Helpful information

Aetna Better Health
Member Services / Behavioral Health Services
1-866-212-2851
Representatives available 24 hours a day, 7 days a week

Address
Aetna Better Health
333 West Wacker Drive, Suite 2100
Mail Stop F646
Chicago, IL 60606

Services for the Hearing Impaired
Illinois Relay 711

Enrollment and Application Services
Illinois Client Enrollment Broker (ICEB)
1-877-912-8880
1-866-565-8576 (TTY)

Transportation Services
Medical Transportation Management, Inc.
1-888-513-1612

Dental Services
DentaQuest
1-800-416-9185

Vision Services
March Vision
1-888-493-4070

Pharmacy Services
Call Member Services
1-866-212-2851

Prescriptions by Mail
CVS
1-800-231-4403
1-800-863-5488 (TTY)
Monday through Friday
8 a.m.- 8 p.m. EST

Language Interpretation Services
Including Sign Language Interpretation and CART Reporting
1-866-212-2851

Grievance and Appeals
Aetna Better Health
Attn: Appeals and Grievance Manager
333 West Wacker Drive, Suite 2100
Mail Stop F646
Chicago, IL 60606
1-866-212-2851
Illinois Relay 711

To make a request for a fair hearing:
Illinois Department of Healthcare and Family Services
Bureau of Assistance Hearings
401 South Clinton, Sixth Floor
Chicago, IL 60607
1-800-435-0774
1-877-734-7429 (TTY)

Fraud and Abuse Hotline
1-877-436-8154

Reporting Abuse, Neglect and Exploitation
Adult Protective Services (APS)
1-866-800-1409
1-888-206-1327 (TTY)

www.aetnabetterhealth.com/illinois

Personal information

My member ID number

My primary care provider (PCP)

My provider’s phone number
Welcome to Aetna Better Health of Illinois. This member handbook is for people who are enrolled in the Illinois Integrated Care Program, or ICP. The Integrated Care Program is for adults and older adults with disabilities, ages 19 and over, who are eligible for Medicaid but not Medicare.

Members enrolled with the Integrated Care Program and Aetna Better Health of Illinois must live in one of the following counties:

- Boone
- Cook
- DuPage
- Kane
- Kankakee
- Lake
- McHenry
- Will
- Winnebago

This member handbook also has your Certificate of Coverage (below), which is required by state law. The effective date of this Certificate of Coverage is the same as the date shown on the front of your Aetna Better Health of Illinois identification card.

How to Use Your Member Handbook and Certificate of Coverage

Please read this member handbook very carefully. Much of the information in this handbook is related. Reading just a few of the items or pages may not help you fully understand what you may want to know.

This Certificate of Coverage may be subject to amendment, modification, or termination by mutual agreement between Aetna Better Health of Illinois Inc., an Illinois corporation (“Health Plan”) and the Illinois Department of Healthcare and Family Services (“Department”) without the consent of any member. Members will be notified of any such changes as soon as possible after they are made.

By choosing or accepting health care coverage under Aetna Better Health of Illinois Inc., an Illinois corporation, members agree to all the terms and conditions in this Certificate of Coverage.

CERTIFICATE OF COVERAGE

This Certificate is issued by Aetna Better Health of Illinois Inc., an Illinois corporation, operating as a health maintenance organization. In consideration of the Member’s enrollment, Aetna Better Health of Illinois shall provide and/or arrange for covered health care services to the Member in accordance with the provisions of this Certificate of Coverage.

IN WITNESS WHEREOF, Aetna Better Health of Illinois has caused this Certificate of Coverage to be executed by its duly authorized officer on the date indicated below, under which Certificate coverage will begin on the Effective Date indicated on the Member’s Aetna Better Health of Illinois identification card.

