



January 1, 2019

Changes to your prescription drug coverage

There will be changes to the **Aetna Small Group ACA Plan** drug list that start on **January 1, 2019**. It is important that you review and understand the changes in the chart below. Talk to your health care provider about how these changes might impact you.

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

You can visit the website that's on your member ID card and sign in to your account. If you have any questions, you can call us at the toll-free number on your member ID card.

The information in this chart is based on the plan you're currently on at the time of this letter. These changes apply to all plans unless noted*

UPPER CASE = brand-name medication

lower case = generic medication

* Changes apply if your plan includes this feature.

Prescription Drug Change	Change
ALCAINE	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ALDURAZYME	Not covered under pharmacy benefit
ALKERAN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
altacaine	Not covered under pharmacy benefit
altafluor	Not covered under pharmacy benefit
ALZAIR NASAL	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay

Prescription Drug Change	Change
AMPYRA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
ANDROGEL 1.62%	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
ASMANEX TWISTHALER	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
ASTAGRAF XL	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
ATGAM	Not covered under pharmacy benefit
AZASITE	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
azathioprine	Not covered under pharmacy benefit
BENLYSTA	Not covered under pharmacy benefit
BENZEFOAM	Not covered under pharmacy benefit
BENZEFOAM ULTRA	Not covered under pharmacy benefit
benzepto	Not covered under pharmacy benefit
benzepto creamy wash	Not covered under pharmacy benefit
benzepto foaming cloths	Not covered under pharmacy benefit
benzepto short contact	Not covered under pharmacy benefit
benzoyl peroxide	Not covered under pharmacy benefit
benzoyl peroxide short co	Not covered under pharmacy benefit
BERINERT	Not covered under pharmacy benefit
bio glo	Not covered under pharmacy benefit

Prescription Drug Change	Change
BIVIGAM	Not covered under pharmacy benefit
BOTOX	Not covered under pharmacy benefit
BP CLEANSING WASH	Not covered under pharmacy benefit
bp foam	Not covered under pharmacy benefit
bp wash	Not covered under pharmacy benefit
bpo 6% foaming cloths	Not covered under pharmacy benefit
BYDUREON BCISE	Preauthorization required*
BYETTA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
CANASA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
CAYSTON	You can fill up to 84 vials/ 56 days
CEREZYME	Not covered under pharmacy benefit
CETROTIDE	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
CIALIS	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
CINQAIR	Not covered under pharmacy benefit
CINRYZE	Not covered under pharmacy benefit
cocaine hcl sol 4%	Not covered under pharmacy benefit
COPAXONE INJ 40MG/ML	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay

Prescription Drug Change	Change
CUPRIMINE	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
CUVITRU	You must first try HIZENTRA, GAMMAPLEX, GAMUNEX
D-CARE DM2	Not covered under pharmacy benefit
d3-50	Preferred generic drug
DDAVP	Not covered under pharmacy benefit
DEBACTEROL	Not covered under pharmacy benefit
decara	Preferred generic drug
DEMEROL	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
DEMSER	Non-preferred specialty drug; You must first try phenoxybenzamine or prazosin or terazosin or doxazosin and propranolol
DENTAL PRODUCTS brand and generic	Not covered under pharmacy benefit
desmopressin acetate	Not covered under pharmacy benefit
dextroamphetamine sulfate	Preauthorization required*
DIBENZYLINE	You can fill up to 12 caps/ day; Not covered at mail-order pharmacy
DMT SUIK KIT	Not covered under pharmacy benefit
DRITHO-CREME HP	Not covered under pharmacy benefit
DS PREP PAK	Not covered under pharmacy benefit
DUREZOL	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
E-Z-CAT DRY	Not covered under pharmacy benefit
E-Z-DISK	Not covered under pharmacy benefit

Prescription Drug Change	Change
E-Z-DOSE ENEMA	Not covered under pharmacy benefit
E-Z-PASTE	Not covered under pharmacy benefit
EHA LOTION 4%	Not covered under pharmacy benefit
ELAPRASE	Not covered under pharmacy benefit
ELELYSO	Not covered under pharmacy benefit
ELIDEL	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
EMEND INJ	Preauthorization has been removed
ENTERO VU	Not covered under pharmacy benefit
EPIDUO FORTE	You must first try tretinoin
EPIVIR HBV SOL	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
ESBRIET	Preferred specialty drug; Preauthorization required*; Must be filled through a specialty network pharmacy
ESTRACE	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ethyl chloride aerosol spray	Not covered under pharmacy benefit
EVZIO	Not covered for a 90-day supply. You can still get a 30-day supply; Not covered at mail-order pharmacy
EXJADE	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
EXODERM	Not covered under pharmacy benefit
EYLEA	Not covered under pharmacy benefit
FABRAZYME	Not covered under pharmacy benefit

