



Essential Health Supplemental Benefit Offered by some former employer/union/trust plans

Your former employer/union/trust has purchased additional coverage for certain prescription drugs, covered by your plan. You will have a \$0 cost share for these prescription drugs.

This guide lists the drugs covered under this Essential Health Supplemental Benefit by categories. Your Schedule of Cost Sharing will indicate the categories covered under this benefit. For example, if “Select Smoking Cessation medications” is shown as a covered category, find the list titled “Smoking Cessation medications” in this guide to see what is covered.

Some of the prescription drugs included in this document are not covered by Medicare Part D and are not included in your formulary drug list. Keep in mind, coverage for these non-Part D prescription drugs does not apply to your Medicare prescription drug out-of-pocket costs. (This amount does not help you qualify for catastrophic coverage.) You are unable to file a Medicare appeal or grievance for these drugs, and if you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to these drugs.

For more information, call the toll-free telephone number on your Aetna® member ID card or contact Member Services at **1-866-241-0357**. We’re available to help you 24 hours a day, 7 days a week. **TTY users call 711.**

See your 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. The formulary may change at any time. You will receive notice when necessary.

Key

Drug name	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	QL = Quantity Limit. For certain, drugs our plan limits the amount of the drug that we will cover.
<i>Lowercase italics</i> = Generic medications	PA = Prior Authorization. Our plan requires you or our provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
	B/D = Part B vs Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
	MO = Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Drugs available through mail-order are marked as "MO" in our Drug List.
	ND = Non Part D Drug. Certain drugs not covered by Medicare Part D and not found on the formulary. However, your plan has chosen to provide coverage for select Non Part D prescription drugs as indicated in the list below.

Drug name

Requirements/Limits

ANALGESICS

ASPIRIN

<i>adult aspirin regimen</i>	ND
<i>aspirin</i>	ND
<i>aspirin 81</i>	ND

Drug name	Requirements/Limits
<i>aspirin 81 low dose</i>	ND
<i>aspirin adult low dose</i>	ND
<i>aspirin ec</i>	ND
<i>aspirin low dose</i>	ND
ANTINEOPLASTIC AGENTS	
HORMONAL ANTINEOPLASTIC AGENTS	
<i>anastrozole</i>	MO
<i>exemestane</i>	MO
<i>tamoxifen citrate</i>	MO
CARDIOVASCULAR	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<i>atorvastatin calcium</i>	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	QL (30 EA per 30 days) MO
<i>lovastatin</i>	MO
<i>pravastatin sodium</i>	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	QL (30 EA per 30 days) MO
<i>simvastatin</i>	QL (30 EA per 30 days) MO
ELECTROLYTES/MINERALS/METALS/VITAMINS	
Electrolytes/Minerals/Metals/Vitamins	
<i>fa-8</i>	ND
<i>folic acid capsule 800mcg</i>	ND
<i>folic acid tablet 800mcg</i>	ND
Vitamins	
<i>folate</i>	ND
<i>folic acid tablet 400mcg</i>	ND
ENDOCRINE AND METABOLIC	
CONTRACEPTIVES	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	MO
<i>alyacen 7/7/7</i>	
<i>amethia</i>	
<i>amethyst</i>	
ANNOVERA	QL (1 EA per 365 days) MO
<i>apri</i>	

Drug name	Requirements/Limits
<i>aranelle</i>	MO
<i>ashlyna</i>	
<i>aubra eq</i>	
<i>aurovela 1.5/30</i>	
<i>aurovela 1/20</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
BALCOLTRA	MO
<i>balziva</i>	
BEYAZ	MO
<i>blisovi 24 fe</i>	MO
<i>blisovi fe 1.5/30</i>	MO
<i>blisovi fe 1/20</i>	
<i>briellyn</i>	
<i>camila</i>	MO
CAMRESE	
CAMRESE LO	
CAYA	ND
<i>charlotte 24 fe</i>	
<i>chateal eq</i>	
<i>cryselle-28</i>	MO
<i>cyred</i>	
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	
<i>deblitane</i>	
<i>delyla</i>	
DEPO-PROVERA CONTRACEPTIVE	MO
DEPO-SUBQ PROVERA 104	MO
<i>desogestrel/ethinyl estradiol</i>	MO
<i>dolishale</i>	

