

2011-2012 Comparison of Aetna MedicareSM Plans (PPO) 4.7 - 5.7: Small Group Markets



| | 2011 Medicare PPO 4.6 | | 2012 Medicare PPO 4.7 | | 2011 Medicare PPO 5.6 | | 2012 Medicare PPO 5.7 | |
|---|-----------------------|---------------------------|-----------------------|---------------------------|-----------------------|---------------------------|-----------------------|---------------------------|
| | In Network | Out-of-Network | In Network | Out-of-Network | In Network | Out-of-Network | In Network | Out-of-Network |
| Annual Deductible (OON) Cross apply | N/A | \$250 | N/A | \$250 | N/A | \$250 | N/A | \$250 |
| Maximum Out-of-Pocket Limit (includes deductible) Cross apply | \$6,700 | \$10,000 | \$6,700 | \$10,000 | \$6,700 | \$10,000 | \$6,700 | \$10,000 |
| PCP | \$10 | 20% | \$10 | 20% | \$10 | 20% | \$10 | 20% |
| Specialty Care | | | | | | | | |
| Office Visits | \$25 | 20% | \$25 | 20% | \$25 | 20% | \$25 | 20% |
| X-rays/Lab Tests (includes CAT) | \$25 | 20% | \$25 | 20% | \$25 | 20% | \$25 | 20% |
| Complex Radiology (includes PET/MRI) | \$175 | 20% | \$175 | 20% | \$175 | 20% | \$175 | 20% |
| Radiation Therapy | \$25 | 20% | \$25 | 20% | \$25 | 20% | \$25 | 20% |
| Outpatient Kidney Dialysis | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 |
| Therapy (Physical, Occupational & Speech) | \$25 | 20% | \$25 | 20% | \$25 | 20% | \$25 | 20% |
| Home Health Services | \$0 | 20% | \$0 | 20% | \$0 | 20% | \$0 | 20% |
| Diabetic Self-Monitoring/Supplies | No copay | 20% | No copay | 20% | No copay | 20% | No copay | 20% |
| DME | 20% | 30% | 20% | 30% | 20% | 30% | 20% | 30% |
| Prosthetic Devices | 20% | 30% | 20% | 30% | 20% | 30% | 20% | 30% |
| Outpatient Surgery | \$200 | 20% | \$200 | 20% | \$200 | 20% | \$200 | 20% |
| Hospital Admission | \$300 per stay | 20% | \$300 per stay | 20% | \$300 per stay | 20% | \$300 per stay | 20% |
| Emergency Room (Copay waived if admitted) | \$50 copay | \$50 copay | \$65 copay | \$65 copay | \$50 copay | \$50 copay | \$65 copay | \$65 copay |
| Urgent Care (Rider required) | \$40 copay | \$40 copay | \$50 copay | \$50 copay | \$40 copay | \$40 copay | \$50 copay | \$50 copay |
| Ambulance | \$150 copay | 20% | \$150 copay | 20% | \$150 copay | 20% | \$150 copay | 20% |
| Preventive Care ⁽¹⁾ | | | | | | | | |
| Routine Physical | No copay | 20% | No copay | 20% | No copay | 20% | No copay | 20% |
| Routine Eye (SOOPT >\$0) | No copay | 20% | No copay | 20% | No copay | 20% | No copay | 20% |
| Routine GYN Exam | No copay | 20% | No copay | 20% | No copay | 20% | No copay | 20% |
| Routine Mammogram | No copay | 20% | No copay | 20% | No copay | 20% | No copay | 20% |
| Bone Mass Measurement | No copay | 20% | No copay | 20% | No copay | 20% | No copay | 20% |
| Colorectal Screening Exams | No copay | 20% | No copay | 20% | No copay | 20% | No copay | 20% |
| Prostate Cancer Screening Exams | No copay | 20% | No copay | 20% | No copay | 20% | No copay | 20% |
| Immunizations (Pneumonia, Flu and Hepatitis B) | No copay | No copay Medicare covered | No copay | No copay Medicare covered | No copay | No copay Medicare covered | No copay | No copay Medicare covered |
| Routine Hearing Exam | No copay | 20% | No copay | 20% | No copay | 20% | No copay | 20% |
| Additional Medicare Covered Preventive Services | N/A | N/A | No copay | 40% | N/A | N/A | No copay | 40% |

