

SERFF Tracking Number:	AENX-125488643	State:	Arkansas
Filing Company:	Aetna Life Insurance Company	State Tracking Number:	38172
Company Tracking Number:	GH AR0001101F01		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001C Any Size Group - Other
Product Name:	2008 Pharmacy		
Project Name/Number:	2008 Pharmacy/GH AR0001101F01		

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2008 Pharmacy

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other

Filing Type: Form

SERFF Tr Num: AENX-125488643 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: GH AR0001101F01

Co Status:

Author: SPI AetnaSPI

Date Submitted: 02/14/2008

State Tr Num: 38172

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 04/16/2008

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Pharmacy

Project Number: GH AR0001101F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/16/2008

State Status Changed: 04/16/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

The purpose of this filing is to address the following changes to our prescription drug product:

1. Add a generic drug prescription plan option. This plan also has the flexibility to cover brand name drugs when no generic drug is available to treat a person's disease or injury when a medical exception is obtained.
2. Add new copay options for self-injectable drugs. These options include a dollar copay feature and a minimum and maximum dollar limit for percentage copays.

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Company and Contact

Filing Contact Information

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com

Manager

151 Farmington Avenue (860) 279-1282 [Phone]

Hartford, CT 06156 (860) 952-2069[FAX]

Filing Company Information

Aetna Life Insurance Company

CoCode: 60054

State of Domicile: Connecticut

151 Farmington Avenue

Group Code: 1

Company Type:

Hartford, CT 06156

Group Name: Aetna

State ID Number:

(860) 273-7546 ext. [Phone]

FEIN Number: 06-6033492

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
tbd	\$50.00	02/14/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/16/2008	04/16/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/07/2008	04/07/2008	SPI AetnaSPI	04/14/2008	04/14/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Filing fee check	Supporting Document	SPI AetnaSPI	03/26/2008	03/26/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Filer	Rosalind Minor	03/07/2008	03/07/2008

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Disposition

Disposition Date: 04/16/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Filing fee check	Approved-Closed	Yes
Form	Understanding Your Prescription Drug Plan	Approved-Closed	Yes
Form	Your Prescription Drug Plan	Approved-Closed	Yes
Form	Precertification	Approved-Closed	Yes
Form (revised)	Exclusions that apply to Prescription Drug Insurance	Approved-Closed	Yes
Form	Exclusions that apply to Prescription Drug Insurance	Withdrawn	No
Form	Copays and Deductibles	Approved-Closed	Yes
Form	Covered Prescription Drug Expenses	Approved-Closed	Yes
Form	Limitations	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/07/2008

Submitted Date 04/07/2008

Respond By Date

Dear John Ciesielski,

This will acknowledge receipt of the captioned filing.

Objection 1

- Exclusions that apply to Prescription Drug Insurance (Form)

Comment: Please refer to your exclusion for Contraception. It is requested that you review ACA 23-79-1101 et al, Equity in Prescription Insurance & Contraceptive Coverage.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 04/14/2008

Submitted Date 04/14/2008

Dear Rosalind Minor,

Comments:

Dear: Rosalind Minor

This is a response to Objection 1 dated April 7, 2008.

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GR-9N 28-020 02 has been revised as directed pursuant to ACA 23-79-1101 et al, Equity in Prescription Insurance & Contraceptive Coverage.

Response 1

Comments: This is revised form that modifies exclusion for contraceptives

Related Objection 1

Applies To:

- Exclusions that apply to Prescription Drug Insurance (Form)

Comment:

Please refer to your exclusion for Contraception. It is requested that you review ACA 23-79-1101 et al, Equity in Prescription Insurance & Contraceptive Coverage.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Exclusions that apply to GR-9N Prescription Drug Insurance	28-020 02		Certificate Amendment, Insert Page, Endorsement or Rider	Initial		41	GR-9N 28-020 02.PDF
Previous Version Exclusions that apply to GR-9N Prescription Drug Insurance	28-020 02		Other	Initial		41	GR-9N 28-020 02.PDF

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Amendment Letter

Amendment Date:

Submitted Date: 03/26/2008

Comments:

filing fee check

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Filing fee check

Comment: pdf copy of check# 553377

Filing fee check.PDF

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Note To Filer

Created By:

Rosalind Minor on 03/07/2008 09:55 AM

Subject:

Filing Fee

Comments:

As of this date, a filing fee has not been received. The filing will not be reviewed until the fee is received by our Department.

If your records indicate that a check has been sent, please send me the check number and the date it was mailed.

Thank you for your cooperation in this matter.

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GR-9N 12-005 03	Other	Understanding Your Prescription Drug Plan	Initial		53	GR-9N 12-005 03.PDF
Approved-Closed	GR-9N 13-005 02	Other	Your Prescription Drug Plan	Initial		52	GR-9N 13-005 02.PDF
Approved-Closed	GR-9N 13-010 02	Other	Precertification	Initial		51	GR-9N 13-010 02.PDF
Approved-Closed	GR-9N 28-020 02	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Exclusions that apply to Prescription Drug Insurance	Initial		41	GR-9N 28-020 02.PDF
Approved-Closed	GR-9N S-26-010 02	Other	Copays and Deductibles	Initial		0	GR-9N S-26-010 02.PDF
Approved-Closed	GR-9 12128-1	Other	Covered Prescription Drug Expenses	Initial		42	GR-9 12128-1.PDF
Approved-Closed	GR-9 12129-1	Other	Limitations	Initial		53	GR-9 12129-1.PDF

[Your Aetna Prescription Drug [Expense] Insurance [Coverage]]

Understanding Your Aetna Prescription Drug [Plan]

It is important that you have the information and useful resources to help you get the most out of your **Aetna prescription drug [plan]**. This Booklet-Certificate explains:

- [That the **prescription drug [plan]** only covers **generic prescription drugs**;
- That a **brand-name prescription drugs** is not a **covered expense** under the **prescription drug [plan]** [unless a medical exception is obtained.]]
- Definitions you need to know;
- How to access [**network**] **pharmacies** and procedures you need to follow;
- What **prescription drug** expenses are covered and what limits may apply;
- What **prescription drug** expenses are not covered by the plan;
- How you share the cost of your covered **prescription drug** expenses [; and.
- [Other important information such as eligibility, complaints and appeals, termination, and general administration of the plan.]]

