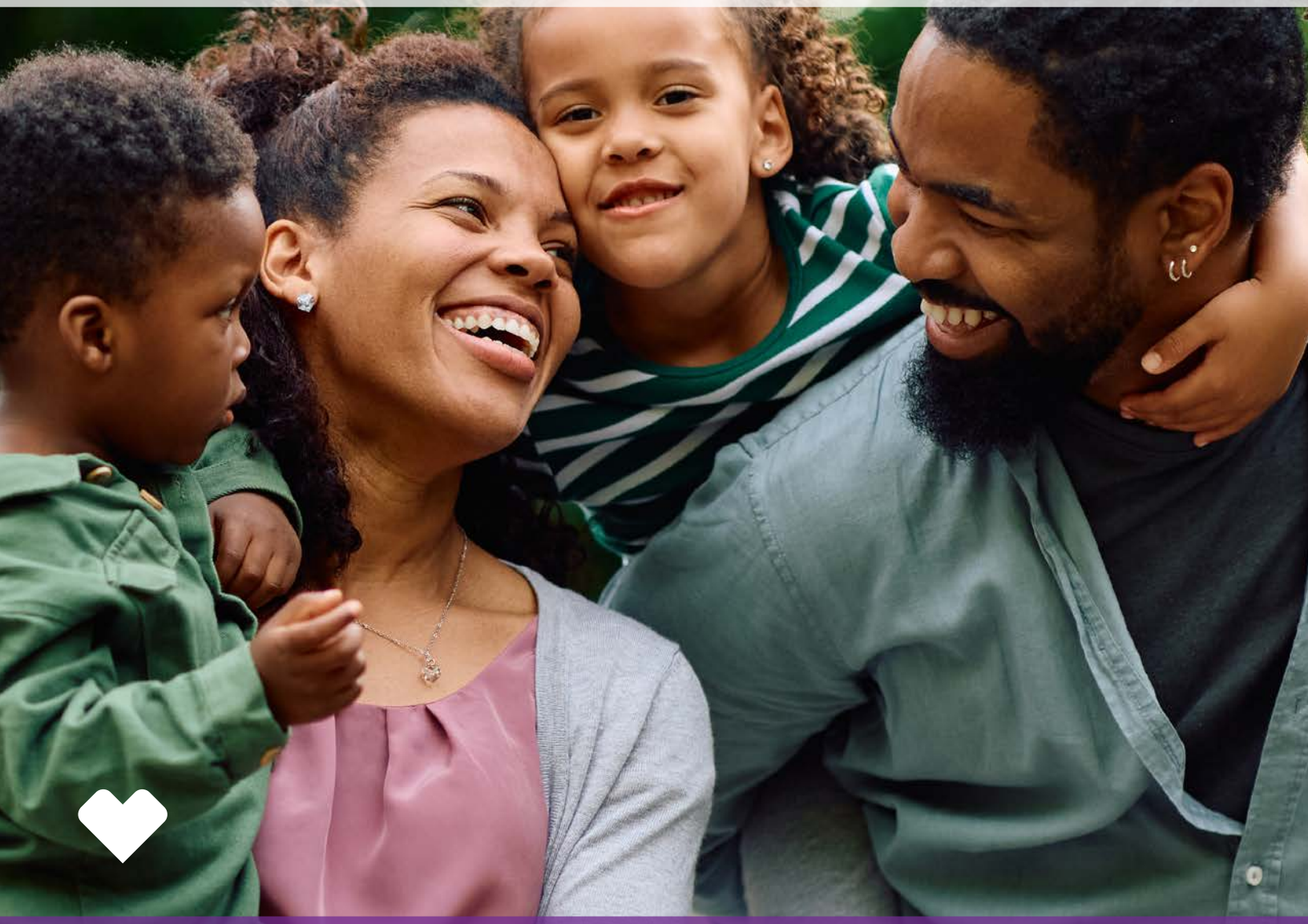
2026 Member Handbook for Health*Choice* Illinois



Healthier happens together™

HealthChoice Illinois

Illinois Department of Healthcare and Family Services

aetna®

Aetna Better Health® of Illinois

6066900-01-01

AetnaBetterHealth.com/Illinois-Medicaid

Helpful information

Aetna Better Health® of Illinois

Member Services
1-866-329-4701 (TTY: 711)
Monday–Friday, 8:30 AM–5:00 PM CT

Services for hearing and speech-impaired
Call **711**

Get help in other languages or formats
Call **1-866-329-4701 (TTY: 711)** if you need help in another language or format. We'll get you an interpreter in your language. You can also ask for a verbal or sign language interpreter if you need help talking to your doctor during your visit.

If you have a hard time seeing, or you don't read English, you can get information in other formats such as large print or audio. These services are at no cost to you.

Emergency care (24 hours)
When you need emergency care, call **911** or go to the closest hospital. The hospital DOES NOT need to be in our network. You don't need preapproval for emergency care in the hospital.

Mailing address
Aetna Better Health of Illinois
PO Box 818031, MC F661
Cleveland, OH 44181-8031

Behavioral Health Crisis Line
1-866-329-4701 (TTY: 711)
24 hours a day, 7 days a week

Report fraud or abuse
1-866-536-0542 (TTY: 711)

24-Hour Nurse Line
1-866-329-4701 (TTY: 711)
24 hours a day, 7 days a week

AetnaBetterHealth.com/Illinois-Medicaid

Personal information

My member ID number

My PCP's phone number

My primary care provider (PCP)

Welcome to Aetna Better Health® of Illinois

We're happy to bring our heart to every moment of your health. Use this handbook to learn about your new Health*Choice* Illinois Medicaid plan and benefits. It tells you everything you need to know about getting care.

This handbook has information about:

- Your health care team, including your primary care provider (PCP)
- Benefits and services with Aetna Better Health of Illinois
- How to get health care services
- How to get help with appointments
- What to do in an emergency
- Services that are covered and not covered
- The Aetna Better Care® Rewards program
- Extra benefits
- How to file a grievance or appeal
- Case management and other health-related programs
- Your rights and responsibilities as a member

An updated copy of this handbook is always available on our website at **AetnaBetterHealth.com/Illinois-Medicaid**. You can also call Member Services if you'd like a new copy mailed to you or if you need it in a different language.

We also provide free language services to our members, such as:

- Qualified sign language interpreters
- Alternative formats (large print, audio, accessible electronic formats)
- Qualified language interpreters
- Translated materials in your preferred language

If you need these services, call us at **1-866-329-4701 (TTY: 711)**.

Please read everything in this handbook. Write down any questions you have — we're here to help. You can call us at **1-866-329-4701 (TTY: 711)** with your questions. To view this handbook online, find information about our programs and services, or find a provider, go to our website at **AetnaBetterHealth.com/Illinois-Medicaid**.

We're here to help

Call Member Services at **1-866-329-4701 (TTY: 711)**. Our business hours are Monday–Friday, 8:30 AM–5:00 PM (CT). We can help with:

- Benefits questions
- Transportation
- Interpreter services
- Behavioral health crisis needs

You can reach the **24-Hour Nurse Line** anytime day or night at **1-866-329-4701 (TTY: 711)** to talk to a nurse for health care advice.

Other helpful numbers

- Emergency: **911**
- Behavioral health emergency: **988**
- Fraud and Abuse Hotline: **1-866-536-0542**

Website: **AetnaBetterHealth.com/Illinois-Medicaid**

Mailing address: Aetna Better Health of Illinois
PO Box 818031, MC F661
Cleveland, OH 44181-8031

Table of contents

HealthChoice Illinois overview 5
Member Services 6
Language services 6
Website information 7
Secure member portal 7
Mobile app 7
Member Identification (ID) card 8
Open Enrollment 9
Provider network 10
Provider directory 10
Primary care provider (PCP) 11
How to change PCPs 11
Women's Health Care Provider 12
Family planning 12
Specialty care 12
Behavioral health services 13
Mobile crisis response services 14
Pathways to Success 14
Scheduling appointments 15
After-hours care 15
Access to care 16
Urgent care 17
Emergency care 17
Hospital care 17
Post-stabilization care 17
Covered services 18
Covered medical services 19
Early and Periodic Screening, Diagnostic and Treatment program 21
Covered home and community-based services 26

Managed Long Term Support and Services 28
Limited covered services 29
Non-covered services 29
Dental services 30
Vision services 31
Pharmacy services 32
Out-of-network benefits 33
Cost sharing 33
Transportation services 34
Value-added benefits 35
Aetna Better Care Rewards 36
$25 Over-the-Counter monthly benefit 36
Community Health Worker Program 37
Free cell service 37
Care coordination 38
Disease and health management programs 39
Utilization management 40
Quality Program 41
Advance directives 42
Grievances and appeals 43
    Grievances 43
    Appeals 44
    State Fair Hearing 47
    External review (for medical services only) 49
Rights and responsibilities 51
Fraud, waste and abuse 53
Abuse, neglect and exploitation 53
Notice of privacy practices 55
Definitions 58
Nondiscrimination notice 61

Health*Choice* Illinois overview

What is Medicaid?

Medicaid is health insurance from the state and federal government that pays for medical assistance services. Medicaid pays for medical assistance for the following who qualify as low income:

- Eligible children
- Parents and caretakers of children
- Pregnant women
- Those who are disabled, blind, or ages 65 or older
- Those who were formerly in foster care services
- Adults ages 19-64 who aren't receiving Medicare coverage and who are not the parent or caretaker relative of a minor child

Medicaid pays for physician, hospital and long-term care. Additional coverage includes prescription medicine, medical equipment, transportation, family planning, lab tests, X-rays and other medical services.

What is Health*Choice* Illinois?

Health*Choice* Illinois is the expanded Medicaid managed care program. The program provides health care to most Illinois Medicaid participants. Health*Choice* Illinois members must enroll in a Managed Care Organization (MCO) or health plan. Members get to choose their MCO as well as a doctor, or primary care provider (PCP). The PCP will oversee and coordinate your medical care.

