

Reducing your out-of-pocket costs for the medications you need

Preventive Medications Feature for
Aetna HealthFund® HSA Members

Receive your
preventive
medications without
first having to meet
your deductible.



If you have certain conditions such as hypertension, high cholesterol, diabetes, asthma and osteoporosis, you'll be interested in a special feature that can help you manage the cost of the medications you need.

If you enroll in an Aetna HealthFund Health Savings Account (HSA) health insurance plan, the preventive medications feature provides coverage for the medications you need without first meeting your deductible.* That means that you can get certain preventive medications at the same copay or coinsurance that would normally apply once you've met your deductible.

We understand how important it is to take the medications prescribed by your doctor. The Aetna HealthFund preventive medications feature makes it easier for you to do that.

Refer to the list on the following pages for the preventive medications that are included in this program.

Here's an example of how the feature works with an HSA plan:

Jennifer** enrolled in an Aetna HealthFund HSA plan that included three-tiered prescription drug coverage. This means that once Jennifer meets her deductible, she will pay 20 percent of the cost for generic drugs, 30 percent for preferred brand name drugs, and 50 percent for nonpreferred drugs. Her prescription drug plan will pay the balance.

However, for preventive drugs, she will receive the three-tiered drug coverage without meeting her deductible first.

Jennifer's Plan

Deductible:	\$1,000
HSA contributions:	\$1,000
Medical coinsurance:	90%
Prescription drug coinsurance:	20/30/50%

*Your deductible is what you pay for eligible medical expenses before your health insurance plan's coinsurance benefit begins.

**This example is for illustrative purposes only and does not reflect events experienced by an actual participant.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna company that underwrites or administers benefits coverage is Aetna Life Insurance Company (Aetna).



January 6

Jennifer's cholesterol level puts her at risk for health problems such as heart disease and a stroke. Her doctor has prescribed ZOCOR, a cholesterol-lowering medication, to help manage her high cholesterol.

Instead of ZOCOR, Jennifer was able to get the generic equivalent, *simvastatin*, at the pharmacy. *Simvastatin* is a generic drug on Aetna's Preferred Drug List and costs \$28 at Aetna's discount rate. Jennifer has not yet met her deductible, but she has the preventive medications feature, which means her deductible is waived and she is allowed to fill her prescription using the prescription drug coinsurance benefit.

The plan pays 70 percent (\$20) and Jennifer's coinsurance is 30 percent (\$8), which she pays out of pocket and does **not** apply toward her deductible.

January 22

Jennifer's doctor prescribes the antibiotic AVELOX to treat Jennifer's sinus infection. AVELOX is a brand-name drug and its discounted rate is about \$114.

Because AVELOX is not a preventive drug and Jennifer has not yet met her deductible, her coinsurance benefit does not yet apply. She pays the \$114 out of pocket, which is applied to her deductible.

February 6

Jennifer refills her prescription for *simvastatin*, and because she has the preventive medications feature, the deductible is waived and the prescription drug coinsurance benefit provides coverage. The plan pays 70 percent (\$20) and Jennifer pays 30 percent (\$8) out of pocket, which does **not** apply toward her deductible.

Jennifer **continues** to refill her prescription for *simvastatin* through the end of the year. Each month, the deductible is waived and her share of coinsurance is 30 percent or \$8 each month.

November 15

Jennifer gets another sinus infection and her doctor again prescribes AVELOX. Because she has filled other prescriptions throughout the plan year and has met her deductible, her plan pays 70 percent (\$80) and Jennifer pays the 30 percent (\$34) out of pocket.

Date	Medication	Cost	Preventive medication	Deductible	Plan pays	Jennifer's share
1/6	<i>simvastatin</i>	\$28	Yes	Waived	\$20 (70%)	\$8 (30%)
1/22	AVELOX	\$114	No	Not met	\$0	\$114 (100%)
2/6	<i>simvastatin</i>	\$28	Yes	Waived	\$20 (70%)	\$8 (30%)
11/15	AVELOX	\$114	No	Met	\$80 (70%)	\$34 (30%)
March through December	<i>simvastatin</i>	\$28 x 10 months = \$280	Yes	Waived	\$20 x 10 months = \$200	\$8 x 10 months = \$80

Jennifer has paid a total of \$244 out of pocket for her medications. Because she has \$1,000 in her HSA at the end of the year, Jennifer decides to reimburse herself by withdrawing \$244 from her HSA.

