SPRING 2025

wellness&you

Your Aetna Better Health® member newsletter

BENEFITS SPOTLIGHT

Welcome to your 2025 health plan

We're here to help you make this your healthiest year yet. Your Aetna Better Health® plan provides tools and support to help you get the care you need. Be sure to take advantage of these resources in the new year.

1 Transportation services

Need a ride to an appointment? We can help you get there. You're covered for rides to the doctor, dentist, and other medical services.

To schedule a ride, call Modivcare at **1-866-799-4463 (TTY: 1-866-288-3133)**. Be sure to book your ride at least one business day in advance.

2 Language help

Do you speak a language other than English? Just call Member Services and ask for an interpreter. You can use this service at no extra cost to you.

If you're deaf or blind, we can provide info in other formats like sign language, braille, large print or audio.

3 24-hour nurse line

Not all medical problems happen during business hours. That's why we offer a 24/7 nurse line. You can call **1-844-528-5815 (TTY: 711)** anytime to talk with a nurse. They can help you decide where to go for care or how to treat your health problem at home.

4 Member portal

You can do so much more with your health plan when you create an account in your member portal. Just log in to manage your plan benefits and health goals from anywhere. Or use your Aetna Better Health app to access your benefits on the go. Go to **AetnaBetterHealth.com/florida/member-portal.html** to get started.

Go to **AetnaBetterHealth.com/florida/healthy-kids.html** to explore more benefits.

Health screenings made simple

Regular health screenings are essential for catching health problems early, before you start feeling sick. Take advantage of these covered screenings to keep you and your family healthy.

SCREENING	WHO NEEDS IT	WHEN TO GET IT
Blood pressure	All adults	Every 3 to 5 years for adults under 40 Every year for adults over 40
Cholesterol	All adults	Every 4 to 6 years, or more often if needed
Diabetes	Adults 35 to 70 with overweight or obesity	Ask your doctor
STI/HIV	All sexually active adults and pregnant women	Ask your doctor
Breast cancer	Women 45 to 74 years old (or sooner if you are at high risk)	Every 2 years
Cervical cancer	Women 21 to 65 years old	Every 3 to 5 years
Colorectal cancer	Adults 45 to 75 years old (or sooner if you are at high risk)	Every 1 to 3 years for at-home stool tests Every 10 years for a colonoscopy
Well-child visits	All children	1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, then once a year
Lead screening	Children under 3 years old	All children should be tested at 12 months and 24 months old
Dental exam	Everyone	Every 6 months
Vision exam	Everyone	At least once between 3 and 5 years old, then as recommended after that for children Every 2 years (or more often) for adults over 18

Need a doctor? Go to **AetnaBetterHealth.com/florida/find-provider** to search our provider directory. Enter your ZIP code to find in-network providers and specialists near you. You can also call Member Services to have a directory mailed to you.

Your go-to guide to using your health plan

Your Aetna Better Health® member handbook includes everything you need to know about your health plan. Keep reading for a list of information that's available inside this handy resource.

- Benefits and services that are covered and those that are not, including specific excluded services
- How to get your medicine and other rules about pharmacy benefits
- Copayments and other expenses that may apply to you
- How to get language help
- Benefit restrictions outside of the Aetna service area
- How to submit a claim
- How to get information about providers in the Aetna network
- How to get primary care services
- How to get specialty care. This includes:
  - Behavioral health care
  - Hospital services
  - Care for specific conditions
  - How to get a referral
- How to get care after normal office hours, plus how and when to use emergency room care
- How to get care outside of your service area
- How to file a complaint or grievance
- How to appeal a decision that affects your coverage, benefits or relationship with your plan
- How we make decisions about new technology we may include as a covered benefit
- How we make decisions about your care (called utilization management)
- Your member rights and responsibilities and a notice of privacy practices

The member handbook is updated every year. If there are major changes, we will send you a letter about them at least 30 days before the changes are effective.

Scan the QR code or visit **aet.na/sp25flk-2** to view your member handbook. Or call Member Services to have one mailed to you. Let us know if you need it in another language, a larger font or other formats.

Know your rights

As an Aetna Better Health® member, you have certain rights and responsibilities. Get to know them here.

Your rights include:

- A right to get info about the organization and its services, practitioners and providers, and about your member rights and responsibilities
- A right to be treated with respect and dignity
- A right to privacy
- A right to work with your practitioners to make decisions about your health care
- A right to talk openly about treatment options for your conditions, regardless of cost or benefit coverage
- A right to voice complaints or submit appeals about the organization or the care it provides
- A right to give feedback on the organization's member rights and responsibilities policy

Your responsibilities include:

- A responsibility to give information (to the extent possible) that the organization and its practitioners and providers need to provide you with care
- A responsibility to follow plans and instructions for care that you have agreed to with your practitioners
- A responsibility to understand your health problems and join in the development of treatment goals, to the degree possible

Go to **AetnaBetterHealth.com/florida/medicaid-rights-responsibilities.html** for a full list of your rights and responsibilities.

How we make decisions about your care

Our utilization management (UM) program ensures you get the right care in the right setting when you need it. UM staff can help you and your providers make decisions about your health care.