How to renew your Medicaid coverage

To keep getting care through Health*Choice* Illinois, you need to renew your Medicaid coverage every year. It's a simple process to make sure you still qualify for benefits. This annual renewal is also called "redetermination."

Watch your mailbox

When it's your time for you to renew, you'll get a letter in the mail from the Department of Healthcare and Family Services (HFS) with details.

When you get a renewal letter, please don't wait. If you don't renew, you'll no longer have coverage through Aetna Better Health of Illinois. If you need help, call Member Services at **1-866-329-4701 (TTY: 711)**.

Beware of scams. Illinois will never ask you for money to renew or apply for Medicaid. Report scams to **https://hfs.illinois.gov/oig/reportfraud.html** or the Medicaid fraud hotline at **1-844-453-7283/1-844-ILFRAUD.**

Member Services

We're here to help you get the most from Aetna Better Health of Illinois. Call Member Services at **1-866-329-4701 (TTY: 711)**. Hours are Monday through Friday, 8:30 AM – 5:00 PM (CT). We want you to have all the information you need about your health plan. We can:

- Answer questions about your benefits
- Help you choose or change your PCP
- Help you make appointments
- Explain how to get health care services
- Help with authorizations needed for any health care services
- Explain how to get emergency services
- Explain your rights and responsibilities as an Aetna Better Health of Illinois member
- Explain how to submit a grievance or appeal
- Help you file a complaint
- Explain Fair Hearing procedures
- Give you information from our website
- Provide our Certificate of Coverage, which explains that we are contracted by the State of Illinois

You can find most of this information in this handbook. More information can be found on our website, **AetnaBetterHealth.com/Illinois-Medicaid**.

Member Services needs your help, too. We welcome your ideas and suggestions on how we can better serve you. If you have questions or want to share your ideas, call Member Services at **1-866-329-4701 (TTY: 711)**. You can also join the Member Advisory Committee. This committee gathers feedback from members on ways we can improve our benefits and services. If you'd like to send a message to Member Services, go to **AetnaBetterHealth.com/Illinois-Medicaid**. Click on "Contact us" at the bottom of the page. Complete the form and click submit. A Member Services representative will answer your message.

Language services

Please call **1-866-329-4701 (TTY: 711)** if you need help or information in another language. We can provide a qualified interpreter, materials in alternative formats and translated materials. These services are available at no cost to you.

Website information

Visit our website at **AetnaBetterHealth.com/Illinois-Medicaid** to:

- Find a PCP or specialist in your area
- Send us questions through our “Contact us” page
- Learn about your benefits and services
- Get information on more than 5,000 health topics
- View your member handbook
- Learn about your rights and responsibilities
- Chat with our virtual assistant

Member portal

Get the most out of your health plan. Sign up for your personalized, secure member portal. Your member portal is where you can:

- Change your PCP
- Complete your health risk screening (HRS)
- Print a temporary ID card and request a new ID card
- Update your personal information
- Send and receive secure messages to and from Aetna

Go to **AetnaBetterHealth.com/Illinois-Medicaid** to set up your secure member account. Click “Log in” at the top of the toolbar. All you need is your Member ID number on your Aetna Better Health of Illinois member ID card. If you need help, call Member Services at **1-866-329-4701 (TTY: 711)**.

Mobile app

The Aetna Better Health of Illinois mobile app gives you access to your member benefits and personal health information — anytime, anywhere! The app makes it easy to find:

- Your ID Card
- Aetna Better Care rewards
- A provider or specialist
- Your PCP contact information
- Contact information
- Benefit information

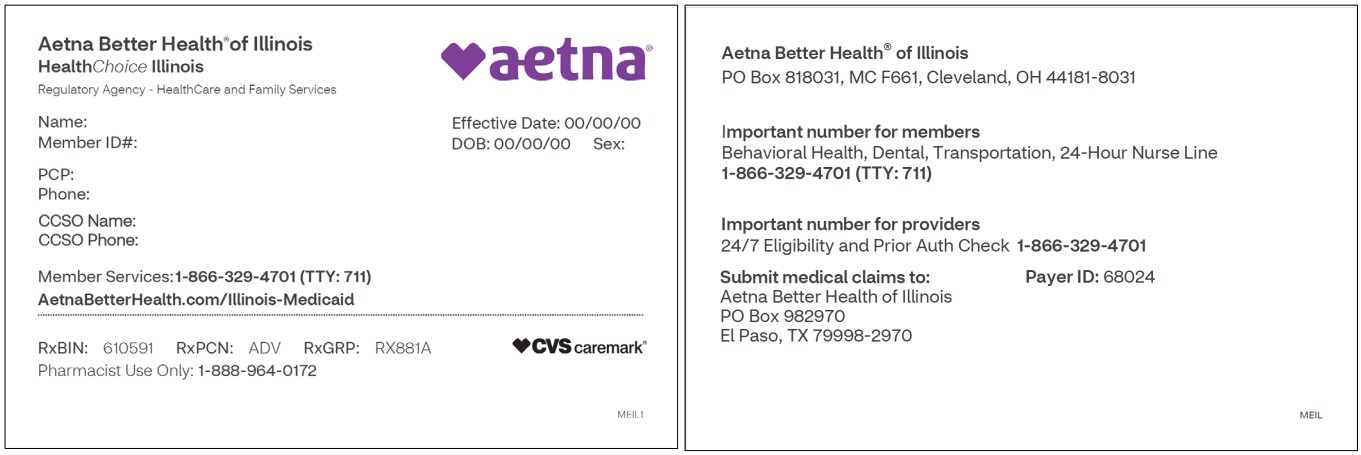
Download the free Aetna app on your cell phone. For more information using the app, call Member Services at **1-866-329-4701 (TTY: 711)**.

Member Identification (ID) card

You'll get a Member ID card within five days of enrolling with Aetna Better Health of Illinois. You should always carry your card with you. It has important phone numbers. You'll need to show it when you get any services, too.

Information on your Member ID card:

- Your name
- Illinois Medicaid ID number
- Plan name
- Effective date
- Primary care provider (PCP) name and phone number
- Pharmacy information: RxPCN, RxBIN, RxGroup
- Member Services phone number (includes behavioral health, dental, vision and transportation)
- 24-Hour Nurse Line
- Aetna Better Health of Illinois mailing address and website
- Provider phone numbers
- Information to submit claims



Open Enrollment

You can change health plans once each year during a specific time called Open Enrollment. You don't have to change health plans, but you can if you want to. Client Enrollment Services (CES) will send you an open enrollment letter 60 days before your anniversary date. You'll have 60 days during your open enrollment to change plans by calling CES at **1-877-912-8880**. You can only do this once. After the 60 days, whether you changed plans or not, you'll have to stay with that plan for 12 months. If you have questions about your enrollment or disenrollment with Aetna Better Health of Illinois, call Client Enrollment Service (CES) at **1-877-912-8880**.

Provider network

You need to use providers in the Aetna Better Health of Illinois network for all your health care needs. The network includes a wide range of providers, including primary care providers (PCPs), specialists, hospitals, nursing and senior living facilities, community mental health centers, and other medical and behavioral health providers and facilities. You don't need a referral to see a specialist, but we encourage you to work with your PCP to coordinate any care you may need. You must have our approval before you see an out-of-network provider. *The only exceptions are for emergency medical care in the United States and for care at Indian Health Care Providers (IHCPs).*

Provider directory

To find a provider in the Aetna Better Health of Illinois network, go to **AetnaBetterHealth.com/Illinois-Medicaid** and click "Find a Provider" at the top of the page. You can search for a provider by name, specialty, location and language.

The provider directory lists information of all network providers including names, addresses, phone numbers, specialties and qualifications, board certification status and more. As well as provider race and ethnicity, language and the language services available at the provider office. You can also search **HealthGrades.com** to get more information, such as medical school attended and residency completion.

If you need help finding a provider or additional information about the provider directory, call Member Services at **1-866-329-4701 (TTY: 711).**

Primary care provider (PCP)

Your primary care provider (PCP) is your personal doctor who will give you most of your care. We believe that the PCP is one of the most important parts of your health care. They get to know you and your health history. They can also help you find a specialist if you need one. With Aetna Better Health of Illinois, you can pick your PCP. You can have one PCP for your whole family or choose different PCPs for each family member. You must choose a PCP that's in the network.

If you have a chronic health condition, disability, or special health care need, you can have a specialist as your PCP. That specialist would need to agree to complete all the requirements of a primary care provider.

If you're an American Indian/Alaskan Native member, you have the right to get services from an Indian Tribe, Tribal Organization or Urban Indian Organization provider in and outside of the State of Illinois.

If you need help finding or changing your PCP, call Member Services at **1-866-329-4701 (TTY: 711)**. We're available Monday–Friday, 8:30 AM–5:00 PM. You can also visit **AetnaBetterHealth.com/Illinois-Medicaid** and click "Find a provider."

How to change PCPs

You can change your PCP at any time. There are three ways to make a change:

1. Call Member Services at **1-866-329-4701 (TTY: 711)**, Monday–Friday from 8:30 AM–5:00 PM.
2. Log in to your secure member account at **AetnaBetterHealth.com/Illinois-Medicaid**.
3. Fill out the PCP change form available online at **AetnaBetterHealth.com/Illinois-Medicaid**. Then mail it to the address on the form.

Women's Health Care Provider

With Aetna Better Health of Illinois, you can choose a Women's Health Care Provider (WHCP). A WHCP is a licensed doctor who specializes in obstetrics, gynecology or family medicine.

Family planning

Family planning is a covered benefit. We have a network of family planning providers where you can get the care and support you need. You can also get family planning services and supplies from any out-of-network provider without a referral and it will be covered.

