Get ready for <2024>

We want to help you get ready for a new year. Use the information below to get the most out of your <Plan Name (plan type)> prescription drug benefits in <2024>.

**{For members with positive changes only (MAPD only)}**

[We know how important your medicines are for your health. And we also know they can be expensive. So we’ve made changes to our drug list (also called a formulary) that may lower your prescription drug costs. The formulary is set up in tiers. A drug in a lower tier usually costs less than a drug in a higher tier.

**One or more of your prescriptions will move to a lower tier on January 1, <2024>.** Be sure to check your Summary of Benefits or Evidence of Coverage to see what you’ll pay for drugs in each tier.]

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**{For members with positive changes only (MAPD only)}**

**[Good news]**

[Here are some positive changes to our drug list (formulary) for next year.]

**{For members with positive changes AND negative changes or negative changes only}**

**[Review your benefits]**

[Here are some changes to our drug list (formulary) [and deductible tiers]. **Be sure to check your Summary of Benefits or Evidence of Coverage to see what you’ll pay for drugs in each tier.**]

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| **{Insert table if member has clinical disruptions (MAPD only)}** | |
| **[Cost changes** | **Change beginning January 1, <2024>** |
| [Plan had no Part D deductible in <2023> but will have a Part D deductible in <2024> | In <2024>, your plan has a deductible for drugs on <tiers 3, 4, and 5>. You’ll need to pay a certain amount for drugs on these tiers before we start to cover them.] |
| [Plan had <2023> Part D deductible but tier applicability is changing for <2024> | In <2024>, the drugs that apply to the deductible will change to apply to drugs on <tiers 3, 4, and 5>. This means you’ll need to pay a certain amount for drugs on these tiers before we start to cover them.] |
| [Plan had <2023> Part D deductible but the deductible tiers and amount are changing for <2024> | In <2023>, the deductible for prescription drugs will [increase] [decrease]. We’re also changing the tiers that apply to the deductible. The deductible will apply to drugs on <tiers 3, 4, and 5>. This means you’ll need to pay a certain amount for drugs on these tiers before we start to cover them.]] |

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| **{Insert table if member has clinical disruptions}** | |
| **[Drug name** | **Change beginning January 1, <2024>** |
| [<DRUG NAME> | This drug has changed tiers. This drug is on tier <#> this year and will be on tier <#> next year. You usually pay less for drugs on a lower tier.] |
| [<DRUG NAME> | This drug **won’t** be covered in 2024. [Another drug that may work is] [Other drugs that may work are] [<Alternative Drug(s)>]. Talk to your doctor to see if another drug will work for you. If not, your doctor can work with us to ask for an exception.] |
| [<DRUG NAME> | This drug will require a prior authorization (approval in advance) for us to cover it. Your doctor can work with us to request this.  [This drug has also changed tiers. This drug is on tier <#> this year and will be on tier <#> next year. You usually pay [less] [more] for drugs on a [lower] [higher] tier.]] |
| [<DRUG NAME> | This drug will require step therapy next year. This means you’ll need to try another drug first. [Another drug that may work is][Other drugs that may work are] [<Alternative Drug(s)>]. Talk to your doctor to see if another drug will work for you. If not, your doctor can work with us to ask for an exception.  [This drug has also changed tiers. This drug is on tier <#> this year and will be on tier <#> next year. You usually pay [less] [more] for drugs on a [lower] [higher] tier.]] |
| [<DRUG NAME> | This drug has changed tiers. This drug is on tier <#> this year and will be on tier <# > next year. You usually pay more for drugs on a higher tier.] |

**{For MAPD members only}**

[**Save money and make fewer trips to the pharmacy**

A 100-day supply of maintenance drugs (like medicine for high blood pressure or diabetes) can mean fewer trips to the pharmacy. It may even save you money, and help you stick to your doctor’s treatment plan. To find out if a 100-day supply is right for the medicine you take, check with your doctor. If it is, ask them to write a new prescription for your 100-day supply.]