[Important Note:

- Unless otherwise indicated “you” refers to you and your covered dependents. You can refer to the *Eligibility* section for a complete definition of “you”.
- Your **prescription drug** plan pays benefits only for **prescription drug** expenses described in this Booklet-Certificate as **covered expenses** that are **medically necessary**.
- This Booklet-Certificate applies to coverage only and does not restrict your ability to receive **prescription drugs** that are not or might not be covered benefits under this **prescription drug** plan.
- Store this Booklet-Certificate in a safe place for future reference.]

Important Note:

- The plan does not cover all **prescription drugs**, medications and supplies. Refer to the *Limitations* section of this coverage and the *Exclusions* section of this Booklet-Certificate.
- **Covered expenses** are subject to cost sharing requirements as described in the *Cost Sharing* section of this coverage and the [*Summary of Benefits*].
- [**Prescription drugs** will only be covered when obtained through a [**network pharmacy**].]
- [[Self-]injectable drugs will only be covered when obtained through **Aetna’s specialty pharmacy network**.]
- [Your **prescription drug** coverage is a direct plan for both [network] and [out-of-network] benefits. You must pay the pharmacy for the entire cost of your **prescription drug** and obtain reimbursement from **Aetna** for **covered expenses**.]

[What The Plan Covers]

[Your Prescription Drug Plan [Expense] Insurance [Coverage]]

Outpatient Prescription Drug Benefit

The plan covers charges for **medically necessary** outpatient **prescription drugs** for the treatment of an **illness** or **injury**, subject to the *Limitations* section of this coverage and the *Exclusions* section of the Booklet-Certificate. **Prescriptions** must be written by a **prescriber** licensed to prescribe federal legend **prescription drugs**.

[The plan covers only **generic prescription drugs**. **Brand-name prescription drugs** are not **covered expenses** [unless no **generic prescription drug** is available to treat your **illness** or **injury** and a medical exception is obtained. Refer to the *Medical Exceptions* described under *Precertification* for information on how your **prescriber** can obtain a medical exception.]

[Your **prescription drug** benefit coverage is based on Aetna's [preferred drug [list]]. The [preferred drug [list]] includes both **brand-name [prescription] drugs** and **generic [prescription] drugs**. Your out-of-pocket expenses may be higher if your **physician** prescribes a covered **prescription drug** not appearing on the [preferred drug [list]].]

[**Generic [prescription] drugs** may be substituted by your pharmacist for **brand-name [prescription] drugs**. [You may minimize your out-of-pocket expenses by selecting a **generic [prescription] drug** when available.]

[Coverage of **prescription drugs** may, in Aetna's sole discretion, be subject to [precertification] [,step therapy] [or] other Aetna requirements or limitations.] **Prescription drugs** covered by this plan are subject to drug utilization review by Aetna and/or your **provider** and/or your [network] **pharmacy**.

[The plan does not cover charges for **prescription drugs** listed on the [formulary] **exclusions list**. Drugs on the [formulary] **exclusions list** are excluded from coverage unless a medical exception for coverage is obtained. If it is **medically necessary** for you to use a **prescription drug** on the [formulary] **exclusions list**, the **prescriber** who prescribed the drug must request coverage as a medical exception. Refer to the *Medical Exceptions* description under *Precertification* for information on how your **prescriber** can obtain a medical exception for your **prescription** if necessary.]

Coverage for **prescription drugs** and supplies is limited to the supply limits as described below.

Retail Pharmacy Benefits

Outpatient **prescription drugs** are covered when dispensed by a **[network]** retail **pharmacy**. Each **prescription** is limited to a maximum [30] day supply when filled at a **[network]** retail **pharmacy**. **Prescriptions** for more than a [30] day supply are not eligible for coverage when dispensed by a **[network]** retail **pharmacy**.

[All **prescriptions** and refills over a [30] day supply must be filled at a **mail order pharmacy**.]

[All **prescription** refills after the [initial fill] [first refill] [second refill] [third refill] at a **[network]** retail **pharmacy** must be filled at a **[network]** **mail order pharmacy**.]

[Mail Order Pharmacy Benefits

Outpatient **prescription drugs** are covered when dispensed by a **[network]** **mail order pharmacy**. Each **prescription** is limited to a maximum [30] day supply when filled at a **[network]** **mail order pharmacy**. **Prescriptions** [less than a [30] day supply or] [more than a [100] day supply] are not eligible for coverage when dispensed by a **[network]** **mail order pharmacy**.

You are required to obtain **prescriptions** at a **[network]** **mail order pharmacy** for [all **prescriptions** and [all **prescription drug** refills] greater than a 30 day supply] [after the [initial fill][first refill][second refill][third refill] at a retail **pharmacy**.]

[The plan will not cover outpatient **prescription drugs** received through an **[out-of-network]** **mail-order pharmacy**.]

[Self-] Injectable Drug Benefits

[Network Benefits for [Self-] Injectable Drugs.

[Self-]injectable **drugs** are covered at the network level of benefits only when dispensed through a **[network]** retail **pharmacy** or **Aetna's specialty pharmacy network**. Refer to the **[preferred drug [list]]** for a list of **[self-]injectable drugs**. You may refer to **Aetna's** website, [\[www.aetna.com\]](http://www.aetna.com) to review the list anytime. The list may be updated from time to time.

The initial **prescription** for a **[self-]injectable drug** must be filled at a **[network]** retail **pharmacy** or at **Aetna's specialty pharmacy network**.

You are required to obtain **[self-]injectable drugs** at **Aetna's specialty pharmacy network** for all **prescription drug** refills after the [initial fill] [first refill] [second refill] [third refill]. Each **prescription** is limited to a maximum [30] day supply when filled at **Aetna's specialty pharmacy network**.]

[Out-of-Network Benefits for [Self-] Injectable Drugs.

[Self-] injectable **drugs** are covered at the [out-of-network] level of benefits for an injectable **prescription drug** obtained from an **[out-of-network]** **pharmacy** up to a [30] day supply.]

[Additional Covered Expenses

GR-9N

13-005

02

[--]

[00000]

The following **prescription drugs**, medications and supplies are also **covered expenses** under this coverage.]

[**Off-Label Use**

FDA approved **prescription drugs** may be covered when the off-label use of the drug has not been approved by the FDA for that indication. The drug must be recognized for treatment of the indication in one of the standard compendia (the United States Pharmacopoeia Drug Information, or the American Hospital Formulary Service Drug Information) or, the safety and effectiveness of use for this indication has been adequately demonstrated by at least one study published in a nationally recognized peer review journal. [Coverage of off-label use of these drugs may, in **Aetna's** sole discretion, be subject to [**precertification**,] [**step-therapy**] or other **Aetna** requirements or limitations.]