Drug name	Requirements/Limits
<i>drospirenone/ethinyl estradiol</i>	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	MO
<i>elinest</i>	
ELLA	MO
<i>eluryng</i>	
<i>enpresse-28</i>	
<i>enskyce</i>	MO
<i>errin</i>	MO
<i>estarylla</i>	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	MO
ETONOGESTREL/ETHINYL ESTRADIOL	MO
<i>falmina</i>	
<i>fayosim</i>	
FC2 FEMALE CONDOM	ND
FEMCAP	ND
<i>femynor</i>	
<i>finzala</i>	
<i>gemmily</i>	MO
GENERESS FE	MO
<i>hailey 1.5/30</i>	MO
<i>hailey 24 fe</i>	
<i>hailey fe 1.5/30</i>	
<i>hailey fe 1/20</i>	
<i>haloette</i>	
<i>heather</i>	
<i>iclevia</i>	
<i>incassia</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jaimiess</i>	
<i>jasmiel</i>	
<i>jencycla</i>	
JOLESSA	
<i>juleber</i>	
<i>junel 1.5/30</i>	

Drug name	Requirements/Limits
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	MO
<i>junel fe 1/20</i>	MO
<i>junel fe 24</i>	
<i>kaitlib fe</i>	MO
<i>kalliga</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	MO
<i>kelnor 1/50</i>	MO
<i>kurvelo</i>	
KYLEENA	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin 24 fe</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
LAYOLIS FE	
LEENA	
<i>lessina</i>	
<i>levonest</i>	
<i>levonorgestrel and ethinyl estradiol</i>	MO
<i>levonorgestrel/ethinyl estradiol</i>	MO
<i>levora 0.15/30-28</i>	
LILETTA	
LO LOESTRIN FE	MO
<i>lo-zumandimine</i>	MO
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>lojaimiess</i>	MO
<i>loryna</i>	
LOSEASONIQUE	MO
<i>low-ogestrel</i>	
<i>lutra</i>	MO
<i>lyleq</i>	

Drug name	Requirements/Limits
<i>lyza</i>	
<i>marlissa</i>	MO
<i>medroxyprogesterone acetate</i>	MO
<i>merzee</i>	MO
<i>mibelas 24 fe</i>	
MICROGESTIN 1.5/30	
MICROGESTIN 1/20	
<i>microgestin 24 fe</i>	
MICROGESTIN FE 1.5/30	
MICROGESTIN FE 1/20	
<i>mili</i>	
MINASTRIN 24 FE	MO
MIRCETTE	MO
MIRENA	
<i>mono-lynyah</i>	
NATAZIA	MO
<i>necon 0.5/35-28</i>	
NEXPLANON	
NEXTSTELLIS	MO
<i>nikki</i>	
NORA-BE	
<i>norethindrone</i>	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	MO
<i>norethindrone acetate/ethinyl estradiol</i>	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	MO
<i>norgestimate/ethinyl estradiol</i>	MO
<i>norlyda</i>	
<i>norlyroc</i>	
<i>nortrel 0.5/35 (28)</i>	MO
<i>nortrel 1/35 28-day regimen</i>	
<i>nortrel 1/35 21-day regimen</i>	MO
<i>nortrel 7/7/7</i>	

Drug name	Requirements/Limits
NUVARING	MO
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	MO
<i>nymyo</i>	
OCELLA	
OMNIFLEX DIAPHRAGM	ND
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE	ND
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE	ND
<i>orsythia</i>	
ORTHO DIAPHRAGM ALL-FLEX/65MM	ND
ORTHO DIAPHRAGM ALL-FLEX/70MM	ND
ORTHO DIAPHRAGM ALL-FLEX/75MM	ND
ORTHO DIAPHRAGM ALL-FLEX/80MM	ND
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	ND
PHEXXI	MO
<i>philith</i>	
<i>pimtrea</i>	
<i>pirmella 1/35</i>	MO
<i>pirmella 7/7/7</i>	MO
<i>portia-28</i>	
QUARTETTE	MO
<i>reclipsen</i>	
RIVELSA	
SAFYRAL	MO
SEASONIQUE	MO
<i>setlakin</i>	
<i>sharobel</i>	
SHUR-SEAL	ND
<i>simliya</i>	
<i>simpesse</i>	MO
SKYLA	
SLYND	MO
<i>sprintec 28</i>	
<i>sronyx</i>	MO

