

AETNA BETTER HEALTHSM PREMIER PLAN

2018 Summary of Benefits



Aetna Better HealthSM Premier Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

aetna[®]

www.aetnabetterhealth.com/illinois

Aetna Better Health Premier Plan: **Summary of Benefits**

 **This is a summary of health services covered by Aetna Better Health Premier Plan for 2018. This is only a summary. Please read the Member Handbook for the full list of benefits.**

- ❖ Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. Aetna Better Health Premier Plan is available to individuals who meet all the following criteria:
 - Age 21 and older at the time of enrollment
 - Entitled to or enrolled in Medicare Part A, enrolled in Part B, and eligible to enroll in a Part D plan as of the effective date of coverage under Aetna Better Health Premier Plan
 - Enrolled in the Medicare Aid to the Aged, Blind, Disabled (ABD) category of assistance

Eligible populations include:

- Beneficiaries who meet all other Demonstration criteria and are in the following Medicaid 1915(c) waivers:
 - o Persons who are elderly
 - o Persons with Disabilities
 - o Persons with HIV/AIDS
 - o Persons with Brain Injury
 - o Persons residing in Supportive Living Facilities
- ❖ Under Aetna Better Health Premier Plan you can get your Medicare and Medicaid services in one health plan. An Aetna Better Health Premier Plan case 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 Aetna Better Health Premier Plan Member Handbook.
- ❖ Limitations and restrictions may apply. For more information, call Aetna Better Health Premier Plan Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. Or read the Aetna Better Health Premier Plan Member Handbook.

 **If you have questions**, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/illinois.

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- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
Si habla español, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-866-600-2139 (TTY: 711)** las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.
- ❖ This document is available for free in other languages and formats like large print, braille, or audio. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ❖ If you wish to make a standing request to receive materials in a language other than English, or in an alternate format, you can call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.



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The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has case 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 Premier Plan Case Manager?	An Aetna Better Health Plan Case 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 services provided through a Long Term Care Facility or through a Home and Community Based Waiver. Enrollees have the option to get long-term services and supports (LTSS) in the least restrictive setting when appropriate, with a preference for the home and the community, and in accordance with the Enrollee's wishes and Care Plan.
Will you get the same Medicare and Medicaid benefits in Aetna Better Health Premier Plan that you get now?	<p>You will get your covered Medicare and Medicaid benefits directly from Aetna Better Health Premier Plan. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change.</p> <p>When you enroll in Aetna Better Health Premier Plan, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. During this time, you can keep seeing your doctors and getting your current services for 180 days, or until your care plan is complete. When you join our plan, if you are taking any Medicare Part D prescription drugs that Aetna Better Health Premier Plan 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 Premier Plan to cover your drug, if medically necessary.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Aetna Better Health Premier Plan and have a contract with us, you can keep going to them. Providers with an agreement with us are “in-network.” You must use the providers in Aetna Better Health Premier Plan’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Aetna Better Health Premier Plan’s plan.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read Aetna Better Health Premier Plan’s Provider and Pharmacy Directory.</p> <p>If Aetna Better Health Premier Plan is new for you, you can continue seeing the doctors you go to now for the next 180 days or until you and your case manager decides who is best to care for you and your health needs.</p>
<p>What happens if you need a service but no one in Aetna Better Health Premier Plan’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 Premier Plan will pay for the cost of an out-of-network provider.</p>
<p>Where is Aetna Better Health Premier Plan available?</p>	<p>The service area for this plan includes: Cook County, DuPage County, Kane County, Kankakee County and Will County, Illinois. You must live in one of these areas to join the plan.</p> <p>Call Member Services for more information about whether the plan is available where you live.</p>
<p>Do you pay a monthly amount (also called a premium) under Aetna Better Health Premier Plan?</p>	<p>You will not pay any monthly premiums to Aetna Better Health Premier Plan for your health coverage.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from Aetna Better Health Premier Plan before you can get a specific service or drug or see an out-of-network provider. Aetna Better Health Premier Plan 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>Who should you contact if you have questions or need help?</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Aetna Better Health Premier Plan Member Services:</p> <p>CALL 1-866-600-2139 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 Call line:</p> <p>CALL 1-866-600-2139 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, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-866-600-2139 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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Aetna Better Health Premier Plan: Summary of Benefits

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 to see a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	Round-trip transportation to health-related locations. Prior authorization may be required.
	Specialist care	\$0	Prior authorization may be required.
	Care to keep you from getting sick, such as flu shot	\$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</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see Aetna Better Health Premier Plan's List of Covered Drugs (Drug List) 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.</p> <p>These drugs are usually considered maintenance drugs. Some drugs have coverage rules or have limits on the amount you can get.</p>
	<p>Brand name drugs</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see Aetna Better Health Premier Plan's List of Covered Drugs (Drug List) 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.</p> <p>These drugs are usually considered maintenance drugs. Some drugs have coverage rules or have limits on the amount you can get.</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 see Aetna Better Health Premier Plan's List of Covered Drugs (Drug List) for more information. Over-the-counter drugs are covered in accordance with Medicaid covered benefits.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs. Prior authorization is required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization is required. Must meet medically necessary criteria. Maintenance therapy is not covered.
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. Emergency care is covered in the United States and its territories.
	Ambulance services	\$0	Non-emergency ambulance services 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.



