

Aetna Life Insurance Company

Former Employer/Union/Trust Name: OCCIDENTAL PETROLEUM
Group Agreement Effective Date: 01/01/2020
Group Number: 467284

This Prescription Drug Benefits Chart (Schedule of Cost Sharing) is part of the *Evidence of Coverage* (EOC) for our plan. When the EOC refers to the attachment for details of Medicare Part D prescription drug benefits covered under our plan, it is referring to this Prescription Drug Benefits Chart. (See the EOC chapters titled “Using the plan’s coverage for your Part D prescription drugs” and “What you pay for your Part D prescription drugs.”)

Annual Deductible Amount	\$0
Formulary Type:	Open 2 Plus
Number of Cost Share Tiers:	4 Tier
Initial Coverage Limit:	\$4,020
True Out-of-Pocket Amount:	\$6,350
Retail Pharmacy Network: P1	
<p>The name of your pharmacy network is listed above. Our network includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. You may go to either type of network pharmacy to receive your covered prescription drugs. Your cost-sharing may be less at pharmacies with preferred cost-sharing. The Aetna Medicare pharmacy network includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. Your cost-sharing may be less at pharmacies with preferred cost-sharing. You may go to either type of network pharmacy to receive your covered prescription drugs.</p> <p>The pharmacy network includes limited lower-cost, preferred pharmacies in rural areas of Maine, Michigan, and Nebraska, suburban areas of Illinois and South Carolina, and urban areas of Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. To find a network pharmacy, or find up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at the number on the back of your member ID card or consult the online <i>Pharmacy Directory</i> at aetnamedicare.com/findpharmacy.</p>	

Aetna MedicareSM Plan (PPO) 2020 Prescription Drug Benefits Chart (Schedule of Cost Sharing)

Every drug on the plan's Drug List is in one of the cost-sharing tiers described below:

- Tier One – Generic drugs
- Tier Two – Preferred brand drugs
- Tier Three – Non-preferred brand drugs
- Tier Four – Specialty drugs: Includes high-cost/unique brand and generic drugs

To find out which cost-sharing tier your drug is in, look it up in the plan's Drug List. If your covered drug costs less than the copayment amount listed in the chart, you will pay that lower price for the drug. You pay *either* the full price of the drug *or* the copayment amount, *whichever is lower*.

If you have any questions, please call Customer Service at the telephone number listed on your member ID card.

Aetna MedicareSM Plan (PPO)
2020 Prescription Drug Benefits Chart (Schedule of Cost Sharing)

Initial Coverage Stage: Amount you pay, up to \$4,020 in total covered prescription drug expenses.

Standard Cost Share: Chart below lists amount you pay at a pharmacy that offers standard cost sharing:

Initial Coverage	One-Month Supply			Extended Supply	
	Standard retail cost-sharing (in-network) (up to a 30 day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)	Out-of-network cost-sharing* (up to a 30-day supply)	Standard retail or standard mail order cost-sharing (up to a 90 day supply)	Preferred mail order cost-sharing (up to a 90-day supply)
Tier 1 Generic	\$10	\$10	\$10	\$30	\$25
Tier 2 Preferred brand	\$10	\$10	\$10	\$30	\$25
Tier 3 Non-preferred brand	\$40	\$40	\$40	\$120	\$100
Tier 4 Specialty	\$40	\$40	\$40	Limited to one-month supply	Limited to one-month supply

*Out-of-network coverage is limited to certain situations; see the *Evidence of Coverage* chapter titled “Using the plan’s coverage for your Part D prescription drugs,” Section 2.5.