Drug name	Requirements/Limits
<i>syeda</i>	
<i>tarina 24 fe</i>	
<i>tarina fe 1/20 eq</i>	
TAYTULLA	MO
TILIA FE	
TODAY SPONGE	ND
<i>tri femynor</i>	
<i>tri-estarylla</i>	MO
<i>tri-legest fe</i>	MO
<i>tri-linyah</i>	
<i>tri-lo-estarylla</i>	
<i>tri-lo-marzia</i>	
<i>tri-lo-mili</i>	
<i>tri-lo-sprintec</i>	MO
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i>	
<i>trivora-28</i>	MO
TYBLUME	MO
<i>tydemy</i>	
VCF VAGINAL CONTRACEPTIVE FILM	ND
VCF VAGINAL CONTRACEPTIVE FOAM	ND
VCF VAGINAL CONTRACEPTIVEGEL	ND
<i>velivet</i>	MO
<i>vestura</i>	
<i>vienva</i>	
<i>viorele</i>	MO
<i>volnea</i>	
<i>vyfemla</i>	MO
<i>vylibra</i>	
<i>wera</i>	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	ND

Drug name	Requirements/Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	ND
<i>wymzya fe</i>	
<i>xulane</i>	MO
YASMIN 28	MO
YAZ	MO
<i>zafemy</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i>	
MISCELLANEOUS	
<i>raloxifene hydrochloride</i>	MO

GASTROINTESTINAL

LAXATIVES

CLENPIQ	
<i>gavilyte-c</i>	MO
<i>gavilyte-g</i>	MO
GOLYTELY	MO
MOVIPREP	MO
OSMOPREP	MO
<i>peg-3350/electrolytes</i>	MO
<i>peg-3350/electrolytes/ascorbate</i>	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	MO
PLENVU	MO
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE	MO
SUFLAVE	
SUPREP BOWEL PREP KIT	MO
SUTAB	MO

IMMUNOLOGIC AGENTS

VACCINES

ACTHIB	
ADACEL	
BCG VACCINE	

Drug name	Requirements/Limits
BEXSERO	
BOOSTRIX	
DAPTACEL	
DENGVAXIA	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	
ENGERIX-B	B/D
GARDASIL 9	
HAVRIX	
HEPLISAV-B	B/D
HIBERIX	
IMOVAX RABIES (H.D.C.V.)	B/D
INFANRIX	
IPOL INACTIVATED IPV	
IXIARO	
JYNNEOS	B/D
KINRIX	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO	
PEDIARIX	
PEDVAX HIB	
PENTACEL	
PREHEVBRIO	B/D
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	B/D
RECOMBIVAX HB	B/D
ROTARIX	
ROTATEQ	
SHINGRIX	QL (2 EA per 999 days)
TDVAX	
TENIVAC	
TICOVAC	

Drug name	Requirements/Limits
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
YF-VAX	
NUTRITIONAL/SUPPLEMENTS	
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>	
<i>fluoride</i>	MO
<i>fluoritab</i>	
<i>sodium fluoride tablet</i>	
<i>sodium fluoride tablet chewable, solution</i>	MO
SMOKING CESSATION	
<i>SMOKING CESSATION</i>	
<i>bupropion hcl sr</i>	
<i>bupropion hydrochloride er (sr)</i>	
CHANTIX STARTING MONTH PAK	PA
COMMIT	ND
NICODERM CQ	ND
NICORETTE MINI	ND
NICORETTE REFILL GUM 2MG	ND
NICORETTE REFILL GUM 4MG	ND
NICORETTE STARTER KIT GUM 2MG	ND
NICORETTE STARTER KIT GUM 4MG	ND
NICORETTE GUM 2MG	ND
NICORETTE GUM 4MG	ND
NICORETTE LOZENGE	ND
<i>nicotine mini lozenge</i>	ND
<i>nicotine polacrilex</i>	ND
<i>nicotine polacrilex refill</i>	ND
<i>nicotine polacrilex starter kit</i>	ND
<i>nicotine transdermal system</i>	ND
<i>nicotine transdermal system step 1</i>	ND
<i>nicotine transdermal system step 2</i>	ND
<i>nicotine transdermal system step 3</i>	ND
NICOTROL INHALER	

Drug name	Requirements/Limits
NICOTROL NS	
VARENICLINE STARTING MONTH BOX	PA
VARENICLINE TARTRATE	PA