Jennifer also could have used her Visa® HSA debit card throughout the year to pay for her prescriptions at the time of purchase. As long as she had enough funds in her HSA at that time to cover the cost, the funds would have been automatically debited from her HSA account and paid to the pharmacy.

This example is for illustrative purposes only and does not reflect events experienced by an actual participant.

2010 preventive medications for HSA plans

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
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ACE INHIBITORS (*hypertension, diabetes*)

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
<i>amlodipine/benazepril</i>		ACCUPRIL
<i>benazepril</i>		ACCURETIC
<i>benazepril/hctz</i>		ACEON
<i>captopril</i>		ALTACE
<i>captopril/hctz</i>		CAPOTEN
<i>enalapril</i>		CAPOZIDE
<i>enalapril/hctz</i>		LOTENSIN
<i>fosinopril</i>		LOTENSIN HCT
<i>fosinopril/hctz</i>		LOTREL
<i>lisinopril</i>		MAVIK
<i>lisinopril/hctz</i>		MONOPRIL
<i>moexipril</i>		MONOPRIL HCT
<i>moexipril/hctz</i>		PRINIVIL
<i>quinapril</i>		PRINZIDE
<i>quinaretic</i>		TARKA
<i>ramipril</i>		UNIRETIC
<i>trandolapril</i>		UNIVASC
		VASERETIC
		VASOTEC
		ZESTORETIC
		ZESTRIL

ANGIOTENSIN II RECEPTOR ANTAGONISTS (*hypertension*)

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
	COZAAR	ATACAND
	DIOVAN	ATACAND HCT
	DIOVAN HCT	AVALIDE
	EXFORGE	AVAPRO
	HYZAAR	AZOR
		BENICAR
		BENICAR HCT
		MICARDIS
		MICARDIS HCT
		TEVETEN
		TEVETEN HCT

ANTIADRENERGIC ANTIHYPERTENSIVES (*hypertension*)

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
<i>clonidine</i>		CARDURA
<i>doxazosin</i>		CARDURA XL
<i>guanabenz</i>		CATAPRES
<i>guanfacine</i>		CATAPRES-TTS
<i>methyldopa</i>		CLORPRES
<i>methyldopa/hctz</i>		MINIPRESS
<i>prazosin</i>		TENEX
<i>reserpine</i>		
<i>terazosin</i>		

DIRECT RENIN INHIBITOR (*hypertension*)

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
	TEKTURNA	
	TEKTURNA HCT	

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
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MISCELLANEOUS ANTIHYPERTENSIVES (*hypertension*)

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
<i>hydralazine</i>	DIBENZYLINE	DEMSEK
<i>hydralazine/hctz</i>		
<i>minoxidil</i>		

ANTHYPERLIPIDEMICS (*high cholesterol*)

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
<i>cholestyramine</i>	ADVICOR	ALTOPREV
<i>cholestyramine light</i>	ANTARA	CADUET
<i>colestipol</i>	CRESTOR	COLESTID
<i>fenofibrate</i>	LESCOL	FENOGLIDE
<i>fenofibrate micronized</i>	LESCOL XL	LIPITOR
<i>gemfibrozil</i>	LOVAZA	LIPOFEN
<i>lovastatin</i>	NIASPAN	LOFIBRA
<i>pravastatin</i>	SIMCOR	LOPID
<i>prevalite</i>	TRILIPIX	MEVACOR
<i>simvastatin</i>	VYTORIN	PRAVACHOL
	WELCHOL	QUESTRAN
	ZETIA	QUESTRAN LITE
		TRIGLIDE
		ZOCOR

BETA-BLOCKERS (*hypertension*)

