



2023 Summary of Benefits

AETNA BETTER HEALTH[®] OF OHIO a MyCare Ohio plan (Medicare-Medicaid Plan)

Aetna Better Health of Ohio, a MyCare Ohio plan (Medicare-Medicaid Plan), is a health plan that contracts with Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

If you have questions, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. If you need to speak to your care manager, please call **1-855-364-0974 (TTY: 711)**, Monday – Friday, 8 a.m. – 5 p.m.



Aetna Better Health of Ohio (Medicare-Medicaid Plan): Summary of Benefits 2023

Introduction

This document is a brief summary of the benefits and services covered by Aetna Better Health of Ohio. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Aetna Better Health of Ohio. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

 This is a summary of health services covered by Aetna Better Health of Ohio for 2023. This is only a summary. Please read the *Member Handbook* for the full list of benefits. To get a copy of the *Member Handbook*, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. You can also access the *Member Handbook* on our website **AetnaBetterHealth.com/Ohio**.

- ❖ Aetna Better Health of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ❖ Under Aetna Better Health of Ohio you can get your Medicare and Medicaid services in one health plan. An Aetna Better Health of Ohio care manager will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the *Member Handbook*.
- ❖ **ATTENTION:** If you speak Spanish or Somali, language assistance services, free of charge, are available to you. Call **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ❖ **ATENCIÓN:** Si habla español, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-855-364-0974 (TTY: 711)** las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.
- ❖ **FIIRI:** Haddii aad ku hadasho Soomaali, adeegyada lluqadda, oo bilaash ah, ayaa lagu heli karaa adiga. Wac **1-855-364-0974 (TTY: 711)**, 24 saacadood maalintii, 7 maalmood todobaadkii. Wicitaanku waa bilaash.
- ❖ **You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-364-0974 (TTY: 711), 24 hours a day, 7 days a week. The call is free.**
- ❖ If you wish to make or change a standing request to receive materials in a language other than English, or in an alternate format, you can call Aetna Better Health of Ohio Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week.

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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a MyCare Ohio Plan?	A MyCare Ohio Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A MyCare Ohio Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care teams and care managers to help you manage all your providers and services. They all work together to provide the care you need.
What is an Aetna Better Health of Ohio care manager?	An Aetna Better Health of Ohio care manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
Will I get the same Medicare and Medicaid benefits in Aetna Better Health of Ohio that I get now?	<p>You will get your covered Medicare and Medicaid benefits directly from Aetna Better Health of Ohio. You will work with a care team who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Medicaid benefits directly from Aetna Better Health of Ohio, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in Aetna Better Health of Ohio, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. When you join our plan, if you are taking any Medicare Part D prescription drugs that Aetna Better Health of Ohio does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Aetna Better Health of Ohio to cover your drug, if medically necessary.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Can I use the same doctors I use now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Aetna Better Health of Ohio and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in Aetna Better Health of Ohio’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Aetna Better Health of Ohio’s network. • You can use out-of-network Federally Qualified Health Centers, Rural Health Clinics, and qualified family planning providers listed in the <i>Provider and Pharmacy Directory</i>. • If you are getting assisted living waiver services or long-term nursing facility services from an out-of-network provider on and before the day you become a member, you can continue to get the services from that out-of-network provider. <p>To find out if your doctors are in the plan’s network, call Member Services or read Aetna Better Health of Ohio’s <i>Provider and Pharmacy Directory</i> on the plan’s website at AetnaBetterHealth.com/Ohio.</p>
<p>What happens if I need a service but no one in Aetna Better Health of Ohio’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Aetna Better Health of Ohio will pay for the cost of an out-of-network provider.</p>
<p>Where is Aetna Better Health of Ohio available?</p>	<p>The service area for this plan includes: Butler, Clermont, Clinton, Delaware, Franklin, Fulton, Hamilton, Lucas, Madison, Ottawa, Pickaway, Union, Warren, and Wood Counties, Ohio. You must live in one of these areas to join the plan.</p>

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Frequently Asked Questions (FAQ)	Answers
Do I pay a monthly amount (also called a premium) under Aetna Better Health of Ohio?	You will not pay any monthly premiums to Aetna Better Health of Ohio for your health coverage.
What is prior authorization (PA)?	<p>PA means that you must get approval from Aetna Better Health of Ohio before you can get a specific service or drug or use an out-of-network provider. Aetna Better Health of Ohio may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p>
Will I need a referral from my PCP to use other doctors or specialists?	Although you do not need approval (called a referral) from your Primary Care Provider (PCP) to use other providers, it is still important to contact your PCP before you use a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.



