



January 2024

There are upcoming changes to your plan's drug coverage — and we want to be sure you're ready

Starting **January 1, 2024**, you'll see changes to the drugs your **Aetna Health Exchange Plan** covers. It's important that you review the changes in the chart enclosed. Talk to your doctor about how these changes might impact you.

Find out how to keep your costs low

If the status of your current drug is changing, you may pay more for refilling them on or after **January 1, 2024**. So, we want to make sure you understand your options and what to do next.

What to do if your drugs are changing

Talk to your doctor to find out if changing to a preferred drug is right for you. If they agree, have them send a new prescription to your pharmacy so it's ready for you to fill **January 1, 2024**.

Your doctor may decide it's best for you to stay on your current drug. If so, they can ask for medical exception. Or you can call us at the number on your member ID card to request one. If approved, you'll still pay your plan copay or cost-share, after you meet your plan's deductible or out-of-pocket requirements.

Need more support? We're here to help.

- Visit the website listed on your member ID card to view your current plan details.
- Call us at the number on your member ID card.

Changes beginning January 1, 2024

On or after this date, log in to your member website. Here, you can search for and estimate the cost of your drug(s). You can also find options that may cost you less. Keep in mind, these costs will depend on several things, like where you are with your deductible.

The changes listed in this chart are based on your plan information as of the date of this letter.

UPPER CASE = brand-name drug

lower case = generic drug

Drug Name	Change(s)
ALVESCO AER 160MCG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 2 packages every 30 days
ALVESCO AER 80MCG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 3 packages every 30 days
amlodipine / valsartan / hctz	Non-formulary; not covered
amlodipine / valsartan / hydrochlorothiazide	Non-formulary; not covered
APRETUDE	Not covered under pharmacy benefit. May be covered under the medical benefit
BASAGLAR TEMPO PEN	Non-formulary; not covered
BREO ELLIPTA	Moving to preferred brand tier
colesevelam hydrochloride	Drug list addition (non-preferred)
DESCOVY	Moving to preferred brand tier
DOPTelet (NDC* 71369002015 and 71369002010)	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 1 carton per 5 days
DOPTelet (NDC* 71369002030 only)	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 60 tabs every 30 days
DULERA	Non-formulary; not covered
EMFLAZA	Non-formulary; not covered
EMGALITY	Drug list addition (preferred); Step therapy required
EPCLUSA	Moving to non-preferred brand tier
EPIDIOLEX	Moving to preferred specialty tier
FARXIGA	Non-formulary; not covered
glatiramer acetate	Moving to non-preferred generic tier
glatopa	Moving to non-preferred generic tier
GLYXAMBI	Moving to preferred brand tier
HARVONI	Moving to non-preferred brand tier
HUMULIN 70 / 30 (NDC* 00002871501 only)	Non-formulary drug (Other NDCs covered)
HUMULIN 70 / 30 KWIKPEN (NDC* 00002880301 only)	Non-formulary drug (Other NDCs covered)
HUMULIN N (NDC* 00002831501 only)	Non-formulary drug (Other NDCs covered)
HUMULIN N KWIKPEN (NDC* 00002880501 only)	Non-formulary drug (Other NDCs covered)

Drug Name	Change(s)
HUMULIN R (NDC* 00002821501 only)	Non-formulary drug (Other NDCs covered)
JARDIANCE	Moving to preferred brand tier
KISQALI FEMARA 200 DOSE	Non-formulary; not covered
KISQALI FEMARA 400 DOSE	Non-formulary; not covered
KISQALI FEMARA 600 DOSE	Non-formulary; not covered
LEDIPASVIR / SOFOSBUVIR	Moving to non-preferred brand tier
LINZESS	Drug list addition (preferred); Preauthorization required
MAVYRET	Non-formulary; not covered
PRALUENT	Non-formulary; not covered
PREZISTA	Non-formulary; not covered
PROMACTA	Non-formulary; not covered
QUVIVIQ	Drug list addition (non-preferred); Preauthorization required
REPATHA	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 3 pens every 28 days
REPATHA PUSHTRONEX SYSTEM	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 1 cartridge every 28 days
REPATHA SURECLICK	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 3 pens every 28 days
RUXIENCE	Moving to non-preferred brand tier; Preauthorization required
SOFOVIR / VELPATASVIR	Moving to non-preferred brand tier
SYNJARDY	Moving to preferred brand tier; Step therapy required
SYNJARDY XR	Moving to preferred brand tier; Step therapy required
TRELEGY ELLIPTA	Moving to preferred brand tier
TRESIBA (NDC* 00169266211 only)	Drug list addition (preferred)
TRESIBA FLEXTOUCH (NDC* 00169255013 only)	Drug list addition (preferred)
TRESIBA FLEXTOUCH (NDC* 00169266015 only)	Drug list addition (preferred)
VERZENIO	Moving to preferred specialty tier; Preauthorization required; Quantity limits apply. Covered up to 56 tablets every 28 days
VOSEVI	Moving to non-preferred brand tier
XIGDUO XR	Non-formulary; not covered
ZEPATIER	Non-formulary; not covered
ZIEXTENZO	Non-formulary; not covered

* Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

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Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

Information is subject to change. In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, until the plans' renewal date.

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Policy forms issued in Oklahoma include: AL OK HCOC, HC OK HCOC.

Policy forms issued in Missouri include: AL HGrpPol 07, AL SG HGrpPol-1A 01, HI HGrpAg 05, HI GrpAgAmend-2022 01, HO HGrpPol 04, HO GrpPolAmend-2022 01, HI SG HGrpAg-1A 01. AL IVL HPOL-1A-2023-EPO-HIX 02, AL IVL SOB 1A EPO HIX 02R2, AL IVL HPOL-1A-2023-EPO 02, AL IVL SOB 1A EPO 02R1.

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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TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የ ቋንቋ አገልግሎትን ያለ ክፍያ ለማግኘት፣ በመስዊድ ሆት ላይ ያለውን ቁጥር ይደውሉ፡፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավիճար խորհրդատվություն ստանալու համար գանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရဲဘဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguaåhi ni dibåtde para hægu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ႤႬႃ႔ Ⴎ႗႕ႏ႐ႇ ႦႠ႓႑႒႒ Ⴘ Ⴀႚႇ႔ ႨႼႼ႞႒႒ ႝႩ, Ⴇ႙Ⴀ႞ႛ႟Ⴂ Ⴀ႞Ⴉ Ⴈ႔႞႒ ႕ႮႠ႟Ⴆ Ⴆ႟Ⴆ Ⴈႄ႕႞႒ Ⴜႛ႟Ⴆ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kv̹t chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei anininisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઈડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

Hawaiian	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.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obula, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၣ်တၢ်မၤစၢအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အီၤအဂီၢ်,ကိးဘၣ်လိတဝ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလိၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستگیر ئەگەریت بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjelōk wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néého'dólzínígíí béesh bee hane'í biká'ígíí áaji' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cîn wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac tɔ në ID kard duɔn de tīt de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.

[illegible]