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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 hospital care	Hospital stay	\$0	Covered for unlimited number of days. Emergency admissions: hospitals are required to notify the health plan. Prior authorization is required.
	Doctor or surgeon care	\$0	Some procedures may require prior authorization.
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization is required.
	Medical equipment for home care	\$0	Prior authorization may be required.
	Skilled nursing care	\$0	Prior authorization is required.
You need eye care	Eye exams	\$0	Eye exam every year and as medically necessary.
	Glasses or contact lenses	\$0	1 pair of eyeglasses (lenses and frames) every 2 years. Contact lenses are covered based on medical necessity.
You need dental care	Dental check-ups	\$0	
	Dental (diagnostic services, restorative services, endodontics/periodontics/extractions, prosthodontics and other oral/maxillofacial surgery)	\$0	Prior authorization may be required.



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You need hearing/auditory services	Hearing screenings	\$0	Prior authorization may be required.
	Hearing aids	\$0	Prior authorization may be required. One pair of hearing aids is covered every 3 years.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Prior authorization is required.
	Diabetes supplies and services	\$0	Prior authorization may be required.
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization may be required.
You have a substance abuse problem	Substance abuse services	\$0	Prior authorization is required.
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization is required.
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 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 need help living at home	Meals brought to your home	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
	Home services, such as cleaning or housekeeping	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
	Changes to your home, such as ramps and wheelchair access	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
	Training to help you get paid or unpaid jobs	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
	Home health care services	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.



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Aetna Better Health Premier Plan: Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Services to help you live on your own	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
	Adult day services or other support services	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
You need a place to live with people available to help you	Assisted living or other housing services	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
	Nursing home care	\$0	Only available if enrolled in an Illinois waiver program. This benefit has maximum patient pay amount of \$6900. Prior authorization is required.
Your caregiver needs some time off	Respite care	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.



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Aetna Better Health Premier Plan: Summary of Benefits

Other services that Aetna Better Health Premier Plan covers:

Other services that Aetna Better Health Premier Plan covers (This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.)	
24 Hour Nurse Advice Call Line	Aetna Better Health Premier Plan members have access to a registered nurse 24 hours a day, 7 days a week. Call 1-866-600-2139 (TTY: 711) , 24 hours a day, 7 days a week.
Cell phone benefit	Aetna Better Health Premier Plan members who are interested in the Lifetime, federal free cell phone program, are provided our contracted Lifeline vendor's phone number or application to complete in order to determine if they qualify. Qualified members are then eligible to receive a smartphone with talk time and data. These Lifeline phones provide free calls to and from the plan's Member Services number and as appropriate, free health-related texts from the plan.
Health education	Wide array of health and education tools and programs that is available to members at no additional cost.
Over-the-counter drugs	\$20 per month through mail order catalog service; no carry-overs
Podiatry (expanded benefit)	Limit of up to 3 visits per year for routine foot care. Prior authorization is required.
Preventive dental	1 oral exam, cleaning, fluoride treatment and dental x-ray every 6 months.
Respite care (expanded benefit)	16 hours per month of in-home care.
Smoking cessation (plan expanded benefit)	Medically necessary cessation counseling sessions (up to 50 per year), nicotine patches, gum, and lozenges, as well as certain pharmacy medications without needing prior authorization. Some drugs have limits on the amounts you can get.



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Weight Management	12-week adult weight management program that includes health coaching to aid in success.
Medicaid benefits (in addition to Medicare)	<p>Additional Medicaid benefits including:</p> <ul style="list-style-type: none"> • Additional days for inpatient hospital acute and beyond • Non-Medicare covered stay for SNF • Additional hours of home health care • Additional services for physical and speech therapy • Durable Medical Equipment for use outside the home • Emergency Dental • Family Planning Services – no prior authorization is required • Home and Community Based Services with prior authorization • Institution for Mental Disease Services for Individuals 65 or Older with prior authorization • Hospice services • Non-Medicare covered stay for inpatient hospital acute and SNF • Non-Medicare Occupational therapy and prosthetic/medical supplies • Outpatient blood services • Telehealth • Tobacco Cessation Counseling for Pregnant Women – 12 sessions each year with prior authorization <p>Prior authorization may be required unless otherwise noted.</p>

Benefits covered outside of Aetna Better Health Premier Plan:

This is not a complete list. Call Member Services to find out about other services not covered by Aetna Better Health Premier Plan but available through Medicare or Medicaid.