[[**Diabetic Supplies**. The following diabetic supplies upon **prescription** by a **physician**:

- Diabetic needles and syringes.
- Test strips for glucose monitoring and/or visual reading.
- Diabetic test agents.
- Lancets/lancing devices.
- Alcohol swabs.]

[**Contraceptives**. The following contraceptives and contraceptive devices:

- Oral Contraceptives.
- Diaphragm[s]. [1, per 365 consecutive day period].
- Injectable contraceptives.
- Contraceptive patches.
- Contraceptive rings.
- Implantable contraceptives and IUDs are covered when obtained from a **physician**. The **physician** will provide insertion and removal of the drugs or device.]

[[Injectable] Infertility Drugs. The following **prescription drugs** used for the purpose of treating **infertility** [including, but not limited to:] [.]

- [Urofollitropin, menotropin, human chorionic gonadotropin and progesterone.]

[Lifestyle/Performance Drugs. The following lifestyle/performance drugs:

- Sildenafil Citrate, phentolamine, apomorphine and alprostadil in oral[,injectable] and topical (including but not limited to gels, creams, ointments and patches) forms or any other form used internally or externally. Expenses include any **prescription drug** in oral or topical from that is similar or identical class, has a similar or identical mode of action or exhibits similar or identical outcomes.

Coverage is limited to [1-15] pills or other form, determined cumulatively among all forms, for unit amounts as determined by **Aetna** to be similar in cost to oral forms, per [30-34] day supply. [Mail order and [60-100] day supplies are not covered.]

[[**Precertification**]]

[**Precertification**] is required for certain outpatient **prescription drugs**. **Prescribers** must contact **Aetna** or an affiliate to request and obtain coverage for such **prescription drugs**. The list of drugs requiring [**precertification**] is subject to periodic review and modification by **Aetna** or an affiliate. An updated copy of the list of drugs requiring [**precertification**] shall be available upon request or may be accessed on line and can be found in the **Aetna [preferred drug [list]]** available online at [www.aetna.com/formulary].

Failure to [**precertify**] will result in a reduction of benefits (see the [*Summary of Benefits*]), or denial of coverage, so be sure to ask your **prescriber** or pharmacist if the drug being considered requires [**precertification**].

How to Obtain [Precertification]

If an outpatient **prescription drug** requires [**precertification**] and you use a [**network**] **pharmacy** the **prescriber** is required to obtain [**precertification**] for you.

[When you use an [**out-of-network**] **pharmacy**, you can begin the [**precertification**] process by having the **prescriber** call **Aetna** at the number on your ID card.]

Aetna will let your **prescriber** know if the **prescription drug** is [**precertified**].

If [**precertification**] is denied **Aetna** will notify you how the decision can be **appealed**.]

[Step-Therapy

Step-therapy is another form of [**precertification**]. With **step-therapy**, certain medications will be excluded from coverage unless one or more “prerequisite therapy” medications are tried first or unless the **prescriber** obtains a medical exception.

[[The plan will not cover the **step-therapy** drug.] [A benefit reduction will be applied] if your **prescriber** does not prescribe a prerequisite drug first or fails to obtain a medical exception.]

Lists of the **step-therapy** drugs and prerequisite drugs are included in the **Aetna [preferred drug [list]]** available upon request or online at [www.aetna.com/formulary]. The list of step therapy drugs are subject to change by **Aetna** or an affiliate.]

[Medical Exceptions

Your **prescriber** may seek a medical exception to obtain coverage for [drugs [listed on the [**preferred drug**] **exclusions list** or] for which coverage is denied through [**precertification**] [or] [**step therapy**][or **brand-name prescription drugs**]. Such exception requests shall be made by the **prescriber** to the [Precertification Department of **Aetna’s** Pharmacy Management Department]. Coverage granted as a result of a medical exception shall be based on an individual, case by case **medical necessity** determination and coverage will not apply or extend to other covered persons.]

Exclusions That Apply to [Basic][Limited][PPO] Prescription Drug Insurance

Not every health care service or supply is covered by the plan, even if prescribed, recommended, or approved by your **physician** or **dentist**. The plan covers only those services and supplies that are included in the [*What the Plan Covers*] section. Charges made for the following are **not** covered. In addition, some services are specifically limited or excluded. This section describes expenses that are **not** covered or subject to special limitations

[These **prescription drug** exclusions are in addition to the exclusions listed under your medical coverage]

The plan does not cover the following expenses:

[Administration or injection of any drug;]

[Any charges in excess of the benefit, dollar, day, or supply limits stated in this Booklet-Certificate;]

[Allergy sera and extracts;]

[Any non-emergency charges incurred outside of the United States if you traveled to such location to obtain **prescription drugs**, or supplies, even if otherwise covered under this Booklet-Certificate, or such drugs or supplies are unavailable or illegal in the United States, or the purchase of such **prescription drugs** or supplies outside the United States is considered illegal.]

[Any drugs or medications, services and supplies that are not [**medically necessary**], as determined by **Aetna**, for the diagnosis, care or treatment of the **illness** or **injury** involved. This applies even if they are prescribed, recommended or approved by your **physician** or **dentist**;]

[Biological sera, blood, blood plasma, blood derivatives or substitutes or any other blood products;]

[**Brand-name prescription drugs**[, unless otherwise covered by medical exception.]]

[Contraception except for charges incurred for contraceptive drugs and devices not otherwise covered under this plan.]

[Cosmetic drugs, medications or preparations used for cosmetic purposes or to promote hair growth, including but not limited to health and beauty aids, chemical peels, dermabrasion, treatments, bleaching, creams, ointments or other treatments or supplies, to remove tattoos, scars or to alter the appearance or texture of the skin.]

[Drugs administered or entirely consumed at the time and place it is prescribed or dispensed.]

[Drugs or supplies used for the treatment of erectile dysfunction, impotence or sexual dysfunction or inadequacy in oral, injectable and topical forms or any other form used internally or externally (including but not limited to gels, creams, ointments and patches). Any **prescription drug** in oral, topical or any other form that is in a similar or identical class; has a similar or identical mode of action; or exhibits similar or identical outcomes including but not limited to:

- Sildenafil citrate;
- Phentolamine;
- Apomorphine;
- Alprostadil; or
- Any other **prescription drug** that is in a similar or identical class; or has a similar or identical mode of action or exhibits similar or identical outcomes.]

[Drugs which do not, by federal or state law, require a **prescription** order (i.e. over-the-counter (OTC) drugs), even if a **prescription** is written.]

[Drugs provided by, or while the person is an inpatient in, any healthcare facility; or for any drugs provided on an outpatient basis in any such institution to the extent benefits are payable for it.]

