Happiness

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AetnaBetterHealth.com/Illinois

Aetna Better Health[™] Premier Plan MMAI

COVID-19 vaccines: Get the facts.

As you think about getting vaccinated for COVID-19, you may have questions. You might even feel nervous. That's OK.

Learning the facts can help you make a good choice. Here's a look at some common COVID-19 vaccine myths and facts.

MYTH: Getting a vaccine can make me sick with COVID-19.

None of the vaccines contains the live virus that causes COVID-19. Instead, they teach your immune system how to recognize and fight the virus. This keeps you from getting sick.

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FACT: The vaccines are very good at stopping COVID-19.

That's true. Pfizer's and Moderna's two-dose vaccines are about 95% effective at preventing COVID-19. Johnson & Johnson's (J&J's) one-dose vaccine is about 72% effective overall. And it's 85% effective against severe disease.

MYTH: The COVID-19 vaccines will alter my DNA.

The vaccines will not have any effect on your DNA at all. The Pfizer and Moderna vaccines contain messenger RNA (mRNA). It teaches your cells how to make a protein that fights the coronavirus. But it never interacts with your DNA in any way. Neither does the J&J vaccine.

Continued on page 2





COVID-19 vaccines: Get the facts.

Continued from front page

FACT: I can get a vaccine for free.

Yes! The vaccines are being given to Americans at no cost. There may be a fee for giving the vaccines, but this will be covered by your health plan. No one will be denied a vaccine because they can't pay.

MYTH: The vaccines were developed too fast to know if they're really safe or not.

The vaccines have gone through rigorous studies to be sure they are as safe as possible. Researchers conducted all the usual testing steps. They just conducted them on an overlapping schedule to gather data faster.

FACT: The side effects of the vaccines are minor.

Some people have temporary side effects such as:

- Pain at the injection site
- Body aches
- Headaches
- Fever

These only last for a day or two. They are signs that your body is building immunity against the virus. You should call your doctor if symptoms last more than two days.

Sources: Centers for Disease Control and Prevention; Johns Hopkins Medicine; National Institutes of Health

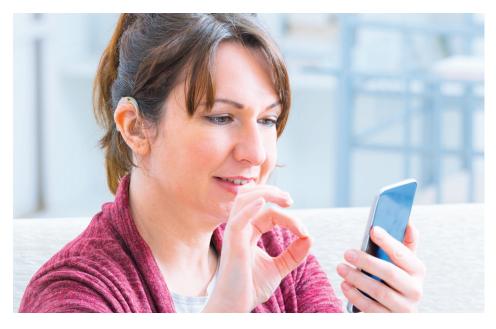
Working with you to get the right care.

Our utilization management (UM) program ensures that you get the right care in the right setting when you need it. UM staff can help you and your doctors make decisions about your healthcare. Our UM program helps make sure you get the right services at the right place. When we make decisions, it's important for you to remember the following:

- We make UM decisions by looking at your benefits and choosing the most appropriate care and service. 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 get.

If you have questions about UM, you can speak to someone by calling Member Services toll-free at **1-866-600-2139 (TTY/TDD: 711)**, 24 hours a day, 7 days a week. If you need language translation or assistance, you can contact Member Services toll-free at **1-866-600-2139 (TTY/TDD: 711)**.

AetnaBetterHealth.com/Illinois



Keeping your personal information safe.

Your member ID number gives you access to your health information. For this reason, it is important to keep your member ID number and other personal information — such as date of birth, Social Security number and address — safe.

Aetna Better HealthSM Premier Plan MMAI will never ask for your Social Security number. If you call and speak with Member Services, they will ask you to provide your name, member ID, date of birth and may also ask for your mailing address, phone number and email address to verify who you are.

If you are ever worried about someone calling you on behalf of Aetna Better HealthSM Premier Plan MMAI, we encourage you to write down the caller's information and then contact us by calling the number on the back of your ID card.

If you think someone may be using your member ID number or you have any suspicions of fraud, waste or abuse, you can contact Aetna Better HealthSM Premier Plan MMAI in the following ways:

- Call Aetna Better HealthSM Premier Plan MMAI's Fraud, Waste and Abuse Hotline at **1-866-670-6885**. All calls are anonymous.
- Call the Special Investigations Unit (SIU) at **1-800-338-6361** if you have questions or to report fraud.
- Use the fraud and abuse reporting form on the Aetna Better HealthSM Premier Plan MMAI website **AetnaBetterHealth.com/ Illinois**. You will see a link to "Fraud & Abuse" at the top of the page.