Specialty care

A specialist is a doctor who provides care for a certain health condition, such as heart health or diabetes. If your PCP thinks you need a specialist, they'll work with you to choose one. You don't need a referral to see a specialist if they are in the network.

Behavioral health services

We use an integrated care model to address all your needs — physical, behavioral and social. Our clinical and non-clinical staff members are here to help you get the mental health, substance use and physical health care you need. If you have a life-threatening emergency, please call **911** or go to the nearest hospital emergency department. We can help you get care for:

- Anxiety
- Bipolar disorder
- Depression
- Eating disorders (such as anorexia or bulimia)
- Obsessive-compulsive disorders
- Schizophrenia
- Substance use (such as drug and/or alcohol problems)
- Other mental or behavioral health conditions

These are some of the behavioral health services we cover:

- Hospital stays
- Detoxification services
- Stabilization services when in crisis
- Medication monitoring and management
- Mental health assessments
- Care management
- Individual, group and family therapy
- Treatment plan development
- Community support
- Residential rehab
- Day treatment
- Mobile crisis response services

If you need help finding an in-network behavioral health provider, call Member Services at **1-866-329-4701 (TTY: 711)**. You can also go to **AetnaBetterHealth.com/Illinois-Medicaid** and click “Find a provider.”

Mobile crisis response services

Members can use the 24-hour Crisis and Referral Entry Services (CARES) line to talk to a behavioral health professional. You can call if you or your child are a risk to yourself or others, having a mental health crisis, or if you'd like a referral for services. Call the CARES line at **1-800-345-9049 (TTY: 1-773-523-4504)**.

Pathways to Success

Pathways to Success is a program for members under age 21 who have complex behavioral health needs. Services include:

- Care coordination and support, including child and family team meetings
- Family peer support
- Counseling in the home
- Respite services
- Mentor services

Your case manager or health care provider can answer questions or help you with the IM+CANS form. You can also call Member Services at **1-866-329-4701 (TTY:711).**

Scheduling appointments

It's very important to keep all appointments you make for doctor visits, lab tests or X-rays. Please call your PCP at least one day ahead of time if you can't keep your appointment. If you need help to make or cancel an appointment, call Member Services at **1-866-329-4701 (TTY: 711)**, Monday–Friday from 8:30 AM–5:00 PM.

Quick tips about appointments:

- Call your provider early in the day to make an appointment.
- Let them know if you need special help.
- Tell the staff person your symptoms.
- Take your Aetna Better Health of Illinois ID card and Illinois Medicaid ID card with you to your appointment.
- If you're a new patient, go to your first appointment at least 30 minutes early so you can give them information about you and your health history.
- If you need help arranging transportation call **1-866-329-4701 (TTY:711)** at least two (2) days before your appointment. See page 34 for more information.
- Check in at the front desk when you get there.

After-hours care

If you need care after regular office hours, our PCPs have 24-hour answering services or they have a phone recording. This recording will tell you how to receive care after regular office hours. If you have a medical problem or question and cannot reach your PCP during normal office hours, you can call the 24-Hour Nurse Line at **1-866-329-4701 (TTY: 711)** to speak to a nurse. If you have an emergency, call **911** or go to the nearest emergency department.

Access to care

Aetna Better Health of Illinois wants to make sure you can get care when you need it. Our providers are expected to see members within a reasonable amount of time. Network providers will be open at reasonable times. You'll get an appointment based on your medical needs. You should be given an appointment within the following time frames:

Type of appointment	**Timeframe to get appointment**
Routine visit	Within five (5) weeks For infants under age 6 months: within two (2) weeks
Non-urgent visit	Within three (3) calendar days
Urgent visit	Within one (1) business day
Emergency visit	Immediately (24/7 and without prior authorization)
Pregnant women	
First trimester Second trimester Third trimester	Every two (2) weeks Every week Three (3) days
After-hours coverage	24 hours a day, 7 days a week
Office wait times	Within one (1) hour of scheduled appointment

It's important to stay in-network for care and services. For the following services, you can get pre-approved to see out-of-network providers:

- Well visits
- Preventive services
- Immunizations
- Emergency services
- Urgent care services
- Minor consent services (sexual assault care, pregnancy care, family planning and sexually transmitted disease services)
- HIV testing
- Abortion

Urgent care

Urgent care is for a health issue that needs care right away but is not life threatening. Some examples of urgent care are:

- Minor cuts and scrapes
- Colds
- Fever
- Earache

Call your PCP first if you need urgent care. Or you can call Member Services at **1-866-329-4701 (TTY: 711)**, Monday–Friday from 8:30 AM–5:00 PM for help on where to go for care.

Emergency care

An emergency medical condition is very serious. It could even be life threatening. You could have severe pain, injury or illness. Some examples of an emergency are:

- Heart attack
- Severe bleeding
- Poisoning
- Difficulty breathing
- Broken bones

What to do in case of an emergency:

- Go to the nearest emergency room (ER). You can go to any hospital or other emergency department.
- Call **911**
- Call an ambulance if no **911** service is in the area

You don't need a referral or prior authorization for emergency care. But you should call us within 48 hours of your emergency care.

Hospital care

If you need to go to the hospital for an emergency, you don't need prior authorization. Other hospital services need prior authorization, but the hospital will take care of getting it.

Post-stabilization care

Post-stabilization care is given to a member once they're in stable condition after a medical emergency. We cover these services, and they may be provided in the hospital or in a medical office. For a list of providers or facilities who offer these services, call Member Services at **1-866-329-4701 (TTY: 711)**.

Covered services

We want to make sure you get the right care and services. We'll check to see if the service you need is covered. If it's a covered benefit, our nurses will review the medical notes and talk with your doctor to make sure it's medically necessary. Medical necessity criteria is available on our website.

Aetna Better Health of Illinois does not:

- Reward providers for reducing care or services.
- Reward anyone for denying service.
- Provide incentives that result in under-use of services.

Some services need prior authorization. Your provider will take care of prior authorizations — you don't need to do anything. Emergency care, behavioral health and substance use services don't need prior authorization. It's also not required for approved waiver services for persons with disability, elderly, supportive living facility, brain injury and HIV/AIDS waiver members.

You don't need referrals to see specialists, but you may want to see your PCP first. Your PCP can help coordinate referrals to specialists, hospitals and other providers. You don't need a referral for behavioral health or substance use treatment. Our medical directors continually review newly discovered drugs, devices and services to include as covered benefits.

If you need medical advice, call the 24-Hour Nurse Line at **1-866-329-4701 (TTY: 711)**. Registered nurses are there 24/7 to answer your health questions.

Covered medical services

Here is a list of some of the medical services covered by Aetna Better Health of Illinois:

- Abortion services are covered by Medicaid (not your MCO) by using your HFS Medical card
- Advanced Practice Nurse services
- Ambulatory Surgical Treatment Center services
- Assistive/Augmentative communication devices
- Audiology services
- Blood, blood components and the administration thereof
- Cancer screenings (as recommended)
- Chiropractic services
- Dental services, including oral surgeons
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for members under age twenty-one (21)
- Family planning services and supplies
- Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Community Mental Health Centers (CMHCs) and others
- Home health agency visits
- Hospital emergency department visits
- Hospital inpatient services
- Hospital ambulatory services
- Laboratory and x-ray services
- Medical supplies, equipment, prostheses and orthoses
- Mental health services
- Nursing care
- Nursing facility services
- Optical services and supplies
- Optometrist services
- Palliative and hospice services
- Pharmacy services

- Physical, occupational and speech therapy services
- Physician services
- Podiatric services
- Post-stabilization services
- Renal dialysis services
- Respiratory equipment and supplies
- Services to prevent illness and promote health
- Subacute alcoholism and substance use service
- Transplants
- Transportation to secure covered services

For a complete list of services and prior authorization requirements, go to **AetnaBetterHealth.com/Illinois-Medicaid.**

Each time you receive medical services, you can log in to your account to see how the claim was paid. It explains the services you received, how much they cost and how much we paid. The information can also be printed if you would like to have a copy. If there are services you believe you didn't receive, please call Member Services at **1-866-329-4701 (TTY:711)**.

Early and Periodic Screening, Diagnostic and Treatment program

Early and Periodic Screening, Diagnostics and Treatment (EPSDT) program is a preventive health program for all members under 21 years of age. It covers preventive care checkups at no cost to you. It also covers the cost of treating any problems found during your checkup. EPSDT also allows for the early detection and treatment of possible health problems that may arise.

What is EPSDT?

Early: Getting a child's health checked early so that potential health problems can be found and treated.

Periodic: Making sure to check a child's health at regular intervals so they can stay healthy. This includes exams, screenings and vaccinations at the right ages.

Screening: Medical, dental, vision and hearing screenings are covered under this program.

Diagnosis: Evaluation needed if a screening or exam finds any issues with your child's health.

Treatment: Services that will control, correct or improve any health problems found.

EPSDT covers the following:

- Medical checkups
- A general physical exam and assessment of your child's growth and development
- An assessment of your child's mental/behavioral health
- An assessment of your child's nutrition
- Lab tests, including testing for lead
- Vaccines when they are needed
- Vision screenings, diagnosis and treatment, including eyeglasses.
- Hearing screenings and services, diagnosis and treatment, including hearing aids
- Referrals for other medically necessary services
- Dental services, including treatment for pain and infections, restoration of teeth and maintenance of dental health
- Medically necessary treatment to treat any problems found during a well-child visit (some of these services may require prior authorization)

How often should my child receive wellness checks and other screenings?

The exam schedule for children and young adults is shown below. It's important to follow this schedule even if your child is not sick. Your provider will help you schedule your child's appointments. Infants and toddlers need several visits per year, while children between the ages of 3 to 20 need just one visit per year.

