

January 1, 2015 – December 31, 2015

Summary of Benefits

Aetna Medicare Select Plus Plan (PPO)
H5521-052

Summary of Benefits

January 1, 2015 – December 31, 2015

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Aetna Medicare Select Plus Plan (PPO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Aetna Medicare Select Plus Plan (PPO)** and what you pay.

- If you want to compare our with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Aetna Medicare Select Plus Plan (PPO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits

- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-855-338-7027, TTY: 711.

Este documento está disponible en otros formatos como Braille y en letra grande.

Este documento puede estar disponible en otros idiomas, aparte del inglés. Para obtener información adicional, llámenos al 1-855-338-7027, TTY: 711.

Things to Know About Aetna Medicare Select Plus Plan (PPO)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Local time.

Aetna Medicare Select Plus Plan (PPO) Phone Numbers and Website

- If you are a member , call toll-free 1-800-282-5366 , TTY: 711.
- If you are not a member , call toll-free 1-855-338-7027, TTY: 711.
- Our website: <http://www.aetnamedicare.com>

Who can join?

To join **Aetna Medicare Select Plus Plan (PPO)**, you must be entitled to Medicare Part A, be

enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in

Alabama: Henry, Houston, and Russell;

California: Orange and San Diego;

Colorado: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson;

Connecticut: Fairfield, Hartford, Litchfield, New Haven, and Tolland;

Washington D.C.: District of Columbia;

Delaware: New Castle;

Florida: Broward, Charlotte, Duval, Hillsborough, Lee, Manatee, Miami-Dade, Palm Beach, Pasco, Sarasota, and St. Johns;

Georgia: Barrow, Bryan, Chatham, Chattahoochee, Cherokee, Clayton, Columbia, Coweta, DeKalb, Douglas, Evans, Fayette, Forsyth, Fulton, Gwinnett, Hall, Harris, Marion, McDuffie, McIntosh, Muscogee, Newton, Paulding, Richmond, and Rockdale;

Illinois: Cook;

Kentucky: Boone, Campbell, and Kenton;

Maine: Androscoggin, Cumberland, Kennebec, Oxford, Penobscot, Piscataquis, and Sagadahoc;

North Carolina: Alexander, Cabarrus, Caldwell, Caswell, Catawba, Durham, Gaston, Guilford, Iredell, Mecklenburg, Orange, Person, Randolph, Rockingham, Rowan, Union, and Wake;

New Jersey: Essex, Hudson, Middlesex, Morris, Ocean, and Passaic;

Nevada: Clark;

New York: Broome, Cayuga, Livingston, Monroe, New York, Onondaga, Ontario, Orleans, Oswego, Queens, Richmond, Seneca, Tioga, Wayne, and Yates;

Ohio: Ashland, Brown, Butler, Clark, Clermont, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Geauga, Hamilton, Hancock, Lake, Licking, Lucas, Mahoning, Marion, Medina, Miami, Muskingum, Portage, Seneca, Stark, Summit, Trumbull, and Wood;

Pennsylvania: Berks, Carbon, Lancaster, Lebanon, Lehigh, Monroe, Northampton, and Schuylkill;

Texas: Bexar, Collin, Comal, Dallas, Denton, Harris, and Montgomery;

and Virginia: Alexandria City, Arlington,

Chesterfield, Danville City, Fairfax, Fairfax City,

Falls Church City, Gloucester, Hampton City,

Hanover, Henrico, Henry, Loudoun, Manassas

City, Manassas Park City, Martinsville City,

Newport News City, Pittsylvania, Prince William,

Richmond City, and York.

Which doctors, hospitals, and pharmacies can I use?

Aetna Medicare Select Plus Plan (PPO) a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our provider directory at our website (<http://www.AetnaMedicareDocFind.com>).

