January 1, 2023

Changes coming to your plan's pharmacy drug lists

There will be changes to the **Aetna Health Exchange Plan-New Jersey** drug list that applies to your plan starting on **January 1, 2023**. It's important that you review the changes in the chart below. Talk to your health care provider about how these changes might impact you.

What if I need a prescription drug that requires a medical exception?

You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for an exception, talk with your prescriber. Or, you can call us at the toll-free number on your Member ID card.

We'll contact you and your prescriber with our decision. If we approve your exception, you will pay your plan copay or cost-share. But first you must meet any deductible or out-of-pocket requirements of your pharmacy plan.

How to find a preferred medicine that's right for you

You can visit the website that's shown on your member ID card. Then log in to your account. To better understand how your plan's pharmacy benefits work, call us at the number on your member ID card.

The changes made to the prescription drugs in this chart are from the plan information we have for you. It is current as of the date of this letter.

UPPER CASE = brand-name medication **lower case** = generic medication

Prescription Drug	Change(s)
adapalene	Quantity limits apply. You can fill up to 45 gm every 28 days
adapalene pump	Quantity limits apply. You can fill up to 45 gm every 28 days
adapalene treatment	Quantity limits apply. You can fill up to 45 gm every 28 days
ADLARITY	Non-formulary drug
ADVAIR HFA	Non-formulary drug
alogliptin / pioglitazone	Non-preferred generic drug; Preauthorization required
ALTABAX	Non-preferred brand drug
ALVESCO	Non-formulary drug
ANADROL-50	Non-formulary drug
bac	Non-formulary drug
BARACLUDE	Preferred specialty drug; Preauthorization required
BESIVANCE	Non-formulary drug
BRILINTA	Non-formulary drug
butalbital / acetaminophen	Non-formulary drug
butalbital / acetaminophen / caffeine	Non-formulary drug

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Prescription Drug	Change(s)
butalbital / acetaminophen / caffeine / codeine	Non-formulary drug
butalbital / aspirin / caffei	Non-formulary drug
CAMCEVI	Non-formulary drug
CAMZYOS	Non-formulary drug
CERDELGA	Quantity limits apply. You can fill up to 56 caps every 28 days
ciclodan	Non-formulary drug
ciclopirox nail lacquer	Non-formulary drug
COMETRIQ	Non-formulary drug
CYCLOSET	Non-formulary drug
cyclosporine ophthalmic emulsion	Preferred generic drug; Preauthorization required
CYCLOSPORINE IN KLARITY	Non-formulary drug
dabigatran etexilate	Non-formulary drug
DELSTRIGO	Non-preferred brand drug; Quantity limits apply. You can fill up to 30 tabs every 30 days
desoximetasone	Non-preferred generic drug
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	Non-formulary drug
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT / SHARE	Non-formulary drug
DEXCOM G4 PLATINUM RECEIVER KIT	Non-formulary drug
DEXCOM G4 PLATINUM RECEIVER KIT / SHARE	Non-formulary drug
DEXCOM G4 PLATINUM TRANSMITTER KIT	Non-formulary drug
DEXCOM G4 SENSOR KIT	Non-formulary drug
DEXCOM G5 MOBILE / G4 PLATINUM SENSOR KIT	Non-formulary drug
DEXCOM G5 MOBILE TRANSMITTER KIT	Non-formulary drug
DEXCOM G5 RECEIVER KIT	Non-formulary drug
DEXCOM G6 RECEIVER	Non-formulary drug
DEXCOM G6 SENSOR	Non-formulary drug
DEXCOM G6 TRANSMITTER	Non-formulary drug
dexlansoprazole	Non-formulary drug
diazepam rectal gel	Non-preferred generic drug
diclofenac sodium solution 2%	Non-formulary drug
DULERA	Non-preferred brand drug; Quantity limits apply. You can fill up to 1 package every 30 days
DYANAVEL XR	Non-preferred brand drug; Quantity limits apply. You can fill up to 240 mL every 30 days
ENLITE GLUCOSE SENSOR	Non-formulary drug
entecavir	Preauthorization required
ergoloid mesylates	Non-formulary drug
ERIVEDGE	Non-formulary drug
esgic	Non-formulary drug

