

Aetna Rx Pharmacy Benefit Table

30 DAY SUPPLY		
All Participating Retail Pharmacies		
Plan	Generic	Brand (Preferred/Non-Preferred)
Premium, Standard or Basic	\$9 or less	30% up to \$300 Max
H.S.A.	\$9 or less (After Deductible)	30% up to \$300 Max (After Deductible)
Bronze H.S.A.	Covered in Full (After Deductible)	Covered in Full (After Deductible)

MAINTENANCE MEDICATIONS		
90 Day Supply When Filled at Aetna Mail Service or CVS Pharmacy® Locations		
Plan	Generic	Brand (Preferred/Non-Preferred)
Premium, Standard or Basic	\$18 or less	30% x 2 up to \$600 Max
H.S.A.	\$18 or less (After Deductible)	30% x 2 up to \$600 Max (After Deductible)
Bronze H.S.A.	Covered in Full (After Deductible)	Covered in Full (After Deductible)

MAINTENANCE CHOICE OPT-OUT		
Only a 30 Day Supply of Maintenance Medications can be filled at all other participating retail pharmacies ***Participant Must contact Aetna Rx to Opt-Out after 2nd fill to continue***		
Plan	Generic	Brand (Preferred/Non-Preferred)
Premium, Standard or Basic	\$9 or less	30% up to \$300 Max
H.S.A.	\$9 or less (After Deductible)	30% up to \$300 Max (After Deductible)
Bronze H.S.A.	Covered in Full (After Deductible)	Covered in Full (After Deductible)

SPECIALTY MEDICATIONS		
Aetna CVS Specialty Pharmacy - 30 DAY SUPPLY		
Plan	(Specialty Medications Must be Ordered through Aetna Specialty Pharmacy)	
Premium, Standard or Basic	40% up to \$300 Max	
H.S.A.	40% up to \$300 Max (After Deductible)	
Bronze H.S.A.	Covered in Full (After Deductible)	

PrudentRx Copay Optimization Program		
For Select Specialty Medications only		
Plan		
Premium, Standard or Basic	\$0 if participating in PrudentRx Copay program; otherwise 30%	
H.S.A.	N/A	
Bronze H.S.A.	N/A	