



# Inspired by you

Your Medicare prescription drug  
plan handbook

**aetna**<sup>®</sup>

[aetnamedicare.com](https://aetnamedicare.com)

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# What's inside?



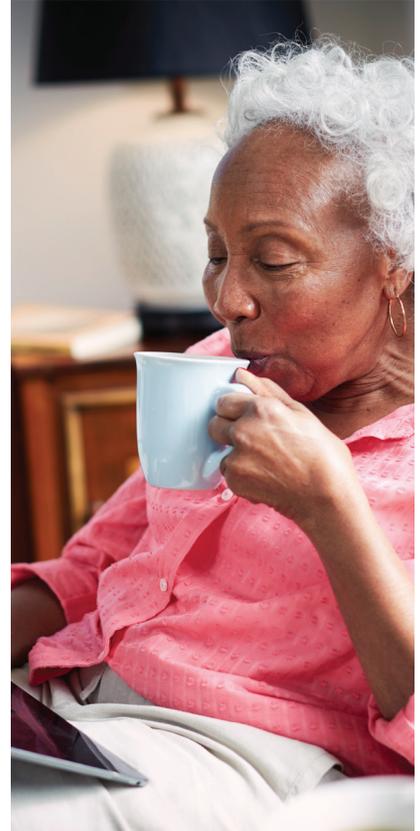
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## Welcome

We're glad you chose Aetna for your Medicare plan. We created this handbook exclusively for members like you. And that means all of you — body, mind and spirit. Inside, you'll find helpful information and tips to help you make the most of your Medicare plan. So you can make the most of the life you love. Thanks again for being a valued member of the Aetna® family. We're excited to help you fulfill your health goals.

# Get started



Let's walk through your prescription drug plan,  
so you can understand your benefits.

**Get off to a great start by following two easy steps.**

1

## Step 1: Know your plan coverage

You can find complete benefits information for your prescription drug plan in your Evidence of Coverage (EOC). It has detailed information on your coverage, costs and rules you need to follow. You can view your EOC at [aetnamedicare.com/benefits](https://aetnamedicare.com/benefits).

2

## Step 2: Know your prescription drug coverage

Our prescription drug list — or formulary — shows:

- Prescription drugs we cover
- The tier a prescription drug is on — generally, the lower the tier, the less you pay
- Prescription drug requirements or limits
- Mail-order availability

The formulary also shows if there are any rules you need to follow before we cover your medicine. You can view your plan's formulary online at [aetnamedicare.com/formulary](https://aetnamedicare.com/formulary).

## Find what you need online

We can help guide you on your health journey. Whether you want to access your member ID card, find a network pharmacy or look up your prescription medicines, we've got you covered. You have two primary online tools to help you. The first is your secure member website, which contains your personal information. The second is our Medicare website, which has your plan information.

**What does each website include? See the chart below for help.**

Secure member website	
How to log in or register for a new account	Use it to:
<ol style="list-style-type: none"><li>1. Go to <b>aetnamedicare.com</b>.</li><li>2. Select "For Members" in the top right.</li><li>3. Select "Log in to our secure member website" in the drop-down menu.</li></ol>	<ul style="list-style-type: none"><li>• Check your claims</li><li>• View or request a new member ID card</li><li>• Sign up to receive certain communications by email</li><li>• See your electronic Explanation of Benefits (EOB) statements</li></ul>
Aetna Medicare website: aetnamedicare.com	
Use it to:	
<ul style="list-style-type: none"><li>• See your plan's formulary, or list of prescription drugs we cover</li><li>• Find a network or preferred network pharmacy</li><li>• View your EOC</li><li>• Pay your plan premium</li><li>• Find forms like mail order delivery forms and prescription drug claims forms</li></ul>	

## Help is a call away

Just call Member Services at the number on your member ID card. We're happy to help.



# Your prescription coverage



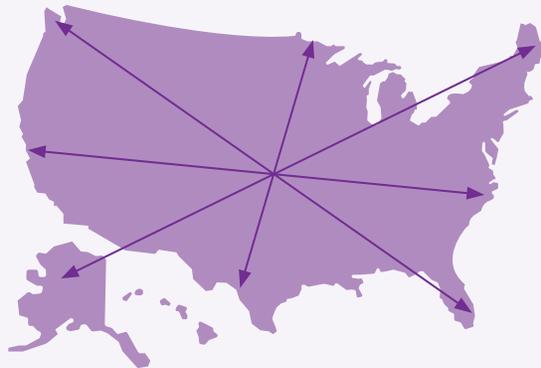
Have a new prescription? Need to find a pharmacy?

**We've got you covered.**

## Save at preferred pharmacies

Members generally save money by using a preferred pharmacy.

**Most Aetna prescription drug plan** members have access to a national network of more than 65,000 in-network pharmacies with more than 23,000 preferred options.