Prescription Drug Change	Change
FARXIGA	Preferred brand drug
FEM PH GEL	Not covered under pharmacy benefit
FEMCON FE	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
FENTORA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
FINACEA GEL	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
FLEBOGAMMA DIF	Not covered under pharmacy benefit
FLECTOR PATCH	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
fluor-i-strips a.t.	Not covered under pharmacy benefit
fluorescein-benoxinate	Not covered under pharmacy benefit
FORMA-RAY	Not covered under pharmacy benefit
formadon	Not covered under pharmacy benefit
formaldehyde	Not covered under pharmacy benefit
FOSAMAX PLUS D	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
FUL-GLO brand and generic	Not covered under pharmacy benefit
GAMMAPLEX	Not covered under pharmacy benefit
GASTROGRAFIN	Not covered under pharmacy benefit
GENERESS FE	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered

Prescription Drug Change	Change
glatiramer acetate	Preferred generic drug
glatopa	Preferred generic drug
GLEOSTINE	Preauthorization required*
GLIADEL WAFER	Not covered under pharmacy benefit
glutaraldehyde	Not covered under pharmacy benefit
HAEGARDA	Preferred specialty drug
HEMOFIL M	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
HIZENTRA	Preferred specialty drug
HUMIRA	Non-preferred specialty drug
HUMIRA PEDIATRIC CROHNS D	Non-preferred specialty drug
HUMIRA PEN	Non-preferred specialty drug
HUMIRA PEN-CROHNS DISEASE	Non-preferred specialty drug
HUMIRA PEN-PSORIASIS STAR	Non-preferred specialty drug
hydroxyprogesterone caproate	Preferred specialty drug
INGREZZA	Non-preferred specialty drug; Preauthorization required*; You can fill up to 1 cap/ day
INTRON A	Preauthorization required*
INVOKAMET	Non-preferred brand drug
INVOKAMET XR	Non-preferred brand drug
INVOKANA	Non-preferred brand drug
iodine strong	Not covered under pharmacy benefit
JETREA	Not covered under pharmacy benefit

Prescription Drug Change	Change
KALETRA TAB	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
KERALYT	Not covered under pharmacy benefit
KOATE	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
KOATE-DVI	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
KOVALTRY	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
lactic acid	Not covered under pharmacy benefit
LATUDA	You must first try 2 of risperidone, quetiapine, ziprasidone, aripirazole and olanzapine; When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
LETAIRIS	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
LEUKINE	Not covered under pharmacy benefit
LEVITRA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
lidocaine hcl	You can fill up to 50gm/ month
LIQUID POLIBAR PLUS	Not covered under pharmacy benefit
LOTEMAX GEL	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
lugols strong iodine	Not covered under pharmacy benefit

Prescription Drug Change	Change
LUMIZYME	Not covered under pharmacy benefit
LUPRON DEPOT (1-MONTH)	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
LUPRON DEPOT (3-MONTH)	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
LUPRON DEPOT (4-MONTH)	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
LUPRON DEPOT (6-MONTH)	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
LYRICA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
MAKENA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay; You can fill up to 1 injection/ week
MAVIK	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
md-gastroview	Not covered under pharmacy benefit
meclizine hcl	Preferred generic drug
MESNEX	Preferred brand drug
METOPIRONE	Not covered under pharmacy benefit
MINIVELLE	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
MONSELS FERRIC SUBSULFATE	Not covered under pharmacy benefit

Prescription Drug Change	Change
MOVIPREP	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
MOXEZA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
moxifloxacin	Non-preferred generic drug
NAGLAZYME	Not covered under pharmacy benefit
NARCAN	Not covered for a 90-day supply. You can still get a 30-day supply; Not covered at mail-order pharmacy
NEUPOGEN	You must first try ZARXIO
NEXIUM 24HR OTC TABLET	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
nitro-time capsules	Not covered under pharmacy benefit
nitroglycerine er capsules	Not covered under pharmacy benefit
NORVIR	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
NORVIR CAP	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
NOVOEIGHT	Not covered under pharmacy benefit
NOVOLIN 70/30 RELION	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
NUCORT LOT 2%	Not covered under pharmacy benefit
NULOJIX	Not covered under pharmacy benefit
OCTAGAM	Not covered under pharmacy benefit

