

Changes to our pharmacy plan

On January 1, 2017, we're making changes to our pharmacy plan and specialty drug lists. Our updated drug lists will include newly added brand-name and generic drugs. Also, drug coverage reviews like prior authorization, quantity limits and step therapy will start to apply to some drugs and may no longer apply to others.

We don't want there to be any surprises for your members. These updates will affect the prescription drugs your members take. So make sure you check out the list of specific changes in the enclosed chart.

We're letting members know

Starting in September, impacted members have been getting e-mails or letters about the upcoming changes. Our goal is to connect them to cost-effective care. To do this, we encourage members to choose preferred drugs. They'll typically pay lower out-of-pocket costs when they do. We base our preferred drug list on the latest medical findings and information from the U.S. Food and Drug Administration and drug makers.

We're here to help

To learn more about our Aetna Pharmacy Plan Drug Lists, visit www.aetna.com/formulary. You can also find:

- The most up-to-date Pharmacy Plan Drug Lists
- Precertification, quantity limits and step-therapy lists
- Specialty drug list

Abbreviation Key

Refer to your plan documents for a complete description of benefits, exclusions and limitations of coverage

*	Some plans may not cover this drug. Alternatives are available.
Expect Gen Expect Generic	Expect generic drugs to become available in the near future. When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the Formulary Exclusions list.
HCR Health Care Reform	There is no copay for these drugs.
LGC Lowest generic copay	Lowest generic copay only applies if your plan has the Value Drug Program.
Medical	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
NC Not-Covered	These drugs are not covered under your pharmacy benefit plan. You can still get these drugs but will need to pay the full cost of the drug.
NPB/G Non-preferred brand or non-preferred generic drug	These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
NPS Non-preferred specialty drug	These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
NPL National Precertification List	Prior authorization (PA) is required for all plans. Your doctor must contact us to request approval for coverage.
PA Prior authorization or precertification	Prior authorization only applies if your plan includes precertification. This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage.
PB Preferred brand-name drug	These are brand-name drugs that are covered at your 2 nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
PS Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
PG Preferred generic	These are generic drugs that are covered at your 1 st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
QL Quantity limits	Quantity limits only applies if your plan includes quantity limits. Quantity limits help ensure that you get a safe amount of your drug. If you go past the quantity limit, your doctor must contact us to request approval of coverage.
Select OTC Select over-the-counter	Select OTC (over-the-counter) drugs are covered under your prescription plan with a prescription.
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
ST Step therapy	Step therapy only applies if your plan includes step-therapy. This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

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Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
<i>acid control tab</i>	PG/LGC	NC		Remove select OTC
<i>acid reducer tab</i>	PG/LGC	NC		Remove select OTC
<i>a-cillin</i>	PG	PG/LGC		
<i>alavert</i>	PG/LGC	PG		
<i>alaway</i>	PG/LGC	PG		
<i>alaway child</i>	PG/LGC	PG		
ALINIA	NPB/G	NPB/G		Expect Gen
<i>allergy eye drops</i>	PG/LGC	PG		
<i>allergy relief</i>	PG/LGC	PG		
<i>allergy tab</i>	PG/LGC	PG		
ALOXI	NC	NC		Remove NPL
ALUVEA	NC	NC		
<i>ambitussin</i>	PG	NC		Remove select OTC
<i>amoxicillin</i>	PG	PG/LGC		
<i>amoxil</i>	PG	PG/LGC		
ANALPRAM-HC	NC	NC		
ANALPRM SNGL	NC	NC		
ANASPAZ	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>antihistamine drops</i>	PG/LGC	PG		
ANZEMET inj	NC	NC		Remove NPL
ARRANON	NC	NC		Expect Gen
<i>aspirin</i>	PG	NC		Remove select OTC
AZILECT	PB	PB		Expect Gen
<i>azuphen mb</i>	NC	NC		
<i>banophen</i>	PG	NC		Remove select OTC
<i>beepen-vk</i>	PG	PG/LGC		
BONIVA inj	NPS	NPS		Remove NPL
<i>bpm-dm-phen syrup</i>	PG	NC		Remove select OTC
<i>brodspec caps</i>	PG/LGC	PG		
CAPCOF SYRUP	PG	NC		Remove select OTC
CARBAGLU	NPS	NPS		Expect Gen
<i>cephalexin</i>	PG	PG/LGC		
<i>cheratussin</i>	PG	NC		Remove select OTC
<i>chlorpropamine</i>	PG/LGC	PG		
<i>chlorthalidone</i>	PG/LGC	PG		
<i>cimetidine</i>	PG/LGC	PG		
<i>ciprofloxacin</i>	PG	PG/LGC		
<i>claritin eye drops</i>	PG/LGC	PG		
<i>claritin solution</i>	PG/LGC	PG		
<i>c-lexin</i>	PG	PG/LGC		
CLIMARA PRO	NPB/G	NPB/G		Expect Gen
COLCRYS	PB	NPB/G	<i>colchicine, MITIGARE</i>	
COPAXONE 40mg	PS	PS		Expect Gen