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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Aetna Better Health of Ohio's Member Services:</p> <p>CALL 1-855-364-0974 Calls to this number are free. 24 hours a day, 7 days a week. Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>If you have questions about your health, please call the Nurse Advice Line:</p> <p>CALL 1-855-364-0974 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-855-364-0974 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p>

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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	For members living at least 30 miles from the provider. In addition, members have access to 30 round trips or 60 one-way trips to a Plan-approved, health-related location. Prior authorization is required.
	Specialist care	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization may be required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 for a 30-day supply in an outpatient setting and 31-day supply in a long-term care facility.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Aetna Better Health of Ohio's <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Extended day supplies of covered drugs up to a 90-day supply are available at a \$0 copay at network, retail and mail order pharmacies. These drugs are usually considered maintenance drugs. Your copay for the extended day supply is the same as the 30-day supply. Some drugs have coverage rules or have limits on the amount you can get. For example:</p> <ul style="list-style-type: none"> • For some drugs, you or your doctor must get approval from the plan before you fill your prescription. • Sometimes the plan limits the amount of a drug you can get. <p>Step therapy: Sometimes the plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Brand name drugs</p>	<p>\$0 for a 30-day supply in an outpatient setting and 31-day supply in a long-term care facility.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Aetna Better Health of Ohio's <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Extended day supplies of covered drugs up to a 90-day supply are available at a \$0 copay at network, retail and mail order pharmacies. These drugs are usually considered maintenance drugs. Your copay for the extended day supply is the same as the 30-day supply. Some drugs have coverage rules or have limits on the amount you can get. For example:</p> <ul style="list-style-type: none"> • For some drugs, you or your doctor must get approval from the plan before you fill your prescription. • Sometimes the plan limits the amount of a drug you can get. <p>Step therapy: Sometimes the plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Aetna Better Health of Ohio's <i>List of Covered Drugs (Drug List)</i> for more information.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization is required.
You need emergency care	Emergency room services	\$0	Emergency room services can be provided by in network and out of network providers and do not require prior authorization.
	Ambulance services	\$0	Emergency ambulance services do not require prior authorization.
	Urgent care	\$0	Urgent care services can be provided by in network and out of network providers and do not require prior authorization.
You need hospital care	Hospital stay	\$0	For emergency admissions hospitals are required to notify the health plan. Elective admissions require prior authorization.
	Doctor or surgeon care	\$0	No limitations. Prior authorization may be required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization is required.
	Medical equipment at home	\$0	Prior authorization is required.
	Skilled nursing care	\$0	Prior authorization required.
	Acupuncture	\$0	This service is limited to pain management of migraine headaches and lower back pain. Prior authorization is required for more than 30 acupuncture visits per benefit year.
You need eye care	Eye exams	\$0	Routine eye exams are covered: <ul style="list-style-type: none"> • One time per 12-month period for members under 21 and over 59 years of age, or • One time per 24-month period for members 21 through 59 years of age.
	Glasses or contact lenses	\$0	Routine eyewear is covered: <ul style="list-style-type: none"> • One time per 12-month period for members under 21 and over 59 years of age • One time per 24-month period for members 21 through 59 years of age.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups Preventive dental: including exams, fluoride, cleanings and dental x-rays Comprehensive dental: including non-routine, diagnostic, restorative, endodontic, periodontics, extractions, prosthodontics, other oral/maxillofacial surgery services	\$0	Oral examinations are covered annually for individuals 21 and over and twice annually for those 20 and under. Fluoride treatment is only mandated for members under age 21 (once every 180 days). Aetna Better Health of Ohio offers one oral exam, prophylaxis (cleaning) and x-rays every six months.
You need hearing/auditory services	Hearing screenings	\$0	Routine hearing exams, fitting/evaluation for hearing aid
	Hearing aids	\$0	Conventional hearing aids: covered not more than once every 4 years Digital/programmable hearing aids: covered once every 5 years. Prior authorization is required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Prior authorization may be required.
	Diabetes supplies and services	\$0	<p>Prior authorization may be required.</p> <p>The plan exclusively covers blood glucose monitors and diabetic test strips manufactured by OneTouch / LifeScan, such as OneTouch Verio® or OneTouch Ultra® systems, test strips and supplies.</p> <p>Prior authorization is required for blood glucose monitors in excess of one monitor per year and test strips in excess of 100 per 30 days.</p>
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization may be required.
You have a substance abuse problem	Substance use disorder treatment services	\$0	Prior authorization may be required.
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization is required.