You can see our pharmacy directory at our website (<http://www.aetnapharmacy.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare.*** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.aetnamedicare.com/2015formulary>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits

January 1, 2015 – December 31, 2015

Aetna Medicare Select Plus Plan (PPO)	
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
How much is the monthly premium?	\$139 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan has deductibles for some hospital and medical services. \$500 per year for out-of-network services. This plan does not have a deductible for Part D prescription drugs.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: <ul style="list-style-type: none"> • \$3,300 for services you receive from in-network providers. • \$5,000 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Aetna Medicare is an PPO plan with a Medicare contract. Enrollment in Aetna Medicare depends on contract renewal.

COVERED MEDICAL AND HOSPITAL BENEFITS

NOTE:

- SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.
- SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

OUTPATIENT CARE AND SERVICES

Acupuncture and Other Alternative Therapies	Not covered
Ambulance	<ul style="list-style-type: none"> • In-network: \$100 copay • Out-of-network: \$100 copay

	Aetna Medicare Select Plus Plan (PPO)
Chiropractic Care	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <ul style="list-style-type: none"> • In-network: \$15 copay • Out-of-network: 20% of the cost
Dental Services	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <ul style="list-style-type: none"> • In-network: \$15 copay • Out-of-network: 20% of the cost <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Cleaning: <ul style="list-style-type: none"> ◦ In-network: You pay nothing ◦ Out-of-network: You pay nothing • Dental x-ray(s): <ul style="list-style-type: none"> ◦ In-network: You pay nothing ◦ Out-of-network: You pay nothing • Fluoride treatment: <ul style="list-style-type: none"> ◦ In-network: You pay nothing ◦ Out-of-network: You pay nothing • Oral exam: <ul style="list-style-type: none"> ◦ In-network: You pay nothing ◦ Out-of-network: You pay nothing <p>Our plan pays up to \$150 every year for preventive dental services from any provider.</p> <p>Limited dental allowance: Any licensed dental provider may provide services. Member pays the dentist for services at the time they are rendered, obtains and submits an itemized billing statement from the dentist's office showing payment along with medical/dental benefits request form.</p>
Diabetes Supplies and Services	<p>Diabetes monitoring supplies:</p> <ul style="list-style-type: none"> • In-network: 0-20% of the cost, depending on the supply • Out-of-network: 20% of the cost <p>Diabetes self-management training:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 20% of the cost <p>Therapeutic shoes or inserts:</p> <ul style="list-style-type: none"> • In-network: You pay nothing

	Aetna Medicare Select Plus Plan (PPO)
Diabetes Supplies and Services	<ul style="list-style-type: none"> • Out-of-network: 20% of the cost <p>Glucose monitors and Diabetic test strips from our preferred vendor One Touch/Lifescan will pay at a \$0 cost share. Glucose monitors and Diabetic test strips from non-preferred vendors will pay at a 20% cost share.</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays	<p>Diagnostic radiology services (such as MRIs, CT scans):</p> <ul style="list-style-type: none"> • In-network: \$100 copay • Out-of-network: 20% of the cost <p>Diagnostic tests and procedures:</p> <ul style="list-style-type: none"> • In-network: \$0-15 copay, depending on the service • Out-of-network: 20% of the cost <p>Lab services:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 20% of the cost <p>Outpatient x-rays:</p> <ul style="list-style-type: none"> • In-network: \$0-15 copay, depending on the service • Out-of-network: 20% of the cost <p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 20% of the cost <p>The minimum copayment will apply to Medicare-covered diagnostic procedures/tests performed at your primary care doctor's office. The maximum copayment will apply to those tests at a specialist's office, freestanding facility or hospital facility in an outpatient setting.</p>
Doctor's Office Visits	<p>Primary care physician visit:</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 20% of the cost <p>Specialist visit:</p> <ul style="list-style-type: none"> • In-network: \$15 copay • Out-of-network: 20% of the cost
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	<ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 20% of the cost

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Emergency Care	<p>\$65 copay</p> <p>If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>
Foot Care (<i>podiatry services</i>)	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</p> <ul style="list-style-type: none"> • In-network: \$15 copay • Out-of-network: 20% of the cost
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues:</p> <ul style="list-style-type: none"> • In-network: \$15 copay • Out-of-network: 20% of the cost <p>Routine hearing exam (for up to 1 every year):</p> <ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 20% of the cost
Home Health Care	<ul style="list-style-type: none"> • In-network: You pay nothing • Out-of-network: 20% of the cost
Mental Health Care	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> ◦ \$200 copay per day for days 1 through 5 ◦ You pay nothing per day for days 6 through 90 • Out-of-network: <ul style="list-style-type: none"> ◦ 20% of the cost per stay <p>Outpatient group therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: 20% of the cost