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NICOTROL INHALER	12	PARAGARD	8	SEASONIQUE	8
NICOTROL NS	13	INTRAUTERINE		<i>setlakin</i>	8
<i>nikki</i>	7	COPPER		<i>sharobel</i>	8
NORA-BE	7	CONTRACEPTIVE		SHINGRIX	11
<i>norethindrone</i>	7	PEDIARIX	11	SHUR-SEAL	8
<i>norethindrone</i>	7	PEDVAX HIB	11	<i>simliya</i>	8
<i>acetate/ethinyl</i>		<i>peg-3350/</i>	10	<i>simpesse</i>	8
<i>estradiol</i>		<i>electrolytes</i>		<i>simvastatin</i>	3
<i>norethindrone</i>	7	<i>peg-3350/</i>	10	SKYLA	8
<i>acetate/ethinyl</i>		<i>electrolytes/</i>		SLYND	8
<i>estradiol/ferrous</i>		<i>ascorbate</i>		<i>sodium fluoride</i>	12
<i>fumarate</i>		<i>peg-3350/nacl/na</i>	10	SODIUM SULFATE/	10
<i>norethindrone &</i>	7	<i>bicarbonate/kcl</i>		POTASSIUM	
<i>ethinyl estradiol</i>		PENTACEL	11	SULFATE/	
<i>ferrous fumarate</i>		PHEXXI	8	MAGNESIUM	
<i>norethindrone/</i>	7	<i>phillith</i>	8	SULFATE	
<i>ethinyl estradiol/</i>		<i>pimtrea</i>	8	<i>sprintec 28</i>	8
<i>ferrous fumarate</i>		<i>pirmella 1/35</i>	8	<i>sronyx</i>	8
<i>norgestimate/ethinyl</i>	7	<i>pirmella 7/7/7</i>	8	SUFLAVE	10
<i>estradiol</i>		PLENVU	10	SUPREP	10
<i>norlyda</i>	7	<i>portia-28</i>	8	SUTAB	10
<i>norlyroc</i>	7	<i>pravastatin sodium</i>	3	<i>syeda</i>	9
<i>nortrel 0.5/35 (28)</i>	7	PREHEVBRIO	11	<i>tamoxifen citrate</i>	3
<i>nortrel 1/35</i>	7	PRIORIX	11	<i>tarina 24 fe</i>	9
<i>nortrel 7/7/7</i>	7	PROQUAD	11	<i>tarina fe 1/20 eq</i>	9
NUVARING	8	QUADRACEL	11	TAYTULLA	9
<i>nylia 1/35</i>	8	QUARTETTE	8	TDVAX	11
<i>nylia 7/7/7</i>	8	RABAVERT	11	TENIVAC	11
<i>nymyo</i>	8	<i>raloxifene</i>	10	TICOVAC	11
OCELLA	8	<i>hydrochloride</i>		TILIA FE	9
OMNIFLEX	8	<i>reclipsen</i>	8	TODAY SPONGE	9
DIAPHRAGM		RECOMBIVAX HB	11	<i>tri-estarylla</i>	9
OPTIONS	8	RIVELSA	8		
CONCEPTROL					

Drug name	Page	Drug name	Page
<i>tri femynor</i>	9	<i>xulane</i>	10
<i>tri-legest fe</i>	9	YASMIN 28	10
<i>tri-linyah</i>	9	YAZ	10
<i>tri-lo-estarylla</i>	9	YF-VAX	12
<i>tri-lo-marzia</i>	9	<i>zafemy</i>	10
<i>tri-lo-mili</i>	9	<i>zovia 1/35</i>	10
<i>tri-lo-sprintec</i>	9	<i>zumandimine</i>	10
<i>tri-mili</i>	9		
<i>tri-nymyo</i>	9		
<i>tri-sprintec</i>	9		
<i>trivora-28</i>	9		
<i>tri-vylibra</i>	9		
<i>tri-vylibra lo</i>	9		
TRUMENBA	12		
TWINRIX	12		
TYBLUME	9		
<i>tydemy</i>	9		
TYPHIM VI	12		
VAQTA	12		
VARENICLINE	13		
VARENICLINE	13		
TARTRATE			
VARIVAX	12		
VCF VAGINAL	9		
<i>velivet</i>	9		
<i>vestura</i>	9		
<i>vienva</i>	9		
<i>viorele</i>	9		
<i>volnea</i>	9		
<i>vyfemla</i>	9		
<i>vylibra</i>	9		
<i>wera</i>	9		
WIDE-SEAL	9, 10		
SILICONE			
DIAPHRAGM			
<i>wymzya fe</i>	10		

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number on your ID card.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

注意：如果您使用中文，您可以免費獲得語言援助服務。請撥打您的會員身分卡上的電話號碼。

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

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. Other Pharmacies are available in our network. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at **1-866-241-0357**, 24 hours a day, 7 days a week. TTY users call 711.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-241-0357. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-241-0357. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-241-0357。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-241-0357。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-241-0357. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-241-0357. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-241-0357 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-241-0357. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-241-0357번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-241-0357. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-241-0357. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-241-0357 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-241-0357. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-241-0357. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-241-0357. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-241-0357. Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-241-0357にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻa ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma 1-866-241-0357. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā be. He pōmaikaʻi manuahi kēia.

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