



Guiding your way forward

Your Aetna® Assure Premier Plus (HMO D-SNP) Quick Start Guide

AetnaBetterHealth.com/DSNP

Welcome



We're glad you chose Aetna Assure Premier Plus (HMO D-SNP). We created this Quick Start Guide with you in mind. Inside, you'll find useful information and tips to help you get the care and health services you need.

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Here to guide you

At Aetna®, we're here to help you get the most out of your plan. Your Aetna Assure Premier Plus (HMO D-SNP) plan includes three key features:



Care

Extra benefits and services you need to take care of your total health and well-being.



A large and trusted network

A large network of Providers, hospitals, and pharmacies you can trust.



Connection

A Care Team of professionals. They're here to help you use your plan and connect you with helpful resources and programs in your community.

Get to know your plan



Questions about your benefits? Call your Member Services team.

1-844-362-0934 (TTY: 711)

8 AM – 8 PM EST, 7 days a week.

Now that you're an Aetna Assure Premier Plus (HMO D-SNP) member, here's what to look out for:

A personal welcome call

We'll call you to review your plan, in-network Providers, pharmacies and covered services.

2

Your Member ID Card

You'll get your card in the mail. Always carry it with you as it includes important phone numbers.

You'll also get a Dental ID Card with your assigned Primary Care Dentist (PCD) which you can change at any time. This card is used as reference. Your Member ID Card can be used to access all services including dental.

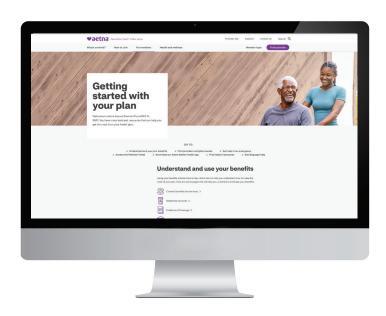
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Extra Benefits Card

You'll receive an Extra Benefits Card in the mail that you can use to buy healthy foods and over-the-counter (OTC) items. You'll receive:

- •\$360 OTC allowance each quarter
- •\$400 healthy foods allowance each quarter

And keep this Quick Start Guide handy. It helps you understand your plan so you can take full advantage of your benefits.



Easy access to your benefits

AetnaBetterHealth.com/DSNP

Register for your personal account so you can easily:

- View your Evidence of Coverage (EOC)
- Find Providers and hospitals in the Aetna® network
- See claims
- See past Provider visits
- Track medications
- · Search for Providers and pharmacies near you



Download our Aetna Better Health® app

You can enjoy all the benefits of the Member Portal on-the-go. You can check out health resources, send us questions and more. Just download the app from the App Store® or the Google Play $^{\text{TM}}$ store.

Your prescriptions

List of Covered Drugs (Formulary)

Your Aetna Assure Premier Plus (HMO D-SNP) includes a broad list of covered drugs with \$0 cost sharing.

You can learn about your medications by viewing your List of Covered Drugs.

How to read your List of Covered Drugs

The drug(s) covered by your plan for a drug

Drug name	Requirements/limits	
sample_drug	MO	
SAMPLE_DRUG	QL (30 EA per 30 days) MO	
\uparrow	\uparrow	
Italics means generic drugs	Phrases to know MO = mail order	
CAPITALS means brand-name drugs	QL = quantity limit EA = each PA = prior authorization	

ST = step therapy

Find your List of Covered Drugs at **AetnaBetterHealth.com/DSNP**

Understand your prescriptions

Visit AetnaBetterHealth.com/DSNP to:



See if a drug is covered

You have prescription drug coverage with a wide selection of medications.



Find a pharmacy

You have access to thousands of pharmacies in our nationwide network. So you can find an in-network pharmacy near you to get the medications you need.



Get up to a 100-day supply

Are there medications you take regularly to maintain your health? With a 100-day supply, you can save time by refilling your prescriptions just once every three months.