**Aetna Medicare Rx® Select PDP** members have access to a national network of more than 40,000 in-network pharmacies with more than 18,000 preferred options.

## Did you know?

Generics generally cost less and are just as safe and effective as brand-name medicines. Check with your doctor to see if a generic prescription drug is right for you. Also, there are no deductibles for Tier 1 and 2 generic drugs.



**Quick tip:** You can search for a network pharmacy, including a preferred pharmacy. Visit [aetnamedicare.com/findpharmacy](https://aetnamedicare.com/findpharmacy) to find one. Or just call us. We're here to help.



## Find a network pharmacy near you

With limited exceptions, you must use a network pharmacy for your prescription drug coverage. To find a pharmacy in your network, visit [aetnamedicare.com/findpharmacy](https://aetnamedicare.com/findpharmacy).

Using a preferred pharmacy for your prescription drugs may help you save money.



## Ask your doctor for a 90-day supply of medicine

Are there medicines you take every day to maintain your health? For certain long-term maintenance drugs, a 90-day supply\* may mean:

- Less chance you'll forget to refill your prescription
- Fewer trips to the pharmacy



## Get your medicine delivered to your door with the Aetna Rx Home Delivery® pharmacy

Your plan has a home delivery option for prescription drugs. It's a service for medicines you take regularly — also called “maintenance” medicines. You might be taking them for ongoing conditions, like arthritis, high cholesterol and others. Learn more at [aetnamedicare.com/rxdelivery](https://aetnamedicare.com/rxdelivery), or call us at the number on your member ID card.

- Get more: Depending on your plan, you can get up to a 90-day supply of medicine.\* And standard shipping is always free.
- Save time: Refill your prescriptions just once every three months — with no trips to the pharmacy. You can reorder online, by phone or by mail.
- Don't worry: Registered pharmacists check all orders for accuracy. Your medicine is securely packed, then mailed quickly to your home. If you have an emergency, you can call our pharmacists anytime.

**Quick tip:** Ask your doctor to send an electronic prescription (e-prescribe) to Aetna Rx Home Delivery. Give your doctor this number to send your prescription to us: NPI 1033185186.

\*Federal or state limitations may apply.



## **Aetna Specialty Pharmacy® provides extra support for complex medical conditions**

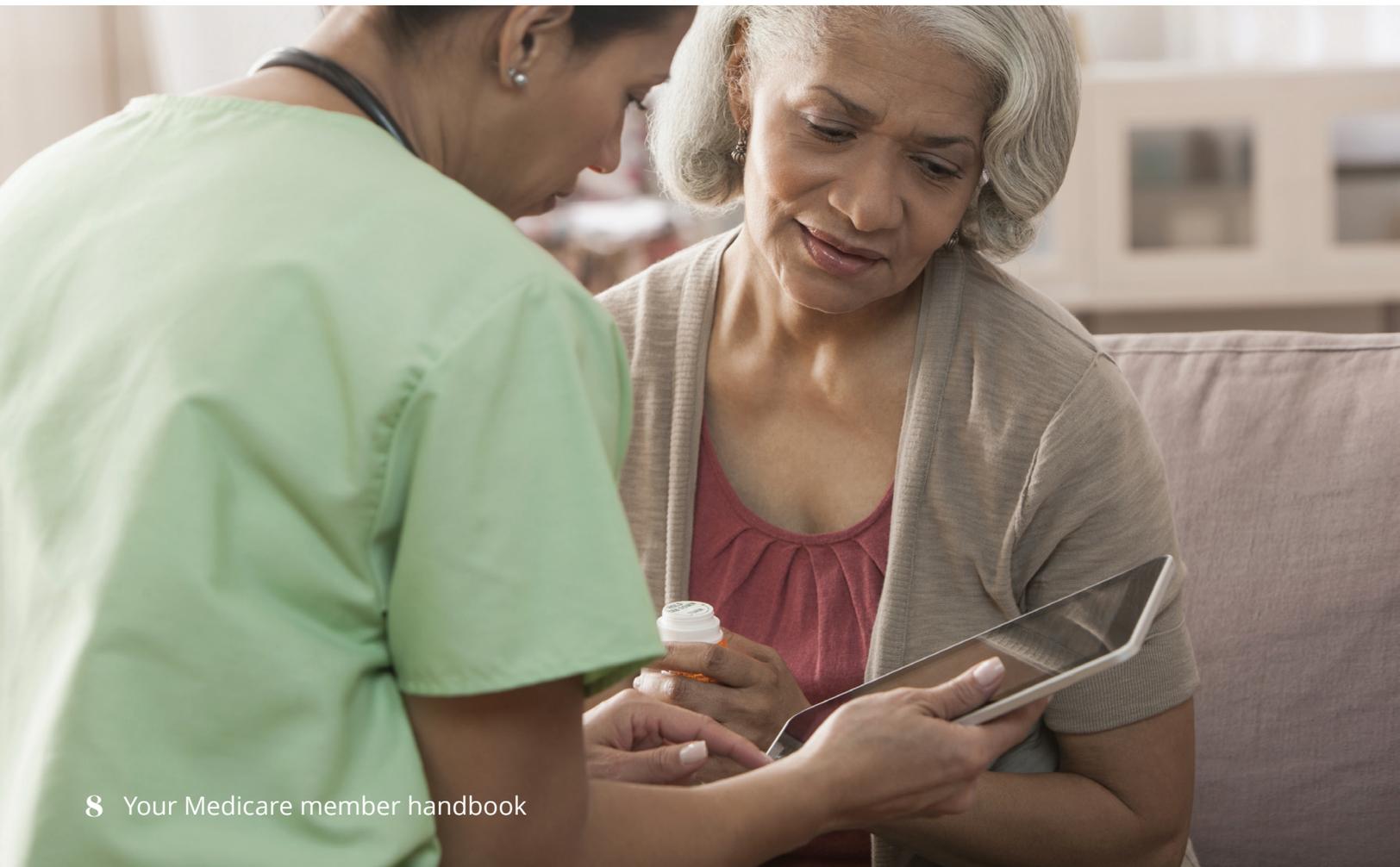
Specialty medicines help people with complex conditions. These medicines often require special shipping or storage. With Aetna Specialty Pharmacy medicine and support services, you'll get reliable and secure delivery to your home\* or another location you choose. To learn more, call **1-866-782-2779 (TTY: 1-877-833-2779)**. You can talk with someone 24/7. Or visit **[aetnaspecialtyrx.com](https://aetnaspecialtyrx.com)**.