[Drugs used primarily for the treatment of infertility, or for or related to artificial insemination, in vitro fertilization, or embryo transfer procedures, except as described in the [*What the Plan Covers*] section.]

[Drugs used for the purpose of weight gain or reduction, including but not limited to stimulants, preparations, foods or diet supplements, dietary regimens and supplements, food or food supplements, appetite suppressants and other medications.]

[Drugs used for the treatment of obesity.]

[All drugs or medications in a **therapeutic drug class** if one of the drugs in that **therapeutic drug class** is not a **prescription drug**.]

[**Durable medical equipment**, monitors and other equipment.]

[**Experimental or investigational** drugs or devices, except as described in the [*What the Plan Covers*] section.]

[This exclusion will **not** apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or
- Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute; and
- **Aetna** determines, based on available scientific evidence, are effective or show promise of being effective for the **illness**.]

[Food and nutritional items: Any food item, including infant formulas, nutritional supplements, vitamins, [including **prescription** vitamins], medical foods and other nutritional items, even if it is the sole source of nutrition.]

[Genetics: Any treatment, device, drug, or supply to alter the body's genes, genetic make-up, or the expression of the body's genes except for the correction of congenital birth defects.]

[Growth/Height: Any treatment, device, drug or supply to increase or decrease height or alter the rate of growth, including devices to stimulate growth, and growth hormones.]

[Immunization or immunological agents.]

[Implantable drugs and associated devices.]

[Injectables:

- Any charges for the administration or injection of **prescription drugs** or injectable insulin and other injectable drugs covered by **Aetna**;
- Injectable agents, except insulin;
- [Injectable drugs dispensed by **[out-of-network] pharmacies**];
- [Needles and syringes, [including but not limited to] [except for] diabetic needles and syringes];
- [injectable drugs if on alternative oral drug is available];
- [Self-][injectable drugs, unless dispensed through **Aetna**'s specialty injectable network];
- [For any refill of a designated [self-] injectable drug not dispensed by or obtained through the **specialty pharmacy network**. An updated copy of the list of [self-] injectable drugs designated by this plan to be refilled by or obtained through the **specialty pharmacy network** is available upon request or may be accessed at the **Aetna** website at [www.aetna.com].]

[Insulin pumps or tubing or other ancillary equipment and supplies for insulin pumps.]

[**Prescription drugs** dispensed by a retail **pharmacy**.]

[**Prescription drugs** dispensed by an **[out-of-network] [mail order] pharmacy**, except in a medical emergency or urgent care situation.]

[**Prescription drugs** for which there is an over-the-counter (OTC) product which has the same active ingredient and strength even if a **prescription** is written.]

[**Prescription drugs**, medications, injectables or supplies provided through a third party vendor contract with the [policyholder].]

[**Prescription drugs** listed in the **formulary exclusions** list in the **[formulary][preferred] drug guide** [unless a medical exception has been obtained].]

[**Prescription drugs** packaged in unit dose form.]

[**Prescription** orders filled prior to the effective date or after the termination date of coverage under this Booklet-Certificate.]

[Prophylactic drugs for travel.]

Refills in excess of the amount specified by the **prescription** order. Before recognizing charges, **Aetna** may require a new **prescription** or evidence as to need, if a **prescription** or refill appears excessive under accepted medical practice standards.

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[00000]

Refills dispensed more than one year from the date the latest **prescription** order was written, or as otherwise permitted by applicable law of the jurisdiction in which the drug is dispensed.

Replacement of lost or stolen **prescriptions**.

[Drugs, services and supplies provided in connection with treatment of an **occupational injury** or **occupational illness**.]

[Smoking: Any treatment, drug, service or supply to stop or reduce smoking or the use of other tobacco products or to treat or reduce nicotine addiction, dependence or cravings, including, medications, nicotine patches and gum.]

Strength and performance: Drugs or preparations, devices or supplies to enhance strength, physical condition, endurance or physical performance, including performance enhancing steroids.

Sex change: Any treatment, drug or supply related to changing sex or sexual characteristics, including hormones and hormone therapy.

Sexual dysfunction/enhancement: Any drug or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire, including:

- Drugs, implants, devices or preparations to correct or enhance erectile function, enhance sensitivity, or alter the shape or appearance of a sex organ.

Supplies, devices or equipment of any type, except as specifically provided in the [*What the Plan Covers*] section.

Test agents [except diabetic test agents].

Regulator Note - In addition to the General Exclusion items listed on the previous pages, the following exclusions apply to [Limited] [Comprehensive] [Major] Medical Plans with a PPO Prescription Drug Expense Plan:

[Drugs used for the treatment of [alcoholism and drug abuse] [**substance abuse**] [and mental disorders.]]

Drugs, services and supplies provided in connection with the treatment of an **injury** sustained while the covered person was legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the **injury** occurred.

Drugs, services and supplies provided in connection with the treatment of an **injury** sustained while the covered person was voluntarily using any drug, narcotic or controlled substance unless as prescribed by a **physician**.

Drugs, services and supplies provided in connection with the treatment of an **illness** or **injury** sustained while flying as a pilot or crew member of any aircraft or travel or flight. This includes boarding or alighting in any vehicle or device while being used for any test or experimental purposes or while being operated by, for, or under the direction of any military authority other

than the Military Airlift Command of the United States or similar air transport service of any other country.

Drugs, services and supplies provided by a **hospital** or treatment facility owned or run by the U.S. government unless a charge is made for such services in the absence of insurance.

Drugs, services and supplies provided by a **hospital** which does not unconditionally require payment (this does not apply to charges billed by Veterans Administration Hospitals).

Drugs, services and supplies provided during any phase of a process relating to replacement of solid organs, stem cells, bone marrow or tissue.

Drugs, services and supplies provided to treat an **injury** caused by, or resulting from, participation in any riot, civil commotion or service in the Armed Forces of any country.