UPPERCASE = brand-name drug; lower case *italics* = generic drug

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COVERA-HS	NPB/G	NPB/G		Expect Gen
<i>cvs allergy drops</i>	PG/LGC	PG		
<i>cyclatet</i>	PG/LGC	PG		
<i>diclofenac gel</i>	PG	PG*	<i>generic nonsteroidal anti-inflammatory drug</i>	
<i>dihistine liquid</i>	PG	NC		Remove select OTC
<i>diphenhydramine</i>	PG	NC		Remove select OTC
DONNATAL	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>doxycycline hyclate</i>	PG/LGC	PG		
<i>doxy-d</i>	PG/LGC	PG		
DRYSOL	NC	NC		
DUAC	NPB/G	NPB/G*	EPIDUO	
EMEND	PB	NPB/G	<i>oral ondansetron tab</i>	
<i>endacof-c</i>	PG	NC		Remove select OTC
EPIDUO	PB	PB		Expect Gen
EPIDUO FORTE	PB	PB		Expect Gen
EPIPEN 2-PAK	PB	PB		Expect Gen
EPIPEN-JR	PB	PB		Expect Gen
EPZICOM	NPB/G	NPB/G		Expect Gen
<i>eq itchy eye drops</i>	PG/LGC	PG		
<i>eridium</i>	PG/LGC	PG		
<i>estropipate</i>	PG/LGC	PG		
EVZIO	PB	NPB/G*	NARCAN NASAL SPRAY	
EXFORGE	PB	NPB/G	<i>amlodipine, candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	
EXFORGE HCT	PB	NPB/G	<i>amlodipine, candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz</i>	
<i>eye itch relief</i>	PG/LGC	PG		
EYLEA	NPS	NPS		Add NPL
<i>ferrous sulfate</i>	HCR	NC		
<i>fluocinonide cream 0.05%</i>	PG/LGC	PG	<i>betamethasone dipropionate crm, oint, lot</i>	
<i>fluocinonide cream -e 0.05%</i>	PG/LGC	PG	<i>betamethasone dipropionate crm, oint, lot</i>	

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<i>fluoxetine</i>	PG/LGC	PG		
<i>gentamicin cream</i>	PG/LGC	PG		
<i>gg/codeine syrup</i>	PG	NC		Remove select OTC
GIAZO	NPB/G	NPB/G	APRISO, ASACOL/HD, DELZICOL, LIALDA, PENTASA	Expect Gen
GLUCOSE TEST STRIPS (any brand except LIFESCAN and ABBOTT products)	NPB/G	NPB/G*	LIFESCAN products (such as ONETOUCH), ABBOTT products (such as FREESTYLE)	
<i>grafco silver</i>	NC	NC		
<i>guaiaatussin</i>	PG	NC		Remove select OTC
<i>guaifenesin</i>	PG	NC		Remove select OTC
<i>guiatuss dac</i>	PG	NC		Remove select OTC
HARVONI	PS	NPS	ZEPATIER	
<i>hc pramoxine</i>	NC	NC		
<i>heartburn tab</i>	PG/LGC	NC		Remove select OTC
<i>hemmorex-hc</i>	NC	NC		
HUMULIN	NPB/G	PB		
HUMULIN N	NPB/G	PB		
HUMULIN R	NPB/G	PB		
HYDRO 35	NC	NC		
<i>hydroxyzine hcl</i>	PG/LGC	PG		
<i>hyolev mb</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>hyosyne</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>hypercare</i>	NC	NC		
<i>ibandronate inj</i>	PS	PS		Remove NPL
<i>indiomin mb</i>	NC	NC		
<i>iophen c-nr liquid</i>	PG	NC		Remove select OTC
<i>itchy eye drops</i>	PG/LGC	PG		
JEVTANA	NC	NC		Remove NPL
<i>kaon-cl-10</i>	PG/LGC	PG		
KERALAC	NC	NC		
<i>ketotifen fumarate drops</i>	PG/LGC	PG		
<i>klor-con 10</i>	PG/LGC	PG		
<i>klotrix</i>	PG/LGC	PG		
<i>k-sol</i>	PG/LGC	PG		
<i>ledercill vk</i>	PG	PG/LGC		
LEVBID	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
LEVSIN	NC	NC	<i>dicyclomine, glycopyrrolate</i>	