Recommended exam schedule

Less than 1 year old	1 to 3 years old
Within 24 hours of birth in the hospital	12 months
3 to 5 days of life	15 months
1 month	18 months
2 months	24 months
4 months	30 months
6 months	**3 to 20 years old**
9 months	Annually

What will the doctor do during the EPSDT exam?

Your provider will ask you and your child questions, perform tests and check how much your child has grown. Depending on the child's age and needs, these are some of the services you can expect during the exam:

- Complete physical exam
- Immunizations
- Vision test
- Hearing test
- Autism screening
- Tuberculosis screening
- Oral health examination
- Blood pressure check
- Health and safety education
- Check of the child's body mass index (BMI)
- Screen and/or counsel for tobacco and alcohol use and substance use starting at age 11
- Urinalysis screening
- Blood lead screening test

EPSDT periodicity schedule screenings

Age in months	Well child	Immunizations	Hearing screening	Vision screening*	Oral screening **	Lead screening
1	●	●				
2	●	●				
4	●	●				
6	●	●			●	●
9	●	●			●	●
12	●	●				●
15	●	●			●	●
18	●	●			●	●
24	●				●	●
30	●				●	

●● The City of Chicago requires a blood test to be performed at 6, 18 and 36 months of age. Or at 9, 15 and 36 months of age, in addition to the standard 12 and 24 months of age lead screening.

*It's recommended that all children have a formal vision screening as part of their health supervision visits at 3 to 6 years and then 8, 10, 12, 15 years of age.

**Although physicians should refer children to a dental home for routine and periodic preventive dental care, the American Academy of Pediatrics' Bright Future initiative recommends oral health assessments begin at 6 months and continue at well-child visits at 9, 12, 18, 24, 30 and 36 months and 6 years of age.

5

Age in years	Well child	Immunizations	Hearing screening	Vision screening*	Oral screening **	Lead screening
3 (36 months)	●			●	●	●●
4	●	●	●	●		
5	●	●	●	●		
6	●	●	●	●	●	
7	●					
8	●		●	●		
9	●					
10	●		●	●		
11	●	●	●			
12	●	●		●		
13	●	●				
14	●		●			
15	●		●	●		
16	●	●				
17	●		●			
18	●		●			
19	●					
20	●					
21	●		●			

●● The City of Chicago requires a blood test to be performed at 6, 18 and 36 months of age. Or at 9, 15 and 36 months of age, in addition to the standard 12 and 24 months of age lead screening.

●—● Screen at least once during time period indicated.

*It's recommended that all children have a formal vision screening as part of their health supervision visits at 3 to 6 years and then 8, 10, 12, 15 years of age.

**Although physicians should refer children to a dental home for routine and periodic preventive dental care, the American Academy of Pediatrics' Bright Future initiative recommends oral health assessments begin at 6 months and continue at well-child visits at 9, 12, 18, 24, 30 and 36 months and 6 years of age.

6

How to get a medical card and primary care provider (PCP) for your baby:

Do you have a medical card?	
YES	**NO**
Illinois Department of Healthcare and Family Services (HFS) recommends that you add your baby to your medical card within 45 days of birth. To do this, you can: • Ask the hospital to add them • **Or** call Application for Benefits Eligibility (ABE) at **1-800-843-6154 (TTY: 1-800-447-6404)** • **Or** go to your local Family and Community Resource Center (FCRC). **Keep in mind:** HFS can't pay your baby's medical bills until you've added them to your medical card.	Illinois Department of Healthcare and Family Services (HFS) recommends that you apply for a medical card for your baby within 45 days of birth. To do this, you can: • Ask the hospital to add them • **Or** call Application for Benefits Eligibility (ABE) at **1-800-843-6154 (TTY: 1-800-447-6404)** • **Or** go to your local Family and Community Resource Center (FCRC) It's best to apply for a medical card for your baby within 45 days of birth.

Once your baby has a medical card, they'll automatically be enrolled in your health care plan. If you need help, you can call Member Services at **1-866-329-4701 (TTY: 711)** or visit our website at **AetnaBetterHealth.com/Illinois-Medicaid**.

Covered home and community-based services

Here is a list of some of the services and benefits that Aetna Better Health of Illinois covers for members who have been found eligible for the home and community-based waivers.

Department on Aging (DoA)

For people who are elderly:

- Adult day service
- Adult day service transportation
- Homemaker
- Personal Emergency Response System (PERS)
- Automatic Medication Dispenser (AMD)

Department of Rehabilitative Services (DRS)

For persons with disabilities waiver or HIV/AIDS waiver:

- Adult day service
- Adult day service transportation
- Home accessibility adaptations
- Home health aide
- Nursing (intermittent)
- Skilled Nursing (RN and LPN)
- Occupational therapy
- Physical therapy
- Speech therapy
- Homemaker
- Home delivered meals
- Personal assistant
- Personal Emergency Response System (PERS)
- Respite
- Specialized medical equipment and supplies

Department of Rehabilitative Services (DRS)

For people with brain injury:

- Adult day care
- Environmental accessibility adaptations
- Supported employment
- Individual Providers
- Home health aide
- Nursing
- Intermittent nursing
- Extended state plan therapy services (physical, occupational, speech)
- Prevocational services
- Day habilitation
- Homemaker
- Home-delivered meals
- Personal Emergency Response System (PERS)
- Respite
- Specialized medical equipment
- Cognitive behavioral therapies

Supportive Living Program

- Supportive living services

Supportive Living Program (SLP) is an alternative to nursing home care for low-income older persons and persons with physical disabilities under Medicaid. By offering personal care and other services, residents can live independently and take part in decision-making. SLP provides assisted living services to individuals ages 65 or older and individuals with physical disabilities ages 22-64 years who meet a nursing facility level of care.

Managed Long Term Support and Services

Covered services for member enrolled in Managed Long Term Support and Services (MLTSS) include:

- Certain outpatient mental health services, like group and individual therapy, counseling, community treatment, medication monitoring and more
- Certain outpatient alcohol and substance use services like group and individual therapy, counseling, rehabilitation, methadone services, medication monitoring and more
- Some transportation services to appointments
- Long-term care services in skilled and intermediate facilities
- All Home and Community Based Waiver Services like the ones listed above under Covered Home and Community Based Services if you qualify

For help and questions, MLTSS members can call Member Services at **1-844-316-7562 (TTY: 711)**, Monday through Friday from 8:30 AM–5:00 PM.

Limited covered services

Aetna Better Health of Illinois may cover sterilization services only as allowed by state and federal law. If we cover a hysterectomy, we'll complete HFS Form 1977 and file the completed form in the member's medical record.

Non-covered services

Here are some of the medical services and benefits that Aetna Better Health of Illinois does not cover:

- Services that are experimental or investigational in nature
- Services that are provided by a non-network provider and not authorized by your health plan
- Services that are provided without a required referral or required prior authorization
- Elective cosmetic surgery
- Diagnostic and therapeutic procedures related to infertility or sterility services funded through the Juvenile Rehabilitation Services Medicaid Matching fund
- Early-intervention services, including care management, provided according to the Early Intervention Service System Act
- Any service that is not medically necessary
- Services provided through local education agencies
- Services or items furnished for the purpose of causing, or for the purpose of assisting in causing, the death of an Enrollee, such as assisted suicide, euthanasia or mercy killing, except as otherwise permitted by P. L. 105-12, Section 3(b), which is incorporated by Section 1903(i)(l6) of the Social Security Act
- Services for which contractor uses any portion of a capitation payment to fund roads, bridges, stadiums or any other items or services that are not covered services

For additional information on services, please contact Member Services at **1-866-329-4701 (TTY: 711)**, Monday through Friday from 8:30 AM–5:00 PM.

Dental services

Members under the age of 21 are covered for the following dental services:

- Teeth cleanings (1 every 6 months)
- Dental services provided in school dental programs
- Oral exams (1 every 12 months)
- Fluoride treatments (up to 3 per every 12 months, ages under 3; 1 every 6 months, ages 3-20)
- Oral surgery

Members age 21 and over are covered for the following dental services:

- Teeth cleanings (1 per year)
- Periodic oral exams (1 per year)
- Restorations
- Complete dentures
- Crowns
- Extractions
- Sedation

Eligible pregnant women can get these additional dental services BEFORE the birth of their babies:

- Teeth cleaning (1 every 6 months)
- Periodic oral exams (1 every 6 months)
- Periodontal work

All members are covered for emergency dental services. All dental services must be medically necessary. Prior authorization may be required for dental services. You must go to an in-network dentist. You can find a dentist on our website, **AetnaBetterHealth.com/Illinois-Medicaid**. Or call Member Services at **1-866-329-4701 (TTY: 711)**.

Vision services

Members can get the following vision services:

- **Vision exam**: One (1) comprehensive vision exam from in-network optometrists and ophthalmologists per year.
- **Frames**: Members can get new eyeglasses every 24 months. You can:
  - Choose standard frames from Aetna Better Health of Illinois at no cost.
  - Use a $100 allowance toward eyeglasses at a retail store. If the eyeglasses you choose are more than $100, you'll need to pay the remaining balance out of pocket. *You can choose glasses OR contacts.*
- **Lenses**: If certain prescription requirements are met, single vision and bifocal lenses are fully covered.
- **Contact lenses**: The fitting fee is fully covered and members have $80 toward the cost of contact lenses every 24 months. If the lenses you choose are more than $80, members must pay the remaining balance out of pocket. *You can choose glasses OR contacts.*
- Vision services are covered for children who are enrolled and get assistance from Chicago Public Schools (CPS) and their vendors.

You must use an in-network vision provider for vision services. To find an in-network vision provider, call Member Services at **1-866-329-4701 (TTY: 711)**. Or check "Find a Provider" online at **AetnaBetterHealth.com/Illinois-Medicaid**.