For more information about a 100-day supply, you can also contact your Member Services team.



Mail order

Certain medications can be mailed to you. Give Member Services a call to find out which of your medications can be filled through the mail service pharmacy. You can order approved medications online or by phone.



Medication therapy

Our Medication Therapy Management (MTM) program helps you and your Provider manage your medications. We automatically enroll qualifying members in our MTM programs. Participation is voluntary. You can opt out of the program at any time.

If you qualify for the program, a pharmacist will review your medications and talk with you about:

- How to get the most benefit from the drugs you take
- · Any side effects or reactions
- Any questions or concerns you have



Questions about your health? Call your Care Team when your plan starts.

1-844-362-0934 (TTY: 711)

8 AM – 5 PM EST, Monday through Friday.

Review your benefits

Your plan includes benefits to help you stay healthy



Annual visits

You get an annual checkup with your PCP — and are covered for preventive care like immunizations and in-network vision and hearing exams.



Extra savings

You'll receive an Extra Benefits Card in the mail that you can use to buy healthy foods and over-the-counter (OTC) items. Make sure to use your allowance as any unused funds will not roll over into the next quarter. You'll receive:

- •\$360 OTC allowance each quarter
- •\$400 healthy foods allowance each quarter



Meals at home

You get convenient home-delivered meals after a qualifying stay in a hospital or skilled nursing facility.

Call Member Services or check your Evidence of Coverage for more information.



Healthy rewards

You can receive a \$50 gift card each year for completing your health survey.



SilverSneakers® fitness program

With this benefit, you can enjoy access to over 16,000 participating SilverSneakers® locations nationwide.

SilverSneakers® gives you access to a large network of fitness centers, community classes, on-demand videos and at-home fitness kits.



Telehealth

Telehealth visits with your PCP, Urgent Care Provider and mental health Providers are covered under your plan.

Contact your Provider for more information on what Telehealth services they offer and how to schedule a virtual visit. You also have the option to schedule a telehealth visit 24/7 via Teladoc, MinuteClinic or other Providers that offer Telehealth services covered under your plan.

To find out if MinuteClinic visits are available in your area visit CVS.com/MinuteClinic/virtual-care/videovisit

To access Teladoc visit **Teladoc.com/Aetna** Or call **1-855-TELADOC** (**1-855-835-2362**) (TTY: 711).



Fall prevention

Your home should feel like a safe haven. To help keep it free of hazards, you have a yearly \$150 allowance to buy approved home safety devices. These can improve your ability to move safely around your home.

To place an order for home delivery, call **1-866-799-3832 (TTY: 711)** 9 AM to 8 PM ET Monday to Friday or visit **CVS.com/otchs/fall**



Personal Emergency Response System (PERS)

You're covered for a PERS device that provides you with 24/7 access to help in the event of an emergency. This benefit includes certain equipment (in-home or mobile), shipping, fulfillment, monitoring and customer service.

Call LifeStation at 1-855-798-9948 to sign up.

Prevention & Wellness

There are important health screenings, tests and vaccines that you should discuss with your Provider to determine which are needed to maintain good health. Preventive screenings are an important tool in the early detection and treatment of medical conditions. That's why as an Aetna Assure Premier Plus (HMO D-SNP) member you are covered for these services:

Screening	Details	Recommended Testing
Colorectal Cancer Screening includes Colonoscopy Flexible Sigmoidoscopy Non-DNA At-Home Stool Test	 Colonoscopy: A Provider uses a thin, flexible tube to check for polyps (extra tissue growth) or cancer inside the entire colon. If you have a polyp, it can be removed during the screening to stop cancer from developing. Flexible Sigmoidoscopy: A Provider uses a short tube to find polyps in the sigmoid, or end part, of the colon. Non-DNA At-Home Stool Test: There are several different types that find hidden blood in stool. Usually, your Provider gives you this test or has you pick up the test at a lab to take home. 	 Colonoscopy: Every 10 years (more often if you're at a high risk for colorectal cancer) Flexible Sigmoidoscopy: Every 5 years Non-DNA At-Home Stool Test: Every year
Breast Cancer Screening includes • Clinical breast exam • Mammogram	 Your Provider will examine both of your breasts to check the shape, size and texture of your skin. They'll feel your breasts with the tips of their fingers to check if there are any lumps. A mammogram is an X-ray picture of your breast. Providers use a mammogram to look for early signs of breast cancer. 	Your Provider should perform a breast exam at your annual checkup. Women should get a mammogram every year starting at age 45 until age 54, and every two years after that.
Prostate Cancer Screening	 A blood test measures prostate specific antigen (PSA), a protein made by the prostate. An elevated amount of PSA found in the blood could be a sign of cancer. A digital rectal exam is when the Provider inserts a gloved, lubricated finger into the rectum. They feel for any bumps or hard areas on the prostate that might be cancer. 	Men who have a PSA of less than 2.5 ng/mL may only need to be retested every two years. Screening should be done yearly for men whose PSA level is 2.5 ng/mL or higher. Digital rectal exam should be performed at annual wellness checkups.

Prevention & Wellness

Plus, you are covered for these vaccines and more. So, make sure to discuss them with your Provider or pharmacist to proctect yourself and loved ones:

Vaccines	Recommendation
Flu	Once a year
Pneumococcal (Pneumonia)	One to two doses
Shingles	One to two doses
Tetanus	Once over the age of 19, then every 10 years
COVID-19	One to two doses and recommended boosters

Know Your Numbers

It's important to know your blood pressure and cholesterol numbers to make sure you're staying healthy:

Screening/Test	Recommendation
Blood pressure	Should be taken at every Provider visit. Common goal is less than 130/80
Cholesterol: LDL, or bad cholesterol HDL, or good cholesterol	At least once a year



Get the care you need









Your Care Team includes:

- Care Coordinator
- Social Worker
- Nurse Care Manager
- Member Advocate

Your personal Care Team is here to help

They can:

- Learn your individual needs
- Develop a care plan with your Primary Care Provider
- Coordinate visits to Providers
- Help you understand your medications
- Connect you with local and state programs
- Assist with your benefits



Complete your health survey and get rewarded.

You can earn a \$50 gift card for completing your health survey. Your Care Team will reach out within 90 days after your plan starts to complete your survey or you can call them.

1-844-362-0934 (TTY: 711)

8 AM – 5 PM EST, Monday through Friday.

Urgent vs. emergency care

If you're suddenly sick or injured, your first thought may be to head to the emergency room (ER). However, depending on your medical issue, the ER may not be the most convenient choice. Urgent care centers may offer a more convenient way to get quick care.



Please note that this is <u>not</u> a complete list of reasons to visit an urgent care center or ER. In the event of a medical emergency, call 911 or go to the closest ER.

If you are unsure of where to go, you can call the Aetna® Medicare 24/7 Nurse Line at 1-844-362-0934 (TTY: 711).



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Urgent care center

Emergency room (ER)

Purpose	These centers offer treatment for non-life-threatening injuries or illnesses.		The ER offers treatment for serious injuries or illnesses.	
Advantages	Conveniently accepts both walk-ins and appointments. May provide faster treatment, flexible hours.		Offers emergency care, treat Open 24/7.	s more serious health issues.
Some conditions each facility treats	Allergies Upset stomach Flu symptoms	CoughingSinus infectionSore throat	Difficulty breathingSevere burnsChest pain or suspected heart attackBroken bones	Loss of consciousnessSevere bleedingPoisoningAcute stomach pain



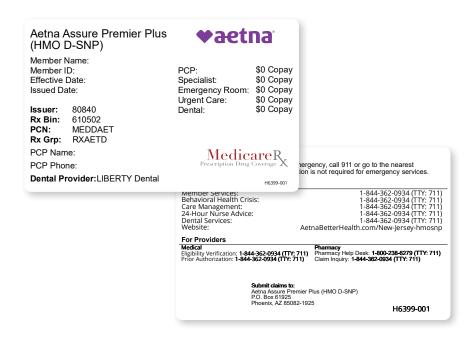
Need help?