When we make decisions, it's important for you to remember the following:

- We make UM decisions by looking at your benefits and clinical guidelines for the most appropriate care and service. We consider your needs, evidence-based practice and availability of care. You also must have active coverage.
- We don't reward doctors or other people for denying coverage or care.
- Our employees do not get any incentives to reduce the services you receive.

If you have questions about UM, call Member Services. They can also help if you need language translation or assistance.

Keep your benefits at your fingertips. You can access your plan benefits from anywhere through your online Member Portal or Aetna Better Health app. Visit **AetnaBetterHealth.com/florida/member-portal.html** to get started!

Get extra support for your health care needs

Every Aetna Better Health® member is on their own personal health care journey. We can help guide you in managing and improving your health.

Whether you have a medical problem or are just trying to live a healthy life, we have a program that can help.

Our population health management programs strive to address your needs and your family's needs in these areas:

- Keeping you healthy
- Supporting you if your health is at risk
- Ensuring your safety
- Helping you manage chronic illnesses

As part of a health management program, you'll have a personal care manager. They can help with things like:

- Understanding your condition and answering your questions
- Finding providers and scheduling appointments
- Connecting you with community resources

For most programs, we will automatically enroll you if you are eligible. You can choose to join or leave a program at any time. Just call us if you do not want to be part of a program.

You can also get a referral to a management program. Referrals can come from your doctor, a hospital discharge planner, a caregiver or even yourself.

With the right help, you can take control of your health and live your best life.

Go to **AetnaBetterHealth.com/florida/providers/notices-newsletters.html** or call Member Services for more info.

Supporting youth mental health.
Is your child struggling with their mental health? We have resources that can help.
Go to **AetnaBetterHealth.com/florida/resources-services.html** for more info.

Help for recovering after a hospital stay

Taking the right steps once you (or your loved one) come home from the hospital can help speed healing. Here's how to support your recovery and get back to doing what you love.

1 Plan ahead

The earlier you can start planning for recovery, the better. Use the time before your discharge to figure out how you'll get meals, your medicines and a ride home if needed. Your plan may even cover meal delivery after a hospital stay.

2 Book a follow-up appointment

Seeing your primary care provider (PCP) after a hospital stay is key to your recovery. They can help make sure everything is going well with your healing process. Try to book this visit before you leave the hospital, so you know it's all set.

Did you or your child go to the emergency room or hospital for mental health reasons? Be sure to follow up with a mental health provider within seven days of leaving the hospital. Call Member Services if you need help finding the right provider.

3 Include your caregiver

Have someone helping you? You can make them an official part of your care team. This means they can stay updated on your care plan and progress and talk to your providers about your recovery.

4 Stick to your medication plan

One of the most important steps in your recovery process is taking your medicines as prescribed. If you miss doses or take too much, it could slow down your recovery or cause problems. To make it easier to remember, try using a pill organizer or setting a reminder on your phone. Some pharmacies may even offer reminder texts or phone calls.

Get more tips for healthy living.
Scan the QR code or go to **aet.na/sp25flk-0** to browse our health and wellness library. You'll find articles packed with info to help you feel your best.

Don’t miss a dose

Medicines work best when you take them as directed by your provider. Sticking to your treatment plan will help you get and stay better. But sometimes, it can be hard to remember to take your pills or get your prescriptions refilled. Here are some common barriers, and ideas for getting around them.

Cost

The price of medicines can add up. But there are ways to make them more affordable. Ask your provider or pharmacist about cheaper alternatives, generic versions or discount programs. There may be other resources that can help. Call your care manager or Member Services if you’re struggling to pay for your medicines.

You don’t know why you need the medicine

Knowledge is power! Ask your provider or pharmacist to explain how your medicine works and why it helps you. And remember: Even if you’re not feeling sick, skipping your meds could cause problems. Think of it like brushing your teeth. You do it every day to prevent cavities, even if your teeth don’t hurt.

You have too many medicines

Start by reviewing all of your medicines with your PCP at least once a year. They may be able to cut down on the number of meds you need.

Next, find a tool to help you organize your meds. Pill organizers are low cost and easy to use.

For a more high-tech solution, look into phone apps. You can log all your medicines and set up alarms or other reminders when it’s time for a dose.

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ENGLISH: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104 (TTY: 711)**.

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104 (TTY: 711)**.

CHINESE: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104 (TTY: 711)**.

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<Recipient's Name>

<Mailing Address>

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Wondering if your medicines are covered?

Learn more about your pharmacy benefits at **AetnaBetterHealth.com/florida/pharmacy-prescription-drug-benefits.html**. You can find info such as:

- Preferred drug list (PDL)
- Medicines that require prior authorization and applicable coverage criteria
- A list and explanation of medicines that have limits or quotas
- Copayment and coinsurance requirements and the medications or classes to which they apply
- Steps for getting prior authorization, generic substitution or preferred brand interchange
- Info on pharmaceutical management procedures
- Criteria used to add new medicines to the preferred drug list
- Steps for requesting a medication coverage exception

Questions about your health plan? Call Member Services at **1-844-528-5815 (TTY: 711)** or go to **AetnaBetterHealth.com/florida**