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You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.
	Crutches	\$0	Prior authorization may be required.
	Walkers	\$0	Prior authorization may be required.
	Oxygen equipment and supplies	\$0	Prior authorization may be required.

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You need help living at home	Meals brought to your home	\$0	These services are available only if your need for long-term care has been determined by Ohio Medicaid.
	Home services, such as cleaning or housekeeping	\$0	
	Changes to your home, such as ramps and wheelchair access	\$0	You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability. Prior authorization is required.
	Personal care assistant (You may be able to employ your own assistant. Contact your Care Manager or Waiver Services Coordinator for more information.)	\$0	
	Community transition services	\$0	
	Home health care services	\$0	
	Services to help you live on your own	\$0	
	Adult day services or other support services	\$0	

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<p>You need a place to live with people available to help you</p>	Assisted living	\$0	<p>These services are available only if your need for long-term care has been determined by Ohio Medicaid.</p>
	Nursing home care	\$0	<p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>Prior authorization is required.</p>
<p>Your caregiver needs some time off</p>	Respite care	\$0	<p>This service is available only if your need for long-term care has been determined by Ohio Medicaid.</p> <p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>Prior authorization is required.</p>

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Additional covered services (This service is continued on the next page)	Fitness	\$0	<p>Aetna Better Health of Ohio offers SilverSneakers® membership to members at no additional cost. SilverSneakers is the nation’s leading community fitness program specifically designed for older adults, promotes greater health engagement and accountability by providing members with regular exercise (strength training, aerobics, flexibility) and social opportunities.</p> <p>Benefit includes access to thousands of participating fitness locations, use of basic amenities (weights, treadmills, pools, etc.), fitness classes, group activities and classes outside the traditional gym setting (Community FLEX classes). Online resources including a member portal, live classes, on-demand classes, SilverSneakers app with reminders to move and more. One Home kit or Steps kit available each calendar year.</p>
	Home-delivered meals	\$0	Aetna Better Health of Ohio offers 10 meals per hospital discharge
	OTC allowance		Plan offers a \$105 quarterly Over-the-Counter (OTC) allowance. Products must be purchased through the approved OTC catalog or at network retailers. There is no carry-over quarter to quarter.

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Additional covered services (continued)	Podiatry	\$0	Plan offers 3 routine foot care visits/annually.
	Transportation	\$0	Plan offers 30 roundtrip / 60 one-way trips to plan-approved; health-related locations.
	Smoking cessation	\$0	Plan offers up to 42 additional counseling sessions.
	Special supplemental benefits for the chronically ill – Flex Card	\$0	<p>Plan offers \$150 allowance every three months to help pay utilities and buy food. See your <i>Member Handbook</i> for full details.</p> <p>The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.</p> <p>To be eligible for this benefit you must have:</p> <ul style="list-style-type: none"> • 1 qualifying chronic condition and 1 inpatient hospital stay within the last 12 months; OR • 1 qualifying chronic condition and 1 emergency room visit within the last 12 months; OR • 2 qualifying chronic conditions <p>Eligibility is determined only through medical claims that your provider submits. You may not self-attest to qualify.</p>

 **If you have questions**, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. If you need to speak to your care manager, please call **1-855-364-0974 (TTY: 711)**, Monday – Friday, 8 a.m. – 5 p.m. These calls are free. **For more information**, visit [AetnaBetterHealth.com/Ohio](https://www.AetnaBetterHealth.com/Ohio).

Aetna Better Health of Ohio (Medicare-Medicaid Plan): Summary of Benefits 2023

D. Services that Aetna Better Health of Ohio, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Aetna Better Health of Ohio, Medicare, or Medicaid	
Services considered not “reasonable and necessary,” according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.	Chiropractic care, other than diagnostic x-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Medicaid coverage guidelines.
Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.	Personal items in your room at a hospital or nursing facility, such as a telephone or television.
A private room in a hospital, except when it is medically needed.	Abortions, except in case of a reported rape, incest, or when medically necessary to save the life of the mother.
Inpatient hospital custodial care.	Full-time nursing care in your home.
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.	Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.	Infertility services for males or females.

 **If you have questions**, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. If you need to speak to your care manager, please call **1-855-364-0974 (TTY: 711)**, Monday – Friday, 8 a.m. – 5 p.m. These calls are free. **For more information**, visit **[AetnaBetterHealth.com/Ohio](https://www.aetna.com/Ohio)**.