Pharmacy services

Aetna Better Health of Illinois covers a range of prescription medications. The list of covered medications is called a Preferred Drug List (PDL). You can find the PDL on our website, **AetnaBetterHealth.com/Illinois-Medicaid**. Or call Member Services at **1-866-329-4701 (TTY: 711)** and we'll mail you a paper copy. The list of covered drugs may change from time to time, but we'll let you know if a drug you take is no longer on the list. If you need a medication that does not appear on the PDL, your provider may ask for a review.

We have many pharmacies in our provider network. You can fill your prescription at any pharmacy in the network. Make sure to bring your ID card with you to the pharmacy. You can pick up your medicine at one of our 1,900 pharmacies.

Prescriptions filled at out-of-state pharmacies may not be covered. To find an in-network pharmacy, call Member Services at **1-866-329-4701 (TTY: 711)**. Or go to **AetnaBetterHealth.com/Illinois-Medicaid** and click “Find a provider,” then scroll to the bottom and click “Find a pharmacy provider”.

You can get pharmacy information on our website such as:

- Preferred drug list (PDL).
- Medications that require prior authorization and applicable coverage criteria.
- A list and explanation of medications that have limits or quotas.
- Copayment and coinsurance requirements and the medications or classes to which they apply.
- Procedures for obtaining clinical or PDL prior authorization, generic substitution, preferred brand swap.
- Information on the use of pharmaceutical management procedures.
- Criteria used to evaluate new medications for inclusion in the formulary.
- A description of the process for requesting a medication coverage exception.

Specialty pharmacy information

Specialty medicines are used to treat health conditions such as cancer, arthritis and other diseases. They include injectable medicines that are given by shot at your home or in the doctor’s office. Your doctor will tell you if you need specialty medicines and they will get prior approval from us. You can have your prescription filled at CVS Specialty Pharmacy, or any one of our other in-network specialty pharmacies.

Maintenance medicine

We provide another way for you to get your medication — our maintenance medication program. You can get a 90-day supply (three-month supply) of the drugs you take every day at most in-network pharmacies or delivered to your home. Please call Member Services at **1-866-329-4701 (TTY: 711)** to learn more or to sign up for drug delivery.

Over-the-Counter benefit

Aetna Better Health of Illinois gives you a monthly allowance of **$25** per household to spend on Over-the-Counter (OTC) health care products. Have your items delivered to your door with no delivery fees or pick them up at a select CVS Pharmacy® store near you. For more information, visit **CVS.com/otchs/ABHILMedicaid**.

Out-of-network benefits

Your plan doesn't generally cover routine non-emergency care (covered services) from providers who aren't part of the Aetna Better Health of Illinois provider network. However, there may be times when you need routine care that our provider network can't provide. If this is the case, you may be able to receive coverage from a provider who isn't in the network (a non-participating provider) only if:

(1) The care is medically necessary (as determined by Aetna Better Health of Illinois); and
(2) There are no Aetna Better Health of Illinois in-network providers who can provide the same service

We have the right to say where the care or service can be provided and it must be preauthorized. This means you or your provider need to contact us before your visit in order for it to be covered.

Reminder: Emergency services are always covered and don't require preauthorization.

Cost sharing

For the Health*Choice* Illinois program, Aetna Better Health of Illinois does not have cost sharing except for members who must spend down assets and excess income every month on qualified expenses to remain eligible for Medicaid. The State determines spend-down amounts based on income. We deduct spend-down amounts from reimbursement.

Transportation services

Aetna Better Health of Illinois offers free transportation to appointments and to the pharmacy directly following a doctor's appointment. If you need transportation, please call us at **1-866-329-4701 (TTY: 711)** at least two (2) business days in advance, and we'll arrange it for you. You can bring a guest to appointments, if needed.

Transportation benefits include:

- Public transportation.
- Curb-to-curb service when needed.
- Americans with Disabilities Act (ADA) wheelchair-compliant transportation.
- Mileage reimbursement.
- Members traveling alone must be age 16 or older. If a member is at least 12 years old, a parental waiver is needed for them to travel alone.
  - All members under the age of 12 must be accompanied by an adult at least 18 or older.

We will provide the best transportation method for your needs. This will be based on the distance from your home to the provider's office, accessibility needs and cost effectiveness. We'll ask some questions to figure out the best transportation option for you, like:

- Are you able to take public transportation?
- Are you able to walk from your door to the vehicle with little or no help?
- Do you use any devices, such as a walker, cane, wheelchair, etc.?
- Do you normally travel alone, or do you need someone to help you?

Value-added benefits

We understand that many things can affect a person's health. Aetna Better Health of Illinois offers extra programs and services at no cost to help you take care of your overall health and well-being.

Gym membership
Eligible members can get a monthly membership at participating gyms. Ages 13 and up can get a digital membership; ages 18 and up can get a digital or in-person membership.

Weight management support
Eligible members ages 18 and up can get access to digital weight management support.

Grocery delivery
Eligible members ages 18 and up can get a voucher to cover fees for participating grocery delivery services.

Nutritional support
Eligible members ages 18 and up can get nutrition counselling services. You may also get food assistance.

Kids' clothing
Eligible members in grades K through 12 (ages 5 through 18) can get a gift card for clothing each year.

Baby essentials
Eligible pregnant members can get a choice of a car seat, or highchair or play yard, plus a diaper bag.

Diaper club
Eligible members can receive a voucher for up to $45 a month to spend on diapers for each child ages 2.5 years (30 months) and under.

Behavioral health support
Eligible members ages 12 and up can get access to digital behavioral health wellness support.

Educational support
Eligible members ages 18 and up can receive career training, skill building and GED support.

Kid's healthy activities
Eligible members can get a voucher to cover fees for healthy activities like sports leagues and after school programs.

If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.

To see eligibility requirements, visit **AetnaBetterHealth.com/Illinois-Medicaid/Whats-Covered**. To get your value-added benefits, call Member Services at **1-866-329-4701 (TTY: 711)**, Monday through Friday from 8:30 AM–5:00 PM.

Aetna Better Care Rewards

Aetna Better Care® Rewards is a program that lets you earn rewards for completing healthy activities. Activities include wellness exams, immunizations and cancer screenings. Use your rewards card to shop in stores and online at participating retailers.

If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.

For a full list of healthy activities and rewards, visit **AetnaBetterHealth.com/Illinois-Medicaid/Rewards-Program**.

$25 Over-the-Counter (OTC) monthly benefit

You should have everything you need to help you feel your best. That's why we work with CVS Health® to give you $25 every month towards over-the-counter (OTC) health supplies and food products. And we can even send it to you at no extra cost.

To learn more and view the OTC catalog, visit **AetnaBetterHealth.com/Illinois-Medicaid/OTC-benefit**.

Community Health Worker Program

The Community Health Worker Program is a team that provides education, coaching and support to our members. They help you manage your health and get the care you need. The team is staffed by trained representatives who provide face-to-face support. Our Community Health Workers can visit members in their homes, at a health care facility or in the community.

In addition, the team can help members find resources in their community such as housing, food, utilities and transportation services. Community Health Workers will:

- Help you find a provider or PCP
- Help you schedule an appointment with your PCP, specialist or behavioral health services
- Explain your health benefits and how to get care quickly
- Provide education and coaching to help you better communicate with your providers and understand your health
- Find support in your community, such as: food, shelter, transportation and health programs
- Visit you at your home, a health care facility, or in the community
- Host member events to meet members face-to-face

For more information, call Member Services at **1-866-329-4701 (TTY: 711)**, Monday through Friday from 8:30 AM–5:00 PM.

Free cell service

We know how important it is to stay connected to health care, jobs, emergency services and family. That's why we are partnering with Assurance Wireless Lifeline service. Eligible members get:

- FREE monthly calls, text and data
- Bring Your Own Phone or shop for a low-cost phone
- $0 cell phone bill
- No credit checks, annual contracts or activation fees

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 or learn more, visit **AetnaBetterHealth.com/Illinois-Medicaid**. Or call Member Services at **1-866-329-4701 (TTY: 711)**, Monday–Friday from 8:30 AM–5:00 PM.

Care coordination

As an Aetna Better Health of Illinois member, you can work with a care coordinator to help manage your health care needs. If you would like care, a care coordinator will be assigned to you from either your Integrated Health Home or the MCO. They'll help you manage your care with:

- Frequent contact with you or your caregiver and health providers
- An assessment and evaluation of your conditions
- Setting up care plans, short-and long-term goals
- Coordination of services to get needed care

A care coordinator will also:

- Answer questions about your benefits and treatments you may need
- Help you meet your health needs by using their knowledge of the health care system
- Help with referrals to health care facilities
- Help connect you with community resources

The care coordination process is confidential. Information is only shared when it's needed to help plan your care and to properly pay your claims. We provide ethical care coordination services based on Commission for Case Management (CCMC) and Care Management Society of America's (CMSA) Statement on Ethics and Standards of Practice. Information on our policies and standards for ethics for care management is available. For more information or to ask for a care coordinator, call Member Services at **1-866-329-4701 (TTY: 711)**.

Members can be referred to the coordination program from our medical management programs, discharge planners, members, caregivers, providers and more. For a member referral, call **1-866-329-4701 (TTY: 711)** or visit our website at **AetnaBetterHealth.com/Illinois-Medicaid**.

Aetna Better Health of Illinois members with certain conditions are auto enrolled in the care coordination program. The primary goal of our care coordination program is to help members and their caregivers to better understand their conditions, update them with new information, and help them manage their disease. For more information, call Member Services at **1-866-329-4701 (TTY:711)** or visit our website at **AetnaBetterHealth.com/Illinois-Medicaid**. *Members who do not wish to participate can call Member Services to disenroll from the program at any time.*

Aetna Better Health of Illinois is working with the State of Illinois to stop new HIV cases. The Illinois Department of Public Health is sharing HIV data they have with IL Medicaid and IL Medicaid Managed Care Organizations to have better care for people living with HIV. Name,

date of birth, SSN, HIV status and other information is being shared safely and securely for all Medicaid members.

