

# Live it

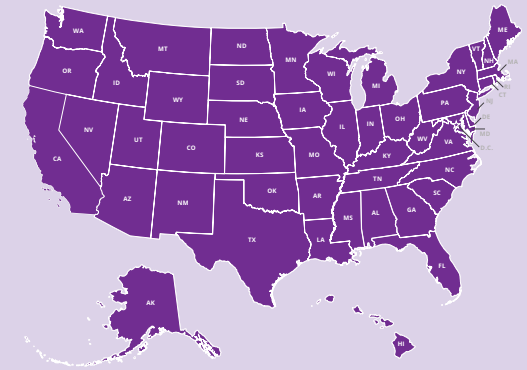
A man with a white beard and glasses, wearing a red helmet with a black and white stripe, a white jumpsuit with red and blue accents, and a blue harness, is skydiving. He is smiling and has his arms outstretched. The background is a clear blue sky with some light clouds.

FIRST LOOK 2018

# Prescription drug plans

## Power up your portfolio with Aetna and Coventry Medicare Part D

**We offer three prescription drug plans (PDPs) in all 50 states and DC. And all of our PDP plans are fully commissionable.**



With premiums ranging from \$21 to \$100, there is a plan just right for everyone. We anticipate being below the LIS benchmark in every state except for Florida in 2018 — so low income members can feel right at home in our Aetna Medicare Rx Saver (PDP).

### **PDP referral program**

Through our referral program, you can earn a one-time referral payment for each referred client who chooses to enroll in an Aetna or Coventry PDP. To participate in the referral program, you must be contracted with Aetna, but you don't have to complete the annual certification process.

### **Aetna's family of PDPs will give you additional opportunities in 2018. Here are some highlights of our exciting PDP portfolio:**

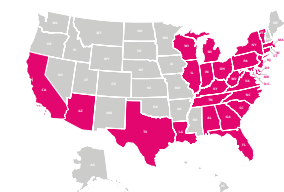
- New for 2018, we're launching a \$21 premium plan, Aetna Medicare Rx Select, in 27 states and DC, that includes a \$0 Tier 1 copay and gap coverage
- We expect our Aetna Medicare Rx Saver plan to be below the low-income subsidy benchmark in most states
- Our First Health<sup>®</sup> Part D Value Plus and Premier plans round out our portfolio and offer more robust formulary coverage, \$0 deductibles, low cost sharing and gap coverage

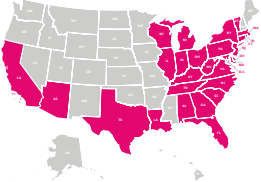


# Benefit designs

Three plans eligible for new business and renewal commissions in 2018.

**Updated portfolio:** 20 regions (27 states + DC — CT/MA/RI/VT, NY, NJ, DC/DE/MD, PA/WV, VA, NC, SC, GA, FL, AL/TN, MI, OH, IN/KY, WI, IL, LA, TX, AZ, CA)



|   | Aetna Medicare Rx Saver (PDP) <sup>1, 2</sup>  | Aetna Medicare Rx Select (PDP) <sup>1, 2</sup>  | First Health Part D Value Plus (PDP) <sup>1, 2</sup>  |
|--|--|---|---|
|  | Rich generic<br>Moderate brand<br>Under LIS benchmark (except FL)<br>Offers essential Part D coverage to meet prescription drug needs with low premiums and cost sharing | Rich generic<br>Richer brand<br>Gap coverage<br>Provides more robust Part D coverage with \$0 T1 copays and our lowest premiums | Rich generic<br>Richer brand<br>Gap coverage<br>Delivers value for predictable out-of-pocket costs with more robust Part D coverage     |
| Monthly plan premium (plan premiums vary by CMS region) <sup>2</sup>   |  |   |   |
|  | \$34.75 <sup>2</sup>   | \$21.00   | \$59.50 <sup>2</sup>  |
| Deductible: The amount the member pays before the plan begins to pay (not applicable to T1/T2)   |  |   |   |
|  | \$325 <sup>2</sup>   | \$405   | \$0   |
| Initial coverage: Once the deductible is reached, member cost share is paid for drugs until the member's total drug expenditure (regardless of who pays) reaches \$3,750 |  |   |   |
|  | 30-day retail copay/coinsurance (preferred cost share pharmacies/standard cost share pharmacies)   |   |   |
| Tier 1 — Preferred generic   | \$1/\$6  | \$0/\$10  | \$1/\$10  |
| Tier 2 — Generic   | \$2/\$13   | \$3/\$20  | \$2/\$20  |
| Tier 3 — Preferred brand   | \$30/\$30  | \$47/\$47   | \$47/\$47   |
| Tier 4 — Nonpreferred brand  | 35%/35% <sup>2</sup>   | 43%/43% <sup>2</sup>  | 50%/50% <sup>2</sup>  |
| Tier 5 — Specialty   | 26% <sup>2</sup>   | 25%   | 33%   |
|  | 90-day mail order (preferred pharmacy)<br>Aetna Rx Home Delivery® pharmacy   | No mail order feature   | 90-day mail order (preferred pharmacy)<br>Aetna Rx Home Delivery® pharmacy  |
| Tiers 1 — 4 (T5 limited to 30 days)  | 3x preferred retail cost sharing   | 3x preferred retail cost sharing  | 3x preferred retail cost sharing  |
| Coverage gap: Member remains in this phase until their yearly true out-of-pocket drug costs reaches \$5,000  |  |   |   |
|  | Defined standard cost sharing<br>44% generic drugs<br>35% brand drugs  | Continued T1/T2 coverage: ICL cost share<br><i>All remaining formulary drugs</i><br>44% generic drugs<br>35% brand drugs        | Continued T1/T2 and partial T4 coverage: ICL cost share<br><i>All remaining formulary drugs</i><br>44% generic drugs<br>35% brand drugs |
| Catastrophic coverage: After member true out-of-pocket costs exceed \$5,000 a small copay or coinsurance is required for each covered prescription                       |  |   |   |
|  | Greater of 5% coinsurance, or \$3.35 for generic drugs (including brand drugs dispensed as generic) or \$8.35 for brand drugs  |   |   |
| Network  |  |   |   |
|  | P1   | P3  | P1  |
| Footnotes  |  |   |   |
| <sup>1</sup> Available in 27 states.   |  |   |   |
| <sup>2</sup> Premiums and member deductible/copays/coinsurance vary by CMS region.   |  |   |   |