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LEVSIN/SL	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
LEXIVA	PB	PB		Expect Gen
<i>lohist-dm</i>	PG	NC		Remove select OTC
<i>loratadine</i>	PG/LGC	PG		
LOTEMAX	PB	PB		Expect Gen
LUCENTIS	NPS	NPS		Add NPL
LUPR DEP-PED	PS	PS	<i>leuprolide</i>	Add PA
MACUGEN	NPS	NPS		Add NPL
MAR-COF BP LIQUID	PG	NC		Remove select OTC
<i>m-clear wc liquid</i>	PG	NC		Remove select OTC
M-END PE LIQUID	PG	NC		Remove select OTC
<i>m-end wc liquid</i>	PG	NC		Remove select OTC
<i>mesehist wc</i>	PG	NC		Remove select OTC
MINASTRIN 24	NPB/G	NPB/G		Expect Gen
MIRENA	NPB/G	NPB/G		Expect Gen
MITIGARE	NPB/G	PB		
<i>morgidox</i>	PG/LGC	PG		
<i>mytussin dac</i>	PG	NC		Remove select OTC
<i>naproxen sod</i>	PG/LGC	PG		
NARCAN	NPB/G	PB		
NASONEX	PB	NPB/G	<i>flunisolide, mometasone, FLONASE OTC, NASACORT 24HR</i>	
NATESTO GEL	NPB/G	NPB/G*	ANDROGEL 1.62%	
<i>neuc</i>	PG	PG*	EPIDUO	
NOTUSS-NX	PG	NC		Remove select OTC
NOTUSS-NXD	PG	NC		Remove select OTC
<i>novadyne</i>	PG	NC		Remove select OTC
NOVOLOG NOVOLOG MIX	PB	NPB/G	HUMULIN products, HUMALOG products	
<i>nulev</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>omeprazole</i>	PG/LGC	PG		
<i>ormir</i>	PG	NC		Remove select OTC
<i>ortho-est</i>	PG/LGC	PG		
<i>oscimin</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>oscimin sr</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
OTEZLA	NPS	PS		
<i>pamidronate</i>	PS	PS		Remove NPL
PATADAY	PB	PB		Expect Gen
<i>pc pen vk</i>	PG	PG/LGC		