Disease and health management programs

We know that managing your health can be challenging. If you have or are at risk for one of the health conditions listed below, please call Aetna Better Health of Illinois so we can enroll you in our disease or health management programs. These programs are free to our members.

- **Diabetes program**: Information, resources and care management to help members control their diabetes.
- **Heart disease program**: Care management and information to help with heart-related issues.
- **Asthma program**: Care management services for asthma to help you make a care plan to help keep you healthy.
- **Other health care needs**: We have trained medical professionals who can help our members manage complex and/or special needs. Please call us if you'd like help with your illness or condition.
- **Maternity Matters**: We have a special program for women who are pregnant. The program can help you take care of yourself and your baby while you're pregnant and after delivery. Information can be provided to you by mail, telephone, email and through our website. Our staff can answer questions and give you support if you're having a problem. We can help with prenatal and postpartum appointments and even arrange for a home visit, if needed.

  It's important to see your doctor as soon as you know you're pregnant. They may have you come in for six or more office visits during your pregnancy. Be sure to go to all your appointments.
- **Recipient Restriction Program:** Aetna Better Health of Illinois, in partnership with the Department of Healthcare and Family Services (HFS), has a pharmacy lock-in program for members who qualify. This program helps members work with one pharmacy or provider for their medicine. This can help catch any mistakes with your medicine.

For more information about disease management programs, call Member Services at **1-866-329-4701 (TTY: 711)**.

Utilization management

Our utilization management (UM) program helps 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 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 get.

If you have questions, call Member Services at **1-866-329-4701 (TTY: 711)**. If you need language translation or assistance, call Member Services at **1-866-329-4701 (TTY: 711)**.

Quality Program

Aetna Better Health of Illinois wants our members to receive high quality health care. The Quality Program makes sure you are receiving safe and effective care and that your health care needs are being met. We're accredited by the National Committee for Quality Assurance (NCQA) to make sure we continue to meet national standards.

Some Quality Program services include:

- Phone, text messaging and email outreach to members who are due for preventive or chronic health care services
- Mailings about health screening reminders
- Population health management initiatives, such as childhood immunizations, pregnancy, diabetes and behavioral health programs that address the specific health needs of our members

Member satisfaction surveys

Your satisfaction with your health plan is very important to us. You may receive a survey in the mail, by phone or text message asking questions about your experience with the services you are getting. Please take the time to respond — we value your opinion. It will help us to improve the services we provide and your overall health care experience.

Clinical practice guidelines

The Quality Program reviews the services provided to our members using national clinical practice guidelines. Clinical practice guidelines help doctors and members make decisions about their health and treatment. If you'd like a copy of these guidelines, call Member Services at **1-866-329-4701 (TTY: 711)**.

New technology

We have a team of doctors who review new treatments for people with certain illnesses using information from national scientific agencies. When new treatments become covered by Illinois Medicaid, this information is shared with our provider network. This lets our doctors provide you with the best and most current types of care. For more information about our Quality Program, call Member Services at **1-866-329-4701 (TTY: 711)**.

Advance directives

An advance directive is a written decision you make about your health care in case there's a time when you're so sick you can't make a decision at that time. In Illinois, there are four types of advance directives:

- **Health Care Power of Attorney** — This lets you pick someone to make your health care decisions if you're too sick to decide for yourself. You can complete the Illinois Power of Attorney for Health Care form found on the Illinois Department on Aging website at **ilaging.illinois.gov/resources/newspublicationsandreports/legal-forms.html**. You can also call Member Services at **1-866-329-4701 (TTY: 711)**.
- **Living Will** — This tells your doctor and other providers what type of care you want if you are terminally ill, which means you will not get better.
- **Mental Health Preference** — This lets you decide if you want to receive some types of mental health treatments that might be able to help you.
- **Do Not Resuscitate (DNR) order** — This tells your family and all your doctors and other providers what you want to do in case your heart or breathing stops.
- **Power of Attorney for Property** — In Illinois, each person has the right to choose someone to make property and financial decisions for them.

You can get more information on advance directives from Aetna Better Health of Illinois or your doctor. If you're admitted to the hospital, they might ask you if you have an advance directive. You don't have to have one to get your medical care, but most hospitals encourage you to have one. You can choose to have any one or more of these advance directives and cancel or change them at any time.

Talk to your PCP about the decision-making process to make your living will or advance directive. Together, you can make decisions that will set your mind at ease. Once you complete your advance directive, Aetna recommends that you ask your PCP to put the form in your file. If you should ever need or want to, you can change your advance directive at any time. You should make sure others know you have an advance directive. You may also choose to designate a Medical Power of Attorney. That person should know about your advance directive or living will as well. With an advance directive, you can be sure that you're cared for as you wish at a time when you can't give the information.

Aetna Better Health of Illinois will not pursue estate recovery activities. The Illinois Department of Healthcare and Family Services is solely responsible for estate recovery activities and will retain any and all funds recovered through these activities.

Grievances and Appeals

We want you to be happy with the services you get from Aetna Better Health of Illinois and our providers. If you aren't happy, you can file a grievance or appeal.

Grievances

A grievance is a complaint about any matter other than a denied, reduced or terminated service or item.

Aetna Better Health of Illinois takes member grievances very seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, you should let us know right away. Aetna Better Health of Illinois has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits coverage.

If the grievant is a customer of the Vocational Rehabilitation (VR) program, the grievant may have the right to the assistance of the DHS-ORS Client Assistance Program (CAP) in the preparation, presentation and representation of the matters to be heard.

Here are some examples of when you might want to file a grievance:

- Your provider or an Aetna Better Health of Illinois staff member did not respect your rights.
- You had trouble getting an appointment with your provider in an appropriate amount of time.
- You were unhappy with the quality of care or treatment you received.
- Your provider or an Aetna Better Health of Illinois staff member was rude to you.
- Your provider or an Aetna Better Health of Illinois staff member was insensitive to your cultural needs or other special needs you may have.

You can file your grievance on the phone by calling Member Services at **1-866-329-4701 (TTY: 711)**. You can also file your grievance in writing via mail or fax at:

Aetna Better Health of Illinois
Appeals and Grievances
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

Fax: **1-844-951-2143**

Email: **ILAppealandGrievance@Aetna.com**

In your grievance letter, please give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and member ID number. You can ask us to help you file your grievance by calling us at **1-866-329-4701 (TTY: 711)**.

If you don't speak English, we can provide an interpreter for you. Please ask for an interpreter when you file your grievance. If you're hearing impaired, call the Illinois Relay at **711**.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be "your representative." If you decide to have someone act for you, let Aetna Better Health of Illinois know the name of your representative in writing along with their contact information.

We'll try to resolve your grievance right away. If we can't, we may contact you for more information.

Appeals

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item can't be approved, or if a service is reduced or stopped, you'll get an "Adverse Benefit Determination" letter from us. This letter will tell you the following:

- What action was taken and the reason for it.
- Your right to file an appeal and how to do it.
- Your right to ask for a State Fair Hearing and how to do it.
- Your right, in some circumstances, to ask for an expedited appeal and how to do it.
- Your right to ask to have benefits continue during your appeal, how to do it and when you may have to pay for the services.

You may not agree with a decision or an action made by Aetna Better Health of Illinois about your services or an item you requested. An appeal is a way for you to ask for a review of our actions. You may appeal within **sixty (60) calendar days** of the date on our Adverse Benefit Determination letter. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than **ten (10) calendar days** from the date on our Adverse Benefit Determination letter. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not advising you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

There are two ways to file an appeal:

1) Call Member Services at **1-866-329-4701 (TTY: 711)**
2) Mail, email or fax your written appeal request to:

   Aetna Better Health of Illinois
   Appeals and Grievances
   PO Box 81139
   5801 Postal Road
   Cleveland, OH 44181
   Fax: **1-844-951-2143**
   Email: **ILAppealandGrievance@Aetna.com**

If you don't speak English, we can provide an interpreter at no cost to you. Please include this request when you file your appeal. If you are hearing impaired, call the Illinois Relay at **711**.

Can someone help you with the appeal process?

You have several options for assistance. You may:

- Ask someone you know to help represent you. This could be your Primary Care Provider or a family member, for example.
- Choose to be represented by a legal professional.

To appoint someone to represent you, either: 1) send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information or, 2) fill out the Authorized Representative Appeals form. You may find this form on our website at **AetnaBetterHealth.com/Illinois-Medicaid**.

Appeal process

Aetna Better Health of Illinois will send you an acknowledgement letter within **three (3) business days** to let you know that we received your appeal. We'll tell you if we need more information and whether to give us the information in person or in writing.

A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce or stop the medical service.

We'll send our decision in writing to you within **fifteen (15) business days** of the date we received your appeal request. We may request an extension up to **fourteen (14) more calendar days** to make a decision on your case if we need to get more information. You can also ask us for an extension if you need more time to obtain additional documents to support your appeal.

We'll call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.
If the Aetna Better Health of Illinois decision agrees with the Adverse Benefit

Determination, you may have to pay for the cost of the services you got during the appeal review. If Aetna Better Health of Illinois' decision does not agree with the Adverse Benefit Determination, we will approve the services to start right away.
Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when Aetna Better Health of Illinois reviews your appeal.

How can you expedite your appeal?
If you or your provider believes our standard timeframe of **fifteen (15) business days** to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Adverse Benefit Determination letter, information about your case and why you are asking for the expedited appeal. We will let you know within twenty-four (24) hours if we need more information. Once all information is provided, we will call you within twenty-four (24) hours to inform you of our decision and will also send you and your authorized representative the Decision Notice.

How can you withdraw an appeal?
You have the right to withdraw your appeal for any reason, at any time, during the appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request.

Aetna Better Health of Illinois will let you know they received your withdrawal by sending a notice to you or your authorized representative. If you need more information about withdrawing your appeal, call Aetna Better Health of Illinois at **1- 866-329-4701 (TTY: 711)**.

