



**Aetna Medicare Rx[®] (PDP)
Offered by Aetna Life Insurance Company**

Annual Notice of Changes for 2017

September 2016

Dear Member,

Thank you for your membership in Aetna Medicare Rx (PDP).

Enclosed are your 2017 *Annual Notice of Changes* (ANOC), *Prescription Drug Benefit Chart* (*Schedule of Copayments/Coinsurance*), *Evidence of Coverage* (EOC), and *Formulary* (list of covered drugs) documents. We are providing this information about your Medicare Part D prescription drug plan in accordance with requirements from the Centers for Medicare & Medicaid Services (CMS).

You are currently enrolled as a member of Aetna Medicare Rx (PDP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

Please review this information to help you decide what coverage to choose for 2017.

If you have questions, we're here to help. Please call Customer Service at the telephone phone number on the back of your Aetna member ID card or contact our general customer service center at 1-844-233-1939. (For TTY assistance please dial 711.) We're available 8 a.m. to 6 p.m. local time, Monday through Friday. Calls to these numbers are toll free. You can also visit our website at <http://www.aetnaretireplans.com>.

We value your membership and hope to continue to serve you next year.

Sincerely,

Aetna Medicare

Additional Resources

- This information is available for free in other languages.
- Please contact Customer Service at the telephone number on the back of your Aetna member ID card or call our general customer service center at 1-844-233-1939 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 6 p.m. local time, Monday through Friday.
- Customer Service also has free language interpreter services available for non-English speakers.
- Si desea más información, comuníquese con Servicios al Cliente al número de teléfono impreso en la parte posterior de su identificación de miembro. También puede llamar a nuestro Centro de Servicios al Cliente general al 1-844-233-1939. (Para recibir asistencia para usuarios de TTY, marque 711). Nuestro horario de atención es de lunes a viernes de 8 a.m. a 6 p.m., hora local. El Servicio al Cliente también dispone de servicios gratuitos de intérpretes para quienes no hablan inglés.
- This document may be made available in other formats such as Braille, large print or other alternate formats. Please contact Customer Service for more information.

About Aetna Medicare Rx (PDP)

- Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.
 - When this booklet says “we,” “us,” or “our,” it means Aetna Medicare. When it says “plan” or “our plan,” it means Aetna Medicare Rx (PDP).
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Think about Your Medicare Coverage for Next Year

You can change your coverage during your former employer/union/trust's open enrollment period each year. In addition, each fall, Medicare allows you to change your Medicare health and drug coverage during the general Annual Enrollment Period. It's important to review your coverage now to make sure it will meet your needs next year.

To decide what's best for you, compare this information with the benefits and costs of other Medicare health plans available to you. You can switch to an individual Medicare health plan or to Original Medicare. **(It is important that you carefully consider your decision before dropping your group retiree coverage. This is important because you may permanently lose benefits you currently receive under your former employer/union/trust retiree group coverage if you switch plans. Call the benefits administrator of your former employer or retiree group for information. See Section 3.2 for more information.)**

Important things to do:

- Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Look in Section 1 for information about benefit and cost changes for our plan.
- Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 1.3 for information about changes to our drug coverage.
- Think about your overall health care costs.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.**

If you decide to stay with Aetna Medicare Rx (PDP) plan:

If you decide to stay with the same Aetna Medicare Rx (PDP) plan next year, your plan benefits administrator will give you instructions if there is any action you need to take to remain enrolled.

If you decide to change plans:

If you decide to leave your current Aetna Medicare Rx (PDP) plan for 2017, you have choices on how to receive your Medicare benefits.

- You can change your coverage during your former employer/union/trust's open enrollment period. Your plan benefits administrator will tell you what other plan choices might be available to you under your group retiree coverage.
- You can switch to an individual Medicare health plan or to Original Medicare; however, this would mean dropping your group retiree coverage. You may change your plan during Medicare's general annual election period which runs from October 15 through December 7. As a member of a group Medicare plan, you are eligible for a special enrollment period if you leave your former employer/union/trust's plan. This means that you can enroll in an individual Medicare health plan or Original Medicare at any time. Look in Section 3.2 to learn more about your choices.

