aetna®

April 1, 2021

Changes coming to your plan's pharmacy drug lists

There will be changes to the **Aetna Funding Advantage Small Group Value Plus Plan** drug list that applies to your plan starting on **April 1, 2021**. It's important that you review the changes in the chart below. Talk to your health care provider about how these changes might impact you.

What if I need a prescription drug that requires a medical exception?

You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for an exception, talk with your prescriber. Or, you can call us at the toll-free number on your Member ID card.

We'll contact you and your prescriber with our decision. If we approve your exception, you will pay your plan copay or cost-share. But first you must meet any deductible or out-of-pocket requirements of your pharmacy plan.

How to find a preferred medicine that's right for you

You can visit the website that's shown on your member ID card. Then log in to your account. To better understand how your plan's pharmacy benefits work, call us at the number on your member ID card.

Key for table below

* Check your plan documents to find out if your plan has formulary exclusions, prior authorization, quantity limits or you must first try certain drug(s) before another drug will be covered.

If your plan doesn't have formulary exclusions, you will pay the non-preferred copay.

The changes made to the prescription drugs in this chart are from the plan information we have for you. It is current as of the date of this letter.

UPPER CASE = brand-name medication **lower case** = generic medication

Prescription Drug	Change(s)
ADJUSTABLE LANCING DEVICE	Non-preferred brand drug
ADVAIR HFA	Not covered for plans with Formulary Exclusions*
ADZENYS ER	Quantity limits apply. You can fill up to 15/ day
ALCOHOL PADS	Non-preferred brand drug
ALCOHOL PREP PADS	Non-preferred brand drug
ALCOHOL PREPS	Non-preferred brand drug
ALCOHOL SWABS	Non-preferred brand drug
amphetamine er	Quantity limits apply. You can fill up to 15/ day
ARYMO ER	Step therapy applies. You must first try immediate-release opioid*

Prescription Drug	Change(s)
ATROPINE SULFATE	Non-preferred brand drug
AZOR	Not covered for plans with Formulary Exclusions*; Step therapy removed
BANZEL	Not covered for plans with Formulary Exclusions*
BELBUCA	Step therapy applies. You must first try immediate-release opioid*
BREO ELLIPTA	Not covered for plans with Formulary Exclusions*
buprenorphine	Step therapy applies. You must first try immediate-release opioid*
BUTRANS	Step therapy applies. You must first try immediate-release opioid*
CHLORHEXIDINE GLUCONATE	Non-preferred brand drug
clocortolone pivalate	Not covered for plans with Formulary Exclusions*
COMPLETE NATAL DHA	Non-preferred brand drug
COMPLETENATE	Non-preferred brand drug
CONZIP	Step therapy applies. You must first try immediate-release opioid*
desoximetasone	Not covered for plans with Formulary Exclusions*
DOLOPHINE	Step therapy applies. You must first try immediate-release opioid*
doxepin hydrochloride	Quantity limits apply. You can fill up to 45 gms/ month
DURAGESIC	Step therapy applies. You must first try immediate-release opioid*
DYANAVEL XR	Quantity limits apply. You can fill up to 8/ day
EMBEDA	Step therapy applies. You must first try immediate-release opioid*
EXALGO	Step therapy applies. You must first try immediate-release opioid*
fenofibrate 130mg cap	Not covered for plans with Formulary Exclusions*
fenofibrate 50mg cap	Not covered for plans with Formulary Exclusions*
fentanyl	Step therapy applies. You must first try immediate-release opioid*
FLUOXETINE HYDROCHLORIDE	Non-preferred brand drug
FOCALIN XR	Not covered for plans with Formulary Exclusions*; Step therapy removed
folbee plus cz	Preferred generic drug
GLUCAGON EMERGENCY KIT	Non-preferred brand drug
GLUCOSE	Non-preferred brand drug
hydrocodone bitartrate er	Step therapy applies. You must first try immediate-release opioid*
hydrocortisone butyrate	Not covered for plans with Formulary Exclusions*
HYDROMORPHONE HCL	Non-preferred brand drug
hydromorphone hydrochloride er	Step therapy applies. You must first try immediate-release opioid*
HYSINGLA ER	Step therapy applies. You must first try immediate-release opioid*
INSULIN SYRINGE / 0.3ML / 30G X 5 / 16"	Non-preferred brand drug
INSULIN SYRINGE / 0.3ML / 31G X 5 / 16"	Non-preferred brand drug
INSULIN SYRINGE / 0.5ML / 30G X 5 / 16"	Non-preferred brand drug
INSULIN SYRINGE / 0.5ML / 31G X 5 / 16"	Non-preferred brand drug
INSULIN SYRINGE / 1ML / 30G X 5 / 16"	Non-preferred brand drug