What happens next?
After you receive the appeal Decision Notice in writing from Aetna Better Health of Illinois, your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can ask for a State Fair Hearing Appeal and/or an External Independent Review of your appeal. You can choose to ask for both a State Fair Hearing Appeal and an External Independent Review, or you may choose to ask for only one of them.

An External Independent Review is not available for appeals related to services received through the Elderly Waiver; Persons with Disabilities Waiver; Traumatic Brain Injury Waiver; HIV/AIDS Waiver; or the Home Services Program.

State Fair Hearing

If you choose, you can ask for a State Fair Hearing Appeal within **one hundred-twenty (120) calendar days** of the date on the Decision Notice, but you must ask for a State Fair Hearing Appeal within **ten (10) calendar days** of the date on the Decision Notice if you want to continue your health care services. If you don't win your appeal, you may be responsible for paying for the services provided to you during the appeal process.

At the State Fair Hearing, just like during the Aetna Better Health of Illinois Appeals process, you may ask someone to represent you, such as a lawyer or have a relative or friend speak for you. To appoint someone to represent you, send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information.

You can ask for a State Fair Hearing in one of the following ways:

- Your local Family Community Resource Center can give you an appeal form to request a State Fair Hearing and will help you fill it out if you wish.
- Visit to set up an ABE Appeals Account and submit a State Fair Health Appeal online. This will allow you to track and manage your appeal online, viewing important dates and notices related to the State Fair Hearing and submitting documentation.
- If you want to file a State Fair Hearing Appeal related to your medical services or items, or Elderly Waiver (Community Care Program (CCP)) services, send your request in writing to:

  Illinois Department of Healthcare and Family Services
  Bureau of Administrative Hearings
  69 W. Washington Street, 4th Floor
  Chicago, IL 60602
  Fax: **312-793-2005**
  Email: **HFS.FairHearings@illinois.gov**
  Or you may call **1-855-418-4421**, **TTY: 1-800-526-5812**

- If you want to file a State Fair Hearing Appeal related to mental health services or items, substance abuse services, Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services, HIV/AIDS Waiver services, or any Home Services Program (HSP) service, send your request in writing to:

  Illinois Department of Human Services
  Bureau of Hearings
  69 W. Washington Street, 4th Floor
  Chicago, IL 60602
  Fax: **312-793-8573**
  Email: **DHS.HSPAppeals@illinois.gov**
  Or you can call **1-800-435-0774, TTY: 1-877-734-7429**

State Fair Hearing process

The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully. If you set up an account at **ABE.illinois.gov/abe/access/appeals** you can access all letters related to your State Fair Hearing process through your ABE Appeals Account. You can also upload documents and view appointments.

At least **three (3) business days** before the hearing, you'll get information from Aetna Better Health of Illinois. This will include all the information we'll present at the hearing. This will also be sent to the Impartial Hearing Officer. You must provide all the evidence you'll present at the hearing to Aetna Better Health of Illinois and the Impartial Hearing Officer at least **three (3) business days** before the hearing. This includes a list of any witnesses who will appear on your behalf, as well as all documents you'll use to support your appeal.

You will need to notify the appropriate Hearings Office of any accommodation you may need. Your hearing may be conducted over the phone. Please be sure to provide the best phone number to reach you during business hours in your request for a State Fair Hearing. The hearing may be recorded.

Continuance or postponement

You may request a continuance during the hearing, or a postponement prior to the hearing, which may be granted if good cause exists. If the Impartial Hearing Officer agrees, you and all parties to the appeal will be notified in writing of a new date, time and place. The time limit for the appeal process to be completed will be extended by the length of the continuation or postponement.

Failure to appear at the hearing

Your appeal will be dismissed if you, or your authorized representative, do not appear at the hearing at the time, date and place on the notice and you have not requested postponement in writing. If your hearing is conducted via telephone, your appeal will be dismissed if you do not answer your telephone at the scheduled appeal time. A Dismissal Notice will be sent to all parties to the appeal.

Your hearing may be rescheduled if you let us know within **ten (10) calendar days** from the date you received the Dismissal Notice, if the reason for your failure to appear was:

- A death in the family
- Personal injury or illness which reasonably would prohibit your appearance
- A sudden and unexpected emergency

If the appeal hearing is rescheduled, the Hearings Office will send you or your authorized

representative a letter rescheduling the hearing with copies to all parties to the appeal.

If we deny your request to reset your hearing, you will receive a letter in the mail informing you of our denial.

The State Fair Hearing decision

A Final Administrative Decision will be sent to you and all interested parties in writing by the appropriate Hearings Office. The Decision will also be available online through your ABE Appeals Account. This Final Administrative Decision is reviewable only through the Circuit Courts of the State of Illinois. The time the Circuit Court will allow for filing of such review may be as short as **thirty-five (35) days** from the date of this letter. If you have questions, please call the Hearing Office.

External Independent Review (for medical services only)

Within **thirty (30) calendar days** after the date on the Aetna Better Health of Illinois appeal Decision Notice, you may choose to ask for a review by someone outside of Aetna Better Health of Illinois. This is called an external independent review. The outside reviewer must meet the following requirements:

- Board-certified provider with the same or like specialty as your treating provider
- Currently practicing
- Have no financial interest in the decision
- Not know you and will not know your identity during the review

An external independent review is not available for appeals related to services received through the Elderly Waiver; Persons with Disabilities Waiver; Traumatic Brain Injury Waiver; HIV/Aids Waiver; or the Home Services Program.

Your letter must ask for an external independent review of that action and should be sent to:

Aetna Better Health of Illinois Appeals and Grievances
PO Box 81139
5801 Postal Road
Cleveland, OH 44181
Fax: **1-844-951-2143**
Email: **ILAppealandGrievance@Aetna.com**

What happens next?

- We will review your request to see if it meets the qualifications for external review. We have **five (5) business days** to do this. We will send you a letter letting you know if your request meets these requirements. If your request meets the

requirements, the letter will have the name of the external reviewer.
- You have **five (5) business days** from the letter we send you to send any additional information about your request to the external reviewer.

Within **five (5) calendar days** of receiving all needed information, the external reviewer will review the information. The external reviewer will decide whether the services are medically appropriate. If the services are ruled medically appropriate, Aetna Better Health of Illinois will approve the service(s). We will notify you orally and in writing of the results of the external review.

Expedited external review

If the normal time frame for an external review could jeopardize your life or your health, you or your representative can ask for an **expedited external review.** You can do this over the phone or in writing. To ask for an expedited external review over the phone, call Member Services toll-free at **1-866-329-4701 (TTY: 711)**. To ask in writing, send us a letter at the address below. You can only ask one (1) time for an external review about a specific action. Your letter must ask for an external review of that action.

Aetna Better Health of Illinois Appeals and Grievances
PO Box 81139
5801 Postal Road
Cleveland, OH 44181
Fax: **1-844-951-2143**
Email: **ILAppealandGrievance@Aetna.com**

What happens next?

- Once we receive the phone call or letter asking for an expedited external review, we will immediately review your request to see if it qualifies for an expedited external review. If it does, we will contact you or your representative to give you the name of the reviewer.
- We will also send the necessary information to the external reviewer so they can begin their review within **twenty-four (24)** hours of receiving all needed information. As quickly as your health condition requires, but no more than **one (1) business day** after receiving all information needed, the external reviewer will make a decision about your request. Aetna Better Health® of Illinois will notify you of the results of the expedited external independent review.

Rights and responsibilities

Your rights:

- Be treated with respect and recognition of their dignity and their right to privacy.
- Have your personal health information and medical records kept private except where allowed by law.
- Be protected from discrimination.
- Receive information from Aetna Better Health of Illinois in other languages or formats such as with an interpreter or Braille.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- Receive information necessary to be involved in making decisions about your healthcare treatment and choices.
- Refuse treatment and be told what may happen to your health if you do.
- Receive a copy of your medical records and in some cases request that they be amended or corrected.
- Choose your own primary care provider (PCP) from the Aetna Better Health of Illinois. You can change your PCP at any time.
- Be free from any form of restraint or seclusion used as a manner of coercion, discipline, convenience or retaliation.
- Exercise your rights, with the assurance that the exercise of those rights will not adversely affect the way you're treated.
- Get information about the health plan, its services, its providers and member rights and responsibilities.
- Participate with practitioners in making decisions about your health care.
- Candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the organization or the care it provides.
- Make recommendations about the organization's member rights and responsibilities policy.

Your responsibilities:

- Treat your doctor and the office staff with courtesy and respect.
- Carry your Aetna Better Health of Illinois ID card with you when you go to your doctor appointments and to the pharmacy to pick up your prescriptions.
- Keep your appointments and be on time for them.
- If you cannot keep your appointments, cancel them in advance.
- Follow the instructions and treatment plan you get from your doctor.
- Tell your health plan and your caseworker if your address or phone number

changes.

- Read your member handbook so you know what services are covered and if there are any special rules.
- Give information (to the extent possible) that the health plan and its providers need in order to provide care.
- Follow plans and instructions for care that you have agreed to with your practitioners.
- Understand your health problems and help develop mutually agreed-upon treatment goals, to the degree possible.

Fraud, waste and abuse

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste or abuse, which is against the law.

For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources they have to get benefits.

What can you do to help prevent, report and stop fraud, waste and abuse? You can call the numbers below:

- Aetna Fraud and Abuse Hotline: **1-866-536-0542 (TTY: 711)**
- Office of Inspector General Hotline: **1-844-453-7283**
- Illinois State Police Medicaid Fraud Control Unit: **1-866-748-2297**

All information will be kept private. If you have questions, call Member Services at **1-866-329-4701 (TTY: 711)**.

