. • Your clients save \$6 in cost-sharing on preferred generics and \$10 in cost-sharing on non-preferred generics and preferred brand name drugs at any of the more than 7,200 CVS/pharmacy locations across the nation. • Seventy-five percent of the U.S. population lives within three miles of a CVS/pharmacy. • Many CVS/pharmacy locations offer 24-hour or extended-hour services and/or drive-through pharmacies. • Members may fill their prescriptions at any of the 65,000 pharmacies in Aetna’s Medicare network, including more than 7,200 CVS pharmacies. 	
PREMIUM	\$26	\$67 - \$84		
DEDUCTIBLE	\$0 (Tiers 1-2) \$320 (Tiers 3-5)	\$0 (Tiers 1-5)		
INITIAL COVERAGE LIMIT: Amount paid for covered prescriptions until costs for client and the plan reach \$2,930¹				
	CVS/pharmacy	Other Pharmacy		
T1 (Pref Generics)	\$3	\$9		\$4
T2 (Non-Pref Generics)	\$10-21	\$20-31		\$25
T3 (Pref Brand)	\$28-37	\$38-47		\$35
T4 (Non-Pref Brand)	37-41%	37-41%		\$80
T5 (Specialty)	25%	25%		33%
COVERAGE GAP: Amount paid for covered prescriptions after ICL and until TrOOP expenses reach \$4,700¹				
	Discount on brand drugs and 86% of the costs of generic drugs	Continued T1 & T2 Coverage		
		Discount on other brands and 86% of costs of other generics		
CATASTROPHIC COVERAGE: Amount paid for covered prescriptions after TrOOP reaches \$4,700				
Retail and Mail Order	The greater of \$2.60 copay for generic drugs (including brand drugs treated as generic), \$6.50 copay for all other covered drugs or 5% coinsurance			
ENHANCED BENEFIT: Supplemental coverage for Tier 1 generic benzodiazepines and barbiturates²				
	Not Included	Included		

1 For a one-month supply from a retail network pharmacy

2 Note: These non-Part D drugs do not count toward satisfying the deductible, initial coverage limit or TrOOP.



Plan designs and service areas described in this document are pending government approval and are therefore subject to change. For producer use only. Distribution to consumers, other insurers, or any other person or company is strictly prohibited. Unauthorized dissemination, forwarding or copying of this information may subject the user to civil or criminal penalties.



> Go to PDP Map

Northeast Region: Medicare Part D Prescription Drug Plans

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	AETNA MEDICARE RX PREMIER PLAN (PDP)	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)
STATES	All Northeast States	All Northeast States	<p>Aetna and CVS/pharmacy are joining together to deliver a Medicare Part D Prescription Drug Plan with the value your clients demand plus the convenience they deserve.</p> <ul style="list-style-type: none"> • Low \$26 monthly premiums. • First dollar coverage on most generic drugs — the \$320 plan deductible applies only to drugs on tiers 3-5. • Your clients save \$6 in cost-sharing on preferred generics and \$10 in cost-sharing on non-preferred generics and preferred brand name drugs at any of the more than 7,200 CVS/pharmacy locations across the nation. • Seventy-five percent of the U.S. population lives within three miles of a CVS/pharmacy. • Many CVS/pharmacy locations offer 24-hour or extended-hour services and/or drive-through pharmacies. • Members may fill their prescriptions at any of the 65,000 pharmacies in Aetna’s Medicare network, including more than 7,200 CVS pharmacies.
PREMIUM	\$26	\$82 - \$94	
DEDUCTIBLE	\$0 (Tiers 1-2) \$320 (Tiers 3-5)	\$0 (Tiers 1-5)	
INITIAL COVERAGE LIMIT: Amount paid for covered prescriptions until costs for client and the plan reach \$2,930¹			
	CVS/pharmacy	Other Pharmacy	
T1 (Pref Generics)	\$3	\$9	
T2 (Non-Pref Generics)	\$10-21	\$20-31	
T3 (Pref Brand)	\$35-40	\$45-50	
T4 (Non-Pref Brand)	36-41%	36-41%	
T5 (Specialty)	25%	25%	
COVERAGE GAP: Amount paid for covered prescriptions after ICL and until TrOOP expenses reach \$4,700¹			
	Discount on brand drugs and 86% of the costs of generic drugs	Continued T1 & T2 Coverage Discount on other brands and 86% of costs of other generics	
CATASTROPHIC COVERAGE: Amount paid for covered prescriptions after TrOOP reaches \$4,700			
Retail and Mail Order	The greater of \$2.60 copay for generic drugs (including brand drugs treated as generic), \$6.50 copay for all other covered drugs or 5% coinsurance		
ENHANCED BENEFIT: Supplemental coverage for Tier 1 generic benzodiazepines and barbiturates²			
	Not Included	Included	