EFFECTIVE DATE: May 1, 2011, Aetna Better Health of Illinois Inc., an Illinois corporation

Lawrence Kissner
Chief Executive Officer,
Aetna Better Health of Illinois
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<td><strong>1-866-212-2851</strong></td>
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<td>Please call Member Services if you want information in other formats. We have audio CD-ROM, large print, or Braille.</td>
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<td>Behavioral Health Crisis</td>
<td><strong>1-866-212-2851</strong>, then press 9</td>
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<td>Behavioral Health Services</td>
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<td>If you have a complaint, grievance or appeal, call Member Services.</td>
<td>Fax: <strong>855-545-5196</strong></td>
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<td>Claims</td>
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<td>Emergency</td>
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<td>Vision</td>
<td><strong>1-888-493-4070</strong></td>
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<td>Prescriptions</td>
<td><strong>1-866-212-2851</strong></td>
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<td>If you have questions about prescriptions, call Member Services.</td>
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<td>CVS Mail Order Pharmacy</td>
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<td>Dental</td>
<td><strong>1-800-416-9185</strong></td>
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<tr>
<td>DentaQuest</td>
<td><strong>1-800-466-7566</strong> (TTY)</td>
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**www.aetnabetterhealth.com/illinois**
Member Services **1-866-212-2851** TTY **711**
Thank you for choosing Aetna Better Health of Illinois as your health plan.

If you have questions, call our Member Services Department at 1-866-212-2851. Member Services can answer questions about your health benefits. We are here to help you, 24 hours a day, 7 days a week.

**MEMBER INFORMATION**

Your health is important to us. Please read this handbook. It has good information about your health care services, such as:

- How the Member Services Department helps you
- Why it’s important to have a primary care provider (PCP) as your medical home
- Which services Aetna Better Health of Illinois pays for
- Which services Aetna Better Health of Illinois does not pay for
- How to get care and services
- Your rights and responsibilities
- How to make appointments with health care providers
- How to file a grievance or an appeal
- How to plan for your care if you can’t tell providers what you want

**MEMBER SERVICES DEPARTMENT**

If you have questions, you can call Member Services at 1-866-212-2851. We are here 24 hours a day, 7 days a week. We can answer your questions and give you information. Below is a list of some of the things we can help you with:

- Your rights and responsibilities
- Finding a PCP to be your medical home in your area
- Making an appointment with your PCP
- Changing your PCP
- How to get care from specialists, hospitals and other providers
- Your health care services
- Filing a grievance or appeal
- Making an address, telephone or e-mail address change
- Getting a free interpreter (language services, including sign language)
- Getting information in a language other than English
- Getting information in other ways, like audio CDs, large print, cassette tape or Braille
- Getting a ride to your provider appointments
- Getting behavioral health care
- Getting dental care
- Getting your medicines
- Getting medical supplies
- Health and wellness programs for members ages 19-20
- Family planning
- Pregnancy care
- Where to get help for domestic violence or elder abuse

Please call us at 1-866-212-2851 for help.

**Language Services**

If you speak another language and need interpreter services call 1-866-212-2851. We will get you an interpreter in your language. We can also help if you need sign language interpretation. You can also use this service at your health care provider’s office. You must call at least three business days in advance to set up this interpretation. Specialized interpretation services, such as tactile interpretation, must be set up at least ten business days in advance. This service is available at no cost to you.

You can get this member handbook interpreted in another language, just call Member Services at 1-866-212-2851.
Other Ways to Get Information
If you have a hearing disability, please call the Illinois Relay at 711. Illinois Relay can help in many ways:
- TTY users
- TTY users (Spanish)
- Voice users
- VCO (Voice Carry Over)
- Speech to speech
- ASCII (American Standard Code for Information Interchange)
- Telebraille

If you have a hard time seeing or hearing, or you do not read English, you can get information in the following ways:
- Audio CD
- Large print
- Braille

Website
Our website is www.aetnabetterhealth.com/illinois. It has information to help you get health care. You can also:
- Get information about your benefits
- Find a PCP or specialist in your area
- Send us questions through email
- Get health information
- View the member handbook

ENROLLMENT

Open Enrollment
If you are new to Aetna Better Health of Illinois, you will have 90 days from the date of your first enrollment to try the health plan. During the first 90 days, you can change health plans for any reason. After the 90 days, if you are still eligible for the Integrated Care Program, you will stay enrolled in Aetna Better Health of Illinois for the next nine months. This is called “lock-in.”

