

Aetna Better Health® of New York

101 Park Avenue, 15th Floor
New York, NY 10178



<Date>

<Name>

<Address>

<City, State Zip Code>

Aetna Better Health® of New York

Annual Notice of Change

Dear Aetna Better Health of New York Enrollee,

We would like to take this opportunity to thank you for your continued membership with **Aetna Better Health of New York** Managed Long-Term Care (MLTC). We are pleased to be your partner in health care, and it is a privilege to serve you. We are providing this annual notice to advise you on how you may access the Aetna Better Health of New York Provider Directory, ways you may disenroll from Aetna Better Health of New York, and other information that can be found on our website, [www.Aetna Better Health.com/NY](http://www.AetnaBetterHealth.com/NY)

- Aetna Better Health of New York continually enhances its Provider Network throughout the year. If you want a Provider directory mailed to you, or if you need help finding a network provider, please call Member Services at **1-855-456-9126**. We use NY For Hearing Impaired members, please call New York relay 7-1-1.
- You may also email us this request at NY_MemberServices@aetna.com. Printed directories are updated annually. Please visit the online provider directory at <https://www.aetnabetterhealth.com/ny/find-provider> to view the most accurate and up-to-date information. You will receive notice when a change occurs that affects you.

Annual Notice of Disenrollment Rights

Your enrollment in Aetna Better Health of New York is voluntary. You may voluntarily disenroll from Aetna Better Health of New York if you feel you no longer need long term care services, want to transfer to Fee-For-Service Medicaid or to another I Managed Long Term Care Plan. If your disenrollment is due to dissatisfaction with our plan, please contact your Care Manager so that we may address any dissatisfaction or issue you may have. After you provide us notice of your desire to disenroll, Aetna Better Health of New York will give you written notice confirming that we received your intent to disenroll, and you will be given an effective date for termination of your coverage. The

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effective date of disenrollment will be the first day of the month following the month in which the disenrollment is processed.

You will be asked to sign a Voluntary Disenrollment Form. Aetna Better Health of New York will continue to provide covered benefits until the effective date of disenrollment. We will make all necessary referrals to alternative services, no longer covered by Aetna Better Health of New York, after the disenrollment date.

Please note that if you disenroll and you continue to need long term care services, you may no longer be able to obtain such services through the Medicaid Fee-For-Service (FFS) program. You can join another MLTC, Mainstream Managed Care plan (if Medicaid only) or a New York State waiver service program, if eligible.

This information is also available in alternative formats. If you have access to the internet, this notice can also be found on the <https://www.aetnabetterhealth.com/newyork> along with other important plan information such as the Member Handbook, Notice of Privacy Practice and Notice of Non-Discrimination.

Attached please find the updated versions of Notice of Privacy Practice and Notice of Non-Discrimination for your records.

Sincerely,

Member Services Department
Aetna Better Health of New York