It is important that you carefully consider your decision before dropping your group retiree coverage. This is important because you may permanently lose benefits you currently receive under your former employer/union/trust retiree group coverage if you switch plans. Call the benefits administrator of your former employer or retiree group for information.

Summary of Important Costs for 2017

The table below compares the 2016 costs and 2017 costs for our plan in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this Annual Notice of Changes** and review the enclosed *Evidence of Coverage* and *Prescription Drug Benefits Chart (Schedule of Copayments/Coinsurance)* to see if other benefit or cost changes affect you.

| Cost | 2016 (this year) | 2017 (next year) |
|--|---|--|
| Monthly premium (You must continue to pay your Medicare Part B premium unless it is paid for you by Medicaid) | \$176.00 | \$190.00 |
| Part D prescription drug coverage (See Section 1.3 for details.) | Deductible: Not Applicable | Deductible: Not Applicable |
| For a one-month (30-day) supply of a drug that is filled at a network pharmacy that provides standard cost-sharing. The list of covered drugs associated with your plan will change for 2017. Please confirm that your drugs are still covered and make arrangements before January 1 to prevent disruption in coverage. | Copays during the Initial Coverage Stage: Tier 1 – Preferred generic drugs: 25% of the total cost with a \$30 max Tier 2 – Generic drugs: 25% of the total cost with a \$30 max Tier 3 - Preferred brand drugs: 25% of the total cost with a \$100 max Tier 4 - Non-preferred brand drugs: 50% of the total cost with a \$150 max Tier 5 - Specialty drugs: 33% of the total cost with a \$100 max | Copays during the Initial Coverage Stage: Tier 1 – Preferred generic drugs: 25% of the total cost with a \$30 max Tier 2 – Generic drugs: 25% of the total cost with a \$30 max Tier 3 - Preferred brand drugs: 25% of the total cost with a \$100 max Tier 4 - Non-preferred drugs: 50% of the total cost with a \$150 max Tier 5 - Specialty drugs: 25% of the total cost |

Annual Notice of Changes for 2017
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SECTION 1 *Changes to Benefits and Costs for Next Year*

Section 1.1 – Changes to the Monthly Premium (if applicable)

| Cost | 2016 (this year) | 2017 (next year) |
|--|------------------|------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.) | \$176.00 | \$190.00 |

Your coverage is provided through a contract with your former employer/union/trust. The plan benefits administrator will provide you with information about your plan premium (if applicable).

If Aetna bills you directly for your total plan premium, we will mail you an annual coupon book detailing your premium amount.

You must continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs.

Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. Page 1 of your *Prescription Drug Benefits Chart (Schedule of Copayments/Coinsurance)* lists the name of your 2017 pharmacy network. Please refer to this network name when looking for 2017 network pharmacies. An updated *Pharmacy Directory* is located on our website at

<http://www.aetnamedicare.com/findpharmacy>. You may also call Customer Service for updated pharmacy information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2017 Pharmacy Directory to see which pharmacies are in our network.**

Section 1.3 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover.

In some situations, we will cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of coverage of the plan year. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the *Evidence of Coverage*.) After you get this temporary supply, you should talk with your doctor to decide what to do when your temporary supply runs out. Here are your options:

- **Perhaps you can find a different drug** covered by the plan that might work just as well for you. Your doctor can help to find a covered drug that might work for you.
- You and your doctor can ask the plan to make an exception for you and cover the drug. To learn what you must do to ask for an exception, see the *Evidence of Coverage* included with this *Annual Notice of Changes*. Look for Chapter 7, Section 5 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

You can ask for an exception for Part D drugs that are not on the formulary. You can also ask for an exception for Part D drugs that are on our formulary but with a restriction, such as prior authorization, step therapy, or quantity limit.