[Summary of Benefits]

COPAYS/DEDUCTIBLES

Per Prescription Copay/Deductible	[NETWORK]	[OUT-OF-NETWORK]
[Generic and Brand-Name [Prescription] Drugs]		
[For each [30 - 36] day supply]	<p>[\$0 - \$75]</p> <p>[[0% - 60%] of the negotiated charge]</p> <p>[The greater of [\$0 - \$75] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$300]]</p>	<p>[\$0 - \$75]</p> <p>[[0% - 60%] of the recognized charge]</p> <p>[The greater of [\$0 - \$75] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$300]]</p>
[For more than a [30 - 36] day supply but less than a [61 - 101]day supply]	<p>[\$0 - \$225]</p> <p>[[0% - 60%] of the negotiated charge]</p> <p>[The greater of [\$0 - \$225] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>	<p>[\$0 - \$225]</p> <p>[[0% - 60%] of the recognized charge]</p> <p>[The greater of [\$0 - \$225] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>
[Generic [Prescription] Drug]		
[For each [30 - 36] day supply]	<p>[\$0 - \$75]</p> <p>[[0% - 60%] of the negotiated charge]</p> <p>[The greater of [\$0 - \$75] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$300]]</p>	<p>[\$0 - \$75]</p> <p>[0% - 60% of the recognized charge]</p> <p>[The greater of [\$0 - \$75] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$300]]</p>

[Summary of Benefits]

<p>[For more than a [30 - 36] day supply but less than a [61 - 101] day supply]</p>	<p>[\$0 - \$225]</p> <p>[[0% - 60%] of the negotiated charge]</p> <p>[The greater of [\$0 - \$225] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>	<p>[\$0 - \$225]</p> <p>[[0% - 60%] of the recognized charge]</p> <p>[The greater of [\$0 - \$225] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>
<p>[Brand-Name [Prescription] Drugs]</p>		
<p>[For each [30 - 36] day supply]</p>	<p>[\$0 - \$75]</p> <p>[[0% - 60%] of the negotiated charge]</p> <p>[The greater of [\$0 - \$75] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$300]]</p>	<p>[\$0 - \$75]</p> <p>[[0% - 60%] of the recognized charge]</p> <p>[The greater of [\$0 - \$75] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$300]]</p>
<p>[For more than a [30 - 36] day supply but less than a [61 - 101]day supply]</p>	<p>[\$0 - \$225]</p> <p>[[0% - 60%] of the negotiated charge]</p> <p>[The greater of [\$0 - \$225] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>	<p>[\$0 - \$225]</p> <p>[[0% - 60%] of the recognized charge]</p> <p>[The greater of [\$0 - \$225] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>
<p>[Preferred Generic [Prescription] Drug]</p>		
<p>[For each [30 - 36] day supply]</p>	<p>[\$0 - \$75]</p> <p>[[0% - 60%] of the negotiated charge]</p> <p>[The greater of [\$0 - \$75] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$300]]</p>	<p>[\$0 - \$75]</p> <p>[[0% - 60%] of the recognized charge]</p> <p>[The greater of [\$0 - \$75] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$300]]</p>

[Summary of Benefits]

<p>[For more than a [30 - 36] day supply but less than a [61 - 101]day supply]</p>	<p>[\$0 - \$225]</p> <p>[[0% - 60%] of the negotiated charge</p> <p>[The greater of [\$0 - \$225] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>	<p>[\$0 - \$225]</p> <p>[[0% - 60%] of the recognized charge]</p> <p>[The greater of [\$0 - \$225] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>
<p>[Preferred Brand-Name [Prescription] Drug]</p>		
<p>[For each [30 - 36] day supply]</p>	<p>[\$0 - \$75]</p> <p>[[0% - 60%] of the negotiated charge</p> <p>[The greater of [\$0 - \$75] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$300]]</p>	<p>[\$0 - \$75]</p> <p>[[0% - 60%] of the recognized charge]</p> <p>[The greater of [\$0 - \$75] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$300]]</p>
<p>[For more than a [30 - 36] day supply but less than a [61 - 101]day supply]</p>	<p>[\$0 - \$225]</p> <p>[[0% - 60%] of the negotiated charge</p> <p>[The greater of [\$0 - \$225] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>	<p>[\$0 - \$225]</p> <p>[[0% - 60%] of the recognized charge]</p> <p>[The greater of [\$0 - \$225] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>

[Summary of Benefits]

[Non-Preferred [Generic and] Brand-Name [Prescription] Drugs]		
[For each [30 - 36] day supply]	[\$0 - \$75] [[0% - 60%] of the negotiated charge [The greater of [\$0 - \$75] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$300]]	[\$0 - \$75] [[0% - 60%] of the recognized charge [The greater of [\$0 - \$75] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$300]]
[For more than a [30 - 36] day supply but less than a [61 - 101]day supply]	[\$0 - \$225] [[0% - 60%] of the negotiated charge [The greater of [\$0 - \$225] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$900]] [[3] times the [30 - 36] day supply]	[\$0 - \$225] [[0% - 60%] of the recognized charge [The greater of [\$0 - \$225] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$900]] [[3] times the [30 - 36] day supply]
[Preferred Brand-Name [Prescription] Drugs obtained with medical exception]		
[For each [30 - 36] day supply]	[\$0 - \$75] [[0% - 60%] of the negotiated charge [The greater of [\$0 - \$75] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$300]]	[\$0 - \$75] [[0% - 60%] of the recognized charge [The greater of [\$0 - \$75] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$300]]
[For more than a [30 - 36] day supply but less than a [61 - 101]day supply]	[\$0 - \$225] [[0% - 60%] of the negotiated charge [The greater of [\$0 - \$225] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$900]] [[3] times the [30 - 36] day supply]	[\$0 - \$225] [[0% - 60%] of the recognized charge [The greater of [\$0 - \$225] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$900]] [[3] times the [30 - 36] day supply]

[Summary of Benefits]

<p>[Non-Preferred Brand-Name [Prescription] Drugs obtained with medical exception]</p>		
<p>[For each [30 - 36] day supply]</p>	<p>[\$0 - \$100]</p> <p>[[0% - 60%] of the negotiated charge</p> <p>[The greater of [\$0 - \$100] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$300]]</p>	<p>[\$0 - \$100]</p> <p>[[0% - 60%] of the recognized charge</p> <p>[The greater of [\$0 - \$100] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$300]]</p>
<p>[For more than a [30 - 36] day supply but less than a [61 - 101]day supply]</p>	<p>[\$0 - \$300]</p> <p>[[0% - 60%] of the negotiated charge</p> <p>[The greater of [\$0 - \$300] or [0% - 60%] of the negotiated charge not to exceed [\$50 - \$900]]</p> <p>[[3] times the [30 - 36] day supply]</p>	<p>[\$0 - \$300]</p> <p>[[0% - 60%] of the recognized charge</p> <p>[The greater of [\$0 - \$300] or [0% - 60%] of the recognized charge not to exceed [\$50 - \$900]]</p> <p>[[3] times the [30 - 36] day supply]</p>
<p>[Self-Injectable Prescription Drugs]</p>		
<p>[For each [30 - 36] day supply]</p>	<p>[\$0 - \$100]</p> <p>[0% - 50%] of the negotiated charge [but not less than \$10 nor more than \$300]</p> <p>[The greater of [\$0 - \$75] or [0% - 50%] of the negotiated charge not to exceed [\$50 - \$300]]</p>	<p>[\$0 - \$100]</p> <p>[0% - 50%] of the recognized charge [but not less than \$10 nor more than \$300]</p> <p>[The greater of [\$0 - \$75] or [0% - 50%] of the recognized charge not to exceed [\$50 - \$300]]</p>
<p>[For more than a [30 - 36] day supply but less than a [61 - 101]day supply]</p>	<p>[\$0 - \$300]</p> <p>[[0% - 50%] of the negotiated charge [but not less than \$10 nor more than \$900]</p> <p>[The greater of [\$0 - \$225] or [0% - 50%] of the negotiated charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>	<p>[\$0 - \$300]</p> <p>[[0% - 50%] of the recognized charge [but not less than \$10 nor more than \$900]</p> <p>[The greater of [\$0 - \$225] or [0% - 50%] of the recognized charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>