Prescription Drug	Change(s)
INSULIN SYRINGE / U-100 / 0.3ML / 29G X 1 / 2"	Non-preferred brand drug
INSULIN SYRINGE / U-100 / 0.5ML / 29G X 1 / 2"	Non-preferred brand drug
INSULIN SYRINGE / U-100 / 1ML / 29G X 1 / 2"	Non-preferred brand drug
INSULIN SYRINGE / U-100 / 1ML / 31G X 5 / 16"	Non-preferred brand drug
KADIAN	Step therapy applies. You must first try immediate-release opioid*
KETONE TEST STRIPS	Non-preferred brand drug
klor-con m15	Preferred generic drug
LANCETS	Non-preferred brand drug
LANCETS 30G	Non-preferred brand drug
LANCETS 30G / TWIST TOP	Non-preferred brand drug
LANCETS 30G TWIST TOP	Non-preferred brand drug
LANCETS 33G UNIVERSAL DESIGN	Non-preferred brand drug
LANCETS THIN	Non-preferred brand drug
LANCETS TWIST TOP	Non-preferred brand drug
LANCING DEVICE	Non-preferred brand drug
LITHIUM	Non-preferred brand drug
methadone hcl	Step therapy applies. You must first try immediate-release opioid*
METHADOSE	Step therapy applies. You must first try immediate-release opioid*
METHYLPHENIDATE HYDROCHLORIDE ER	Non-preferred brand drug
METOCLOPRAMIDE ODT	Non-preferred brand drug
migergot	Preferred generic drug
MORPHABOND ER	Step therapy applies. You must first try immediate-release opioid*
morphine sulfate er	Step therapy applies. You must first try immediate-release opioid*
MS CONTIN	Step therapy applies. You must first try immediate-release opioid*
multivitamin / fluoride	Preferred generic drug
nitrofurantoin susp	Not covered for plans with Formulary Exclusions*
NUCYNTA ER	Step therapy applies. You must first try immediate-release opioid*
OPANA ER (CRUSH RESISTANT)	Step therapy applies. You must first try immediate-release opioid*
oxycodone hcl er	Step therapy applies. You must first try immediate-release opioid*
OXYCONTIN	Step therapy applies. You must first try immediate-release opioid*
oxymorphone hydrochloride er	Step therapy applies. You must first try immediate-release opioid*
pantoprazole 40mg packet	Not covered for plans with Formulary Exclusions*
paroxetine 7.5mg	Not covered for plans with Formulary Exclusions*
PEN NEEDLES / 32G X 5 / 32"	Non-preferred brand drug
PEN NEEDLES 30GX5 / 16"	Non-preferred brand drug
PEN NEEDLES 31G X 1 / 4" SHORT	Non-preferred brand drug
PEN NEEDLES 31G X 3 / 16"	Non-preferred brand drug

Prescription Drug	Change(s)
PEN NEEDLES 31G X 5MM	Non-preferred brand drug
PEN NEEDLES 31GX5 / 16"	Non-preferred brand drug
PEN NEEDLES 31GX6MM (1 / 4")	Non-preferred brand drug
PEN NEEDLES 31GX8MM (5 / 16")	Non-preferred brand drug
PEN NEEDLES 32GX4MM	Non-preferred brand drug
PREDNISOLONE SODIUM PHOSPHATE	Non-preferred brand drug
PRIMAQUINE PHOSPHATE	Non-preferred brand drug
PRUDOXIN	Quantity limits apply. You can fill up to 45 gms/ month
REMODULIN	Not covered for plans with Formulary Exclusions*
ryclora	Preferred generic drug
SAFETY LANCET 30G / PRESSURE ACTIVATED	Non-preferred brand drug
SE-NATAL 19	Non-preferred brand drug
SENSIPAR TAB 30MG / 60MG	Non-preferred specialty drug; Not covered at mail-order pharmacy
SENSIPAR TAB 90MG	Non-preferred specialty drug; Quantity limits apply. You can fill up to 4/day*; Not covered at mail-order pharmacy
STELARA IV	Quantity limits apply. You can fill up to 4 vials per dose / 56 days*
SUCRAID	Non-preferred brand drug; Preauthorization required*; Quantity limits apply. You can fill up to 3 bottles/month*
topiramate er	Not covered for plans with Formulary Exclusions*
tramadol hcl er	Step therapy applies. You must first try immediate-release opioid*
TRAVATAN Z	Not covered for plans with Formulary Exclusions*
TRINATAL RX 1	Non-preferred brand drug
trinate	Preferred generic drug
VINATE ONE	Non-preferred brand drug
vtol lq	Preferred generic drug
XTAMPZA ER	Step therapy applies. You must first try immediate-release opioid*
YASMIN 28	Not covered for plans with Formulary Exclusions*
zenzedi	Preferred generic drug
ZESTORETIC	Not covered for plans with Formulary Exclusions*
zileuton er	Not covered for plans with Formulary Exclusions*
ZOHYDRO ER	Step therapy applies. You must first try immediate-release opioid*
ZONALON	Quantity limits apply. You can fill up to 45 gms/ month

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates (Aetna).

Some health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health 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.