If you are currently taking a Part D drug that will no longer be on the formulary as of January 1, 2017, or a Part D drug that will have new restrictions on it beginning on January 1st, you can ask for an exception before that date to make sure we will continue covering that drug. Here is what will happen if you do not request an exception for those drugs before January 1, 2017:

- If the Part D drug you are taking will no longer be on the formulary or will have a restriction beginning January 1, 2017, we will cover up to a 30-day temporary supply (unless your prescription is written for fewer days) of the Part D drug for the first 90 days of the new plan year starting on January 1st.
- If you live in a long-term care facility and the Part D drug you are taking will no longer be on the formulary or will have a restriction beginning January 1, 2017, we will allow you to refill your prescription until we have provided you with at least a 91-day supply and up to a 98-day supply, consistent with the dispensing increment (unless your prescription is written for fewer days). We will cover more than one refill of this drug for the first 90 days of the new plan year starting on January 1st.
- If you experience a change in your setting of care (such as being discharged or admitted to a long term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

Regardless of the reason you received a temporary supply, you will need to utilize our exception process if you need to continue on the current drug.

Important Note: Please take advantage of filing your exception requests before January 1st. It will make for a very easy transition into the next calendar year. To learn what you must do to ask for an exception, see the *Evidence of Coverage* that was included in the mailing with this Annual Notice of Changes. Look for Chapter 7 of the *Evidence of Coverage* (What to do if you have a problem or complaint).

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you get “Extra Help” and haven’t received this insert by September 30, 2016, please call Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 7.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about

your costs in these stages, look at Chapter 4, Sections 6 and 7, in the enclosed *Evidence of Coverage and in your Prescription Drug Benefits Chart (Schedule of Copayments/Coinsurance)*)

Changes to the Deductible Stage

| Stage | 2016 (this year) | 2017 (next year) |
|---|--|--|
| Stage 1: Yearly Deductible Stage | Because we have no deductible, this payment stage does not apply to you. | Because we have no deductible, this payment stage does not apply to you. |

Changes to Your Cost-sharing in the Initial Coverage Stage

Your cost-sharing in the initial coverage stage for certain tier drugs may be changing from copayment to coinsurance or coinsurance to copayment. Please see the following chart for the changes from 2016 to 2017.

To learn how copayments and coinsurance work, look at Chapter 4, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

| Stage | 2016 (this year) | 2017 (next year) |
|---|---|---|
| <p>Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in the <i>2017 Prescription Drug Benefits Chart (Schedule of Copayments/Coinsurance)</i> included in this packet.</p> | <p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Standard cost-sharing Tier 1 - Preferred generic drugs: 25% of the total cost with a \$30 max</p> <p>Tier 2 - Generic drugs: 25% of the total cost with a \$30 max</p> <p>Tier 3 - Preferred brand drugs: 25% of the total cost with a \$100 max</p> <p>Tier 4 - Non-preferred</p> | <p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Standard cost-sharing Tier 1 - Preferred generic drugs: 25% of the total cost with a \$30 max</p> <p>Tier 2 - Generic drugs: 25% of the total cost with a \$30 max</p> <p>Tier 3 - Preferred brand drugs: 25% of the total cost with a \$100 max</p> <p>Tier 4 - Non-preferred</p> |

| | | |
|---|--|---|
| <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p> | <p>brand drugs: 50% of the total cost with a \$150 max</p> | <p>drugs: 50% of the total cost with a \$150 max</p> |
| | <p>Tier 5 - Specialty drugs: 33% of the total cost with a \$100 max></p> <hr/> <p>Once you have paid \$4,850 out-of-pocket, you will move to the next stage (the Catastrophic Coverage Stage).</p> | <p>Tier 5 - Specialty drugs: 25% of the total cost</p> <hr/> <p>Once you have paid \$4,950 out-of-pocket, you will move to the next stage (the Catastrophic Coverage Stage).</p> |

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

For information about your costs in these stages, look in the 2017 *Prescription Drug Benefits Chart (Schedule of Copayments/Coinsurance)* included in this packet.