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<i>pc tet</i>	PG/LGC	PG		
<i>penicillin vk</i>	PG	PG/LGC		
PENNSAID	NPB/G	NPB/G*	<i>generic nonsteroidal anti-inflammatory drug</i>	
<i>pen-vee k</i>	PG	PG/LGC		
<i>pharbedryl</i>	PG	NC		Remove select OTC
<i>phenazopyridine</i>	PG/LGC	PG		
PHENHIST DH	PG	NC		Remove select OTC
<i>phenohydro</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>polymax</i>	PG	PG/LGC		
POLY-TUSSIN	PG	NC		Remove select OTC
POLY-TUSSIND	PG	NC		Remove select OTC
<i>potassium chloride</i>	PG/LGC	PG		
<i>prazosin hcl</i>	PG/LGC	PG		
<i>prednicen-m</i>	PG/LGC	PG		
<i>prednisone</i>	PG/LGC	PG		
PREVIDENT	NC	NC	<i>fluoride tablets</i>	
PRILOSEC OTC	PG/LGC	PG		
PRISTIQ	NPB/G	NPB/G	<i>citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone</i>	Expect Gen
PRO-CLEAR AC	PG	NC		Remove select OTC
PROCORT CREAM	NPB/G	NC		
PRO-RED AC	PG	NC		Remove select OTC
<i>pyridiate</i>	PG/LGC	PG		
<i>ranitidine</i>	PG/LGC	NC		Remove select OTC
RAYOS	NPB/G	NPB/G*	<i>prednisone</i>	
RECLAST	NPS	NPS		Remove NPL
<i>relcof c</i>	PG	NC		Remove select OTC
RELPAK	NPB/G	NPB/G		Expect Gen
REVATIO SUS	NPS	NPS		Expect Gen
REYATAZ	PB	PB		Expect Gen
<i>robitet</i>	PG/LGC	PG		
RYDEX	PG	NC		Remove select OTC
<i>salicylic acid 6% foam</i>	NC	NC		
SALIVAMAX	NC	NC		
SANDOSTATIN	NPS	NPS		Expect Gen
<i>sod chloride nebs</i>	PG	NC		Remove select OTC
SOLARAZE	NPB/G	NPB/G*	<i>imiquimod</i>	
SOMAVERT	NPS	NPS		Expect Gen
SOVALDI	PS	NPS	ZEPATIER	
STATUSS	PG	NC		Remove select OTC

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STRATTERA	PB	PB		Expect Gen
SUBOXONE FILM	NPB/G	NPB/G		Expect Gen
<i>sulfacetamide sodium with sulfur</i>	PG	NC	EPIDUO	
<i>sulfacetamide sodium with sulfur liquid wash</i>	PG	NC		
SUMADAN WASH	NPB/G	NC	EPIDUO	
SUMAXIN WASH LIQUID 9-4%	NPB/G	NC		
<i>sumycin</i>	PG/LGC	PG		
SUSTIVA	PB	PB		Expect Gen
<i>symax-sl</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>symax-sr</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
TAMIFLU	NPB/G	NPB/G		Expect Gen
TAZORAC	NPB/G	PB		
<i>teline</i>	PG/LGC	PG		
<i>ten-k</i>	PG/LGC	PG		
<i>tetracycline</i>	PG/LGC	PG		
<i>tetram</i>	PG/LGC	PG		
TIKOSYN	NPB/G	NPB/G		Expect Gen
TRACLEER	PS	PS		Expect Gen
<i>trazodone</i>	PG	PG/LGC		
TRESIBA FLEX	NPB/G	PB		
<i>triaminic</i>	PG/LGC	PG		
<i>trimox</i>	PG	PG/LGC		
TROKENDI XR	NPB/G	NPB/G		Expect Gen
<i>tusnel c</i>	PG	NC		Remove select OTC
URAMAXIN	NC	NC		
URAMAXIN GT	NC	NC		
<i>uramit mb</i>	NC	NC		
<i>ure-k</i>	NC	NC		
<i>urolet mb</i>	NC	NC		
UTOPIC CREAM 41%	NPB/G	NC		
<i>veetids</i>	PG	PG/LGC		
VELCADE	NC	NC		Expect Gen
VIBERZI	NPB/G	PB		
VIMOVO	PB*	NPB/G*		
VIREAD	PB	PB		Expect Gen
<i>virtussin</i>	PG	NC		Remove select OTC
<i>virtussin ac</i>	PG	NC		Remove select OTC
VISUDYNE	NPS	NPS		Expect Gen
VIVITROL	NPS	NPB/G		Remove SPB