Aetna Better Health of Ohio (Medicare-Medicaid Plan): Summary of Benefits 2023

E. Your rights as a member of the plan

As a member of Aetna Better Health of Ohio, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read Chapter 8 of the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, gender identity, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - Get information in other formats (e.g., large print, braille, audio).
 - Be free from any form of physical restraint or seclusion.
 - Not be billed by network providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year.
 - Use a women's health care provider without a referral.
 - Get your covered services and drugs quickly.
 - Know about all treatment options, no matter what they cost or whether they are covered.
 - Refuse treatment, even if your doctor advises against it.
 - Stop taking medicine.
 - Ask for a second opinion. Aetna Better Health of Ohio will pay for the cost of your second opinion visit.



If you have questions, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. If you need to speak to your care manager, please call **1-855-364-0974 (TTY: 711)**, Monday – Friday, 8 a.m. – 5 p.m. These calls are free. **For more information**, visit **[AetnaBetterHealth.com/Ohio](https://www.aetna.com/ohio)**.

Aetna Better Health of Ohio (Medicare-Medicaid Plan): Summary of Benefits 2023

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care.
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency.
 - Use an out of network urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - Ask for a state fair hearing.
 - Get a detailed reason for why services were denied.

For more information about your rights, you can read the Aetna Better Health of Ohio *Member Handbook*. If you have questions, you can also call Aetna Better Health of Ohio's Member Services.

 **If you have questions**, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. If you need to speak to your care manager, please call **1-855-364-0974 (TTY: 711)**, Monday – Friday, 8 a.m. – 5 p.m. These calls are free. **For more information**, visit **[AetnaBetterHealth.com/Ohio](https://www.aetna.com/ohio)**.

Aetna Better Health of Ohio (Medicare-Medicaid Plan): Summary of Benefits 2023

F. How to file a complaint or appeal a denied service

If you have a complaint or think Aetna Better Health of Ohio should cover something we denied, call Aetna Better Health of Ohio at **1-855-364-0974, (TTY: 711)**, 24 hours a day, 7 days a week. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Aetna Better Health of Ohio *Member Handbook*. You can also call Aetna Better Health of Ohio's Member Services.

Aetna Better Health of Ohio
5801 Postal Rd.
PO Box 818070
Cleveland, OH 44181

G. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Aetna Better Health of Ohio's Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Ohio Attorney General's Office at 1-800-282-0515.



If you have questions, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. If you need to speak to your care manager, please call **1-855-364-0974 (TTY: 711)**, Monday – Friday, 8 a.m. – 5 p.m. These calls are free. **For more information**, visit **[AetnaBetterHealth.com/Ohio](https://www.aetnabetterhealth.com/ohio)**.



Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-364-0974 (TTY: 711) 24 hours a day, 7 days a week**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llámenos al **1-855-364-0974 (TTY: 711) durante las 24 horas, los 7 días de la semana**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-855-364-0974 (TTY: 711)**，服务时间为每周 7 天，每天 24 小时。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-855-364-0974 (TTY: 711)**，服務時間為每天 24 小時，每週 7 天。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-855-364-0974 (TTY: 711) 24 na oras sa isang araw, 7 araw sa isang linggo**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-364-0974 (TTY : 711)**. Ce service est disponible 24h/24, 7j/7. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào quý vị có thể có về chương sức khỏe và chương trình thuốc men. Để được thông dịch, chỉ cần gọi theo số **1-855-364-0974 (TTY: 711) 24 giờ/ngày, 7 ngày/tuần**. Người nói ngôn ngữ của quý vị có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie **taglich rund um die Uhr unter 1-855-364-0974 (Schreibtelefon/TTY: 711)**. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-364-0974 (TTY: 711)**번으로 주 7일 하루 24시간 언제든지 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно плана медицинского обслуживания или обеспечения лекарственными препаратами, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по номеру **1-855-364-0974 (TTY: 711) в любое время суток и в любой день недели**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول لى مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم **1-855-364-0974 (TTY: 711) على مدار 24 ساعة في اليوم خلال 7 أيام في الأسبوع**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-364-0974 (TTY: 711) पर 24 घंटे एक दिन, सप्ताह में 7 दिन कॉल करें**। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-364-0974 (TTY: 711), attivo 24 ore al giorno, sette giorni alla settimana**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-364-0974 (TTY: 711), 24 horas por dia, 7 dias por semana**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan sante ak plan medikaman nou yo. Pou jwenn yon entèprèt, jis rele nou nan **1-855-364-0974 (TTY: 711) 24 è sou 24, 7 jou sou 7**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-364-0974 (TTY: 711) dostępny 24 godziny na dobę, 7 dni w tygodniu**. Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご希望の方は、**1日24時間、週7日、1-855-364-0974 (TTY: 711)**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