Need help?

Check out the following information in your Member Handbook and on our website at **AetnaBetterHealth.com/** Illinois:

- Benefits and services included in your health plan, as well as those not covered
- Pharmaceutical management
 procedures
- Copayments
- Benefit restrictions outside Aetna's service area
- How to get language assistance
- How to submit a claim
- How to get information about doctors in Aetna's network
- How to get primary care services
- How to get specialty care, behavioral healthcare and hospital services
- How to get care after normal business hours
- How to get emergency care, including when to go to the emergency room or use
 911 services
- How to get care and coverage outside of Aetna's service area
- How to submit a complaint
- How to appeal a decision
- How Aetna evaluates new technology to include in coverage

For a printed copy of the above information on our website, call Member Services toll-free at **1-866-600-2139 (TTY/TDD: 711)**, 24 hours a day, 7 days a week.



Understanding your pharmacy benefits.

Aetna Better Healthsm Premier Plan MMAI's List of Covered Drugs ("the Drug List" or the formulary) tells you which prescription drugs and overthe-counter (OTC) drugs and items are covered by Aetna Better Health[™] Premier Plan MMAI at participating network pharmacies. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. The Drug List and list of participating pharmacies are posted on the plan's website at AetnaBetterHealth.com/ **Illinois**. The Drug List is updated monthly throughout the year, and you can find when it was updated on the front cover. Changes to the

plan's Drug List are also posted

on the plan's website.

Visit **AetnaBetterHealth.com/ Illinois** for the updated Drug List and latest Member Handbook. For a printed copy of anything on our website, call Member Services toll-free at **1-866-600-2139 (TTY: 711)**.

The Drug List will tell you if there are any special rules or restrictions on any drugs covered by Aetna Better HealthSM Premier Plan MMAI. The rules or restrictions are listed under "Necessary actions, restrictions, or limits on use." In these cases, you or your doctor or other prescriber must ask the plan to cover a drug by submitting required medical information before the plan will pay for the requested drug.

- Types of rules or limits: • Prior approval (or prior authorization). You or your doctor or other prescriber must ask for approval from Aetna Better HealthSM Premier Plan MMAI by submitting required medical information before you fill your prescription. Aetna Better HealthSM Premier Plan MMAI may not cover the drug if you do not get approval.
- Quantity limits. Sometimes Aetna Better HealthSM Premier Plan MMAI limits the amount of a drug you can get. You or your doctor or other prescriber must get approval from Aetna Better HealthSM Premier Plan MMAI by submitting required medical information for you to get a higher quantity. Aetna Better

HealthsM Premier Plan MMAI may not cover the drug if you do not get approval.

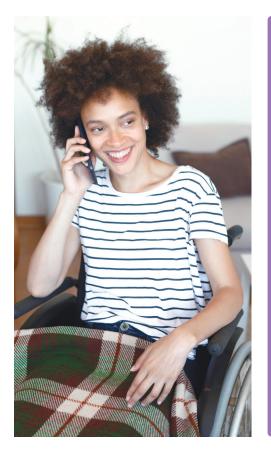
- Step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug, or if your doctor thinks the first drug doesn't work for you, then you or your doctor or other prescriber must ask for approval from Aetna Better HealthSM Premier Plan MMAI by submitting required medical information before you fill your prescription.
- If a medication is not on the Drug List (called Formulary Exception). You or your doctor

or other prescriber must get approval from Aetna Better HealthSM Premier Plan MMAI by submitting required medical information before you fill your prescription. Aetna Better HealthSM Premier Plan MMAI may not cover the drug if you do not get approval.

To ask for approval of drugs with special rules or restrictions, call Member Services at **1-866-600-2139 (TTY: 711)**. A Member Services representative will work with you and your provider to help you ask for a drug with special rules or restrictions or for a drug that is not listed on the Drug List. As an Aetna Better HealthSM Premier Plan MMAI member, you have no copays for prescription and OTC drugs if you follow Aetna Better HealthSM Premier Plan MMAI's rules and fill the drug at a participating pharmacy.

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are Medicare Part D prescription brand-name and generic drugs.
- Tier 2 drugs are Medicare Part D prescription brand-name and generic drugs.
- Tier 3 drugs are non-Medicare Part D prescription and OTC drugs.



Cell service at no cost to you!

See if you're eligible for Assurance Wireless Lifeline cell service plus an Android[™] smartphone.