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VYTORIN	NPB/G	NPB/G	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i> , ZETIA	Expect Gen
<i>wal-itin</i>	PG/LGC	PG		
<i>wal-itin chl</i>	PG/LGC	PG		
<i>wal-vert</i>	PG/LGC	PG		
<i>wal-zan</i>	PG/LGC	NC		Remove select OTC
<i>wal-zyr</i>	PG/LGC	PG		
<i>wincillin-vk</i>	PG	PG/LGC		
<i>wymox</i>	PG	PG/LGC		
<i>x-viate</i>	NC	NC		
ZADITOR	PG/LGC	PG		
ZANTAC	PG/LGC	NC		Remove select OTC
<i>zartan</i>	PG	PG/LGC		
<i>zencia liquid 9-4%</i>	PG	NC		
ZEPATIER	NPS	PS		
ZIANA	NPB/G	PB		
ZODRYL AC	PG	NC		Remove select OTC
ZODRYL DAC	PG	NC		Remove select OTC
ZODRYL DEC	PG	NC		Remove select OTC
<i>zoledronic acid inj</i>	PS	PS		Remove NPL
ZOMETA	NPS	NPS		Remove NPL
Z-TUSS AC	PG	NC		Remove select OTC
<i>zyrtec itchy drops</i>	PG/LGC	PG		

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

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Aetna Pharmacy Plan and Specialty Drug List are subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug.

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 Aetna plans, refer to www.aetna.com.

In accordance with state law, commercial fully insured 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, precertification approval is known as "preservice utilization review." It is not "verification" as defined by Texas law.

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 precertification 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 precertification 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, precertification, 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.

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 about Aetna plans, refer to www.aetna.com.

TTY: 711

This Notice has Important Information. You may need to take action by certain dates to keep your health coverage or help with costs. For help in your language at no cost, you can call the number on your ID card. (English)

Este aviso contiene información importante. Es posible que deba realizar determinadas acciones en ciertas fechas para mantener su cobertura de salud o reducir costos. Para obtener ayuda en español sin cargo alguno, llame al número que figura en su tarjeta de identificación. (Spanish)

本通知包含重要資訊。您可能需要在特定日期前採取行動，以保留您的健康承保或關於費用的協助。如欲免費取得中文幫助，您可撥打您保險卡上的電話號碼。(Chinese)

Le présent avis contient des informations importantes. Vous devrez peut-être prendre des mesures à partir de certaines dates pour garder votre couverture santé ou obtenir des aides pour payer les coûts. Pour obtenir de l'aide en Français sans frais, vous pouvez appeler le numéro sur votre carte d'identification. (French)

Ang Abisong ito ay Naglalaman ng Mahalagang Impormasyon. Maaaring mangailangang kumilos ka sa tiyak na mga petsa upang mapanatili ang iyong saklaw pangkalusugan o tulong na may gastos. Para sa tulong sa Tagalog na walang gastos, maaari kang tumawag sa numero sa iyong ID card. (Tagalog)

Díí saad ílíníí baa hane'. Díí níké'ésí'ígíí éí doodago béeso da bee níká a' doowo'ígíí bikáa'go da át'ée dooleel áko t'áadoo bee e'e'aahí baa yííkaahgóó tsxííígo hasht'e dííííí níí da dooleel. (Diné k'ehjí) bee shíká a' doowo' níínízingo Naaltsoos nanítingo bee néého' dolzínííí béeesh bee hane'í bikáa' áko áájí' hodiilnih t'áadoo bááh ílínííí (Navajo)

Diese Mitteilung enthält wichtige Informationen. Wenn Sie Ihren Krankenversicherungsschutz beibehalten möchten oder Hilfe beim Bestreiten der Kosten benötigen, müssen Sie u. U. innerhalb einer bestimmten Frist handeln. Für kostenfreie Hilfe auf Deutsch können Sie die Nummer auf Ihrer Versicherungskarte anrufen. (German)

Ky njoftim përmban informacion të rëndësishëm. Juve do t'ju duhet të merrni masat e duhura përpara afateve të përcaktuara për të ruajtur siguracionin shëndetësor ose asistencën shëndetësore mbi kostot. Për asistencë falas në gjuhën shqipe, ju mund të telefononi në numrin e regjistruar në kartën tuaj të identitetit (ID). (Albanian)

ይህ ማስታወቂያ ጠቃሚ መረጃ አለው። የጤና ሽፋንዎን ለመጠበቅ ወይም በክፍያ በተወሰኑ ቀናት ውስጥ ወደ ተግባር መግባት አለብዎት። በነጻ ድጋፍ ለማግኘት (አማርኛ) በመታወቅዎ ያለው ስልክ መደወል ይችላሉ። (Amharic)