Prescription Drug Change	Change
OMNARIS	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
ONFI SUS	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
opium tincture	Not covered under pharmacy benefit
optimal-d	Preferred generic drug
OVACE PLUS	Not covered under pharmacy benefit
OVACE PLUS WASH	Not covered under pharmacy benefit
OVACE WASH	Not covered under pharmacy benefit
OZURDEX	Not covered under pharmacy benefit
PEDI BOOT KIT	Not covered under pharmacy benefit
pentetate calcium trisodium	Not covered under pharmacy benefit
pentetate zinc trisodium	Not covered under pharmacy benefit
phenazo	Not covered under pharmacy benefit
phenazopyridine hcl	Not covered under pharmacy benefit
phenoxybenzamine	Preauthorization has been removed; You can fill up to 12 caps/ day; Not covered at mail-order pharmacy
PODOCON 25 IN BENZOIN TIN	Not covered under pharmacy benefit
polyethylene glycol 8000	Not covered under pharmacy benefit
pr benzoyl peroxide wash	Not covered under pharmacy benefit
PRESTALIA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
PRIVIGEN	Not covered under pharmacy benefit

Prescription Drug Change	Change
PROAIR HFA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
PROCENTRA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
PROGRAF	Not covered under pharmacy benefit
PROVOCHOLINE	Not covered under pharmacy benefit
PULMICORT FLEXHALER	Preauthorization required*; When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
PYLERA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
PYRIDIUM	Not covered under pharmacy benefit
QUILLIVANT XR	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
RANEXA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
RAPAFLO	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
READI-CAT 2	Not covered under pharmacy benefit
READI-CAT 2 BANANA SMOOTH	Not covered under pharmacy benefit
READI-CAT 2 BERRY SMOOTHI	Not covered under pharmacy benefit
READI-CAT 2 CREAMY VANILL	Not covered under pharmacy benefit
READI-CAT 2 MOCHACCINO SM	Not covered under pharmacy benefit

Prescription Drug Change	Change
REBETOL	Quantity limits have been removed
RECURA	Not covered under pharmacy benefit
RELAGARD GEL	Not covered under pharmacy benefit
RELION 70/30	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
RELION 70/30 INNOLET	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
RENFLEXIS	Not covered under pharmacy benefit
REPATHA	You can fill up to 2 injections/ month
REPATHA SURECLICK	You can fill up to 2 injections/ month
RESCRIPTOR	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
RESCULA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
RESTASIS	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
RIAX	Not covered under pharmacy benefit
RIFADIN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
RUCONEST	Not covered under pharmacy benefit
SABRIL	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
salacyn	Not covered under pharmacy benefit

Prescription Drug Change	Change
SALEX	Not covered under pharmacy benefit
salicylic acid	Not covered under pharmacy benefit
salimez	Not covered under pharmacy benefit
salitech forte	Not covered under pharmacy benefit
SAMSCA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
seb-prev wash	Not covered under pharmacy benefit
selenium sulfide	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
SILENOR	Non-preferred brand drug; You must first try zolpidem or doxepin
silver nitrate	Not covered under pharmacy benefit
SIMPONI	Preferred specialty drug
SIMULECT	Not covered under pharmacy benefit
SKELAXIN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
sodium phenylbutyrate	You can fill up to 20gm/ day
sodium phenylbutyrate tab	Preauthorization required*; You can fill up to 40 tabs/ day
sodium sulfacetamide	Not covered under pharmacy benefit
SODIUM SULFACETAMIDE WASH brand and generic	Not covered under pharmacy benefit
sodium sulfacetamide/sulf	Not covered under pharmacy benefit
SOLTAMOX	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered

Prescription Drug Change	Change
SPRIX	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
STELARA INJ 45MG	You can fill up to 2 syringes/ 90 days
STELARA INJ 90MG	You can fill up to 2 syringes/ 60 days
STIMATE	Non-preferred brand drug
sulfurated lime	Not covered under pharmacy benefit
SUPPRELIN LA	Not covered under pharmacy benefit
SUSTIVA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
SYMLINPEN 60	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
SYPRINE	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
TAGITOL V	Not covered under pharmacy benefit
TARGRETIN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
TESTOPEL	Not covered under pharmacy benefit; Preauthorization has been removed
tetcaine	Not covered under pharmacy benefit
tetracaine hcl	Not covered under pharmacy benefit
tetravisc	Not covered under pharmacy benefit
tetravisc forte	Not covered under pharmacy benefit
TRACLEER (FILM-COATED TABLET)	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered

Prescription Drug Change	Change
TRAVATAN Z	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
TRETEN	Not covered under pharmacy benefit
triple dye	Not covered under pharmacy benefit
TUDORZA PRESSAIR	Preauthorization required*
VANTAS	Not covered under pharmacy benefit
VARIBAR HONEY	Not covered under pharmacy benefit
VARIBAR NECTAR	Not covered under pharmacy benefit
VARIBAR THIN HONEY	Not covered under pharmacy benefit
VARIBAR THIN LIQUID	Not covered under pharmacy benefit
VELTASSA	Non-preferred brand drug; Preauthorization required*
VEMLIDY	Preauthorization required*; You must first try VIREAD or entecavir; You can fill up to 1 tab/ day
VESICARE	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
VIRAMUNE	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
VIRASAL	Not covered under pharmacy benefit
VITAMIN D CONTAINING PRODUCTS brand and generic	Not covered under pharmacy benefit
vitamin d3	Preferred generic drug
VIVITROL	Not covered under pharmacy benefit
VOLUMEN	Not covered under pharmacy benefit
VPRIV	Not covered under pharmacy benefit
XALKORI	Must be filled through a specialty network pharmacy

Prescription Drug Change	Change
XELJANZ	Preferred specialty drug
XELJANZ XR	Preferred specialty drug
XIGDUO XR	Preferred brand drug
XTANDI	Must be filled through a specialty network pharmacy
XYLOCAINE	You can fill up to 50gm/ month
ZACLIR CLEANSING	Not covered under pharmacy benefit
ZEJULA	Non-preferred specialty drug; Preauthorization required*; You can fill up to 3 caps/day
ZINBRYTA	Not covered under pharmacy benefit
ZOHYDRO ER	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ZOLADEX	Not covered under pharmacy benefit
ZORTRESS	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
ZYBAN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ZYKADIA	Must be filled through a specialty network pharmacy
ZYPREXA RELP	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
ZYTIGA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered

Please note that if your prescription drug benefits plan changes, the information in this letter may no longer apply.

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 the Aetna Pharmacy Plan and Specialty Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website that is on your member ID card.

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 medications that are added or removed from the Aetna Pharmacy Plan and Specialty Drug List will continue to have those medications 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, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews will continue to have those medications covered for as long as the treating physician prescribes them, provided 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.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, preauthorization, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. 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. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. For more information you can refer to your plan's website.

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 bááh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í bikáá' áají' 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፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

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

Անվճար լեզվական ծառայություններին 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 မပေးရဲပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား 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 hāgu, āgang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

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

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

No ka walaʻau ʻana me ka lawelawe ʻōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ʻole ʻia 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)

လၢတၢ်ကမၤန့ၣ်အတၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပ္ပူလၢနကဘဉ်ဟ့ၣ်အိၣ်ဘျီန့ၣ်. ကိးဘဉ်လိတံခီၣ်ဂံၢ်လၢအိၣ်လၢနတၢ်ဂီၤဆိၣ် (ID)
အခးလိၣ်တကျါ (Karen)

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

M dyi wudu-dù kà kò dò bě dyi móuń nì pídýi ní, níí, dǎ nòbà nià nì ID káàò kǝ. (Kru-Bassa)

بۆ دەسپێر اگەشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى سەر ئای دى (ID) کارتی خۆت.
(Kurdish)

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທົບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डवरील 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)

Tě kɔɔr yīn wěēr de thokic ke cīn wěu kɔr keek tēnɔŋ yīn. Ke cɔl kɔc ye kɔc kuɔny nē nɔmba de abac tō
nē ID kard du kōu. (Nilotic-Dinka)

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

Um Schprooch Services zu griegie 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)

Lati wonú awon ise èdè l’ofe fun o, pe nomba ori káádi idánimo re. (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).

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