











Pharmacy Coverage Glossary

Definitions on Aetna's Online Drug Search

| | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
|  | Generics (Covered; Tier 1 copayment) |
|  | Preferred Brands (Covered; Tier 2 copayment) |
|  | Non-Preferred Brands (Covered; Tier 3 copayment) |
|  | Preferred Specialty (Covered; Tier 4 copayment) |
|  | Non-Preferred Specialty (Covered; Tier 4 copayment) |
|  | Formulary Excluded (Not Covered; Members will be required to pay for the full cost out-of-pocket) |
|  | Copay Exception (Covered; no copayment required at in-network pharmacies) |
|  | Prior Authorization (Covered only in specific circumstances when special approval has been granted in advance; Tier variable based on drug) |
|  | Quantity Limit (Covered under specific quantity limits; Tier variable based on drug) |
|  | Step Therapy (Covered only in specific circumstances when alternative medications or additional treatments have proved ineffective) |

Changes Listed on Mailed Notices from Aetna

- ***Preferred to non-preferred:*** A prescription drug you take is moving to a more expensive cost-tier (meaning there will be a more expensive copayment each time you fill your prescription).
- ***Preauthorization required:*** A prescription drug you take will require special prior approval for continued coverage (meaning this drug will not be covered by your medical insurance until that approval is granted).
- ***Step therapy required:*** You will be required to complete additional therapeutic steps for continued coverage (meaning this medication will not be covered by your medical insurance until alternative medications or additional treatments have proved ineffective).
- ***Quantity limits apply:*** A prescription drug you take will have quantity limitations for coverage within a specific time period.
- ***Moving to non-formulary:*** A prescription drug you take will no longer be covered by medical insurance due to the availability of more cost-effective brands or dosages.

2026 Tiered Prescription Drug Copays

| | Aetna Value Network HMO | Aetna Broad HMO | Aetna High Deductible Health Plan (HDHP) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------|
| | | | In-Network | Out-of-Network |
| Prescription Drugs¹ Copays listed are for a 30-day supply (including dental Rx prescriptions through participating pharmacies only) | Tier 1 - \$15 Tier 2 - \$35 Tier 3 - \$60 Tier 4 - 30% (\$150 maximum) | Tier 1 - \$15 [†] Tier 2 - \$35 [†] Tier 3 - \$60 [†] Tier 4 - 30% (\$150 maximum) [†] | Tier 1 - \$10* Tier 2 - \$30* Tier 3 - \$50* Tier 4 - 30% (\$150 maximum)* | Not Covered |

¹ All medical plans use a standard pharmacy drug list of covered prescription drugs that is routinely reviewed and updated by the insurance carrier.

[†] These HMO copays are not subject to the deductible, and the copay will apply before the deductible has been met.

* HDHP prescription medication copays only apply after the deductible has been met.