

2019 Summary of Benefits

Aetna Medicare Rx Select (PDP)

S5810, Plan 282

**This is a summary of services covered by Aetna Medicare Rx Select (PDP)
January 1, 2019 - December 31, 2019**

Aetna Medicare Rx Select (PDP) is a Medicare Prescription Drug Plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. The plan's "Evidence of Coverage" provides a complete list of services we cover. The "Evidence of Coverage" is available on our website or you may call us to request a copy.

To join Aetna Medicare Rx Select (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. Our service area includes the following state(s): North Carolina

S5810-282-1 A

Outpatient Prescription Drugs

Monthly Plan Premium: \$17.20

Deductible - After you pay your \$365 deductible, you pay the cost sharing amounts in the table below. The deductible does not apply to drugs on Tier 1, Tier 2.

Initial Coverage Limit (ICL) - total amount you and the plan pay for prescription drugs before you enter the coverage gap: \$3,820

True Out-of-Pocket Threshold Amount (TrOOP) – total amount you pay before reaching the catastrophic coverage level: \$5,100

Formulary: A3	Preferred Retail Rx 30-day supply	Preferred Retail and Preferred Mail Order 90-day supply	Standard Retail Rx 30-day supply	Standard Retail and Standard Mail Order 90-day supply	What You Should Know
Tier 1: Preferred Generic	\$0	\$0	\$15	\$45	Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on pharmacy-specific cost sharing and the phases of the benefit, please call us or access our <i>Evidence of Coverage</i> online.
Tier 2: Generic	\$2	\$6	\$20	\$60	
Tier 3: Preferred Brand	\$47	\$141	\$47	\$141	
Tier 4: Non-Preferred Drug	40%	40%	40%	40%	
Tier 5: Specialty	25%	N/A	25%	N/A	

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online. Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

Additional Gap Coverage

Our plan offers some drug coverage in the Coverage Gap Stage.

Cost sharing for a 30-day supply at a network retail pharmacy that offers preferred cost sharing:

- Tier 1: \$0
- Tier 2: \$2

Cost sharing for a 30-day supply at a network retail pharmacy that offers standard cost sharing:

- Tier 1: \$15
- Tier 2: \$20

For all other formulary drugs, after you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 37% of the plan’s cost for covered generic drugs until your costs total \$5,100, which is the end of the coverage gap.

Catastrophic Coverage

After your total out-of-pocket costs reach \$5,100, you pay the greater of:

- 5% of the cost of the drug
- \$3.40 for a generic drug or a drug that is treated like a generic and \$8.50 for all other drugs

Compare our plan to Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Contact us

For more information, please call us at the phone number below or visit us at <https://www.aetnamedicare.com>.

If you are not a member of this plan, call toll-free **1-833-856-5680** TTY users should call 711. From October 1 to March 31, you can call us 7 days a week from 8:00 am to 8:00 pm local time. From April 1 to September 30, you can call us Monday through Friday from 8:00 am to 8:00 pm local time.

Current members call the number on your ID card.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at <https://www.aetnamedicare.com/formulary>.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. This information is not a complete description of benefits. Call 1-833-856-5680 (TTY: 711) for more information. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in some areas. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call 1-833-856-5680 TTY users should call 711 or consult the online pharmacy directory at <https://www.aetnamedicare.com/findpharmacy>

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the phone number listed in this material.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aetna Medicare Grievance Department, P.O. Box 14067, Lexington, KY 40512. You can also file a grievance by phone by calling the phone number listed in this material. If you need help filing a grievance, call the phone number listed in this material.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also contact the Aetna Civil Rights Coordinator by phone at 1-855-348-1369, by email at MedicareCRCoordinator@aetna.com, or by writing to Aetna Medicare Grievance Department, ATTN: Civil Rights Coordinator, P.O. Box 14067, Lexington, KY 40512.

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).

TTY: 711

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number listed in this document. (English)

Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)

Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)

Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)

Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono elencato in questo documento. (Italian)

Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente neste documento. (Portuguese)

Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki make nan dokiman sa a. (Haitian Creole)

Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany w niniejszym dokumencie. (Polish)

英語をお話しにならない方は、無料の言語支援サービスを受けることができます。弊社のウェブサイトアクセスするか、または本書に記載の電話番号にお問い合わせください。(Japanese)

Nëse nuk flisni gjuhën angleze, shërbime ndihmëse gjuhësore pa pagesë janë në dispozicionin tuaj. Vizitoni faqen tonë në internet ose merrni në telefon numrin e telefonit në këtë dokument. (Albanian)

ከእንግሊዝኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በዚህ ስነድ ላይ የተዘረዘረውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)

اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، زبان سے متعلق مدد کی مفت خدمات دستیاب ہیں۔ ہماری ویب سائٹ ملاحظہ کریں
یا اس دستاویز میں درج فون نمبر پر کال کریں۔ (Urdu)

אויב איר רעדט א שפראך אויסער ענגליש, זענען שפראך הילף סערוויסעס אוועילעבל. באזוכט אונזער וועבזייטל אדער רופט דעם
טעלעפאן נומער וואס שטייט אויף דעם דאקומענט. (Yiddish)