At the end of your enrollment year, you will get a letter from the Illinois Client Enrollment Services. The letter will say that you can change health plans if you want to. The letter will give you the dates that you can make the change. You will have 60 days to change. This 60 day period is called “open enrollment.” You can change health plans during your 60-day open enrollment period every year.

You do not have to change health plans, but you can if you want to. If you choose to change plans during open enrollment, you will be a member in the new plan at the end of your current enrollment year. Whether you pick a new plan or stay with Aetna Better Health of Illinois, you will be locked into that plan for the next 12 months.

Reinstatement
If you lose eligibility for 60 days or less and then become eligible again, you will be re-enrolled with Aetna Better Health of Illinois. We will assign you to your past PCP if they are still accepting patients.

ID Card
You will get an ID card when you join. You need this ID card to get health care. Keep your ID card in a safe place. Show it whenever you need health care services.

Please call us at 1-866-212-2851 if:
- Your PCP’s name or phone number are not on your ID card
- You change your PCP
- You lose your ID card

We will send you a new ID card.

You are the only one who can use your ID card. Do not give, loan or sell your ID card to anyone. Do not give the information on the ID card to anyone. If you give your card to someone, you could have problems getting health benefits.
Privacy Notice
Your welcome packet has a Notice of Privacy Practices. It says how we use your personal information. It tells how you can get copies of your health records. It shows how to make changes in your records. Your health care information is private. We will only give it out if the law allows or if you let us give it out. For another copy of our Notice of Privacy Practices, please call Member Services at 1-866-212-2851 or visit www.aetnabetterhealth.com/illinois.

MEMBER RIGHTS AND RESPONSIBILITIES

You have rights and responsibilities as a member. You can use all of your member rights without being treated differently. You can use all of your member rights without losing any health care services.

You have the right to information about your treatment or treatment options. You have a right to get this information in a language you understand.

This information includes the following:

- Names of health care providers and care managers
- Copies of medical records as allowed by law
- A description of our services or covered benefits
- A description of your rights and responsibilities as a member, including the right to refuse treatment
- How we provide for after-hours and emergency health care services
- How we pay providers and manage costs
- How you can use services
- Member survey
- Grievance results
- How much a service will cost you if it’s not covered
- How to get services
- What type of authorization may be needed for services
- A description of how we evaluate new technology for inclusion as a covered benefit
- What treatment choices or types of care are available to you, and the benefits or drawbacks of each choice
- Informing you about your right to make advance directives
- Health care benefit or network changes

You also have a right to respect, fairness and dignity. This includes the following rights:

- To get covered services without concern about payer source, race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
- Quality medical services that support your beliefs, medical condition and background
- Interpreter services if you do not speak English or you have impaired hearing
- Written information in other formats (e.g., audio CD-ROM, large print, Braille)
- To be free from any form of restraint or seclusion
You have a right to make decisions about your health care. You can also have a representative, such as a family member or friend, make decisions on your behalf. This includes the following rights:

- To choose a participating primary care provider (PCP) to help with planning and coordinating care.
- To see a women’s health care provider (WHCP) without a referral.
- Timely access to providers and care from a specialist when it’s needed.
- Timely access to prescriptions from a network pharmacy.
- To know about all treatment options, no matter what they cost or whether they are covered.
- To be told about any risks in your care.
- To be told in advance if a proposed care or treatment is part of a research experiment and the right to refuse experimental treatments.
- To change your PCP.
- To request specific, condition-related information from a PCP.
- To request information about procedures and who will perform them.
- To decide who should be in attendance at treatments and examinations.
- To choose to have a female in the room for breast and pelvic exams.
- To refuse a treatment, including leaving the hospital, even though a provider advises against it, and requesting an explanation of consequences. Eligibility or medical care does not depend on your agreement to follow a treatment plan.
- To stop taking medications.
- To receive written notification when health care services are reduced, suspended, terminated or denied. The notification has instructions on how to file a grievance or request a Fair Hearing from the Illinois Department of Healthcare and Family Services (DHFS).