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Prescription Drug	Change(s)
EVERSENSE SENSOR / HOLDER	Non-formulary drug
EVERSENSE SMART TRANSMITT	Non-formulary drug
FARYDAK	Non-formulary drug
flavoxate hcl	Non-formulary drug
FREESTYLE LIBRE 14 DAY / READER / FLASH MONITORING SYSTEM	Non-formulary drug
FREESTYLE LIBRE 14 DAY / SENSOR / FLASH MONITORING SYSTEM	Non-formulary drug
FREESTYLE LIBRE 2 / READER / FLASH GLUCOSE MONITORING SYSTEM	Non-formulary drug
FREESTYLE LIBRE 2 / SENSOR / FLASH GLUCOSE MONITORING SYSTEM	Non-formulary drug
FREESTYLE LIBRE 3 / SENSOR	Non-formulary drug
FUZEON	Non-formulary drug
GABAPENTIN TINYTABS	Non-formulary drug
GUARDIAN CONNECT TRANSMITTER	Non-formulary drug
GUARDIAN LINK 3	Non-formulary drug
GUARDIAN REAL-TIME REPLACEMENT MONITOR	Non-formulary drug
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	Non-formulary drug
GUARDIAN SENSOR (3)	Non-formulary drug
GUARDIAN TRANSMITTER	Non-formulary drug
IBSRELA	Non-formulary drug
ICLUSIG	Non-formulary drug
IDHIFA	Non-formulary drug
isosorbide dinitrate / hydr	Non-formulary drug
ivermectin	Non-preferred generic drug; Preauthorization required
JENTADUETO XR	Non-formulary drug
JUBLIA	Non-formulary drug
K-PHOS	Non-formulary drug
lapatinib ditosylate	Non-formulary drug
lindane	Non-formulary drug
LYVISPAH	Non-formulary drug
MALE CONDOMS	Quantity limits apply. You can fill up to 12 condoms every 25 days; For clients that have adopted the Affordable Care Act (ACA) Women's Preventive Services Benefit, this product will be covered without cost sharing with a prescription
MELOXICAM SUSPENSION	Non-formulary drug
mesalamine er	Non-formulary drug
METFORMIN TAG 625MG	Non-formulary drug
methylphenidate patch	Non-formulary drug
methyltestosterone	Non-formulary drug
mexiletine hydrochloride	Non-formulary drug
MINILINK REAL-TIME TRANSMITTER	Non-formulary drug

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Prescription Drug	Change(s)
MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	Non-formulary drug
morphine sulfate er	Non-formulary drug
MOUNJARO	Non-formulary drug
NEXIUM	Non-formulary drug
NEXIUM 24HR CLEAR MINIS	Non-formulary drug
NORLIQVA	Non-formulary drug
NUCALA	Preferred specialty drug; Preauthorization required; Quantity limits apply. You can fill up to 1 syringe per 28 days
NUCYNTA	Non-formulary drug
NUCYNTA ER	Non-formulary drug
NUEDEXTA	Non-formulary drug
ODEFSEY	Non-formulary drug
ONGENTYS	Non-preferred brand drug
OPDUALAG	Non-formulary drug
PARADIGM REAL-TIME TRANSMITTER	Non-formulary drug
phrenilin forte	Non-formulary drug
PICATO	Non-formulary drug
pimecrolimus	Non-preferred generic drug; Preauthorization required
PRADAXA	Non-formulary drug
PRED-G	Non-formulary drug
PYRUKYND	Non-formulary drug
PYRUKYND TAPER PACK	Non-formulary drug
QELBREE	Non-preferred brand drug; Preauthorization required; Quantity limits apply. You can fill up to 60 caps every 30 days
quinidine sulfate	Non-formulary drug
QUVIVIQ	Non-formulary drug
RADICAVA ORS	Non-formulary drug
RADICAVA ORS STARTER KIT	Non-formulary drug
REBIF	Non-formulary drug
REBIF REBIDOSE	Non-formulary drug
REBIF REBIDOSE TITRATION PACK	Non-formulary drug
REBIF TITRATION PACK	Non-formulary drug
RESTASIS	Non-formulary drug
RESTASIS MULTIDOSE	Non-formulary drug
SIMPONI	Non-formulary drug
SOF-SENSOR	Non-formulary drug
sorafenib tosylate	Non-formulary drug
STIOLTO RESPIMAT	Non-formulary drug
SYNJARDY	Non-formulary drug
SYNJARDY XR	Non-formulary drug
TARGRETIN	Non-formulary drug
tencon	Non-formulary drug
TLANDO	Non-formulary drug
tolcapone	Non-formulary drug

