

**Creditable (Pass) Testing Results for Aetna Large Group and Small Group Pharmacy Plans**

**Use For Plans With Policy Years Ending In 2013**

**Medicare Part D - Creditable Coverage Testing Results**

The following exhibit is to be used to determine whether a pharmacy plan is a creditable pharmacy plan based on the guidelines issued by the Centers for Medicare and Medicaid Services (CMS). Aetna has tested each of the plans listed in the following exhibit and has determined whether these plans pass the CMS test for creditable coverage. The actuarial value of the creditable (passing) plans listed in this exhibit is equal to or greater than the actuarial value of the standard prescription drug coverage under Medicare Part D. This actuarial value was calculated using generally accepted actuarial principles and is in accordance with CMS actuarial guidelines.

**Instructions**

The following exhibit was created to assist a user in determining whether a pharmacy plan passes the test for creditable coverage. In order to use this document most efficiently, the user should adhere to the following steps:

1. Review your Pharmacy Plan Summary of Benefits and make note of the benefit design, i.e., copays/coinsurance by Retail and Mail Order Drug (MOD) tier, deductible, out of pocket maximum, etc.
2. Review the "List of Available Tables" below and determine which table most resembles the plan design defined in the Summary of Benefits.
3. Refer to the appropriate table in the below exhibit and locate your plan design. If your plan design is shown, then your plan passes the test for creditable coverage. If your plan design is not shown and you require additional assistance, Small Group employers (2-50 employees) should contact their Broker and Middle Market employers (51-3,000 employees) should contact their Aetna Representative.

**List of Available Tables**

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- Table 1 - Single-Tier Copay Plans
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- Table 10 - Single-Tier Coinsurance Plans with Minimums and Maximums
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- Table 14 - Three-Tier Coinsurance Plans (Generic/Brand Formulary/Brand Non-Formulary) With Minimums and Maximums
- Table 15 - Three-Tier Coinsurance Plans with Deductible and Coinsurance Maximum
- Table 16 - Three-Tier Coinsurance Plans with Minimums and Maximums, Deductible and Coinsurance Maximum
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Note: Table 1 through 16 is intended for stand alone Rx plans. Table 17a and 17b should be used for Rx plans with deductible and coinsurance maximum integrated with Medical.

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**Prior to using this exhibit in determining whether a pharmacy plan passes the test for creditable coverage, please review the preceding documentation.**

**List of Creditable (Passing) Plans**

Table 1 - Single-Tier Copay Plans

The following Single-Tier Copay plan designs were determined to PASS the Creditable Coverage test for Mail Order Drug (MOD) Copays equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

MOD Copay	Retail Copay
1X the Retail Copay	\$75 or lower
2X the Retail Copay	\$60 or lower
2.5X the Retail Copay	\$55 or lower
3X the Retail Copay	\$50 or lower

Table 2a - Two-Tier Copay Plans (Generic/Brand)

The following Two-Tier Copay plan designs were determined to PASS the Creditable Coverage test for Mail Order Drug (MOD) Copays equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

MOD Copay	Retail Copay
1X the Retail Copay	\$65 / \$85 or lower
2X the Retail Copay	\$50 / \$65 or lower
2.5X the Retail Copay	\$45 / \$60 or lower
3X the Retail Copay	\$40 / \$60 or lower

Table 2b - Two-Tier Copay Plans (Formulary/Non-Formulary)

The following Two-Tier Copay plan designs were determined to PASS the Creditable Coverage test for Mail Order Drug (MOD) Copays equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

MOD Copay	Retail Copay
1X the Retail Copay	\$75 / \$95 or lower
2X the Retail Copay	\$55 / \$75 or lower
2.5X the Retail Copay	\$55 / \$70 or lower
3X the Retail Copay	\$50 / \$70 or lower

Table 3 - Three-Tier Copay Plans (Generic/Brand Formulary/Brand Non-Formulary)

The following Three-Tier Copay plan designs were determined to PASS the Creditable Coverage test for Mail Order Drug (MOD) Copays equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

MOD Copay	Retail Copay
1X the Retail Copay	\$65 / \$80 / \$100 or lower
2X the Retail Copay	\$45 / \$65 / \$80 or lower
2.5X the Retail Copay	\$45 / \$60 / \$75 or lower
3X the Retail Copay	\$40 / \$55 / \$70 or lower

Table 4 - Single-Tier Coinsurance Plans

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The following Single-Tier Coinsurance plan designs were determined to PASS the Creditable Coverage test.