We know how important it is to stay connected to healthcare, jobs, emergency services and family. That's why Aetna Better HealthSM Premier Plan MMAI is partnering with Assurance Wireless Lifeline service.

Each month eligible Assurance Wireless customers receive, at no cost:

- Data
- Unlimited texts
- Voice minutes
- Plus an Android smartphone

You may qualify for Assurance Wireless Lifeline service if you are on certain public assistance programs, like Medicaid or Supplemental Nutrition Assistance Program (SNAP).

To apply now or learn more, visit AetnaBetterHealth.com/ Illinois

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Know your rights and responsibilities.

We work with you to make sure you receive the best care available. You have certain rights and responsibilities. These help you to receive the best service.

As an Aetna Better HealthSM Premier Plan MMAI member, you have these rights:

- A right to receive information about Aetna, our services, our practitioners and providers, and member rights and responsibilities
- A right to be treated with respect and recognition of your dignity and your right to privacy
- A right to participate with practitioners in making decisions about your healthcare
- A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- A right to voice complaints or appeals about Aetna or the care we provide
- A right to make recommendations regarding Aetna's member rights and responsibilities policy

You also have these responsibilities:

- A responsibility to supply information (to the extent possible) that Aetna and our practitioners and providers need in order to provide 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 participate in developing mutually agreed-upon treatment goals, to the degree possible

You will find these rights and responsibilities in the Member Handbook and on our website **AetnaBetterHealth.com/Illinois**. If you have any questions or would like a copy of your rights and responsibilities, call Member Services toll-free at **1-866-600-2139 (TTY/TDD: 711)**, 24 hours a day, 7 days a week.

Safety first!

We care about your safety, health and welfare. It is important to recognize signs of abuse, neglect and exploitation and report it. This will allow you to be safe and get the care you need. If you are or suspect that you are being abused, neglected or exploited, please call the appropriate number below to report, prevent or stop the abuse, neglect or exploitation.



To report regarding members who are disabled adults 18 through 59 years of age who live in the community, call the Illinois Adult Protective Services Unit of the Department on Aging (DoA).	 1-866-800-1409 (voice) 1-888-206-1327 (TTY)
To report regarding members who are 60 years of age and older who live in the community, call the Illinois Adult Protective Services Unit of the DoA.	 1-866-800-1409 (voice) 1-888-206-1327 (TTY)
To report regarding members in nursing facilities, call the Department of Public Health Nursing Home Complaint Hotline.	• 1-800-252-4343
To report regarding members in supportive living facilities, call the Supportive Living Facility Complaint Hotline.	• 1-800-226-0768
Call Member Services or your care coordinator at any time to report abuse, neglect and exploitation. You can contact us 24 hours a day, 7 days a week.	• 1-866-600-2139 (toll-free) • TTY: 711

For more information, please visit our website at **AetnaBetterHealth.com/Illinois**

How national coverage decisions affect your plan.

The Centers for Medicare & Medicaid Services (CMS) sometimes changes coverage rules for a benefit or service. When this happens, CMS issues a National Coverage Determination (NCD).

NCDs tell us:

- What's covered
- What's changing
- What Medicare pays

We post NCDs on our website at least 30 days prior to the effective date. To view them, visit **AetnaBetterHealth.com/** Illinois. Then go to: For Members > Aetna Better Health Premier Plan > Member Benefits.

You can also visit **CMS.gov** for more information. Once on the website, click on "Medicare" then type "National Coverage Determination" in the search box.

You can also contact your Care Manager or Member Services at **1-866-600-2139** (TTY/TDD: 711).

Contact us Aetna Better HealthSM Premier Plan MMAI 3200 Highland Ave. Downers Grove, IL 60515

This newsletter contains general health information that should not replace the advice or care you get from your provider. Always ask your provider about your own healthcare needs. Articles in our newsletter are for many different people. We write articles about different kinds of medical problems that people are interested in learning about. These articles may not be about medical problems that you have. Aetna Better Healthsm Premier Plan MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. You can get this document for free in other formats, such as large print, braille or audio. Call **1-866-600-2139** (TTY: 711), 24 hours a day, 7 days a week. The call is free.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the Aetna Better HealthSM Premier Plan MMAI Member Handbook.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-600-2139 (TTY: 711), 24 hours a day, 7 days a week. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-866-600-2139 (TTY: 711)**, las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.

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 at or call the phone number listed in this material.

In addition, your 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. Your health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, call Customer Service at the phone number 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 o 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。