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
<i>acebutolol</i>	BYSTOLIC	BETAPACE
<i>atenolol</i>	COREG CR	BETAPACE AF
<i>atenolol/chlorthalidone</i>		CARTROL
<i>betaxolol</i>		COREG
<i>bisoprolol</i>		CORGARD
<i>bisoprolol/hctz</i>		CORZIDE
<i>carvedilol</i>		INDERAL
<i>labetalol</i>		INDERAL LA
<i>metoprolol</i>		INNOPRAN XL
<i>metoprolol/hctz</i>		KERLONE
<i>nadolol</i>		LEVATOL
<i>nadolol</i>		LOPRESSOR
<i> bendroflumethazine</i>		LOPRESSOR HCT
<i>pindolol</i>		<i>metoprolol</i> SR
<i>propranolol</i>		SECTRAL
<i>propranolol/hctz</i>		TENORETIC
<i>sorine</i>		TENORMIN
<i>sotalol</i>		TIMOLIDE
<i>sotalol AF</i>		TOPROL XL
<i>timolol</i>		TRANDATE
		ZEBETA
		ZIAC

OSTEOPOROSIS DRUGS (*osteoporosis*)

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
<i>alendronate</i>	ACTONEL	AREDIA
<i>calcitonin</i>	ACTONEL with CALCIUM	BONIVA
<i>etidronate</i>	EVISTA	DIDRONEL
<i>fortical</i>	FORTEO	FOSAMAX
		FOSAMAX + D
		GANITE
		MIACALCIN
		RECLAST
		SKELID
		ZOMETA

2010 preventive medications for HSA plans

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
CALCIUM CHANNEL BLOCKERS (<i>heart disease, hypertension</i>)		
<i>afeditab</i>	CARDIZEM LA	ADALAT CC
<i>amlodipine</i>		CADUET
<i>amlodipine/benazepril</i>		CALAN
<i>cartia XT</i>		CALAN SR
<i>dilt-CD</i>		CARDENE SR
<i>diltia XT</i>		CARDIZEM
<i>diltiazem</i>		CARDIZEM CD
<i>diltiazem CD</i>		COVERA-HS
<i>diltiazem ER</i>		DILACOR XR
<i>diltiazem SR</i>		DYNACIRC CR
<i>dilt- XR</i>		ISOPTIN SR
<i>felodipine</i>		LOTREL
<i>isradapine</i>		NIMOTOP
<i>nicardapine</i>		NORVASC
<i>nifediac CC</i>		PROCARDIA
<i>nifedical XL</i>		PROCARDIA XL
<i>nifedipine</i>		SULAR
<i>nifedipine CR</i>		TARKA
<i>nifedipine ER</i>		TIAZAC
<i>nifedipine SR</i>		VERELAN
<i>nimodipine</i>		VERELAN PM
<i>nisoldipine</i>		VERELAN SR
<i>taztia XT</i>		
<i>verapamil</i>		
<i>verapamil ER</i>		
<i>verapamil SR</i>		
DIURETICS (<i>hypertension</i>)		
<i>acetazolamide</i>		ALDACTAZIDE
<i>amiloride</i>		ALDACTONE
<i>amiloride/hctz</i>		DEMADEX
<i>bumetanide</i>		DIAMOX
<i>chlorothiazide</i>		DIURIL
<i>chlorthalidone</i>		DYAZIDE
<i>eplerenone</i>		DYRENIUM
<i>furosemide</i>		EDECIN
<i>hydrochlorothiazide</i>		INSpra
<i>indapamide</i>		INTROL
<i>methazolamide</i>		LASIX
<i>methyclothiazide</i>		MAXZIDE
<i>metolazone</i>		MICROZIDE
<i>spironolactone</i>		MIDAMOR
<i>spironolactone/hctz</i>		THALITONE
<i>toremide</i>		ZAROXOLYN
<i>triamterine/hctz</i>		
SMOKING CESSATION MEDICATIONS (<i>Tobacco Cessation</i>)		
<i>buproban</i>		CHANTIX
<i>buproban SR</i>		NICOTROL INHALER
<i>bupropion</i>		NICOTROL NS
<i>bupropion SR</i>		ZYBAN

