


You could save on prescription drug plan costs


New Medicare laws could mean prescription drug plan savings for up to 3 million more Americans¹

The Extra Help federal program helps those with limited income and resources pay for Medicare prescription drug plan costs. **Extra Help is estimated to be worth about \$5,300 per year.**² If you qualify for Extra Help, you may be eligible to enroll in an Aetna Medicare plan with prescription drug coverage for as low as:

\$0 monthly plan premium
\$0 prescription copays

Aetna Medicare Advantage plans include:


 \$0 copay for primary care provider visits and \$0 lab services

 Dental, vision, and hearing aid benefits

And if you qualify for Extra Help, we have a Medicare Advantage plan with additional benefits through the Aetna® Assist program:

 \$0 monthly plan premium

 \$0 copays on covered Part D prescriptions at in-network pharmacies

 **\$150 quarterly allowance on an Extra Benefits Card to help with certain expenses like healthy food, rent or mortgage, select over-the-counter (OTC) items, certain utilities, gas or transportation, personal care items, pet supplies, and more for qualifying members. Plus, get a \$30 allowance each quarter when you select a qualifying High Value primary care provider (PCP) in our network for qualifying members. And, a separate quarterly allowance of \$30 for select over-the-counter (OTC) items for qualifying members.**



 **We're here to help**

Call to speak with a licensed agent to learn about Extra Help eligibility

1-833-771-4722
(TTY: 711)

Se habla español.

 **Go online**

Learn more about how new Medicare laws could mean savings opportunities for nearly 3 million more Americans.¹

[AetnaMedicare.com/MoreHelp](https://www.aetna.com/MoreHelp)

 **aetna™**
medicare solutions

¹U.S. Department of Health and Human Services. FACT SHEET: Biden-Harris Administration Announces New Tools to Lower Prescription Drug Costs for Low-Income Seniors and People with Disabilities. June 2023. Available at: <https://www.hhs.gov/about/news/2023/06/12/fact-sheet-biden-harris-administration-announces-new-tools-lower-prescription-drug-costs-low-income-seniors-people-disabilities.html>. Accessed January 4, 2024.

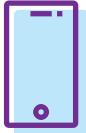
²Social Security Administration. Understanding the Extra Help with your Medicare prescription drug plan. February 2023. Available at: <https://www.ssa.gov/pubs/EN-05-10508.pdf>. Accessed January 4, 2024.

<Name A. Sample>
<123 Main Street>
<City, State ZIP + four>



Get help for rising prescription drug costs

See if you qualify for savings



Give us a call. Let's see if we can help you save!

Call to speak with a licensed agent to learn about Extra Help eligibility and Medicare Advantage enrollment.

1-833-771-4722 (TTY: 711)

October 1 to March 31: 8 AM to 8 PM, 7 days a week.

April 1 to September 30: 8 AM to 8 PM, Monday through Friday.

Se habla español.



Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our DSNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. Plan features and availability may vary by service area. Participating 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 formulary and/or pharmacy network may change at any time. You will receive notice when necessary. To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week). If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance. Eligibility for the Model Benefit or Reward and Incentive (RI) Programs under the Value-Based Insurance Design (VBID) Model is not assured and will be determined by Aetna after enrollment, based on relevant criteria (e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program. If your plan's Extra Benefits Card includes roll-over, any unused amount will rollover into the next month/quarter. The monthly/quarterly amount can be rolled over through the end of the plan year but will not carry over into the next plan year. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card. In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card. If you believe that we have 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 our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf **ESPAÑOL (SPANISH):** Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web llame al número de teléfono que figura en este documento. **繁體中文 (CHINESE):** 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本文件中所列的電話號碼。