1 For a one-month supply from a retail network pharmacy

2 Note: These non-Part D drugs do not count toward satisfying the deductible, initial coverage limit or TrOOP.



Plan designs and service areas described in this document are pending government approval and are therefore subject to change. For producer use only. Distribution to consumers, other insurers, or any other person or company is strictly prohibited. Unauthorized dissemination, forwarding or copying of this information may subject the user to civil or criminal penalties.



> Go to PDP Map

Southeast Region: Medicare Part D Prescription Drug Plans

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP) ¹	AETNA MEDICARE RX PREMIER PLAN (PDP)	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	
STATES	AL, DC, FL, GA, LA, MD, MS, NC, SC, TN, VA, WV	All Southeast States	Aetna and CVS/pharmacy are joining together to deliver a Medicare Part D Prescription Drug Plan with the value your clients demand plus the convenience they deserve. <ul style="list-style-type: none"> • Low \$26 monthly premiums. • First dollar coverage on most generic drugs — the \$320 plan deductible applies only to drugs on tiers 3-5. • Your clients save \$6 in cost-sharing on preferred generics and \$10 in cost-sharing on non-preferred generics and preferred brand name drugs at any of the more than 7,200 CVS/pharmacy locations across the nation. • Seventy-five percent of the U.S. population lives within three miles of a CVS/pharmacy. • Many CVS/pharmacy locations offer 24-hour or extended-hour services and/or drive-through pharmacies. • Members may fill their prescriptions at any of the 65,000 pharmacies in Aetna’s Medicare network, including more than 7,200 CVS pharmacies. 	
PREMIUM	\$26	\$72 - \$90		
DEDUCTIBLE	\$0 (Tiers 1-2) \$320 (Tiers 3-5)	\$0 (Tiers 1-5)		
INITIAL COVERAGE LIMIT: Amount paid for covered prescriptions until costs for client and the plan reach \$2,930²				
	CVS/pharmacy	Other Pharmacy		
T1 (Pref Generics)	\$3	\$9		\$4
T2 (Non-Pref Generics)	\$7-21	\$17-31		\$25
T3 (Pref Brand)	\$27-39	\$37-49		\$35
T4 (Non-Pref Brand)	36-43%	36-43%		\$80
T5 (Specialty)	25%	25%		33%
COVERAGE GAP: Amount paid for covered prescriptions after ICL and until TrOOP expenses reach \$4,700²				
	Discount on brand drugs and 86% of the costs of generic drugs	Continued T1 & T2 Coverage	Discount on other brands and 86% of costs of other generics	
CATASTROPHIC COVERAGE: Amount paid for covered prescriptions after TrOOP reaches \$4,700				
Retail and Mail Order	The greater of \$2.60 copay for generic drugs (including brand drugs treated as generic), \$6.50 copay for all other covered drugs or 5% coinsurance			
ENHANCED BENEFIT: Supplemental coverage for Tier 1 generic benzodiazepines and barbiturates³				
	Not Included	Included		

1 In AR, this this plan is branded as, “Aetna Medicare Rx Essentials Plan (PDP),” has no preferred pharmacy network, and a \$32 premium.
 2 For a one-month supply from a retail network pharmacy
 3 Note: These non-Part D drugs do not count toward satisfying the deductible, initial coverage limit or TrOOP.