You have a right to seek emergency care and specialty services. This includes the following rights:

- Getting emergency services without prior approval in an emergency
- Getting services from a specialist with a recommendation from your PCP
- Refusing care from a specialist you were referred to and to request another recommendation
- Getting a second opinion

You have a right to confidentiality and privacy. This includes the following rights:

- Private and confidential health care information
- Information only given out as allowed by law
- Getting a copy of your medical records
- Asking for changes to medical records
- Asking how your health care information has been given out
- Talking to providers and care managers privately

You have a right to report your concerns. This includes the following rights:

- Filing a complaint or grievance against Aetna Better Health of Illinois or our providers
- Asking for a state fair hearing
- Asking for changes to policies and services
- Getting a detailed explanation if you are denied care that you think you should receive

You have the following responsibilities:

- Knowing the name of your assigned PCP and/or care manager
- Knowing your coverage and the rules you must follow to get care
- Telling us about any changes in eligibility, or any other information that may affect your membership, health care needs or access to benefits
- Respecting those who are providing services to you
- Sharing any concerns, questions or problems with us
• Providing all health information needed by providers
• Asking questions if you do not understand a treatment plan or health condition
• Following instructions and guidelines agreed upon with providers
• Protecting your ID card and showing it when you get health care
• Telling us about other insurance you have and about other benefits you may be eligible for
• Scheduling appointments during office hours, when you can
• Arriving at appointments on time
• Telling your providers when you have to cancel an appointment
• Following your providers’ instructions
• Providing consent to managed care plans, health care providers and their designees for the purpose of providing patient care management, outcomes improvement and research

GETTING CARE

Aetna Better Health of Illinois members must use in-network, contracted providers to obtain health care services.

Copay
Aetna Better Health of Illinois members do not pay copay for standard Medicaid services, medications, or additional services offered by Aetna Better Health of Illinois, such as transportation. This includes dental and vision services offered through DentaQuest and March Vision.

Providers may not bill Aetna Better Health of Illinois members for any services, including copay. If you do receive a bill from a provider, call Member Services at 1-866-212-2851. A Member Services representative will help you.

Provider Directory
Aetna Better Health of Illinois’s provider directory is online at www.aetnabetterhealth.com/illinois.

It lists health care providers and hospitals in our network. The directory has the names of PCPs, WHCPs, specialists, behavioral health and other health care providers in your area. You can also use the online directory to find a dentist, pharmacy or vision care provider.

Aetna Better Health of Illinois members receive dental services from DentaQuest providers and eye care services from March Vision Care providers. See page 20 for more information about dental services. See page 21 for more information about vision services. See page 17 for more information about pharmacy services.

If you want help finding a provider or you want a provider to be added to our network, call Member Services at 1-866-212-2851. They will be glad to help you.

Your Medical Home
A medical home is the place where your primary care provider (PCP) is located. A medical home also includes the support team who works with your PCP to coordinate the services and care you need. The goal is to help you be as healthy as possible.

Having a medical home is important because it’s the first place you go to get the care you need to stay healthy.

This is what having a medical home means:
• Your personal PCP gets to know you well
• Your PCP works with your other health care providers, such as specialists and hospitals, to coordinate your care.
• You get better health care because your PCP knows your health care needs.
• You can better understand your illnesses and how to care for yourself.
• You can understand how to get and take your medicine.
• You only use the emergency room for health care emergencies.
• The PCP may use other team members to help you get better care.

www.aetnabetterhealth.com/illinois
Member Services 1-866-212-2851 TTY 711
Your PCP may be one of the following types of health care providers.

- Family doctor
- General practitioner
- Internist
- Federally Qualified Health Center or a Rural Health Center
- Women’s Health Care Provider (WHCP) or OB/GYN

In some cases, a specialist may be a PCP. If you have a specialist that you want to be your PCP, the specialist must call Aetna Better Health of Illinois. There is a process the specialists must go through to be your PCP.