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
ANTIASTHMATICS (<i>asthma</i>)		
<i>albuterol</i>	ADVAIR DISKUS	ACCOLATE
<i>albuterol/ipratropium</i>	ADVAIR HFA	ACCUNEB
<i>aminophylline</i>	ASMANEX	ADRENALIN
<i>copd</i>	FLOVENT DISKUS	AEROBID
<i>cromolyn</i>	FLOVENT HFA	AEROBID-M
<i>dg 200</i>	FORADIL	BRONCODUR
<i>difil G forte</i>	MAXAIR	ALVESCO
<i>dilex-G (400 tab)</i>	PERFORMIST	ATROVENT HFA
<i>dilex-G (100 liq, 200 tab)</i>	PROAIR	AZMACORT
<i>dyflex-G</i>	PROVENTIL HFA	BRETHINE
<i>dy-G</i>	PULMICORT RESPULES	BRONCAP
<i>dyphyllin-GG</i>	SEREVENT DISKUS	BRONCOMAR-1
<i>ipratropium</i>	SINGULAIR	BROVANA
<i>micronefrin</i>	SPIRIVA	COMBIVENT
<i>terbutaline</i>	SYMBICORT	Difil-G (200-300 tab)
<i>theochron</i>	XOLAIR	DILEX-G (200 syp, 400 tab)
<i>theophylline ER</i>		DUONEB
		DYLIX
		ED-BRON G
		ELIXOPHYLLIN
		INTAL
		JAY-PHYL
		LUFYLLIN
		LUFYLLIN-GG
		<i>metaproterenol</i>
		PULMICORT FLEXHALER
		QUIBRON
		QVAR
		THEO-24
		BRONDIL
		UNIPHYL
		VENTOLIN HFA
		VOSPIRE ER
		XOPENEX
		XOPENEX HFA
		ZYFLO
		ZYFLO CR
ASTHMA SUPPLIES (<i>asthma</i>)		
		AEROCHAMBER
		ASSESS PEAK FLOW
		BREATHANCER
		ELLIPSE
		EZ-SPACER
		INSPIREASE
		MICROCHAMBER
		OPTIHALER

2010 preventive medications for HSA plans

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
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ANTIDIABETIC DRUGS (*diabetes*)

<i>acarbose</i>	ACTOPLUS MET	AMARYL
<i>chlorpropamide</i>	ACTOS	APIDRA
<i>glimepiride</i>	AVANDAMET	DIABETA
<i>glipizide</i>	AVANDARYL	FORTAMET
<i>glipizide ER</i>	AVANDIA	GLUCAGEN
<i>glipizide XL</i>	BYETTA	GLUCAGON
<i>glipizide/metformin</i>	DUETACT	GLUCOPHAGE
<i>glucose tab</i>	HUMALOG products	GLUCOPHAGE XR
<i>glyburide</i>	HUMULIN products	GLUCOSE
<i>glyburide micronized</i>	JANUMET	(all other brands)
<i>glyburide/metformin</i>	JANUVIA	GLUCOTROL
<i>glycron</i>	LANTUS	GLUCOTROL XL
<i>metformin</i>	LEVEMIR	GLUCOVANCE
<i>metformin ER</i>	NOVOLOG products	GLUMETZA
<i>nateglinide</i>	PRANDIN	GLYCRON
<i>tolazamide</i>	PROGLYCEM	GLYNASE
<i>tolbutamide</i>	STARLIX	GLYSET
	SYMLIN	METAGLIP
	SYMLINPEN	NOVOLIN products
		ONGLYZA
		PRANDAMET
		PRECOSE
		RELION products
		RIOMET

DIABETIC SUPPLIES (*diabetes*)

	BD lancets	ACCUCHEK
	BD pen needles	ASCENSIA
	BD insulin syringes	ASSURE
	FREESTYLE	AUTOLET
	glucose test strips	Glucose test strips
	FREESTYLE LITE	(all other brands)
	glucose test strips	Insulin syringes
	ONE TOUCH BASIC/ PROFILE/ONE TOUCH	(all other brands)
	glucose test strips	Lancets
	ONE TOUCH FAST TAKE	(all other brands)
	glucose test strips	MONOJECT SYRINGE
	ONE TOUCH SURE STEP	PRESTIGE
	glucose test strips	SOFTCLIX
	ONE TOUCH ULTRA	UNISTIK
	glucose test strips	
	PRECISION Q-I-D	
	glucose test strips	
	PRECISION SOF-TACT	
	glucose test strips	
	PRECISION XTRA	
	glucose test strips	
	PRECISION XTRA	
	ketone test strips	
	SURESTEP	
	glucose test strips	