SECTION 2 Other Changes

| Process | 2016 (this year) | 2017 (next year) |
|---|--|---|
| Phone number for Part D drug appeals | 1-800-282-5366 for Standard Appeals 1-877-235-3755 for Expedited Appeals Only | 1-877-235-3755 for all types of Appeals |
| Fax number for Part D drug complaints | 1-866-604-7092 | 1-860-907-3984 |
| Prescription Drug Claims mailing address | Aetna Medicare Prescription Drug Claim Processing Unit P.O. Box 14023 Lexington, KY 40512-4023 | Aetna Pharmacy Management PO Box 52446 Phoenix, AZ 85072-2446 |

| Process | 2016 (this year) | 2017 (next year) |
|---|--|--|
| Coverage Decisions for Part D Prescription Drugs mailing address | Pharmacy Management Precertification Unit 300 Highway 169 South, Suite 500 Minneapolis, MN 55426 | Aetna P.O. Box 7773 London, KY 40742 |

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If You Want to Stay in Aetna Medicare Rx (PDP) Plan

Your benefits administrator will tell you if you need to do anything to stay enrolled in your Aetna Medicare Rx (PDP) plan.

Section 3.2 – If You Want to Change Plans

We hope to keep you as a member. However, if you want to change your plan, here are your options:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan. Your plan benefits administrator will let you know what options are available to you under your group retiree coverage.
- -- OR-- You can switch to an individual Medicare prescription drug plan.
- -- OR-- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- -- OR-- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

It is important that you carefully consider your decision before dropping your group retiree coverage. This is important because you may permanently lose benefits you currently receive under your former employer/union/trust retiree group coverage if you switch plans. Call the benefits administrator of your former employer or retiree group for information.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2017*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <http://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Aetna offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from our plan.
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from our plan.
 - You will automatically be disenrolled from our plan if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep our plan for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from our plan. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Aetna Medicare Rx (PDP). To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

You may be able to change to a different plan during your former employer/union/trust’s open enrollment period. Your plan may allow you to make changes at other times as well. Your plan’s benefits administrator will let you know what other plan options may be available to you.

Are there other times of the year to make a change?

As a member of a group Medicare plan, you are eligible for a special enrollment period if you leave your former employer/union/trust's plan. This means that you can enroll in an individual Medicare health plan or Original Medicare. You may also change your plan during Medicare's general annual election period which runs from October 15 through December 7.

It is important that you carefully consider your decision before dropping your group retiree coverage. This is important because you may permanently lose benefits you currently receive under your former employer/union/trust retiree group coverage if you switch plans. Call the benefits administrator of your former employer or retiree group for information.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

SHIPs are independent (not connected with any insurance company or health plan). They are state programs that get money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call your SHIP at the phone number in Addendum A at the back of the *Evidence of Coverage*.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the state ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call your state ADAP (the name and phone numbers for this organization are in Addendum A at the back of the *Evidence of Coverage*).

SECTION 7 Questions?

Section 7.1 – Getting Help from Aetna Medicare RX (PDP)

Questions? We're here to help. Please call Customer Service at the telephone number on the back of your Aetna member ID card or call our general customer service center at 1-844-233-1939. (TTY only, call 711.) We are available for phone calls 8 a.m. to 6 p.m. local time, Monday through Friday. Calls to these numbers are free.

Read your 2017 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2017. For details about your plan, look in the 2017 *Evidence of Coverage* and the Prescription Drug Benefits Chart (Schedule of Copayments/Coinsurance). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is included in this envelope. The Prescription Drug Benefits Chart (Schedule of Copayments/Coinsurance) lists the out-of-pocket cost share for your plan; a copy is included in this envelope.

Visit our Website

You can also visit our website at <http://www.aetnaretireplans.com>. As a reminder, our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our list of covered drugs (*Formulary/Drug List*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Review and Compare Your Coverage Options.”)

Read *Medicare & You 2017*

You can read *Medicare & You 2017* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or 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.