Abuse, neglect and exploitation

We know that you rely on your doctor, caregiver and loved ones to help with your health care needs. You trust that your doctor, caregiver or loved one will take care of you. You believe they will always have your best interests in mind.

Sometimes, when someone helps take care of you, they can take advantage of you. It is important to recognize the signs of neglect, abuse and exploitation. If this happens, you need to report it. This helps you to be safe and still get the care you need.

Abuse: Abuse is mental, emotional, physical or sexual injury. It can also be taking advantage of your financial resources. Here are some examples of abuse:

- Physical abuse is when you are harmed, such as slapped, punched, pushed or threatened with a weapon.
- Mental abuse is when someone uses threatening words at you, tries to control your social activity or keeps you isolated.
- Financial abuse is when someone uses your money, personal checks or credit cards without your permission.

- Sexual abuse is when someone touches you inappropriately and without your permission.

Neglect: Neglect is when someone who is trusted to care for you does not do so. This includes not providing food, clothing, shelter or medical care.

Exploitation: Exploitation is when someone misuses the resources of another person for their own personal or monetary gain. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account and taking property and other resources.

To help prevent, report and stop abuse, neglect and exploitation, you can call:

- **9-1-1** for life-threatening or emergency situations
- Member Services: **1-866-329-4701 (TTY: 711)**
- Child Abuse Hotline for children under the age of 18: **1-800-252-2873 (TTY: 1-800-358-5117)**
- Adult Protective Services for adults ages 60 or older and for adults with disabilities ages 18-59: **1-866-800-1409 (TTY: 888-206-1327)**
- Nursing Home Hotline: **1-800-252-4343 (TTY: 800-547-0466)**
- Skilled Living Facility Hotline: **1-800-226-0768 (TTY: 1-877-204-1012)**
- Office of Inspector General Hotline: **1-844-453-7283**

All information will be kept private. If you have questions, call Member Services at **1-866-329-4701 (TTY: 711)**.

Notice of privacy practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.

This notice took effect on September 1, 2025.

What do we mean when we use the words "health information"?

We use the words "health information" when we mean information that identifies you. Examples include:

- Your name
- Your date of birth
- Health care you received
- Amounts paid for your care

How we use and share your health information

Help take care of you: We may use your health information to help with your health care. We also use it to decide what services your benefits cover. We may tell you about services you can get. This could be checkups or medical tests. We may also remind you of appointments. We may share your health information with other people who give you care, this could be doctors or drug stores.

Family and friends: We may share your health information with someone who is helping you. They may be helping with your care or helping pay for your care. For example, if you have an accident, we may need to talk with one of these people. If you do not want us to give out your health information, call us.

If you are under eighteen and don't want us to give your health information to your parents, call us. We can help in some cases if allowed by state law.

For payment: We may give your health information to others who pay for your care. Your doctor must give us a claim form that includes your health information. We may also use your health information to look at the care your doctor gives you. We can also check your use of health services.

Health care operations: We may use your health information to help us do our job.
For example, we may use your health information for:

- Health promotion
- Case management
- Quality improvement
- Fraud prevention
- Disease prevention
- Legal matters

A case manager may work with your doctor. They may tell you about programs or places that can help you with your health. When you call us with questions, we need to look at your

health information to give you answers.

Sharing with other businesses

We may share your health information with other businesses. We do this for the reasons we explained above. For example, you may have transportation covered in your plan. We may share your health information with them to help you get to the doctor's office. We will tell them if you are in a motorized wheelchair, so they send a van instead of a car to pick you up.

Other reasons we might share your health information

We also may share your health information for these reasons:

- Public safety – To help with things like child abuse. Threats to public health.
- Research – To researchers. After care is taken to protect your information.
- Business partners – To people that provide services to us. They promise to keep your information safe.
- Industry regulation – To state and federal agencies. They check us to make sure we are doing a good job.
- Law enforcement – To federal, state and local enforcement people.
- Legal actions – To courts for a lawsuit or legal matter.

Once health information is shared for any of the reasons above it may potentially be reshared or used for purposes not in this document.
Some state and federal laws may require additional limits on how we use and disclose sensitive health information like mental health or communicable diseases. We will follow the most strict law that applies to your health information.

Reasons that we will need your written okay

Except for what we explained above, we will ask for your okay before using or sharing your health information. For example, we will get your okay:

- For marketing reasons that have nothing to do with your health plan.
- Before sharing any psychotherapy notes.
- For the sale of your health information.
- For other reasons when required by law.

You can cancel your okay at any time. To cancel your okay, write to us. We cannot use or share your genetic information when we make the decision to provide you medical insurance.

What are your rights?

You have the right to look at your health information.

- You can ask us for a copy of it.
- You can ask for your medical records. Call your doctor's office or the place where you were treated.

You have the right to ask us to change your health information.

- You can ask us to change your health information if you think it is not right.
- If we don't agree with the change, you asked for. Ask us to file a written statement of disagreement.

You have the right to get a list of people or groups that we have shared your health

information with.

You have the right to ask for a private way to be in touch with you.

- If you think the way we keep in touch with you is not private enough, call us.
- We will do our best to be in touch with you in a way that is more private.

You have the right to ask for special care in how we use or share your health information.

- We may use or share your health information in the ways we describe in this notice.
- You can ask us not to use or share your information in these ways. This includes sharing with people involved in your health care.
- We don't have to agree. But, we will think about it carefully.

You have the right to know if your health information was shared without your okay.

- We will tell you if we do this in a letter.

Call us at the toll-free number on your member ID card to:

- Ask us to do any of the things above.
- Ask us for a paper copy of this notice.
- Ask us any questions about the notice.

You also have the right to send us a complaint. If you think your privacy rights were violated, write to us at **PrivacyAetna@AETNA.com** or:

Aetna HIPAA Member Rights Team
P.O. Box 14079
Lexington, KY 40512-4079
FAX: 859-280-1272

You also can file a complaint with the Department of Health and Human Services, Office for Civil Rights. Call us to get the address.

If you are unhappy and tell the Office for Civil Rights, you will not lose plan membership or health care services. We will not use your complaint against you.

Protecting your information

We protect your health information with specific procedures, such as:

- Administrative. We have rules that tell us how to use your health information no matter what form it is in – written, oral, or electronic.
- Physical. Your health information is locked up and is kept in safe areas. We protect entry to our computers and buildings. This helps us to block unauthorized entry.
- Technical. Access to your health information is "role-based." This allows only those who need to do their job and give care to you to have access.

We follow all state and federal laws for the protection of your health information.

Will we change this notice?

By law, we must keep your health information private. We must follow what we say in this notice. We also have the right to change this notice. If we change this notice, the changes apply to all of your information we have or will get in the future. We will mail you the notice if a material change is made. You can get a copy of the most recent notice on our web site at **AetnaBetterHealth.com.**

Definitions

Appeal means a request for your health plan to review a decision again.

Co-payment means a fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment means equipment and supplies ordered by a health care provider for everyday or extended use.

Emergency Medical Condition means an illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation means ambulance services for an emergency medical condition.

Emergency Room Care means the emergency services you get in an emergency room.

Emergency Services means the evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services means health care services that your health insurance or plan doesn't pay for or cover.

Grievance means a complaint that you communicate to your health plan.

Habilitation Services and Devices means services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance is a contract that requires your health insurer to pay some, or all of your health care costs in exchange for a premium

Health plan means an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.

Home Health Care means health care services a person receives at home.

Hospice Services means services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization means care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care means care in a hospital that usually doesn't require an overnight stay.

Medically Necessary means health care services or supplies needed to prevent, diagnose

or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network means the facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Network Pharmacy means a pharmacy (drug store) that has agreed to fill prescriptions for our plan members. We call them "network pharmacies" because they have agreed to work with our plan. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Network Provider means "Provider" is the general term we use for doctors, nurses, and other people who give you services and care. The term also includes hospitals, home health agencies, clinics, and other places that give you health care services, medical equipment, and long-term services and supports.

- They are licensed or certified by Medicare and by the state to provide health care services.
- We call them "network providers" when they agree to work with the health plan and accept our payment and not charge our members an extra amount.
- While you are a member of our plan, you must use network providers to get covered services. Network providers are also called "plan providers."

Non-Participating Provider is a provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Participating Provider - We call them "participating providers" when they agree to work with the health plan and accept our payment and not charge our members an extra amount. While you are a member of our plan, you must use participating providers to get covered services.

Participating providers are also called "network providers."

Physician Services are health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan - A plan is the pairing of the health insurance benefits under a product, provider network, and service area.

Preauthorization means a decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. It is sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Premium means the amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage means health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs means drugs and medications that by law require a prescription.

Primary Care Physician means a physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Primary Care Provider means a physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider - "Provider" is the general term we use for doctors, nurses, and other people who give you services and care. The term also includes hospitals, home health agencies, clinics, and other places that give you health care services, medical equipment, and long-term services and supports.

Rehabilitation Services and Devices means health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled or the treatment you get to help you recover from an illness, accident, or major operation. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care means nursing services provided within the scope of the Illinois Nurse Practice Act (225 ILCS 65/50-1 et seq.) by registered nurses, licensed practical nurses or vocational nurses licensed to practice in the State.

Skilled Nursing Facility (SNF) Care means the skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous (IV) injections that a registered nurse or a doctor can give.

Specialist - A doctor who provides health care for a specific disease or part of the body.

Urgent Care means care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Nondiscrimination notice

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, health status or need for health care services.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Aetna has 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 Civil Rights Coordinator at:

Address:	Attn: Civil Rights Coordinator P.O. Box 818001 Cleveland, OH 44181-8001
Telephone:	**1-888-234-7358 (TTY: 711)**
Email:	**MedicaidCRCoordinator@aetna.com**

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

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

Complaint forms are available at **https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf**.

This notice is available at the Aetna Better Health website:
https://www.aetnabetterhealth.com/

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.