	Aetna Medicare Select Plus Plan (PPO)
Mental Health Care	<p>Outpatient individual therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: 20% of the cost
Outpatient Rehabilitation	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <ul style="list-style-type: none"> • In-network: \$15 copay • Out-of-network: 20% of the cost <p>Occupational therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$15 copay • Out-of-network: 20% of the cost <p>Physical therapy and speech and language therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$15 copay • Out-of-network: 20% of the cost
Outpatient Substance Abuse	<p>Group therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: 20% of the cost <p>Individual therapy visit:</p> <ul style="list-style-type: none"> • In-network: \$40 copay • Out-of-network: 20% of the cost
Outpatient Surgery	<p>Ambulatory surgical center:</p> <ul style="list-style-type: none"> • In-network: \$100 copay • Out-of-network: 20% of the cost <p>Outpatient hospital:</p> <ul style="list-style-type: none"> • In-network: \$0-100 copay, depending on the service • Out-of-network: 20% of the cost <p>The minimum copayment will apply to Medicare-covered outpatient hospital diabetes self-management training. The maximum copayment will apply to Medicare-covered outpatient hospital surgery.</p>
Over-the-Counter Items	Not Covered
Prosthetic Devices (braces, artificial limbs, etc.)	<p>Prosthetic devices:</p> <ul style="list-style-type: none"> • In-network: 20% of the cost

	Aetna Medicare Select Plus Plan (PPO)
Prosthetic Devices (braces, artificial limbs, etc.)	<ul style="list-style-type: none"> Out-of-network: 20% of the cost <p>Related medical supplies:</p> <ul style="list-style-type: none"> In-network: \$0-15 copay, depending on the supply Out-of-network: 20% of the cost <p>The minimum copayment will apply to Medicare-covered medical supplies obtained at a primary care doctor's office. The maximum copayment will apply to Medicare-covered medical supplies obtained at a specialist's office, medical supply provider and at a hospital facility in an outpatient setting.</p>
Renal Dialysis	<ul style="list-style-type: none"> In-network: 20% of the cost Out-of-network: 20% of the cost
Transportation	Not covered
Urgent Care	\$40 copay
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</p> <ul style="list-style-type: none"> In-network: \$15 copay Out-of-network: 20% of the cost <p>Routine eye exam (for up to 1 every year):</p> <ul style="list-style-type: none"> In-network: You pay nothing Out-of-network: 20% of the cost <p>Contact lenses:</p> <ul style="list-style-type: none"> In-network: You pay nothing Out-of-network: You pay nothing <p>Eyeglasses (frames and lenses):</p> <ul style="list-style-type: none"> In-network: You pay nothing Out-of-network: You pay nothing <p>Eyeglasses or contact lenses after cataract surgery:</p> <ul style="list-style-type: none"> In-network: 20% of the cost Out-of-network: 20% of the cost <p>Our plan pays up to \$150 every year for contact lenses and eyeglasses (frames and lenses) from any provider.</p>
Preventive Care	<ul style="list-style-type: none"> In-network: You pay nothing

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Preventive Care	<ul style="list-style-type: none"> • Out-of-network: 20% of the cost <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Hospice	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>
INPATIENT CARE	
Inpatient Hospital Care	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> ◦ \$100 copay per day for days 1 through 3 ◦ You pay nothing per day for days 4 through 90 ◦ You pay nothing per day for days 91 and beyond • Out-of-network: <ul style="list-style-type: none"> ◦ 20% of the cost per stay

	Aetna Medicare Select Plus Plan (PPO)
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • In-network: <ul style="list-style-type: none"> ◦ \$40 copay per day for days 1 through 20 ◦ \$75 copay per day for days 21 through 53 ◦ \$0 copay per day for days 54 through 100 • Out-of-network: <ul style="list-style-type: none"> ◦ 20% of the cost per stay