Other services covered by Medicare	Your costs
Some hospice care services	\$0



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Aetna Better Health Premier Plan: Summary of Benefits

Services that Aetna Better Health Premier Plan, Medicare, and Medicaid do not cover

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

Services <u>not</u> covered by Aetna Better Health Premier Plan, 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.	Radial keratotomy, LASIK surgery, and vision therapy
Surgical treatment for morbid obesity, except when it is medically needed and Medicare pays for it.	Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines
A private room in a hospital, except when it is medically needed	Acupuncture
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television	Naturopath services (the use of natural or alternative treatments)
Full-time nursing care in your home	Outpatient drugs when the company who makes the drugs say that you have to have tests or services done only by them
Medications for: Anorexia, weight loss, or weight gain Medications to promote fertility Medications for cosmetic purposes or hair growth Medications used for sexual or erectile dysfunction	Services provided to veterans in Veterans Affairs (VA) facilities. However, when a veteran gets emergency services at a VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse the veteran for the difference. Members are still responsible for their cost sharing amounts.
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 needed	

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Aetna Better Health Premier Plan: **Summary of Benefits**

Your rights as a member of the plan

As a member of Aetna Better Health Premier Plan, 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 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:
 - o Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - o Get information in other formats (e.g., large print, braille, audio).
 - o Be free from any form of restraint or seclusion.
 - o Not be billed by 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:
 - o Description of the services we cover
 - o How to get services
 - o How much services will cost you
 - o 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:
 - o Choose a Primary Care Provider (PCP) and you can change your PCP at any time.
 - o See a women's health care provider without a referral.
 - o Get your covered services and drugs quickly.
 - o Know about all treatment options, no matter what they cost or whether they are covered.
 - o Refuse treatment, even if your doctor advises against it.
 - o Stop taking medicine.
 - o Ask for a second opinion. Aetna Better Health Premier Plan will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - o Get medical care timely.
 - o 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.
 - o Have interpreters to help with communication with your doctors and your health plan.



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- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - o Get emergency services without prior approval in an emergency.
 - o See an out of network urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
 - o Ask for and get a copy of your medical records in a way that you can understand and ask for your records to be changed or corrected.
 - o 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:
 - o File a complaint or grievance against us or our providers.
 - o Ask for a state fair hearing.
 - o Get a detailed reason for why services were denied.

For more information about your rights, you can read the Aetna Better Health Premier Plan Member Handbook. If you have questions, you can also call Aetna Better Health Premier Plan Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

If you have a complaint or think we should cover something we denied

If you have a complaint or think Aetna Better Health Premier Plan should cover something we denied, call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. You may be able to appeal our decision.

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

For information and questions on complaints, grievances and appeals you can call Aetna Better Health Premier Plan Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week.



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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 Premier Plan Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- 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.



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AETNA BETTER HEALTHSM PREMIER PLAN

333 West Wacker Drive

Mail Stop F646

Chicago, IL 60606



Aetna, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Aetna, Inc.:

- 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 these services, contact Aetna Medicaid Civil Rights Coordinator

IL-16-09-09

Fed Reg 5/18/16 (Reviewed 8/17)



If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/illinois.

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If you believe that Aetna, Inc. 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: Aetna Medicaid Civil Rights Coordinator, 4500 East Cotton Center Boulevard, Phoenix, AZ 85040, 1-888-234-7358, TTY 711, 860-900-7667 (fax), MedicaidCRCoordinator@aetna.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Aetna Medicaid 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, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Fed Reg 5/18/16 (Reviewed 8/17)



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Aetna Better Health Premier Plan: Summary of Benefits

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-385-4104** (TTY: **711**).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-385-4104** (TTY: **711**).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-385-4104** (TTY: **711**).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-385-4104** (TTY: **711**)。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-385-4104** (TTY: **711**) 번으로 전화해 주십시오.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-385-4104** (TTY: **711**).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-385-4104** (رقم هاتف الصم والبكم: **711**).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-385-4104** (телетайп: **711**).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો ન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-385-4104** (TTY: **711**).

Urdu: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-385-4104** (TTY: **711**)۔

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If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139** (TTY: **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/illinois.

Aetna Better Health Premier Plan: **Summary of Benefits**

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-385-4104** (TTY: **711**).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-385-4104** (TTY: **711**).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-385-4104** (TTY: **711**) पर कॉल करें।

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-385-4104** (ATS: **711**).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-385-4104** (TTY: **711**).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-385-4104** (TTY: **711**).

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If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139** (TTY: **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/illinois.



www.aetnabetterhealth.com/illinois