You most likely picked your PCP when you joined Aetna Better Health of Illinois. If you did not pick your own PCP, the Illinois Client Enrollment Services gave you one. Your PCP’s name and phone number are listed on your ID card. If this information is not listed on your ID card, call Member Services at 1-866-212-2851.

It’s important to choose the medical home that is right for you. If you don’t already have a medical home and you need help choosing one, call Member Services at 1-866-212-2851.

Your Provider’s Office
When you see your provider, ask him or her, and the office staff, these questions. By knowing the answers, you will be better prepared for getting health care services.

- What are your office hours?
- Do you see patients on weekends or at night?
- What kinds of special help do you offer for people with disabilities?
- (If you have a hearing disability) Do you have sign language interpreters? **Note:** if the provider’s office does not have sign language interpreters, Aetna Better Health of Illinois can provide you with a sign language interpreter at no cost to you.

Call Member Services at 1-866-212-2851 at least three days before your appointment and ask to arrange for a sign language interpreter at your provider office visit.

- Will you talk about problems with me over the phone?
- Who should I contact after hours if I have an urgent situation?
- How long do I have to wait for an appointment?

Other Questions to Ask
Use the questions below when you talk to your provider or pharmacist. These questions may help you stay well or get better. Write down the answers to the questions and always follow your provider’s directions.

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Quick Tips about Appointments
Call your provider early in the day to make an appointment. Let them know if you need special help, like a sign language interpreter.

- Tell the staff person your symptoms.
- Take your member ID card with you.
- If you are a new patient, go to your first appointment at least 30 minutes early so you can give them information about you and your health history.
- Let the office know when you arrive. Check in at the front desk.
- If you need a ride to your appointment, call Medical Transportation Management (MTM) at 1-888-513-1612. You must call at least three days in advance to set up your ride.

If you cannot go to your appointment, please call your provider’s office before the appointment time to cancel. If you also have an appointment with the transportation company to pick you up, be sure to call them before the appointment to cancel your ride.
CHANGING YOUR PCP

It’s a good idea to stay with your PCP. This will help your PCP get to know you and your health care needs. If you need to change your PCP, call Member Services at 1-866-212-2851. Some reasons for making a change are below:

- Your PCP’s office is too far away
- You do not understand what your PCP says
- You do not feel comfortable talking to your PCP
- Your PCP’s office building is not set up to accommodate people with disabilities

You can find a new PCP online at www.aetnabetterhealth.com/illinois. You can also call Member Services for help at 1-866-212-2851. Our staff can help you choose or change your PCP. A letter and a new ID card with the changes will be sent to you. You may see your new PCP right away. Your new ID card will arrive in 10-14 days.

If Aetna Better Health of Illinois finds out that your provider no longer will be in our network, we will let you know. You will get a letter in the mail from us within 15 business days after we find out. We will help you find a new provider. We will work with the new provider so you can continue any treatment your previous provider is giving you.

GETTING SPECIALIST CARE

Your PCP or WHCPs can recommend a specialist to you if you have a specific problem. Your PCP or WHCP can also recommend a lab or hospital to you for special services. We may need to review and approve service requests before you can get services. If it’s medically necessary you can get a standing authorization to see a specialist. The specialist, lab or hospital will know how to get approval for these services.

SELF-REFERRALS

You can see your PCP or a WHCP any time you need to. This is called a self-referral. There are some other services you can self-referral to. These include:

- Behavioral health
- Family planning
- Emergency services
- Shots (immunizations)
- Vision care
- Dental care

GETTING A SECOND OPINION

You can get a second opinion from another provider in our network. You can do this at no cost to you. If you need help finding a provider call Member Services at 1-866-212-2851. They will help you find another provider for a second opinion. If you go to a provider who is not part of our network, you may have to pay the cost of the visit.