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| Mental Health - Parity Applies | | | | | | | | |
| Inpatient Mental Health (Unlimited day) | \$300 per stay | 20% | \$300 per stay | 20% | \$300 per stay | 20% | \$300 per stay | 20% |
| OP Mental Health | \$25 | 20% | \$25 | 20% | \$25 | 20% | \$25 | 20% |
| Other Plan Services | | | | | | | | |
| Chiropractic Care (Limited to Medicare covered benefits only) | \$15 | 20% | \$20 | 20% | \$15 | 20% | \$20 | 20% |
| Routine Podiatry Services | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Non-Routine Podiatry Services (Medicare covered) | \$25 | 20% | \$25 | 20% | \$25 | 20% | \$25 | 20% |
| Skilled Nursing Care (100 days per Medicare benefit period; prior hospital stay not required) | \$0 day 1-10 ; \$100 day 11-100 | 20% | \$0 day 1-10 ; \$100 day 11-100 | 20% | \$0 day 1-10 ; \$100 day 11-100 | 20% | \$0 day 1-10 ; \$100 day 11-100 | 20% |
| Inpatient Substance Abuse (Unlimited day) | \$300 per stay | 20% | \$300 per stay | 20% | \$300 per stay | 20% | \$300 per stay | 20% |
| OP Substance Abuse | \$25 | 20% | \$25 | 20% | \$25 | 20% | \$25 | 20% |
| Coaching | Included | Not covered | Included | Not covered | Included | Not covered | Included | Not covered |
| Hearing Aid Reimbursement | Up to \$800/ 36 months | Not covered | Up to \$800/ 36 months | Not covered | Up to \$800/ 36 months | Not covered | Up to \$800/ 36 months | Not covered |
| Informed Health | Med Mgmt Program | Not covered | Med Mgmt Program | Not covered | Med Mgmt Program | Not covered | Med Mgmt Program | Not covered |
| Prescription Lens Reimbursement | \$100/24 months | \$100/24 months | \$100/24 months | \$100/24 months | \$100/24 months | \$100/24 months | \$100/24 months | \$100/24 months |
| Optional Dental Riders NOT AVAILABLE IN ALL MARKETS | \$5 | 50% | N/A | N/A | \$5 | 50% | N/A | N/A |
| Pharmacy Benefit ⁽²⁾ | | | | | | | | |
| 1 Month (up to 31 day) Supply at In-Network Retail Pharmacy | | | | | | | | |
| Annual Deductible | \$125 | | \$125 | | \$0 | | \$0 | |
| In-Network Retail 1 Month - Member Copays/Coinsurance during Initial Coverage Period (ICP) (3) | | | | | | | | |
| Tier 1: Preferred Generic | \$5 | | \$5 | | \$5 | | \$5 | |
| Tier 2: Non-Preferred Generic | \$25 | | \$25 | | \$25 | | \$25 | |
| Tier 3: Preferred Brand | \$40 | | \$40 | | \$40 | | \$40 | |
| Tier 4: Non-Preferred Brand | \$75 | | \$75 | | \$75 | | \$75 | |
| Tier 5: Specialty Tier ⁽⁴⁾ | 30% | | 30% | | 33% | | 33% | |
| Initial Coverage Limit (ICL) ⁽⁵⁾ | \$2,840 | | \$2,930 | | \$2,840 | | \$2,930 | |

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|--|--|--|---|--|---|--|---|--|
| Pharmacy Benefit ⁽²⁾ (Continued) | In-Network Retail 1 Month - Member Copays/Coinsurance between Initial Coverage Limit and TrOOP Threshold (Coverage Gap) (6) | | | | | | | |
| Tier 1: Preferred Generic | 93% | | 86% | | \$5 | | \$5 | |
| Tier 2: Non-Preferred Generic | 93% | | 86% | | 93% | | 86% | |
| Tier 3: Preferred Brand | 100% | | 100% | | 100% | | 100% | |
| Tier 4: Non-Preferred Brand | 100% | | 100% | | 100% | | 100% | |
| Tier 5: Specialty Tier ⁽⁴⁾ | Generic: 93% Brand: 100% | | Generic: 86% Brand: 100% | | Generic: 93% Brand: 100% | | Generic: 86% Brand: 100% | |
| True Out-of-Pocket (TrOOP) Limit ⁽⁷⁾ | \$4,550 | | \$4,700 | | \$4,550 | | \$4,700 | |
| Catastrophic Coverage | Greater of 5% OR \$2.50 for generic drugs/drugs treated like generic and \$6.30 for other drugs | | Greater of 5% OR \$2.60 for generic drugs/drugs treated like generic and \$6.50 for other drugs | | Greater of 5% OR \$2.50 for generic drugs/drugs treated like generic and \$6.30 for other drugs | | Greater of 5% OR \$2.60 for generic drugs/drugs treated like generic and \$6.50 for other drugs | |
| Formulary | Base Closed | | Base Closed | | Base Closed | | Base Closed | |

¹ 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. 2012 includes any additional preventive service covered by Original Medicare.

² 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

³ Initial Coverage Period cost sharing applies between the plan deductible and the Initial Coverage Limit.

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

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

⁶ 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.

⁷ 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.

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