Single-Tier Coinsurance
45% or lower

Table 5a - Two-Tier Coinsurance Plans (Generic/Brand)

The following Two-Tier Coinsurance plan designs were determined to PASS the Creditable Coverage test.

Coinsurance By Tier
45% / 45% or lower

Table 5b - Two-Tier Coinsurance Plans (Formulary/Non-Formulary)

The following Two-Tier Coinsurance plan designs were determined to PASS the Creditable Coverage test.

Coinsurance By Tier
45% / 45% or lower

Table 6 - Three-Tier Coinsurance Plans (Generic/Brand Formulary/Brand Non-Formulary)

The following Three-Tier Coinsurance plan designs were determined to PASS the Creditable Coverage test.

Coinsurance By Tier
40% / 45% / 50% or lower

Table 7 - Three-Tier Copay/Coinsurance Plans (Generic/Brand Formulary/Brand Non-Formulary)

The following Three-Tier Copay plan designs were determined to PASS the Creditable Coverage test for Mail Order Drug (MOD) Copays equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

Plan Structure	Retail Copay
Copay / Copay / Coinsurance	\$20 / \$45 / 50% or lower
Copay / Coinsurance / Coinsurance	\$20 / 30% / 50% or lower

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Table 8 - Two-Tier Copay Plans (Formulary/Non-Formulary) With Rx specific Deductible and Calendar Year Maximum

The following Two-Tier Copay plan designs with Deductibles and Calendar Year Maximums were determined to PASS the Creditable Coverage test for Mail Order Drug (MOD) Copays equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

Plan Design	Deductible	Calendar Year Maximum	Retail Copay
1	\$100 or lower	None	\$45 / \$75 or lower
2	\$100 or lower	\$5,000 or higher	\$30 / \$70 or lower
3	\$250 or lower	None	\$40 / \$75 or lower
4	\$250 or lower	\$5,000 or higher	\$25 / \$65 or lower
5	\$500 or lower	None	\$30 / \$95 or lower
6	\$500 or lower	\$5,000 or higher	\$15 / \$95 or lower

Table 9 - Three-Tier Copay Plans (Generic/Brand Formulary/Brand Non-Formulary) With Rx specific Deductible and Calendar Year Maximum

The following Three-Tier Copay plan designs with Deductibles and Calendar Year Maximums were determined to PASS the Creditable Coverage test for Mail Order Drug (MOD) Copays equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

Plan Design	Deductible	Calendar Year Maximum	Retail Copay
1	\$100 or lower	None	\$40 / \$50 / \$75 or lower
2	\$100 or lower	\$5,000 or higher	\$25 / \$40 / \$65 or lower
3	\$250 or lower	None	\$35 / \$45 / \$75 or lower
4	\$250 or lower	\$5,000 or higher	\$20 / \$40 / \$65 or lower
5	\$500 or lower	None	\$30 / \$40 / \$55 or lower
6	\$500 or lower	\$5,000 or higher	\$15 / \$25 / \$55 or lower
7	\$1,000 or lower	None	\$15 / \$35 / \$60 or lower
8	\$1,000 or lower	\$5,000 or higher	\$3 / \$10 / \$15 or lower
9	\$1,500 or lower	None	\$10 / \$15 / \$35 or lower

Table 10 - Single-Tier Coinsurance Plans with Minimums and Maximums

The following Single-Tier Coinsurance plan designs with Minimums and Maximums were determined to PASS the Creditable Coverage test for Mail Order Drug (MOD) Copays equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

Plan Design	Coinsurance	Retail Minimums By Tier	Retail Maximums By Tier
1	20% or lower	\$30 / \$50 / \$75 or lower	Any
2	20% or lower	\$35 / \$55 / \$70 or lower	\$100 / \$125 / \$150 or lower
3	30% or lower	\$25 / \$35 / \$65 or lower	Any
4	30% or lower	\$30 / \$55 / \$80 or lower	\$100 / \$125 / \$150 or lower
5	40% or lower	\$15 / \$25 / \$40 or lower	Any
6	40% or lower	\$25 / \$55 / \$75 or lower	\$100 / \$125 / \$150 or lower
7	50% or lower	\$20 / \$55 / \$60 or lower	\$100 / \$125 / \$150 or lower

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Table 11 - Single-Tier Coinsurance Plans with Rx specific Deductible and Coinsurance Maximum

The following Single-Tier Coinsurance plan designs with Deductibles and/or Coinsurance Maximums were determined to PASS the Creditable Coverage test.