يحتوي هذا الإشعار على معلومات مهمة. لذا يجب أن تتخذ الإجراءات اللازمة في المواعيد المحددة للحفاظ على تغطيتك الصحية أو للحصول على مساعدة في التكاليف. ولتلقى المساعدة بـ (اللغة العربية) مجاناً، يمكنك الاتصال على الرقم الموجود في بطاقة الهوية. (Arabic)

Beeksisni kun odeefannoo barbachisa of keessa qaba. Fayummaa keessaan egachuuf ykn wa'ee fayyumaa keessanii ilaalchisee gargarfa argachuufii yeroo merta'ee kana keessatti tarkanfii fudhachu qabdu. Afaan (oromoon) basii tokko malee lakkofsa enyumessaa keessanin bililuu dandessuu. (Cushite)

Dit bericht bevat belangrijke informatie. Het kan zijn dat u vóór bepaalde data actie moet ondernemen om uw zorgverzekering of bijstand in de kosten te behouden. Voor gratis hulp in het Nederlands kunt u het nummer op uw identiteitskaart bellen. (Dutch)

Avi sa a gen enfòmasyon enpòtan ladan. Petèt y ap egzije ou pou pran sèten aksyon nan sèten dat limit yo pou kenbe pwoteksyon sante ou yo oswa ede avèk depans yo. Pou jwenn asistans gratis nan lang Kreyòl Ayisyen, ou kapab rele nimewo a yo ekri nan kat idantifikasyon ou. (French Creole)

Η παρούσα ανακοίνωση περιέχει σημαντικές πληροφορίες. Ίσως χρειαστεί να προβείτε σε κάποιες ενέργειες μέσα σε συγκεκριμένες προθεσμίες για να διατηρήσετε την υγειονομική κάλυψη ή βοήθειά σας με χρέωση. Για βοήθεια στα ελληνικά χωρίς χρέωση, μπορείτε να καλέσετε τον αριθμό που αναγράφεται στην κάρτα σας. (Greek)

આ નોટિસમાં એક મહત્વની માહિતી છે. તમારે અમુક તારીખ સુધીમાં પ્રક્રિયા કરવી પડશે. તમારા આરોગ્ય વિમાની પોલિસીની રકમ સંબંધિત ક્રિયા કે પ્રક્રિયા કરવી પડશે અથવા ખર્ચ ભોગવવો પડશે. (ગુજરાતી)માં કોઈ પણ ખર્ચ વિના મદદ મેળવવા માટે તમારા ઓળખ પત્રમાં આપેલા નંબર પર ફોન કરી શકો છો. (Gujarati)

He mau mana'ō kiko'i ma kēia leka ho'omaopopo nei. Pono ana 'oe e ho'okō i kēia mau hana mamua o ka lā palena pau no ka mālama 'ana i ka mana a kāu 'inikua mālama ola a i 'ole i kōkua me nā kāki 'ia. Inā makemake 'oe i kōkua ma ka unuhi 'ana a ka 'ōlelo Hawai'i, e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)

इस नोटिस में ज़रूरी जानकारी है। आपको अपनी स्वास्थ्य कवरेज को बनाये रखने या लागतों में सहायता के लिए कुछ विशिष्ट तारीखों तक कार्रवाई करनी पड़ सकती है। बिना किसी लागत के (हिन्दी) में सहायता के लिए, आप अपने आईडी कार्ड पर दिये नम्बर पर कॉल कर सकते हैं। (Hindi)

Daim ntawv ceeb toom no muaj lus qhia tseem ceeb. Koj yuav tsum tau ua qee yam ua ntej cov sib hawm teev tseg kom koj txoj kev pab kho mob dawb los yog kev pab kho mob them nqi qis muaj txuas mus ntxiv. Yog xav tau kev pab hais koj hom lus (Hmoob) pub dawb, koj hu tau rau tus xov tooj ntawm koj daim npav. (Hmong)