PRIOR AUTHORIZATION

Some services must be approved before you can get them. This is called “prior authorization.” If your provider thinks you need a service, they will ask us for prior authorization. Our medical staff makes decisions about the care and services you need. These decisions are based on three things:

- Your medical needs
- National clinical guidelines
- Information from your provider

If you are new to Aetna Better Health of Illinois, we will honor prior authorizations of services from Medicaid or another health plan for 90 calendar days after you join.

Call Member Services at 1-866-212-2851 if you have questions about this.
Prior Authorization Steps

1. Your provider contacts us by phone, fax or online to ask for prior authorization. They tell us about the service and why you need it.

2. Our medical staff looks at the information to decide if the service can be approved. They may talk more with your provider.

3. If the service is approved, we tell your provider.

4. If the service is not approved, we send a letter to you and your provider. This is called a “Notice of Action letter.” It explains the decision.

5. You and your provider can get a copy of the medical reasons used to make a denial decision.

6. If you disagree with the decision, you can file an appeal or ask for a State Fair Hearing. See “Grievance and Appeals” beginning on page 27 to learn more.

We do not reward a provider for denying, limiting or delaying coverage of health care services. We do not give money to staff that make medical necessity decisions to get them to turn down services.

You do not pay for medically necessary covered services. You may have to pay when we do not cover the service provided. Your provider should tell you that a service is not covered before you get it.

What is Medical Necessity?
When your provider asks for prior authorization, they must tell us why the service is medically necessary.

A service is medically necessary if it meets the descriptions below:
- It’s appropriate.
- It’s considered by other health professionals to be good medical practice.
- It meets Aetna Better Health of Illinois’s guidelines, policies and procedures.
- It’s used to diagnose or treat a covered illness or injury.
- It’s used to prevent an illness.
- It’s used to help you get well or stay well.

This definition also applies to supplies and medicines.

COVERED SERVICES

Services covered by Aetna Better Health of Illinois are listed below. Some limitations and prior authorization requirements may apply. All services must be medically necessary. If you have questions about covered services, call Member Services at 1-866-212-2851.