[Summary of Benefits]

[Preferred Self-Injectable Prescription Drug]		
[For each [30 - 36] day supply]	<p>[\$0 - \$100]</p> <p>[0% - 50%] of the negotiated charge[but not less than \$10 nor more than \$300]</p> <p>[The greater of [\$0 - \$75] or [0% - 50%] of the negotiated charge not to exceed [\$50 - \$300]]</p>	<p>[\$0 - \$100]</p> <p>[0% - 50%] of the recognized charge [but not less than \$10 nor more than \$300]</p> <p>[The greater of [\$0 - \$75] or [0% - 50%] of the recognized charge not to exceed [\$50 - \$300]]</p>
[For more than a [30 - 36] day supply but less than a [61 - 101]day supply]	<p>[\$0 - \$300]</p> <p>[[0% - 50%] of the negotiated charge] [but not less than \$10 nor more than \$900]</p> <p>[The greater of [\$0 - \$225] or [0% - 50%] of the negotiated charge not to exceed [\$50 - \$900]]</p> <p>[[1-3] times the [30 - 36] day supply]</p>	<p>[\$0 - \$300]</p> <p>[[0% - 50%] of the recognized charge] [but not less than \$10 nor more than \$900]</p> <p>[The greater of [\$0 - \$225] or [0% - 50%] of the recognized charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>
[Non-Preferred Self-Injectable Prescription Drugs]		
[For each [30 - 36] day supply]	<p>[\$0 - \$100]</p> <p>[0% - 50%] of the negotiated charge [but not less than \$10 nor more than \$300]</p> <p>[The greater of [\$0 - \$75] or [0% - 50%] of the negotiated charge not to exceed [\$50 - \$300]]</p>	<p>[\$0 - \$100]</p> <p>[0% - 50%] of the recognized charge [but not less than \$10 nor more than \$300]</p> <p>[The greater of [\$0 - \$75] or [0% - 50%] of the recognized charge not to exceed [\$50 - \$300]]</p>
[For more than a [30 - 36] day supply but less than a [61 - 101]day supply]	<p>[\$0 - \$300]</p> <p>[[0% - 50%] of the negotiated charge] [but not less than \$10 nor more than \$900]</p> <p>[The greater of [\$0 - \$225] or [0% - 50%] of the negotiated charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>	<p>[\$0 - \$300]</p> <p>[[0% - 50%] of the recognized charge] [but not less than \$10 nor more than \$900]</p> <p>[The greater of [\$0 - \$225] or [0% - 50%] of the recognized charge not to exceed [\$50 - \$900]]</p> <p>[[1 - 3] times the [30 - 36] day supply]</p>

If you or your **prescriber** request a covered **brand-name [prescription] drug** when a covered **generic**

[Summary of Benefits]

[If you or your **prescriber** request a covered **brand-name [prescription] drug** when a covered **generic [prescription] drug** equivalent is available, you will be responsible for the cost difference between the **generic [prescription] drug** and the **brand-name [prescription] drug**, plus the applicable cost sharing.]

[If a **prescriber** prescribes a covered **brand-name [prescription] drug** where a **generic [prescription] drug** equivalent is available and specifies "Dispense As Written" (DAW), you will pay the cost sharing for the **brand-name [prescription] drug**. If you request a covered **brand-name [prescription] drug** where a **generic [prescription] drug** equivalent is available you will be responsible for the cost difference between the **brand-name [prescription] drug** and the **generic [prescription] drug** equivalent, plus the applicable cost sharing.]

[Covered Prescription Drug Expenses]

[[This plan pays the benefits shown below for certain **generic drug** expenses incurred for the treatment of a disease or injury. These benefits apply separately to each covered person.

A benefit will be paid for a **generic drug**. No benefit will be paid for a **brand name drug** [unless no **generic drug** is available to treat a covered person's disease or injury and a medical exception is obtained under the Precertification Program].

A benefit will be paid at the preferred level of coverage for a **generic drug** obtained from a **preferred pharmacy**, vendor, or supplier that Aetna designates to supply **generic drugs**.

A benefit will be paid at the non-preferred level of coverage for a **generic drug** obtained from a non-**preferred pharmacy**.]

[Copay Amounts]

[The [Medication Formulary] [Non-Medication Formulary] Brand Name Drug With Medical Exception Prescription Drug Expense Copays are:

[[[\$0-\$100] for Preferred Care; and
[\$0-\$100] for Non-Preferred Care]

[[10%-60%] of the negotiated rate between Aetna and the Preferred Pharmacy per prescription or refill for Preferred Care; and
[10% -60%] of the reasonable charge made by the Non-Preferred Pharmacy per prescription or refill for Non-Preferred Care.]

[the greater of [\$0-\$100] or [10%-60%] of the negotiated rate between Aetna and the Preferred Pharmacy but not more than [\$50-\$300], per prescription or refill for Preferred Care; and
[the greater of [\$0-\$100] or [10%-60%] of the reasonable charge made by the Non-Preferred Pharmacy but not more than [\$50-\$300], per prescription or refill for Non-Preferred Care.]

[Limitations]

[No benefits are paid under this section:

- For any **brand name drug** [unless obtained by medical exception].]