Ọkwa a nwere Ozi dị Mkpá. ! nwere ike chọọ ime mmee n'ụfọdụ deeti iji dozie mkpuchi ahụike gi maọbụ nyè aka na imefu ego. Maka ènyèmaka n'Igbo nke efughi ego, i nwere ike kpọọ nomba nọ na kaadị ID gi. (Ibo)

Ewōr Kein Kōjelā ko Raurōk ilo Enaan in. Kwomaroñ aikuj makūtkūt mokta jān juon raan emōj an kaalikkar bwe kwon maroñ kōjparrok insurance eo in taktō eo am jāān in jipañ. Ñan bōk jipañ ilo *Kajin Majol* ejjelok wōnān, kwomaroñ kallok ñan nōmba eo ej walk ilo kaat in ID eo aṃ. (Marshallese)

Pakair wet me kesempwal. Komwi anane idawen kosoandi en rahn akan me kileledi ohng palien sawas en roson mwahu de sawas ni isais. Ohng palien sawas en ni omw lokaia (*Ponape*) ni sohte isais, komw kak call nempe me sansal pohn noumw ID koard. (Micronesian-Pohnpeian)

សេចក្តីជូនដំណឹងនេះ មានព័ត៌មានសំខាន់ៗ។ អ្នកអាចត្រូវធ្វើសកម្មភាព ត្រឹមកាលបរិច្ឆេទជាក់លាក់ ដើម្បីទទួលបានការវ៉ាប់អង្កើតណាមវៀតណាមសុខភាព ឬ ជំនួយសម្រាប់ចំណាយធានា។ សម្រាប់ជំនួយជា (ភាសាខ្មែរ)
ដោយឥតគិតថ្លៃ អ្នកអាចទាក់ទងលេខទូរស័ព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ (Mon-Khmer,Cambodian)

यो सूचनामा महत्त्वपूर्ण जानकारी छ । तपाईंले पाइरहेको स्वास्थ्य बिमा पाइरहन वा तपाईंको खर्चको भुक्तानीमा सहायता पाउन निश्चित समय-सीमाभित्र काम-कारवाही गर्नुपर्ने हुनसक्छ । नेपाली मा निःशुल्क भाषा सहायता पाउनका लागि तपाईंको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा फोन गर्नुहोस् । (Nepali)

Lĕk kĕ anɔŋic thōnrilic kər ba piŋ apiəth. Yen akər ba ye kĕ lĕkkĕ yīn nĕ dɔc loi tĕ cīn gāäu kua nĕ thaa kərĕ yen ba loi, ago aguiĕr duñ bīn ya lɔ tĕ nɔŋ Akīm kua kony nĕ yōōny de wal ke pan Akim ŋoot ke tɔ thīn abac kĕ cīn wĕu kərke. Yen na kər bī yī kony nĕ gĕĕr de thokic abac ke cīn weu kərke, ke yī cɔl nɔmba tō nĕ ID card duic. (Nilotic-Dinka)

Denne meldingen inneholder viktig informasjon. Du må kanskje foreta deg noe før visse datoer for å beholde helsedekningen eller for hjelp med kostnader. Hvis du trenger kostnadsfri hjelp på norsk, kan du ringe nummeret på ID-kortet ditt. (Norwegian)

Selle Notice hot wichtige Information. Vielleicht brauchsch du eppes duhe bis en gewisse Daadem um dei Gsund Inschurans zu behalde odder mit Koschde zu helfe. Fer Helfe in Deitsch mit kenne Koschde, du kannsch die Nummer uff dei ID Kaarde aarufe. (Pennsylvanian Dutch)

این اطلاعیه حاوی اطلاعاتی مهم است. ممکن است که لازم باشد شما برای حفظ بیمه سلامت خود و یا کمک به هزینه های درمانی خود در تاریخ های معینی اقداماتی انجام دهید. برای دریافت کمک به زبان فارسی به صورت مجانی، می توانید با شماره تلفن موجود روی کارت شناسایی خود تماس حاصل کنید. (Persian-Farsi)

Niniejsze pismo zawiera ważne informacje. Aby zachować ubezpieczenie zdrowotne lub zaoszczędzić pieniądze konieczne może być podjęcie pewnych działań w określonych terminach. Aby uzyskać bezpłatnie pomoc w języku polskim, proszę zadzwonić pod numer podany na karcie identyfikacyjnej. (Polish)