Plan designs and service areas described in this document are pending government approval and are therefore subject to change. For producer use only. Distribution to consumers, other insurers, or any other person or company is strictly prohibited. Unauthorized dissemination, forwarding or copying of this information may subject the user to civil or criminal penalties.



> Go to PDP Map

West Region: Medicare Part D Prescription Drug Plans

	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP) ¹	AETNA MEDICARE RX PREMIER PLAN (PDP)	AETNA CVS/PHARMACY PRESCRIPTION DRUG PLAN (PDP)	
STATES	AZ, CA, HI², NM, NV	All West States	<p>Aetna and CVS/pharmacy are joining together to deliver a Medicare Part D Prescription Drug Plan with the value your clients demand plus the convenience they deserve.</p> <ul style="list-style-type: none"> • Low \$26 monthly premiums. • First dollar coverage on most generic drugs — the \$320 plan deductible applies only to drugs on tiers 3-5. • Your clients save \$6 in cost-sharing on preferred generics and \$10 in cost-sharing on non-preferred generics and preferred brand name drugs at any of the more than 7,200 CVS/pharmacy locations across the nation. • Seventy-five percent of the U.S. population lives within three miles of a CVS/pharmacy. • Many CVS/pharmacy locations offer 24-hour or extended-hour services and/or drive-through pharmacies. • Members may fill their prescriptions at any of the 65,000 pharmacies in Aetna’s Medicare network, including more than 7,200 CVS pharmacies. 	
PREMIUM	\$26	\$69 - \$93		
DEDUCTIBLE	\$0 (Tiers 1-2) \$320 (Tiers 3-5)	\$0 (Tiers 1-5)		
INITIAL COVERAGE LIMIT: Amount paid for covered prescriptions until costs for client and the plan reach \$2,930³				
	CVS/pharmacy	Other Pharmacy		
T1 (Pref Generics)	\$3	\$9		\$4
T2 (Non-Pref Generics)	\$20-28	\$30-38		\$25
T3 (Pref Brand)	\$35-40	\$45-50		\$35
T4 (Non-Pref Brand)	35-41%	35-41%		\$80
T5 (Specialty)	25%	25%		33%
COVERAGE GAP: Amount paid for covered prescriptions after ICL and until TrOOP expenses reach \$4,700³				
	Discount on brand drugs and 86% of the costs of generic drugs		Continued T1 & T2 Coverage Discount on other brands and 86% of costs of other generics	
CATASTROPHIC COVERAGE: Amount paid for covered prescriptions after TrOOP reaches \$4,700				
Retail and Mail Order	The greater of \$2.60 copay for generic drugs (including brand drugs treated as generic), \$6.50 copay for all other covered drugs or 5% coinsurance			
ENHANCED BENEFIT: Supplemental coverage for Tier 1 generic benzodiazepines and barbiturates⁴				
	Not Included		Included	

1 In AK, CO, ID, OR, WA, and UT, this plan is branded as, "Aetna Medicare Rx Essentials Plan (PDP)," has no preferred pharmacy network, and premiums that range from \$51-\$70.

2 **Longs Drugs** is now part of CVS/pharmacy

3 For a one-month supply from a retail network pharmacy

4 Note: These non-Part D drugs do not count toward satisfying the deductible, initial coverage limit or TrOOP.



Plan designs and service areas described in this document are pending government approval and are therefore subject to change. For producer use only. Distribution to consumers, other insurers, or any other person or company is strictly prohibited. Unauthorized dissemination, forwarding or copying of this information may subject the user to civil or criminal penalties.

18.25.008.1