Plan Design	Coinsurance	Deductible	Coinsurance Maximum
1	20% or lower	\$1,400 or lower	Any
2	30% or lower	\$900 or lower	Any
3	40% or lower	\$350 or lower	Any
4	20% or lower	\$1,500 or lower	\$3,000 or lower
5	30% or lower	\$1,150 or lower	\$3,000 or lower
6	40% or lower	\$800 or lower	\$3,000 or lower
7	50% or lower	\$500 or lower	\$3,000 or lower

Table 12 - Single-Tier Coinsurance Plans with Minimums and Maximums, Rx specific Deductible and Coinsurance Maximum

The following Single-Tier Coinsurance plan designs with Minimums and Maximums, Deductibles and/or Coinsurance Maximums were determined to PASS the Creditable Coverage test for Mail Order Drug (MOD) Copays equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

Plan Design	Coinsurance	Retail Minimums By Tier	Retail Maximums By Tier	Deductible
1	30% or lower	\$40 / \$40 / \$40 or lower	\$150 / \$150 / \$150 or lower	None
2	30% or lower	\$30 / \$30 / \$30 or lower	\$150 / \$150 / \$150 or lower	\$300 or lower
3	40% or lower	\$30 / \$30 / \$30 or lower	\$150 / \$150 / \$150 or lower	None
4	40% or lower	\$20 / \$20 / \$20 or lower	\$150 / \$150 / \$150 or lower	\$350 or lower
5	50% or lower	\$20 / \$20 / \$20 or lower	\$150 / \$150 / \$150 or lower	None
6	50% or lower	\$15 / \$15 / \$15 or lower	\$150 / \$150 / \$150 or lower	\$200 or lower

Table 13 - Two-Tier Coinsurance Plans with Minimums and Maximums

The following Two-Tier Coinsurance plan designs with Minimums and Maximums were determined to PASS the Creditable Coverage test for Mail Order Drug (MOD) Copays equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

Plan Design	Tier Structure	Coinsurance	Retail Minimums By Tier	Retail Maximums By Tier
1	Generic / Brand	50% / 50% or lower	\$20 / \$20 / \$20 or lower	\$150 / \$150 / \$150 or lower
2	Formulary / Non-Formulary	50% / 50% or lower	\$20 / \$20 / \$20 or lower	\$150 / \$150 / \$150 or lower

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Table 14 - Three-Tier Coinsurance Plans (Generic/Brand Formulary/Brand Non-Formulary) With Minimums and Maximums

The following Three-Tier Coinsurance plan designs with Minimums and Maximums were determined to PASS the Creditable Coverage test for Mail Order Drug (MOD) Copays equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

Plan Design	Coinsurance	Retail Minimums By Tier	Retail Maximums By Tier
1	20% / 30% / 40% or lower	\$20 / \$20 / \$20 or lower	Any
2	20% / 30% / 40% or lower	\$40 / \$40 / \$40 or lower	\$150 / \$150 / \$150 or lower
3	25% / 35% / 45% or lower	\$15 / \$15 / \$15 or lower	Any
4	25% / 35% / 45% or lower	\$35 / \$35 / \$35 or lower	\$150 / \$150 / \$150 or lower
5	30% / 40% / 50% or lower	\$10 / \$10 / \$10 or lower	Any
6	30% / 40% / 50% or lower	\$30 / \$30 / \$30 or lower	\$150 / \$150 / \$150 or lower

Table 15 - Three-Tier Coinsurance Plans with Rx specific Deductible and Coinsurance Maximum

The following Three-Tier Coinsurance plan designs with Deductibles and/or Coinsurance Maximums were determined to PASS the Creditable Coverage test.

Plan Design	Coinsurance	Coinsurance Maximum	Deductible
1	20% / 30% / 40% or lower	Any	\$950 or lower
2	20% / 30% / 40% or lower	\$3,000 or lower	\$1,150 or lower
3	25% / 35% / 45% or lower	Any	\$650 or lower
4	25% / 35% / 45% or lower	\$3,000 or lower	\$950 or lower
5	30% / 40% / 50% or lower	Any	\$350 or lower
6	30% / 40% / 50% or lower	\$3,000 or lower	\$800 or lower

Table 16 - Three-Tier Coinsurance Plans with Minimums and Maximums, Rx specific Deductible and Coinsurance Maximum

The following Three-Tier Coinsurance plan designs with Minimums and Maximums, Deductibles and/or Coinsurance Maximums were determined to PASS the Creditable Coverage test for Mail Order Drug (MOD) Copays equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

