

# Prescription drug plans

## SilverScript® SmartRx

With an average premium of under \$7, the Aetna® SilverScript SmartRx is ideal for active, healthy adults, who take generic maintenance drugs or no drugs. SmartRx also offers an expanded list of tier 1 drugs at a \$1 copay at preferred pharmacies.

## SilverScript Choice

Rich generic and moderate brand coverage great for adults with uncomplicated conditions or those receiving Extra Help. Expect to be below CMS low-income-subsidy benchmark in all regions other than NV, OH.™ (†)(\*)

## SilverScript Plus

The right plan for prospects looking for robust coverage including brand name drugs, savings on 90-day refills and coverage during the coverage gap. It even covers the same non-Part D drugs as our MAPD plans. Save \$35 on diabetic insulins for a 30-day supply through the coverage gap.

AVERAGE MONTHLY PLAN PREMIUM: (Varies by CMS region; pending release of CMS benchmark)	\$6.39	\$30.00	\$68.35
<b>DEDUCTIBLE:</b> The amount the member pays before the plan begins to pay	\$480 Applies to tiers 2-5 only	\$480 Applies to tiers 3-5 only	\$0
<b>INITIAL COVERAGE</b>	Once the deductible is reached, member cost-share is paid for drugs until the member's total drug expenditure (regardless of who pays) reaches \$4,430, 30-day retail copay/coinsurance ( <b>preferred cost-share pharmacies/standard cost-share pharmacies</b> )		
	<b>Preferred / Standard</b>	<b>Preferred / Standard</b>	<b>Preferred / Standard</b>
Tier 1: Preferred Generic	\$1 / \$19	\$0 / \$5-\$19	\$0 / \$5
Tier 2: Generic	\$19 / \$20	\$5-\$8 / \$10-\$20	\$2 / \$10
Tier 3: Preferred Brand	\$46 / \$47	17% - 18% / 17% - 19%	\$47
Tier 4: Non-Preferred Drug	49% / 50%	34% - 41%	50%
Tier 5: Specialty	25%	25%	33%
<b>MAIL ORDER</b>			\$0 tier 1 and tier 2 \$120 tier 3 - save \$21 per refill 3x Preferred retail cost-sharing tier 3 Retail cost-sharing tier 4 - 5
Tiers 1-4: 90-day supply	3x Preferred retail cost-sharing tiers 1-4	3x Preferred retail cost sharing tiers 1-2	
Tier 5: 30-day supply	Retail cost-sharing tier 5	Retail cost-sharing tier 3 - 5	
at CVS Caremark® Mail Service Pharmacy			
<b>COVERAGE GAP:</b> Member remains in this phase until their yearly true out-of-pocket drug costs reaches \$7,050	Defined standard cost-sharing 25% Generic and brand drugs	Defined standard cost-sharing 25% Generic and brand drugs	Tier / tier 2 Coverage at ICL cost-share All remaining formulary drugs 25% Generic and brand drugs
<b>CATASTROPHIC COVERAGE:</b> After member's true out-of-pocket costs exceed \$7,050, a small copay or coinsurance is required for each covered prescription	Greater of 5% coinsurance or generic drugs (including brand drugs dispensed as generic): \$3.95; brand drugs: \$9.85		
<b>NETWORK</b>	P3	P1	P1

\*\*Premiums, cost-sharing and Choice plan deductible may vary by region.

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