## **Why tiers matter: Check what your prescription drugs will cost you**

To check the cost of your prescription drug, you need to know what tier it's on. Your formulary tells you the tier. Generally, the lower the tier, the less you pay. Your EOC shows you the drug cost for each tier. Talk to your doctor about covered alternatives on a lower tier. And be sure to bring your formulary along.

\*This service is different than Aetna Rx Home Delivery.



# Formulary 101

## How to read a formulary (drug list)

Your formulary is the key to helping you understand:

- The prescription drugs covered by your plan
- The tier level of each drug — drugs in different tiers may have different costs
- Any special rules you'll need to follow to have certain drugs covered — like prior authorization, quantity limit or step therapy

### Locate your formulary

Find it online at [aetnamedicare.com/formulary](https://aetnamedicare.com/formulary).

Your formulary will include a table similar to this one:

Drug name	Drug tier	Requirements/limits
<i>sample_drug</i>	1	MO
SAMPLE_DRUG	4	QL (30 EA per 30 days) MO

You'll notice drug names are either in ***italics*** or **CAPITAL** letters. These mean:

- ***Italics*** — generic drugs that generally have lower copays and costs
- **CAPITALS** — brand-name drugs that generally have higher copays and costs

#### What does MO mean?

MO stands for mail order. The presence of MO in the formulary informs you the drug is available for up to a 90-day supply through Aetna Rx Home Delivery.

#### Find your prescription drugs

There are two ways to find drugs in the formulary:

- Search by **category**. For example, omeprazole is under "Gastrointestinal agents."

- Search by name in the **index**. The drugs in this section are listed alphabetically.

#### Check if your drugs have coverage rules

For some drugs, you have to follow special rules before we can cover them. If a drug has a special rule, talk with your doctor about your options.

- **Step therapy:** You'll need to try certain drugs first before we'll cover another option. A drug like this will have "ST" in the "Requirements/limits" column.
- **Prior authorization:** Your doctor needs to get approval from us before we cover the drug. A drug like this will have "PA" in the "Requirements/limits" column.
- **Quantity limit:** There is a limit on the amount of the drug that we cover. A drug like this will have "QL" in the Requirements/limits column.

**Quick tip:** Reference your formulary when you work with your doctor. It can help your doctor prescribe drugs covered by your plan. You can find your formulary online at [aetnamedicare.com/formulary](https://aetnamedicare.com/formulary).

# Understanding drug payment stages\*



## Deductible stage

During this stage, if your plan has a deductible, you usually pay the full discounted cost of your drugs up to the deductible amount. Drugs must be on the formulary in order to be counted toward the deductible. This only applies to drugs on Tiers 3, 4 and 5. Drugs on Tiers 1 and 2 don't have a deductible.

**Once you reach the deductible amount, you pay a copayment or coinsurance in the initial coverage stage.**



## Initial coverage stage

During this stage, you pay a copayment or coinsurance (your share of the cost) for each prescription you fill until your total drug costs (what you and your plan pay) reach \$3,820.