PRESCRIPTION DRUG BENEFITS

How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹:</p> <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 20% of the cost <p>Other Part B drugs¹:</p> <ul style="list-style-type: none"> • In-network: 20% of the cost • Out-of-network: 20% of the cost
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Initial Coverage	<p>You pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>Preferred Retail Cost-Sharing</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Tier</th> <th style="width: 20%;">One-month supply</th> <th style="width: 20%;">Two-month supply</th> <th style="width: 20%;">Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Tier 2 (Non-Preferred Generic)</td> <td style="text-align: center;">\$3 copay</td> <td style="text-align: center;">\$6 copay</td> <td style="text-align: center;">\$7.50 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td style="text-align: center;">\$45 copay</td> <td style="text-align: center;">\$90 copay</td> <td style="text-align: center;">\$112.50 copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Brand)</td> <td style="text-align: center;">50% of the cost</td> <td style="text-align: center;">50% of the cost</td> <td style="text-align: center;">50% of the cost</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td style="text-align: center;">33% of the cost</td> <td style="text-align: center;">Not Offered</td> <td style="text-align: center;">Not Offered</td> </tr> </tbody> </table>				Tier	One-month supply	Two-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$0	\$0	\$0	Tier 2 (Non-Preferred Generic)	\$3 copay	\$6 copay	\$7.50 copay	Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$112.50 copay	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
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Aetna Medicare Select Plus Plan (PPO)**Initial Coverage****Standard Retail Cost-Sharing**

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$10 copay
Tier 2 (Non-Preferred Generic)	\$7 copay	\$14 copay	\$17.50 copay
Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$112.50 copay
Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost
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Preferred Mail Order Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Non-Preferred Generic)	\$3 copay	\$6 copay	\$7.50 copay
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Standard Mail Order Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$10 copay
Tier 2 (Non-Preferred Generic)	\$7 copay	\$14 copay	\$17.50 copay
Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$112.50 copay
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Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Aetna Medicare Select Plus Plan (PPO)																															
Initial Coverage	<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy and pay the same as an in-network pharmacy, but you will get less of the drug.</p>																														
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 65% of the plan's cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.</p> <p>Preferred Retail Cost-Sharing</p> <table border="1"> <thead> <tr> <th>Tier</th> <th>Drugs Covered</th> <th>One-month supply</th> <th>Two-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>All</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> </tbody> </table> <p>Standard Retail Cost-Sharing</p> <table border="1"> <thead> <tr> <th>Tier</th> <th>Drugs Covered</th> <th>One-month supply</th> <th>Two-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>All</td> <td>\$4 copay</td> <td>\$8 copay</td> <td>\$10 copay</td> </tr> </tbody> </table> <p>Preferred Mail Order Cost-Sharing</p> <table border="1"> <thead> <tr> <th>Tier</th> <th>Drugs Covered</th> <th>One-month supply</th> <th>Two-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>All</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> </tbody> </table>	Tier	Drugs Covered	One-month supply	Two-month supply	Three-month supply	Tier 1 (Preferred Generic)	All	\$0	\$0	\$0	Tier	Drugs Covered	One-month supply	Two-month supply	Three-month supply	Tier 1 (Preferred Generic)	All	\$4 copay	\$8 copay	\$10 copay	Tier	Drugs Covered	One-month supply	Two-month supply	Three-month supply	Tier 1 (Preferred Generic)	All	\$0	\$0	\$0
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Tier 1 (Preferred Generic)	All	\$4 copay	\$8 copay	\$10 copay																											
Tier	Drugs Covered	One-month supply	Two-month supply	Three-month supply																											
Tier 1 (Preferred Generic)	All	\$0	\$0	\$0																											

Aetna Medicare Select Plus Plan (PPO)

Coverage Gap

Standard Mail Order Cost-Sharing

Tier	Drugs Covered	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	All	\$4 copay	\$8 copay	\$10 copay

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:

- 5% of the cost, or
- \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs.