<i>SERFF Tracking Number:</i>	<i>AENX-125488643</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38172</i>
<i>Company Tracking Number:</i>	<i>GH AR0001101F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>2008 Pharmacy</i>		
<i>Project Name/Number:</i>	<i>2008 Pharmacy/GH AR0001101F01</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AENX-125488643</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38172</i>
<i>Company Tracking Number:</i>	<i>GH AR0001101F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>2008 Pharmacy</i>		
<i>Project Name/Number:</i>	<i>2008 Pharmacy/GH AR0001101F01</i>		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	04/16/2008
Comments:				
Attachments:				
	AR - READABILITY CERTIFICATION.PDF			
	AR - NAIC TRANSMITTAL DOC.PDF			
	AR - NAIC FORM FILING ATTACHMENT.PDF			
Bypassed -Name:	Application	Review Status:	Approved-Closed	04/16/2008
Bypass Reason:	n/a			
Comments:				
Satisfied -Name:	Filing fee check	Review Status:	Approved-Closed	04/16/2008
Comments:				
	pdf copy of check# 553377			
Attachment:				
	Filing fee check.PDF			

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR-9N 12-005 03	52.7
GR-9N 13-005 02	51.9
GR-9N 13-010 02	50.7
GR-9N 28-020 02	41.2
GR-9N S-26-010 02	0
GR-9 12128-1	41.9
GR-9 12129-1	52.8

Signed: _____

Name:

Title:

Date: _____

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	GH AR0001101F01
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7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8. Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
	Group	

9. Type of Insurance	H16G Group Health - Major Medical
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10. Product Coding Matrix Filing Code	H16G.001C Any Size Group - Other
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11. Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	Filing Submission Date	
13.	Filing Fee (If required)	Amount <u>\$50.00</u> Check Date <u>02/14/08</u> Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number <u>tbd</u>
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	<p>The purpose of this filing is to address the following changes to our prescription drug product:</p> <ol style="list-style-type: none"> 1. Add a generic drug prescription plan option. This plan also has the flexibility to cover brand name drugs when no generic drug is available to treat a person's disease or injury when a medical exception is obtained. 2. Add new copay options for self-injectable drugs. These options include a dollar copay feature and a minimum and maximum dollar limit for percentage copays. 	

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>John Ciesielski</u> Title <u>Product and Regulatory Affairs Manager</u></p>		
<p>Signature _____ Date _____</p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		GH AR0001101F01
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Understanding Your Prescription Drug Plan	GR-9N 12-005 03	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Your Prescription Drug Plan	GR-9N 13-005 02	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Precertification	GR-9N 13-010 02	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Exclusions that apply to Prescription Drug Insurance	GR-9N 28-020 02	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05	Copays and Deductibles	GR-9N S-26-010 02	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06	Covered Prescription Drug Expenses	GR-9 12128-1	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07	Limitations	GR-9 12129-1	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

Aetna

Aetna Inc.
Attn: Accounts Payable, RW51
151 Farmington Avenue
Hartford, CT 06156-9132

Issuing Dept.: Accounts Payable
Vendor Number: 32364

No.

553377

62-20311

02/26/2008

PAY *Fifty and 00/100 Dollars*

TO THE
ORDER OF

STATE OF ARKANSAS
ARKANSAS INSURANCE DEPT
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201
United States

*****\$50.00

NOT VALID AFTER 1 YEAR

Edward P. Davis Jr.
AUTHORIZED SIGNATURE

CTIBANK N.A.
ONE PENNSWAY, NEW CASTLE, DELAWARE 19720

DO NOT CASH IF EITHER BLUE BACKGROUND OR WATERMARKED PAPER IS MISSING! - HOLD TO LIGHT TO VERIFY WATERMARKED PAPER

⑈0000553377⑈ ⑆031100209⑆ 38591731⑈

<i>SERFF Tracking Number:</i>	<i>AENX-125488643</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38172</i>
<i>Company Tracking Number:</i>	<i>GH AR0001101F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>2008 Pharmacy</i>		
<i>Project Name/Number:</i>	<i>2008 Pharmacy/GH AR0001101F01</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Exclusions that apply to Prescription Drug Insurance	02/14/2008	GR-9N 28-020 02.PDF

Exclusions That Apply to [Basic][Limited][PPO] Prescription Drug Insurance

Not every health care service or supply is covered by the plan, even if prescribed, recommended, or approved by your **physician** or **dentist**. The plan covers only those services and supplies that are included in the [*What the Plan Covers*] section. Charges made for the following are **not** covered. In addition, some services are specifically limited or excluded. This section describes expenses that are **not** covered or subject to special limitations

[These **prescription drug** exclusions are in addition to the exclusions listed under your medical coverage]

The plan does not cover the following expenses:

[Administration or injection of any drug;]

[Any charges in excess of the benefit, dollar, day, or supply limits stated in this Booklet-Certificate;]

[Allergy sera and extracts;]

[Any non-emergency charges incurred outside of the United States if you traveled to such location to obtain **prescription drugs**, or supplies, even if otherwise covered under this Booklet-Certificate, or such drugs or supplies are unavailable or illegal in the United States, or the purchase of such **prescription drugs** or supplies outside the United States is considered illegal.]

[Any drugs or medications, services and supplies that are not [**medically necessary**], as determined by **Aetna**, for the diagnosis, care or treatment of the **illness** or **injury** involved. This applies even if they are prescribed, recommended or approved by your **physician** or **dentist**;]

[Biological sera, blood, blood plasma, blood derivatives or substitutes or any other blood products;]

[**Brand-name prescription drugs**[, unless otherwise covered by medical exception.]]

[Contraception:

- [Over the counter contraceptive supplies including but not limited to: condoms, contraceptive foams, jellies and ointments[;]]
- [Any drug, or supply to prevent or terminate pregnancy, including: birth control pills, patches and implantable contraceptive drugs[;]]
- [Contraceptive devices such as: inter-uterine devices (IUDs) and diaphragms, including initial fitting and insertion], [even if for a medical condition other than birth control[;][and]]
- [Services associated with the prescribing, monitoring and/or administration of contraceptives].]

[Cosmetic drugs, medications or preparations used for cosmetic purposes or to promote hair growth, including but not limited to health and beauty aids, chemical peels, dermabrasion, treatments, bleaching, creams, ointments or other treatments or supplies, to remove tattoos, scars or to alter the appearance or texture of the skin.]

[Drugs administered or entirely consumed at the time and place it is prescribed or dispensed.]

[Drugs or supplies used for the treatment of erectile dysfunction, impotence or sexual dysfunction or inadequacy in oral, injectable and topical forms or any other form used internally or externally (including but not limited to gels, creams, ointments and patches). Any **prescription drug** in oral, topical or any other form that is in a similar or identical class; has a similar or identical mode of action; or exhibits similar or identical outcomes including but not limited to:

- Sildenafil citrate;
- Phentolamine;
- Apomorphine;
- Alprostadil; or
- Any other **prescription drug** that is in a similar or identical class; or has a similar or identical mode of action or exhibits similar or identical outcomes.]

