

Welcome to your new pharmacy plan

Starting on your plan's renewal date, you'll have the **Aetna Standard Plan**. Under this plan, you will see some changes in the formulary. That's a list of drugs covered by the plan along with details about the type of coverage offered.

Get ready for the changes. We want to help you understand what to expect so that you'll be ready when these changes take effect. Some drugs, including ones prescribed by your doctor, may not be covered.

Here are three things you should do now:

1 Find out if the prescriptions you take are on the list of covered drugs.



- Go to www.aetnapharmacy.com/standard to see what drugs your plan covers.
- Your search results will show one of the following codes:
 - “PA” means your doctor may need to get our approval ahead of time before we cover certain drugs. Check your benefit details to see if these apply to your plan.
 - “ST” means you may need to try equally effective but less costly drugs first before we cover some drugs. Check your benefit details to see if these apply to your plan.
 - “NC” means the drug is not covered. You can click on the therapeutic class to see covered alternatives. Check your benefit details to see if these apply to your plan.

2 Talk to your doctor if any drugs you take are not on the list.



- If you don't see a drug you take on the list, that means it's not covered under your plan, BUT there is an effective alternative.
- Talk to your doctor to see if any alternative drugs shown are right for you.
- If you need to take a drug that's not covered, your doctor can request a review for medical necessity.

3 See where you can fill your prescriptions.



- You get the best coverage when you fill your prescriptions at a pharmacy that's part of your new retail pharmacy network. To locate a pharmacy near you, visit www.aetna.com/docfind and click on “Find a Pharmacy,” then choose “Aetna Managed Network.”
- If you take specialty drugs for a complex condition, you'll need to fill them at Aetna Specialty Pharmacy® or a specialty pharmacy at the applicable copay. Visit www.aetna.com/docfind and click on “Find a Pharmacy,” then choose “Aetna Specialty Performance Network.” Check your benefit details to see if these apply to your plan.



Some other changes you may see

If you are taking a prescription medicine that has an over-the-counter alternative that costs less, your pharmacy benefit will now cover that alternative. You will just need a prescription for it from your doctor. Visit www.aetna.com/formulary for the list of selected over-the-counter alternatives.*

You get your best coverage when you use generics. When a drug has a generic equivalent, but you choose to fill the brand drug, you will pay the difference in cost between the generic and brand drug in addition to your required copay or coinsurance.

Take a minute to learn more about your benefits and coverage



You can always sign in to your member website at aetna.com to find out more about your benefits. You can also estimate drug costs and compare prices at a local pharmacy through your member website. After your new plan year begins, you'll see new drug coverage and prices.

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If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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