

Summary of Benefits

**First Health Part D Value Plus (PDP)
S5768, Plan 155**

**This is a summary of services covered by First Health Part D Value Plus (PDP)
January 1, 2018 - December 31, 2018**

First Health Part D Value Plus (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 First Health Part D Value Plus (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): California.

Outpatient Prescription Drugs

Monthly Plan Premium: \$56.30

Deductible:

This plan does not have a pharmacy deductible.

Initial Coverage Limit (ICL) - total amount you and the plan pay for prescription drugs before you enter the coverage gap: \$3,750

True Out-of-Pocket Threshold Amount (TrOOP) – total amount you pay before reaching the catastrophic coverage level: \$5,000

Initial Coverage

Formulary: A2	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	\$1	\$3	\$10	\$30	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.
Tier 2: Generic	\$2	\$6	\$20	\$60	
Tier 3: Preferred Brand	\$47	\$141	\$47	\$141	
Tier 4: Non-Preferred Drug	50%	50%	50%	50%	
Tier 5: Specialty	33%	N/A	33%	N/A	

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: \$1
- Tier 2: \$2
- Partial Tier 4: 25%

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

- Tier 1: \$10
- Tier 2: \$20
- Partial Tier 4: 25%

For all other formulary drugs, after you enter the coverage gap, you pay 35% of the plan's cost for covered brand name drugs and 44% of the plan's cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap.

Catastrophic Coverage

After your total out-of-pocket costs reach \$5,000, you pay the greater of:

- 5% of the cost of the drug
- \$3.35 for a generic drug or a drug that is treated like a generic and \$8.35 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 <http://www.FirstHealthPartD.com>.

If you are not a member of this plan, call toll-free 1-855-389-9688 TTY users should call 711. From October 1 to February 14, you can call us 7 days a week from 8:00 am to 8:00 pm local time. From February 15 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.

Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website at <http://www.FirstHealthPartD.com>.

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

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.

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This document is available in other formats such as Braille, large print or audio.

Este documento está disponible en otros formatos como Braille, en letra grande o audio.

This information is available for free in other languages. Please call our customer service number at 1-855-389-9688. TTY users should call 711. From October 1 to February 14, you can call us 7 days a week from 8:00 am to 8:00 pm local time. From February 15 to September 30, you can call us Monday through Friday from 8:00 am to 8:00 pm local time.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con Servicios al Cliente al 1-855-389-9690 (TTY: 711), de 8 am a 8 pm, siete días a la semana, desde el 1º de octubre hasta el 14 de febrero, y de 8 am a 8 pm, de lunes a viernes, desde el 15 de febrero hasta el 30 de septiembre.

First Health Part D Value Plus (PDP) has a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

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; and written information in other formats (large print, audio, accessible electronic formats, other formats). Aetna also provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages. If you need these services, contact the Aetna Medicare Customer Service Department at the phone number on your member identification card.

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 on your member identification card (TTY: 711). If you need help filing a grievance, the Aetna Medicare Customer Service Department is available to help you. 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 on your member identification card. (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 su tarjeta de identificación de miembro. (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您會員卡上的電話號碼。 (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 nasa inyong identification card bilang miyembro. (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 figurant sur votre carte d'identification de membre. (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 trên thẻ hội viên của quý vị. (Vietnamese)

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

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 귀하의 ID 카드에 기재되어 있는 번호로 전화해 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 на вашей идентификационной карточке участника плана. (Russian)

إذا كنت تتحدث لغة غير الإنجليزية فإن خدمات المساعدة اعدت لغية المجلية تتاح بغضول بزيارة موقعنا أو تلص ليوقم ال مشغال موضح على بطاقة موفاتي عضول خلص قبك. (Arabic)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या अपने सदस्य पहचान कार्ड पर 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 presente sul Suo tesserino identificativo. (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 em seu cartão de identificação de membros. (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 sou kat idantifikasyon manm ou an. (Haitian Creole)

Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany na Państwa karcie członkowskiej. (Polish)

英語をお話にならない方は、無料の言語支援サービスを受けることができます。弊社ウェブサイトにごアクセスするか、またはメンバーIDカード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 kartën tuaj identifikuese të anëtarit. (Albanian)

ከአንግሊዝኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በእርስዎ የአባልነት መታወቂያ ካርድ ላይ ያለውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)

Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Ձեզ համար հասանելի են լեզվական աջակցման անվճար ծառայություններ: Այցելեք մեր վեբ կայքը կամ զանգահարեք Ձեր անդամի նույնականացման քարտի վրա նշված հեռախոսահամարով: (Armenian)

যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেন তাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে। আমাদের ওয়েবসাইটে দেখুন এবং আপনার সদস্য পরিচয়পত্রে থাকা ফোন নম্বরে ফোন করুন। (Bengali)

Yoo afaan Ingililifa allati affan birraa dubbattan tajaajili garggarsa afaani(qooqqa) biliissan niarggama. Kannafu websitti keenya illala hookan telefoona waarraqa miseensa irra jirran bilbilla. (Cushite-Oromo)

បើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមាន ផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ សូមចូលមើលគេហទំព័ររបស់យើង ឬហៅទៅកាន់ លេខទូរសព្ទដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។ (Khmer)

Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona na vašoj članskoj identifikacijskoj kartici. (Serbo-Croatian)

Nem yöt tēn internet tēdē ke yī cōl akuēn cōtmec biāk kak anyuth duyic. Na ye jam thuon̄dēt tēnē thon̄ ē Dīnglīth, ke kuon̄ny luilooi ē thok ē path aa tō thīn. Nem yöt tēn internet tēdē ke yī cōl akuēn cōtmec biāk kak anyuth duyic. (Dinka)

Als u een andere taal spreekt dan Engels, is er gratis taalondersteuning beschikbaar. Bezoek onze website of bel naar het telefoonnummer op uw lidkaart. (Dutch)

Εάν ομιλείτε άλλη γλώσσα εκτός της Αγγλικής, υπάρχουν δωρεάν υπηρεσίες στη γλώσσα σας. Επισκεφθείτε την ιστοσελίδα μας ή καλέστε τον αριθμό τηλεφώνου που αναγράφεται στην κάρτα ταυτότητας μέλους που έχετε. (Greek)

જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. અમારી વેબસાઇટની મુલાકાત લો અથવા તમારા સભ્ય ઓળખ કાર્ડ પરના ફોન નંબર પર કોલ કરો. (Gujarati)

Yog hais tias koj hais ib hom lus uas tsis yog lus Askiv, muaj cov kev pab cuam txhais lus dawb pub rau koj. Mus saib peb lub website los yog hu rau tus xov tooj nyob rau saum koj tus kheej daim npav tswv cuab. (Hmong)

ຖ້າທ່ານເວົ້າພາສານອກເໜືອຈາກອັງກິດ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າແມ່ນມີໃຫ້ທ່ານ. ໄປທີ່ເວັບໄຊທ໌ຂອງພວກເຮົາ ຫຼື ໂທຕາມເບີທີ່ຢູ່ເທິງບັດໂອດີສະມາຊິກຂອງທ່ານ. (Lao)

Doo bilagáana bizaad bee yáníłti'góó dóó nááná ła' saad bee yáníłti'go, ata' hane' t'áá jíík'e bee níká i'doolwoł kodéé'. Béésh nitsékeesí bee ná'idíkid bá haz'ánigi, website, aa'ádííłíłgo dínííł'íjł éi doodago béésh bee hane' bee nihich'í' hodíílnih ei bee nééhozin, identification card, biniyé neiyítánígíí bikáá'. (Navajo)

Wann du en Schprooch anners as Englisch schwetzscht, Schprooch Hilfe mitaus Koscht iss meeglich. Bsuch unsere Website odder ruf die Nummer uff dei Member Identification Kaard uff. (Pennsylvania Dutch)

اگر بھ زبان فنگی بجز انگلس گفتگو می کھد، کمک نیلی رنگانفرام می اشد دب هیوسطت اما مراجع من کھدی وی لب مش ملتولی فنیشت تکار ت
مخضوت خوشه لن کھدی. (Farsi)

ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਬੰਧੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸਾਡੀ ਵੈੱਬਸਾਈਟ 'ਤੇ ਜਾਓ ਜਾਂ ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

Dacă vorbiți o altă limbă decât engleza, aveți la dispoziție servicii gratuite de asistență lingvistică. Vizitați site-ul nostru sau sunați la numărul de telefon de pe cartela de identificare a membrului. (Romanian)

ܝܠܚܕܐܢܬܟܐ , ܢܐ ܚܫܝ ܒܗܐ , ܩܒܠܗܐ , ܪܕܐ ܒܗܐ , ܝܠܚܕܐܢܬܟܐ (Syriac)

หรือโทรติดต่อหมายเลขโทรศัพท์ที่แสดงไว้บนบัตรประจำตัวสมาชิกของคุณ (Thai)

(Ukrainian)

یہ اپنی ۷ مہرک شہنشاہت کی اڑھائی پر دج فون پر پرکال کریں۔ (Urdu)

טעלעפאן נומער אויף אייער מעמבער אידענטיפיקאציע קארטל. (Yiddish)