[Drugs which do not, by federal or state law, require a **prescription** order (i.e. over-the-counter (OTC) drugs), even if a **prescription** is written.]

[Drugs provided by, or while the person is an inpatient in, any healthcare facility; or for any drugs provided on an outpatient basis in any such institution to the extent benefits are payable for it.]

[Drugs used primarily for the treatment of infertility, or for or related to artificial insemination, in vitro fertilization, or embryo transfer procedures, except as described in the [*What the Plan Covers*] section.]

[Drugs used for the purpose of weight gain or reduction, including but not limited to stimulants, preparations, foods or diet supplements, dietary regimens and supplements, food or food supplements, appetite suppressants and other medications.]

[Drugs used for the treatment of obesity.]

[All drugs or medications in a **therapeutic drug class** if one of the drugs in that **therapeutic drug class** is not a **prescription drug**.]

[**Durable medical equipment**, monitors and other equipment.]

[**Experimental or investigational** drugs or devices, except as described in the [*What the Plan Covers*] section.]

[This exclusion will **not** apply with respect to drugs that:

- Have been granted treatment investigational new drug (IND); or Group c/treatment IND status; or
- Are being studied at the Phase III level in a national clinical trial sponsored by the National Cancer Institute; and
- **Aetna** determines, based on available scientific evidence, are effective or show promise of being effective for the **illness**.]

[Food and nutritional items: Any food item, including infant formulas, nutritional supplements, vitamins, [including **prescription** vitamins], medical foods and other nutritional items, even if it is the sole source of nutrition.]

[Genetics: Any treatment, device, drug, or supply to alter the body's genes, genetic make-up, or the expression of the body's genes except for the correction of congenital birth defects.]

[Growth/Height: Any treatment, device, drug or supply to increase or decrease height or alter the rate of growth, including devices to stimulate growth, and growth hormones.]

[Immunization or immunological agents.]

[Implantable drugs and associated devices.]

[Injectables:

- Any charges for the administration or injection of **prescription drugs** or injectable insulin and other injectable drugs covered by **Aetna**;
- Injectable agents, except insulin;
- [Injectable drugs dispensed by **[out-of-network] pharmacies**];
- [Needles and syringes, [including but not limited to] [except for] diabetic needles and syringes;]
- [injectable drugs if on alternative oral drug is available;]
- [Self-][injectable drugs, unless dispensed through **Aetna**'s specialty injectable network;]
- [For any refill of a designated [self-] injectable drug not dispensed by or obtained through the **specialty pharmacy network**. An updated copy of the list of [self-] injectable drugs designated by this plan to be refilled by or obtained through the **specialty pharmacy network** is available upon request or may be accessed at the **Aetna** website at [www.aetna.com].]

[Insulin pumps or tubing or other ancillary equipment and supplies for insulin pumps.]

[**Prescription drugs** dispensed by a retail **pharmacy**.]

[**Prescription drugs** dispensed by an **[out-of-network] [mail order] pharmacy**, except in a medical emergency or urgent care situation.]

[**Prescription drugs** for which there is an over-the-counter (OTC) product which has the same active ingredient and strength even if a **prescription** is written.]

[**Prescription drugs**, medications, injectables or supplies provided through a third party vendor contract with the [policyholder].]

[**Prescription drugs** listed in the **formulary exclusions** list in the **[formulary][preferred] drug guide** [unless a medical exception has been obtained].]

[**Prescription drugs** packaged in unit dose form.]

[**Prescription** orders filled prior to the effective date or after the termination date of coverage under this Booklet-Certificate.]

[Prophylactic drugs for travel.]

Refills in excess of the amount specified by the **prescription** order. Before recognizing charges, **Aetna** may require a new **prescription** or evidence as to need, if a **prescription** or refill appears excessive under accepted medical practice standards.

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Refills dispensed more than one year from the date the latest **prescription** order was written, or as otherwise permitted by applicable law of the jurisdiction in which the drug is dispensed.

Replacement of lost or stolen **prescriptions**.

[Drugs, services and supplies provided in connection with treatment of an **occupational injury** or **occupational illness**.]

[Smoking: Any treatment, drug, service or supply to stop or reduce smoking or the use of other tobacco products or to treat or reduce nicotine addiction, dependence or cravings, including, medications, nicotine patches and gum.]

Strength and performance: Drugs or preparations, devices or supplies to enhance strength, physical condition, endurance or physical performance, including performance enhancing steroids.

Sex change: Any treatment, drug or supply related to changing sex or sexual characteristics, including hormones and hormone therapy.

Sexual dysfunction/enhancement: Any drug or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire, including:

- Drugs, implants, devices or preparations to correct or enhance erectile function, enhance sensitivity, or alter the shape or appearance of a sex organ.

Supplies, devices or equipment of any type, except as specifically provided in the [*What the Plan Covers*] section.

Test agents [except diabetic test agents].

Regulator Note - In addition to the General Exclusion items listed on the previous pages, the following exclusions apply to [Limited] [Comprehensive] [Major] Medical Plans with a PPO Prescription Drug Expense Plan:

[Drugs used for the treatment of [alcoholism and drug abuse] [**substance abuse**] [and mental disorders.]]

Drugs, services and supplies provided in connection with the treatment of an **injury** sustained while the covered person was legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the **injury** occurred.

Drugs, services and supplies provided in connection with the treatment of an **injury** sustained while the covered person was voluntarily using any drug, narcotic or controlled substance unless as prescribed by a **physician**.

Drugs, services and supplies provided in connection with the treatment of an **illness** or **injury** sustained while flying as a pilot or crew member of any aircraft or travel or flight. This includes boarding or alighting in any vehicle or device while being used for any test or experimental purposes or while being operated by, for, or under the direction of any military authority other

than the Military Airlift Command of the United States or similar air transport service of any other country.

Drugs, services and supplies provided by a **hospital** or treatment facility owned or run by the U.S. government unless a charge is made for such services in the absence of insurance.

Drugs, services and supplies provided by a **hospital** which does not unconditionally require payment (this does not apply to charges billed by Veterans Administration Hospitals).

Drugs, services and supplies provided during any phase of a process relating to replacement of solid organs, stem cells, bone marrow or tissue.

Drugs, services and supplies provided to treat an **injury** caused by, or resulting from, participation in any riot, civil commotion or service in the Armed Forces of any country.