Este Aviso disponibiliza Informação Importante. Poderá ter de tomar determinadas ações até certas datas para manter a cobertura do seu seguro de saúde ou auxílio com custos e despesas. Poderá contactar o número disponível no seu cartão de identificação para obter assistência em português gratuitamente. (Portuguese)

หนังสือแจ้งนี้มีข้อมูลสำคัญ

คุณอาจต้องดำเนินการภายในวันที่ที่กำหนดเพื่อคงความคุ้มครองด้านสุขภาพหรือความช่วยเหลือเรื่องค่าใช้จ่าย สำหรับความช่วยเหลือเป็น (ภาษาไทย) โดยไม่เสียค่าใช้จ่าย

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Ko e Fakatōkanga 'eni 'oku fu'u mātu'aki Mahu'inga. Kuopau ke ke tōkanga ke 'uluaki fakahoko 'i he 'aho pau ke kei tāuhi pe 'a ho'o 'inisia ki he tu'unga fakamo'ui lelei pe ko ha tōkoni 'o 'ikai ke toe 'iai hā tōtōngi. Ki ha'o fiema'u 'i ha (*lea faka-Tonga*) 'o 'ikai hā tōtōngi, pea 'oku fiema'u ke ke telefoni ki he fika 'oku 'asi atu 'i ho'o kaati ID. (Tongan)

Eei Kapasen Esinesin mi awora Áúchean Pworús. Mi menei ómw kopwe fééri ekkóóch angaang me mwan ekkóóch pwinin maram ren eán epwe tongeni sópwósópwenó omw néúnéú ewe taropween áninnisin méoméon ómw kopwe sáfei nón pioing. Ren áninnisin chiakú nón (*Kapasen Chuuk*) esapw kamé, ka tongeni kékkééri ena nampaan tengewa mi makketiw wóón noumw ena taropween ID. (Turkese)

Bu Bildirimi Önemli Bilgiler vardır. Sen sağlık sigortası tutmak ya da maliyetleri ile yardımcı olmak için belirli tarihler ile harekete geçmek gerekebilir. hiçbir ücret ödmeden (dilde) yardım için, size kimlik kartında numarayı arayabilirsiniz. (Turkish)

В цьому повідомленні є важлива інформація. Можливо, вам буде потрібно вжити деякі заходи до певних дат, щоб зберегти ваше медичне страхування або зменшити ваші витрати. Щоб безплатно отримати інформацію українською мовою, телефонуйте за номером, вказаним на вашій ідентифікаційній картці учасника плану. (Ukrainian)

اس نوٹس میں اہم معلومات ہیں۔ اپنی ہیلتھ کوریج کو برقرار رکھنے یا اخراجات سے نمٹنے میں مدد کے لیے آپ کو مخصوص تاریخوں تک کارروائی کرنے کی ضرورت ہو سکتی ہے۔ بغیر کسی خرچے کے (اردو زبان) میں مدد حاصل کرنے کے لیے، آپ اپنے آئی ڈی کارڈ پر درج نمبر پر کال کر سکتے ہیں۔ (Urdu)

Thông Báo này có Thông Tin quan trọng. Quý vị có thể cần thực hiện vào những ngày nhất định để giữ bảo hiểm của quý vị hoặc được trợ giúp chi phí. Để được trợ giúp bằng tiếng Việt miễn phí, quý vị có thể gọi đến số điện thoại ghi trên thẻ ID của quý vị. (Vietnamese)

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Ìwé Àkíyèsì yí ní Àlàyé tó ẹ̀ Pàtàkì nínú. Ìwọ̀ lẹ̀ nílọ̀ láti gbé ìgbésẹ̀ ní àwọn ojọ̀ kan láti lẹ̀ sị máa gbádùn ààbò fún ìtọ́jú ìlera tàbí ìrànlọ́wọ̀ nípa sísan owó fún ìtọ́jú ìlera. Fún ìrànlọ́wọ̀ ní èdè (Yorùbá) láí sanwó, o lẹ̀ pe nọmbà tò wà lórí káàdì ìdánimọ̀ rẹ̀. (Yoruba)

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