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| **{Insert table if member has network disruptions}** | |
| **[Pharmacy name** | **Change beginning January 1, <2024>** |
| [<PHARMACY NAME> | This pharmacy **may not** be in our network next year. [Here are other pharmacies] [is another pharmacy] to consider.] Go to <**URL**> or call the number on your ID card to find other pharmacies you can use.   |  |  |  | | --- | --- | --- | | [Pharmacy | Address | Phone number | | <Pharm1\_Name> | <pharm1\_address>, <pharm1\_CITY> | <Pharm1\_Phone> | | [<Pharm2\_Name> | <pharm2\_address>, <pharm2\_CITY> | <Pharm2\_Phone>] | | [<Pharm3\_Name> | <pharm3\_address>, <pharm3\_CITY> | <Pharm3\_Phone>] | |
| [<PHARMACY NAME> | [We’re changing to a preferred pharmacy network in <2024>. You can often save money at preferred pharmacies.]  This pharmacy will still be in our network but **won’t** offer preferred (lower) cost shares.  [Consider using your preferred home delivery pharmacy. You can save money and get up to a 100-day supply of most drugs delivered to you. Go to <**URL**> to find more information or call us at the number on your ID card.] [Here [are other pharmacies] [is another pharmacy] to consider that may save you money.]   |  |  |  | | --- | --- | --- | | [Pharmacy | Address | Phone number | | <Pharm1\_Name> | <pharm1\_address>, <pharm1\_CITY> | <Pharm1\_Phone> | | [<Pharm2\_Name> | <pharm2\_address>, <pharm2\_CITY> | <Pharm2\_Phone>] | | [<Pharm3\_Name> | <pharm3\_address>, <pharm3\_CITY> | <Pharm3\_Phone>]]] | |
|  |  |

***{End of formulary/network disruption section}***

**<Letter icon.eps> Take action**

[**Starting January 1, 2024, your plan premium will increase.** Each year we carefully review and set plan premiums. We expect plan premiums to rise for most insurance carriers in <2024>. Not just Aetna®. Please give us a call if you have questions, want to review changes, or see if another plan would better fit your needs.

Also, we] [We] sent you an Annual Notice of Changes (ANOC) in September. This is an important letter that explains changes to your plan for <2024>. It shows this year’s benefits side-by-side with next year’s benefits. This will help you easily see what’s changing. The changes could be new benefits, services that won’t be covered, or changes to what you’ll pay. Be sure to read this.

**{If member has clinical disruptions}**

To check on other drugs:

1. Go to <**URL**>
2. Enter your ZIP code in the search box under “Use our drug search tool” and click “Search <2024> drug list”
3. Select your plan from the list (your plan name is <PBPName> <Contract>-<PBP>) and click “Next”
4. Follow the instructions to find your drug prices or find your <2024> cost share in your ANOC or EOC (Evidence of Coverage)

**{If member has network disruptions}**

To see other network pharmacies for your plan:

1. Go to <**URL**>
2. Enter your ZIP code in the search box under “Find a pharmacy near you” and click “Find a <2024> pharmacy in our network”
3. Select your plan from the Medicare Plan dropdown (your plan name is <PBPName> <Contract>-<PBP>) and click “Search”
4. Keep in mind that you may save money at a preferred pharmacy

**<Monitor icon.eps>** **Contact** **us**

We want to help you get ready for <2024>. Go online at **<URL>** to check out your plan benefits and review your prescription drugs. The website is available 24/7.

You can also call the number on your Aetnamember ID card. We can answer questions about your ANOC, review with you the changes listed on this letter, and help you check other drugs that you take.

Important note: The changes above may not be a full list. It’s important to review the ANOC, formulary (list of covered drugs) and pharmacy directory each year.

[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.]

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. [Participating health care providers are independent contractors and are neither agents nor employees of [SilverScript] [Aetna]. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.]

Other pharmacies are available in our network. The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in:<Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Suburban Michigan, Urban Michigan, Urban Missouri, Rural North Dakota, Suburban Utah, Suburban West Virginia, and Suburban Wyoming> <Rural Arkansas, Rural Oklahoma, and Rural Kansas>. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call <1-XXX-XXX-XXXX (TTY: 711)> members call or consult the online pharmacy directory at <**URL**>.

**{Insert short 1557 or CA DSNP specific 1557}**

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