**Once you satisfy \$3,820, you enter the coverage gap or "donut hole."**



## Coverage gap stage

During this stage, you'll receive a minimum level of coverage on covered brand-name and generic drugs until your yearly out-of-pocket costs reach \$5,100.

**Once your yearly out-of-pocket costs reach \$5,100, you move to the catastrophic coverage stage.**



## Supplemental gap coverage stage

During the gap stage, most of our plans offer supplemental coverage for Tier 1 and Tier 2.

**The copays during the initial coverage stage would apply for Tier 1 and Tier 2.**



## Catastrophic coverage stage

In this stage, most members will pay only a small copayment or coinsurance amount for each prescription they fill.

**Have questions about drug payment stages? Just call us. We're here to help.**

\*See your EOC for more details.

# Medication therapy management

Our medication therapy management (MTM) program helps you and your doctor manage your medicines. If you qualify for the program, a pharmacist will review your medicines and talk with you about:

- How to get the most benefit from the drugs you take
- Any side effects or reactions
- Any questions or concerns you have
- Options that may help you save money

If you qualify, we'll automatically enroll you in the program. Participation is voluntary. You can opt out of the program at any time.

## What does it cost?

There's no added cost to be in our MTM program.

## How the program works

Once in the program, you're offered a comprehensive medicine review. It includes several steps:

1. A pharmacist from your plan reviews all your medicines to see if there are any drug therapy issues.
2. If needed, the pharmacist will work with your doctor to resolve any drug therapy issues.
3. The pharmacist will talk with you over the phone or in person at your local pharmacy. They'll review your current medicines (both prescription and over the counter) and your medical conditions. This will take about 30 minutes.
4. The pharmacist will give you a personal medicine list and an action plan to help you manage your medicines. Be sure to share this information with your doctor.



# Insurance 101

## Key terms

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### **Coinsurance**

This is the amount you may have to pay for your share of costs for covered drugs. Coinsurance is usually a percentage (for example, 20 percent).

### **Copayment (or copay)**

This is the amount you may have to pay for your share of costs for covered drugs. Copays are usually a set amount (for example, \$10 for a prescription drug).

### **Cost sharing**

These are amounts that your plan may require you to pay for your covered prescription drugs. Examples of cost sharing can include a deductible, copayment or coinsurance.

### **Deductible**

This is the amount some plans require you to pay for covered prescription drugs before the plan starts to pay. Only drugs on Tiers 3, 4 and 5 apply to a deductible on our plans.

### **True out-of-pocket (TrOOP) cost**

This is the amount you pay for covered Part D drugs that counts toward your drug plan's out-of-pocket threshold. Your yearly deductible, coinsurance or copayments, and what you pay in the coverage gap all count toward this out-of-pocket limit. The limit doesn't include the drug plan's premium.

### **Premium**

This is the amount you pay to your plan for coverage.

### **Total drug cost**

This is the amount of money both you and the plan spend on a covered prescription drug.

# Your healthy goals checklist

## What motivates you to be your best? How do you overcome obstacles? What inspires you?

We all have different ways of tackling our healthy goals. Research shows that you become 42 percent more likely to achieve your goals and dreams by simply writing them down on a regular basis.<sup>1</sup>

So take a moment to jot down your healthy goals. It could be something as simple as “I want to start taking yoga” or “I want to get seven to eight hours of sleep every night.”

Have a wedding coming up? Maybe you want to add 30 minutes of brisk walking a day, so you’ll feel energized to dance the night away.

Are you a lifelong runner? Or just trying something new with your doctor’s approval? Set a goal to participate in a 5K walk or run in your neighborhood.

Feeling like your fridge is getting a little stale? Make a healthy choice to cook more at home throughout the week.

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**There’s no healthy goal too big or small. And we’ll be there to help you every step of the way.**

<sup>1</sup>Morrissey, Mary. The power of writing down your goals and dreams. The Huffington Post. December 6, 2017. Available at: [huffingtonpost.com/marymorrissey/the-power-of-writing-down\\_b\\_12002348.html](http://huffingtonpost.com/marymorrissey/the-power-of-writing-down_b_12002348.html). Accessed August 16, 2018.



Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

This information is not a complete description of benefits. Call the phone number on your member ID card for more information.

Every year, Medicare evaluates plans based on a 5-star rating system.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7 – 14 days. You can call the phone number on your member ID card if you do not receive your mail-order drugs within this timeframe.

Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Aetna Medicare’s pharmacy network includes limited lower cost, preferred pharmacies in: rural Missouri, rural Maine and rural South Dakota. 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, please call the number on your ID card or consult the online pharmacy directory at [aetnamedicare.com/findpharmacy](https://aetnamedicare.com/findpharmacy).

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.

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[aetnamedicare.com](http://aetnamedicare.com)