

# Summary of Benefits

First Health Part D Premier Plus (PDP)

S5768, Plan 194

**This is a summary of services covered by First Health Part D Premier Plus (PDP)  
January 1, 2017 - December 31, 2017**

**First Health Part D Premier 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 Premier 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 states: California.

## Outpatient Prescription Drugs

**Monthly Plan Premium:** \$120.70

**Initial Coverage Limit (ICL)** - total amount you and the plan pay for prescription drugs before you enter the coverage gap: \$3,700

**True Out-of-Pocket Threshold Amount (TrOOP)** – total amount you pay before reaching the catastrophic coverage level: \$4,950

**Deductible:** This plan does not have a pharmacy deductible.

### 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	What You Should Know
Tier 1: Preferred Generic	\$1	\$3	\$10	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	
Tier 3: Preferred Brand	\$34	\$102	\$34	
Tier 4: Non-Preferred Drug	50%	50%	50%	
Tier 5: Specialty	33%	N/A	33%	

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 at a network retail pharmacy that offers preferred cost sharing:

- Tier 1: \$1
- Tier 2: \$2
- Partial Tier 4: 50%

Cost sharing at a network retail pharmacy that offers standard cost sharing:

- Tier 1: \$10

- Tier 2: \$20
- Partial Tier 4: 50%

For all other formulary drugs, after you enter the coverage gap, you pay 40% of the plan's cost for covered brand name drugs and 51% of the plan's cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap.

### **Catastrophic Coverage**

After your total out-of-pocket costs reach \$4,950, you pay the greater of:

- 5% of the cost of the drug
- \$3.30 for a generic drug or a drug that is treated like a generic and \$8.25 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.coventry-medicare.com/findpharmacy>.

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

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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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 Premier 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
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the phone number listed in this material.

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 listed in this material. If you need help filing a grievance, call the phone number listed in this material. 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](mailto: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

**ENGLISH:**

**ATTENTION:** If you speak a language other than English, free language assistance services are available. Visit our website at [www.aetnamedicare.com](http://www.aetnamedicare.com) or call the phone number listed in this material.

**ESPAÑOL (SPANISH):**

**ATENCIÓN:** Si usted habla español, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web en [www.aetnamedicare.com](http://www.aetnamedicare.com) o llame al número de teléfono que se indica en este material.

**简体中文(CHINESE):**

**請注意：**如果您說中文，您可以獲得免費的語言援助服務。訪問我們的網站 [www.aetnamedicare.com](http://www.aetnamedicare.com) 或致電本材料中列出的電話號碼。

**繁體中文 (CHINESE):**

**請注意：**如果您說中文，您可以獲得免費的語言協助服務。請造訪我們的網站 [www.aetnamedicare.com](http://www.aetnamedicare.com) 或致電本材料中所列的電話號碼。

**TAGALOG (TAGALOG - FILIPINO):**

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, may makukuhang libreng tulong na serbisyo para sa wika. Puntahan ang aming website sa [www.aetnamedicare.com](http://www.aetnamedicare.com) o tawagan ang numero ng telepono na nakalista sa materyales na ito.

**FRANÇAIS (FRENCH):**

**ATTENTION :** Si vous parlez le français, des services gratuits d'aide linguistique sont disponibles. Visitez notre site Web à l'adresse [www.aetnamedicare.com](http://www.aetnamedicare.com) ou appelez le numéro de téléphone indiqué dans ce document.

**TIẾNG VIỆT (VIETNAMESE):**

**LƯU Ý:** Nếu quý vị nói tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin truy cập trang web của chúng tôi tại [www.aetnamedicare.com](http://www.aetnamedicare.com) hoặc gọi số điện thoại ghi ở tài liệu này.

**DEUTSCH (GERMAN):**

**ACHTUNG:** Wenn Sie deutsch sprechen, steht ein kostenloser Dolmetscherservice zur Verfügung. Besuchen Sie unsere Website unter [www.aetnamedicare.com](http://www.aetnamedicare.com) oder rufen Sie unter der in diesem Dokument aufgeführten Telefonnummer an.

**한국어 (KOREAN):**

주의: 한국어를 하시는 분들을 위해 무료 통역 서비스가 제공됩니다. [www.aetnamedicare.com](http://www.aetnamedicare.com)에서 웹사이트를 방문하거나 본 자료에 제공된 전화번호로 문의해 주시기 바랍니다.

**РУССКИЙ (RUSSIAN):**

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться нашими бесплатными услугами переводчиков. Посетите наш веб-сайт по адресу [www.aetnamedicare.com](http://www.aetnamedicare.com) или позвоните по телефону, указанному в этом документе.

**العربية (ARABIC):**

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية سوف تتوفر لك مجانًا. تفضل بزيارة الموقع أو اتصل برقم الهاتف الموضح في هذا المستند [www.aetnamedicare.com](http://www.aetnamedicare.com) الإلكتروني الخاص بن

**हिंदी (HINDI):**

ध्यान दें: अगर आप बात करने में सक्षम हैं हिंदी, तो न शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट [www.aetnamedicare.com](http://www.aetnamedicare.com) पर वजिटि करें या इस सामग्री में सूचीबद्ध फोन नंबर पर कॉल करें।

**ITALIANO (ITALIAN):**

ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Visita il nostro sito web [www.aetnamedicare.com](http://www.aetnamedicare.com) o chiama il numero telefonico elencato di seguito.

**PORTUGUÊS (PORTUGUESE):**

ATENÇÃO: Se você fala português, serviços gratuitos de ajuda para esse idioma estão disponíveis. Visite nosso site [www.aetnamedicare.com](http://www.aetnamedicare.com) ou ligue para o número listado neste material.

**KREYOL AYISYEN (FRENCH CREOLE):**

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd gratis nan lang ki disponib pou ou. Ale sou sitwèb nan [www.aetnamedicare.com](http://www.aetnamedicare.com) oswa rele nimewo telefòn ki endike nan dokiman sa a.

**POLSKI (POLISH):**

UWAGA! Osoby mówiące po polsku, mogą skorzystać z bezpłatnych usług pomocy językowej. Proszę wejść na naszą stronę internetową [www.aetnamedicare.com](http://www.aetnamedicare.com) lub zadzwonić pod numer telefonu podany w tym materiale.

**日本語 (JAPANESE):**

ご注意：日本語を話す方を対象に、無料の言語支援サービスを用意しております。当社ウェブサイト [www.aetnamedicare.com](http://www.aetnamedicare.com) をご覧いただくか、本書に記載の電話番号までお電話ください。