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Prescription Drug	Change(s)
TOVIAZ	Non-formulary drug
TRESIBA	Non-formulary drug
TRESIBA FLEXTOUCH	Non-formulary drug
TWYNEO	Non-formulary drug
TYVASO DPI MAINTENANCE KI	Non-formulary drug
TYVASO DPI TITRATION KIT	Non-formulary drug
UBRELVY	Non-preferred brand drug; Preauthorization required
UPTRAVI	Non-formulary drug
VALSARTAN	Non-formulary drug
VASCEPA	Non-formulary drug
VERKAZIA	Non-formulary drug
VIIBRYD	Non-formulary drug
VIJOICE	Non-formulary drug
VIMPAT	Non-formulary drug
VIVITROL	Non-formulary drug
VONJO	Non-formulary drug
VOQUEZNA DUAL PAK	Non-formulary drug
VOQUEZNA TRIPLE PAK	Non-formulary drug
VOTRIENT	Non-formulary drug
VTAMA	Non-formulary drug
VYVANSE	Non-formulary drug
XELJANZ	Non-formulary drug
XELJANZ XR	Non-formulary drug
XEPI	Non-preferred brand drug; Preauthorization required
XOLAIR	Non-formulary drug
zebutal	Non-formulary drug
ZEJULA	Non-formulary drug
ZELBORAF	Non-formulary drug
ZIRGAN	Non-formulary drug
ZOLINZA	Non-formulary drug
ZTALMY	Non-formulary drug
ZYDELIG	Non-formulary drug
ZYKADIA	Non-formulary drug
ZYLET	Non-formulary drug

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Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

Information is subject to change. In accordance with state law, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut, until the plans' renewal date.

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Policy forms issued in Oklahoma include: AL OK HCOC, HC COC00010.
Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, HO GrpPolAmend-ThirdPartyPay 01, AL SG GrpPolAmend 2019 01, HI HGrpAg SG 01R, HI SG GrpAgAmend 2019 01.
AL IVL HPOL-1A-2022-EPO-HIX 01. AL IVL-SOB-1A-EPO-HIX 01, AL IVL-SOB-1A-EPO-NA $0-HIX 01, AL IVL HPOL-1A-2022-EPO 01, AL IVL-SOB-1A-EPO 01.

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TTY:711

English	**To access language services at no cost to you, call the number on your ID card.**
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የ ቋንቋ አገ ልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለወን ቁጥር ይደወሉ፡ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဂန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d’identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᏩᎩᏍᏗ ᎦᏬᏂᎯᏍᏗ ᎢᏳᎾᎵᏍᏔᏅᏗ Ꮭ ᎪᎱᏍᏗ ᏗᏣᎬᏩᎶᏗᏗ ᏱᎩ, ᏫᏑᎯᏏᎳᏍᏓ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᏕᎪᏪᎵ ᎤᎾᎢ ID ᏆᏂᏲᏍᏗ ᏣᏤᎵᎢ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.

Hawaiian	No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gị
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤနၣ်ကျိာ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပှၤလၢနကဘၣ်ဟ့ၣ်အီၤအဂီၢ်,ကိးဘၣ်လီတဲစိနီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (ID) အလိၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەسپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
Lao	ເພື່ອຂໍ້ເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ṇan bōk jipañ kōn kajin ilo an ejjeḷọk wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílı̨́ı̨go nanitinígíí bee néého’dólzinígíí béésh bee hane’í biká’ígíí áajı̨’ hólne’.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ̈ në ID kard duɔ̈n de tïït de nyin de panakim kɔ̈u.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.

Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yoƀugo, ewnu lamba je ɓon windi ha do ɓerowol maaɓa.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܝܠ ܣܝܡܘܬܐ ܕܠܫܢܐ ܕܠܐ ܡܨܪܦܐ ܠܟܘܢ، ܡܨܠܬܐ ܠܡܠܦܢܘܬܐ ܕܡܬܚܘܡܐ ܥܠ ܟܪܛܝܬܟܘܢ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau ‘oku ke fiema’u ta’etōtōngi ‘a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika ‘oku hā atu ‘i ho’o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовнj отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ́ èdè fún ọ lọ́fẹ̀ẹ́, pe nọ́mbà tó wà lórí káàdì ìdánimọ̀ rẹ.

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If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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