Aetna receives rebates from drug manufacturers that may be taken into account in determining drug lists. Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

In accordance with state law, commercial fully insured (including HMO) members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) covered under a policy and using a drug for treatment of a chronic illness prior to the drug's removal from the Pharmacy Drug Guide will continue to have the medication covered, provided the prescriber states in writing that the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna is part of the CVS Health family of companies.

Policy forms issued in Oklahoma include: AL OK HCOC, HC COC00010.
Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, HO GrpPolAmend-ThirdPartyPay 01, AL SG GrpPolAmend 2019 01, HI HGrpAg SG 01R, HI SG GrpAgAmend 2019 01

TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílı̨́go nanitinígíí bee néého’dólzinígíí béésh bee hane’í bikáá’ áajı̨’ hólne’. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية. (Arabic)

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z’indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d’identificació. (Catalan)

Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

ᏣᎩᏍᏗ ᎦᏬᏂᎯᏍᏗ ᎢᏬᎾᏓᏛᏁᏗ Ꮭ ᎠᎱᏍᏗ ᏗᏣᎬᏩᎳᏁᏗ ᏱᎩ, ᏫᏥᎯᏴᎳᏛᏴ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᏕᎪᏪᎵ ᎤᎾᎢ ID ᏆᏂᏥᏍᏗ ᏣᏤᎵᎢ. (Cherokee)

Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla kvt chi holisso iskitini holhtena takanli ma I paya. (Choctaw)

Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa duugda waraaqaa eenyummaa (ID) kee irraa jiruun bilbili. (Cushite-Oromo)

Voor gratis toegang tot taaldiensten, bel het nummer op uw ID-kaart. (Dutch)

Pou jwenn sèvis lang gratis, rele nimewo telefòn ki sou kat idantite ou a. (French Creole-Haitian)

Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό που αναγράφεται στην κάρτα σας προνομίων μέλους. (Greek)

તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, તમારા આઇડી કાર્ડ ઉપરના નંબરને કોલ કરો. (Gujarati)

No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei. (Hawaiian)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिये नम्बर पर कॉल करें। (Hindi)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID. (Hmong)

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ nọmba no na kaadị ID gị. (Ibo)

Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti numero idiay ID cardyo. (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi nomor telepon di kartu identitas Anda. (Indonesian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa. (Italian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。 (Japanese)

လၢတၢ်ကမၤန့ၢ်ကျိာ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပှ့ၤလၢနကဘၣ်ဟ့ၣ်အီၤဘၣ်နၣ်, ကိးဘၣ်လီတဲစိနီၢ်ဂံၢ်လၢအိၣ်လၢနတၢ်ဂီၤခိၣ် (ID) အခးလိၤန့ၣ်တက့ၢ် (Karen)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

M̀ dyi wuɖu-dù kà kò ɖò ɓě dyi mɔ́uń nì pídyi ní, nìí, ɖá nɔ̀ɓà nìà nì ID káàɔ̀ kɔ̃ɛ. (Kru-Bassa)

بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
(Kurdish)

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈໍາຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डावरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am. (Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID. (Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Të kɔɔr yïn wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke cɔl kɔc ye kɔc kuɔny në nɔmba de abac tɔ̈ në ID kard du kɔ̈u. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare. (Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей карточке участника плана. (Russian)

Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala’au le numera I luga o lau pepa ID. (Samoan)

Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici. (Serbo-Croatian)

Heeba a nasta jangirde djey wolde, apelou lamba djey do windi ha dereji Maada. (Sudanic-Fulfulde)

Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho. (Swahili)

ܟܬܒ ܠܗ ܒܟܠ ܠܫܢܐ ܕܐܢܬ ܨܒܐ ܠܡܫܡܥ ܠܟ ܒܠܐ ܡܓܒܝܐ ܕܐܢܬ ܨܒܐ ܠܡܫܬܡܫ ܒܗ ܒܠܫܢܐ ܕܐܢܬ ܨܒܐ ܠܡܫܡܥ ܠܟ ܒܠܐ ܡܓܒܝܐ. (Syriac-Assyrian)

మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, మీ ID కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి. (Telugu)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

Kapau ‘oku ke fiema’u ta’etōtōngi ‘a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika ‘oku hā atu ‘i ho’o ID kaati. (Tongan)

Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori ewe nampa mei mak won noum ena katen ID (Trukese)

Sizin için ücretsiz dil hizmetlerine erişebilmek için, kartınızdaki numarayı arayın. (Turkish)

Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером, вказаним на Вашій ідентифікайній картці. (Ukrainian)

بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اپنے شناختی کارڈ پر درج نمبرپر بات کریں۔ (Urdu)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)

צוטריט שפּראַך באַדינונגען אין קיין פּריַז צו איר, רופן די נומער אויף דיין שיַין קאָרט. (Yiddish)

Lati wọnú awọn isẹ èdè l’ọfẹ fun ọ, pe nọmba ori káádi idánimọ rẹ. (Yoruba)

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

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).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).