1-844-362-0934 (TTY: 711)

A registered nurse is available to help you 24/7.



In many situations, telehealth may be your best option. Ask your Provider if they offer telehealth visits.



Your Member ID Card

- You will receive an ID card in the mail.
- It will include your Primary Care Provider (PCP). If you didn't select one when you enrolled, one was assigned to you.
- If you need to change your PCP, just call your Member Services team at 1-844-362-0934 (TTY: 711), 8 AM to 8 PM EST, 7 days a week.
- You will also receive a Dental ID Card with your assigned Primary Care Dentist (PCD). You can change your PCD at any time. Keep in mind that you can use your Member ID Card to receive any care, dental or otherwise.

You should take your Member ID Card with you whenever you visit a Provider or pharmacy.

Medicare key terms

Evidence of Coverage (EOC) — This document gives you detailed information on your plan's coverage and your rights and responsibilities as a plan member.

In network — This means we have a contract with that health care Provider. You must use in-network Providers with your plan.

List of Covered Drugs (Formulary) — This is a list of prescription drugs the health care plan covers. It can include drugs that are brand name and generic.

Maintenance medications — These are prescription drugs that people take on a regular basis. These drugs help treat chronic conditions, such as asthma, diabetes, high blood pressure and other health conditions.

Mail-order pharmacy — A convenient service where you can have your medications mailed to your home. The preferred mail-order service available with your plan is CVS Caremark® Mail Service Pharmacy.

You can get more information at AetnaBetterHealth.com/DSNP

Primary care checklist

Schedule an appointment with your PCP. Here's a checklist of important topics you may want to discuss with them. Take this sheet to your next appointment. Then, check the boxes and take notes as you talk about each item.

☐ Medical history	□ Screenings _ (blood pressure, cholesterol, colorectal)
□ Recent health changes	□ Women's health (mammogram, Pap smear, bone density)
☐ Your major life events	
☐ Medicines Prescriptions:	Long-term health conditions (diabetes monitoring, kidney function)
Over the counter:	☐ Mental health
☐ Medicine side effects	☐ Fall prevention
□ Vaccines Flu shot (date): Shingles (date): COVID-19 (date):	



Your Member Services team is here to help. Be sure to call us if you:



- Have any questions about your plan benefits
- Need to make changes to your contact information
- · Add a caregiver to your member profile
- Have other questions you need answered

1-844-362-0934 (TTY: 711)

8 AM – 8 PM local time, 7 days a week.

Thank you

Thanks again for being a valued member of the Aetna® family.

Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the State of New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus (HMO D-SNP) depends on contract renewal. The List of Covered Drugs (Formulary) and/or pharmacy network may change at any time. You will receive notice when necessary. Participating Providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular Provider cannot be guaranteed and Provider network composition is subject to change. You will receive notice when necessary. Tivity Health® and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries. ©2022 Tivity Health, Inc. All rights reserved. When enrolling in a FIDE SNP: Enrollees must use in-network Providers. Enrollees must use in-network DME suppliers. Enrollees must use an in-network pharmacy. Enrollees will be enrolled into Part D coverage under the plan and will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which they are currently enrolled. The enrollee will also be enrolled into Medicaid coverage under the plan, and will be disenrolled from any other Medicaid plan in which they are currently enrolled. Provider referrals are not required under this plan for in-network Providers. Aetna and CVS Caremark® are part of the CVS Health® family of companies. Aetna, CVS Pharmacv® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies. This material is for informational purposes only and is not medical advice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Contact a health care professional with any questions or concerns about specific health care needs. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to our website.

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