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Aetna MedicareSM Plan (PPO)
2020 Prescription Drug Benefits Chart (Schedule of Cost Sharing)

Preferred Cost Share: Chart below lists amount you pay at a pharmacy that offers preferred cost sharing:

Initial Coverage	One-Month Supply			Extended Supply	
	Preferred retail cost-sharing (in-network) (up to a 30 day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)	Out-of-network cost-sharing* (up to a 30-day supply)	Preferred retail cost-sharing (up to a 90 day supply)	Preferred mail order cost-sharing (up to a 90-day supply)
Tier 1 Generic	\$9	\$9	\$9	\$27	\$25
Tier 2 Preferred brand	\$10	\$10	\$10	\$30	\$25
Tier 3 Non-preferred brand	\$40	\$40	\$40	\$120	\$100
Tier 4 Specialty	\$40	\$40	\$40	Limited to one-month supply	Limited to one-month supply

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Aetna MedicareSM Plan (PPO)
2020 Prescription Drug Benefits Chart (Schedule of Cost Sharing)

Coverage Gap Stage: Amount you pay after you reach \$4,020 in total covered prescription drug expenses and until you reach \$6,350 in out-of-pocket covered prescription drug costs.

Your plan's gap coverage is listed in the chart below.

Standard Cost Share: Chart below lists amount you pay, during the coverage gap, at a pharmacy that offers standard cost sharing:

Supplemental Gap Coverage	One-Month Supply			Extended Supply	
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)	Out-of-Network Cost-sharing (up to a 30-day supply)	Preferred retail cost-sharing (up to a 90-day supply)	Preferred mail order cost-sharing (up to a 90-day supply)
Tier 1 Generic	\$10	\$10	\$10	\$30	\$25
Tier 2 Preferred brand	\$10	\$10	\$10	\$30	\$25
Tier 3 Non-preferred brand	\$40	\$40	\$40	\$120	\$100
Tier 4 Specialty	\$40	\$40	\$40	Limited to one-month supply	Limited to one-month supply

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Aetna MedicareSM Plan (PPO)
2020 Prescription Drug Benefits Chart (Schedule of Cost Sharing)

Preferred Cost Share: Chart below lists amount you pay, during the coverage gap, at a pharmacy that offers preferred cost sharing:

Supplemental Gap Coverage	One-Month Supply			Extended Supply	
	Preferred retail cost-sharing (in-network) (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)	Out-of-network cost-sharing* (up to a 30-day supply)	Preferred retail cost-sharing (up to a 90-day supply)	Preferred mail order cost-sharing (up to a 90-day supply)
Tier 1 Generic	\$9	\$9	\$9	\$27	\$25
Tier 2 Preferred brand	\$10	\$10	\$10	\$30	\$25
Tier 3 Non-preferred brand	\$40	\$40	\$40	\$120	\$100
Tier 4 Specialty	\$40	\$40	\$40	Limited to one-month supply	Limited to one-month supply

*Out-of-network coverage is limited to certain situations; see the *Evidence of Coverage* chapter titled “Using the plan’s coverage for your Part D prescription drugs,” Section 2.5.

Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. This means that you will generally continue to pay the same amount for covered drug throughout the Coverage Gap state of the plan as you paid in the Initial Coverage stage.

Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application any discounts or benefits.

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Aetna MedicareSM Plan (PPO)
2020 Prescription Drug Benefits Chart (Schedule of Cost Sharing)

Catastrophic Coverage Stage: Amount you pay for covered prescription drugs after reaching \$6,350 in out-of-pocket prescription drug costs.

Prescription Drug Quantity	All covered prescription drugs
Per prescription or refill	Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount: <i>–either – coinsurance of 5% of the cost of the drug–or – \$3.60 for a generic drug or a drug that is treated like a generic and \$8.95 for all other drugs.</i> Our plan pays the rest of the cost.

Step Therapy

Your plan includes step therapy. This requirement encourages you to try less costly but just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the plan may require you to try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

This Plan Uses the Open 2 Plus Formulary:

Your plan uses the Open 2 Plus formulary, which means you have coverage for every drug identified by Medicare as a part D drug, as long as the drug is medically necessary and the plan rules are followed. Non-preferred copay levels apply to some drugs on the drug list. Review the *Aetna Medicare 2020 Group Formulary (List of Covered Drugs)* for more information.

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