TIER ONE Preferred generic medications	TIER TWO Preferred brand-name medications	TIER THREE Nonpreferred medications
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BLOOD THINNING AGENTS (*stroke prevention*)

<i>anagrelide</i>	AGGRENOX	AGRYLIN
<i>cilostazol</i>	FRAGMIN	ARIXTRA
<i>dipyridamole</i>	PLAVIX	COUMADIN
<i>jantoven</i>		EFFIENT
<i>ticlopidine</i>		INNOHEP
<i>warfarin</i>		LOVENOX
		PERSANTINE
		PLETAL

PEDIATRIC VITAMINS WITH FLOURIDE

<i>chewable multivitamin/fluoride</i>		
<i>multiple vitamins/fluoride</i>		
<i>poly-vitamin/fluoride</i>		
<i>tri-vitamin/fluoride</i>		
<i>vitamins A/D/C/f/fluoride</i>		

PRENATAL MULTIVITAMIN WITH IRON AND FOLIC ACID

<i>vita-natal</i>		MYNATAL
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UPPER CASE = brand name medication
lower case italics = generic medication

Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most common ones. If you have any questions about your pharmacy benefit or want to know if a particular medication not listed here is covered under your plan, please visit Aetna's secure website at www.aetna.com. If you don't have access to our website, call the Member Services number on your ID card.

We want to help you get the right drug at the right cost — get the most out of your plan.

Tools to help you make decisions and save money

Your Aetna Navigator® member website is your gateway to a number of helpful tools and information. This personalized website holds all your specific plan information and details.

With Aetna Navigator you can find information that will help you and your doctor make decisions about your care and your prescription needs. And it will also help you make sure you are paying the right amount when you go to the pharmacy.

When you log in to **www.aetnavigators.com** with your protected user name and password, you can:

- **Search our Preferred Drug List**

Based on your plan design, you can save money when you and your doctor choose drugs on the Preferred Drug List. Drugs on this list are approved by the Food and Drug Administration. Coverage is not limited to drugs on this list and it is updated regularly.

- **Use our Price-a-DrugSM Tool**

Check out how much a drug may cost before you go to the pharmacy. You can also get a list of other similar, lower-cost medications that you can talk about with your doctor. Then compare the costs and see how much you could save by getting a prescription for one of those drugs instead.

- **Find a participating pharmacy and pay less**

When you use pharmacies that participate in the Aetna network, you will generally pay less for your prescription. They have agreed to negotiated prices. If you use nonparticipating pharmacies, you will pay full price and will have to submit a claim to request reimbursement.

- **Track your HSA account and deductible balances**

Knowing this information before you go to the doctor or pharmacy is important. It's good to know if you will be paying the cost out of your HSA account or out of pocket, or whether you've met your deductible and the plan will start paying part of the cost. Plus, if you think that the balances are not correct, you can always contact Member Services to check it out.

How to get to these tools

Members of an Aetna plan can start using Aetna Navigator and all its valuable information today.

First register on the site to get your protected user name and password.

- Go to **www.aetnavigators.com**
- Use the First Time User box to register
- Follow the instructions

If you're already registered, you can log in anytime — 24 hours a day, 7 days a week. Once you're in, just click on the links to these tools.

Aetna Navigator and its suite of tools can help you understand your plan — and get the most out of it.





If you need this material translated into another language, please call Member Services at 1-888-98-AETNA (1-888-982-3862).

Si usted necesita este documento en otro idioma, por favor llame a Servicios al Miembro al 1-888-98-AETNA (1-888-982-3862).

This material is for information only and is not an offer or invitation to contract. Not all services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health insurance plans contain exclusions and limitations.

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional.

Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions.

Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Policy forms issued in Oklahoma include: GR-23 and/or GR-29/GR-29N.