Plan Design	Coinsurance	Retail Minimums By Tier	Retail Maximums By Tier	Deductible	Coinsurance Maximum
1	20% / 30% / 40% or lower	\$30 / \$30 / \$30 or lower	\$150 / \$150 / \$150 or lower	\$250 or lower	Any
2	20% / 30% / 40% or lower	\$50 / \$50 / \$50 or lower	\$150 / \$150 / \$150 or lower	\$500 or lower	\$3,000 or lower
3	25% / 35% / 45% or lower	\$25 / \$25 / \$25 or lower	\$150 / \$150 / \$150 or lower	\$250 or lower	Any
4	25% / 35% / 45% or lower	\$50 / \$50 / \$50 or lower	\$150 / \$150 / \$150 or lower	\$500 or lower	\$3,000 or lower
5	30% / 40% / 50% or lower	\$20 / \$20 / \$20 or lower	\$150 / \$150 / \$150 or lower	\$250 or lower	Any
6	30% / 40% / 50% or lower	\$45 / \$45 / \$45 or lower	\$150 / \$150 / \$150 or lower	\$500 or lower	\$3,000 or lower

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Table 17a - Pharmacy Plan Integrated with Medical Plan (Medicare Integration Type: *Medicare Secondary*)

The following Pharmacy plan designs, Integrated with Medical, were determined to PASS the Creditable Coverage test. For the Copay plans, Mail Order Drug (MOD) Copays may equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

Plan Design	Pharmacy Copay/Coinsurance	Medical Plan Coinsurance	Integrated Deductible	Integrated Coinsurance Maximum (excluding Deductible)
1	20% or lower	90% or lower	\$4,000 or lower	\$3,000 or lower
2	30% or lower	90% or lower	\$3,250 or lower	\$3,000 or lower
3	40% or lower	90% or lower	\$2,500 or lower	\$3,000 or lower
4	50% or lower	90% or lower	\$2,000 or lower	\$3,000 or lower
5	20% / 30% / 40% or lower	90% or lower	\$3,250 or lower	\$3,000 or lower
6	25% / 35% / 45% or lower	90% or lower	\$3,000 or lower	\$3,000 or lower
7	30% / 40% / 50% or lower	90% or lower	\$2,500 or lower	\$3,000 or lower
8	20% or lower	90% or lower	\$3,250 or lower	Any
9	30% or lower	90% or lower	\$2,000 or lower	Any
10	40% or lower	90% or lower	\$500 or lower	Any
11	20% / 30% / 40% or lower	90% or lower	\$2,000 or lower	Any
12	25% / 35% / 45% or lower	90% or lower	\$1,250 or lower	Any
13	30% / 40% / 50% or lower	90% or lower	\$500 or lower	Any

Table 17b - Pharmacy Plan Integrated with Medical Plan (Medicare Integration Type: *Coordination of Benefits*)

The following Pharmacy plan designs, Integrated with Medical, were determined to PASS the Creditable Coverage test. For the Copay plans, Mail Order Drug (MOD) Copays may equal to 1X, 2X, 2.5X, or 3X the Retail Copay.

Plan Design	Pharmacy Copay/Coinsurance	Medical Plan Coinsurance	Integrated Deductible	Integrated Coinsurance Maximum (excluding Deductible)
1	20% or lower	90% or lower	\$8,750 or lower	\$3,000 or lower
2	30% or lower	90% or lower	\$8,500 or lower	\$3,000 or lower
3	40% or lower	90% or lower	\$8,250 or lower	\$3,000 or lower
4	50% or lower	90% or lower	\$8,000 or lower	\$3,000 or lower
5	20% / 30% / 40% or lower	90% or lower	\$8,500 or lower	\$3,000 or lower
6	25% / 35% / 45% or lower	90% or lower	\$8,250 or lower	\$3,000 or lower
7	30% / 40% / 50% or lower	90% or lower	\$8,250 or lower	\$3,000 or lower
8	20% or lower	90% or lower	\$8,750 or lower	Any
9	30% or lower	90% or lower	\$8,250 or lower	Any
10	40% or lower	90% or lower	\$8,000 or lower	Any
11	50% or lower	90% or lower	\$7,500 or lower	Any
12	20% / 30% / 40% or lower	90% or lower	\$8,250 or lower	Any
13	25% / 35% / 45% or lower	90% or lower	\$8,250 or lower	Any
14	30% / 40% / 50% or lower	90% or lower	\$8,000 or lower	Any

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