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<tbody>
<tr>
<td>Abortions</td>
<td></td>
<td>Covered benefit when necessary to preserve the woman’s life or health or when the pregnancy is the result of rape or incest.</td>
</tr>
<tr>
<td>Type of Care</td>
<td>Covered Services</td>
<td>Coverage and Benefit Limitations</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
</tbody>
</table>
| Ambulatory Surgery   | • Preoperative examinations
                      • Operating and recovery room services
                      • All required drugs and medicines                                          | Covered benefit.                 |
| Behavioral Health    | **Mental health services including but not limited to:**
                      • Mental health assessment and/or psychological evaluation
                      • Medication management
                      • Community treatment and support, including peer specialists or family peer specialist support services
                      • Therapy/counseling
                      **Subacute alcohol and substance abuse treatment, including but not limited to:**
                      • Outpatient treatment
                      • Residential treatment
                      • Detoxification
                      • Psychiatric evaluation services
                      • Day treatment                                                            | Covered benefit.                 |
<p>| Chiropractic         | Services are limited to the treatment of the spine by manual manipulation.        | Covered benefit.                 |</p>
<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Covered Services</th>
<th>Coverage and Benefit Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>• Exams (1 per year for members under age 21)</td>
<td>Covered benefit.</td>
</tr>
<tr>
<td></td>
<td>• Cleanings (2 per year)</td>
<td>Call DentaQuest at <strong>1-800-416-9185</strong> or see page 20 for more information.</td>
</tr>
<tr>
<td></td>
<td>• X-rays</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fluoride treatments (1 per year for members under age 21)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sealants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fillings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Crowns (caps)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Root canals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dentures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Extractions (pulling)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “Practice” visits for members to become more comfortable with the dentist’s office</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mobile dental services for members in intermediate care facilities and nursing homes</td>
<td></td>
</tr>
<tr>
<td>Dialysis – Outpatient</td>
<td><strong>Nondurable medical supplies, including, but not limited to:</strong></td>
<td>Covered benefit.</td>
</tr>
<tr>
<td>Medical Equipment and Supplies</td>
<td>• Asthma medical supplies such as peak flow meter (not including medicine)</td>
<td>The provider must get authorization for these services.</td>
</tr>
<tr>
<td></td>
<td>• Diabetes testing supplies such as glucometer (not including medicine)</td>
<td>The member must use a medical supply company or pharmacy that is in our network.</td>
</tr>
<tr>
<td></td>
<td><strong>Durable medical supplies (DME) including but not limited to:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Wheelchairs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Oxygen supplies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Apnea monitors</td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td></td>
<td>Covered benefit.</td>
</tr>
<tr>
<td>Emergency Transportation</td>
<td></td>
<td>Covered benefit.</td>
</tr>
<tr>
<td>Type of Care</td>
<td>Covered Services</td>
<td>Coverage and Benefit Limitations</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Eye Care</td>
<td>• Routine eye exam (1 per year)</td>
<td>Covered benefit.</td>
</tr>
<tr>
<td></td>
<td>• Glasses (1 pair per year)</td>
<td>Call March Vision Care at 1-888-493-4070</td>
</tr>
<tr>
<td></td>
<td>• Medically necessary contacts</td>
<td>or see page 21 for more information.</td>
</tr>
<tr>
<td></td>
<td>• Replacement glasses for members ages 19 and 20 as needed. This includes lenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and frames.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Replacement lenses for members ages 21 and older, when medically necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• One replacement pair of glasses each year if the first pair of glasses is</td>
<td></td>
</tr>
<tr>
<td></td>
<td>lost or broken beyond repair, for members ages 21 and older.</td>
<td></td>
</tr>
<tr>
<td>Family Planning</td>
<td>Including but not limited to:</td>
<td>Covered benefit.</td>
</tr>
<tr>
<td></td>
<td>• Provider visit</td>
<td>Limitations on sterilization include:</td>
</tr>
<tr>
<td></td>
<td>• Birth control and family planning education and counseling</td>
<td>• Age 21 or older</td>
</tr>
<tr>
<td></td>
<td>• Contraceptives (birth control)</td>
<td>• Completed consent form</td>
</tr>
<tr>
<td></td>
<td>• Testing for sexually transmitted diseases and HIV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sterilization</td>
<td></td>
</tr>
<tr>
<td>Hearing Care</td>
<td>Includes:</td>
<td>Covered benefit.</td>
</tr>
<tr>
<td></td>
<td>• Audiologist services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hearing screening</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cochlear implants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hearing aids and repairs</td>
<td></td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Covered benefit.</td>
<td></td>
</tr>
<tr>
<td>Hospice Services</td>
<td>Covered benefit.</td>
<td></td>
</tr>
<tr>
<td>Hospital - Inpatient</td>
<td>Covered benefit.</td>
<td></td>
</tr>
<tr>
<td>Hospital - Outpatient</td>
<td>Covered benefit.</td>
<td></td>
</tr>
<tr>
<td>Immunizations (Shots)</td>
<td>Covered benefit.</td>
<td></td>
</tr>
<tr>
<td>Laboratory Services/X-rays</td>
<td>Covered benefit.</td>
<td></td>
</tr>
<tr>
<td>Nurse Midwife Services</td>
<td>Covered benefit.</td>
<td></td>
</tr>
<tr>
<td>Type of Care</td>
<td>Covered Services</td>
<td>Coverage and Benefit Limitations</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>• Prenatal care (before birth)</td>
<td>Covered benefit.</td>
</tr>
<tr>
<td></td>
<td>• Labor and delivery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Postpartum care (after the baby is born)</td>
<td></td>
</tr>
<tr>
<td>Nursing Care</td>
<td>Members under the age of 21 can get medically necessary in-home shift nursing and</td>
<td>Covered benefit for members ages 19-20 who are not in the Medically Fragile Technology Dependent</td>
</tr>
<tr>
<td></td>
<td>personal care services provided by a registered nurse (RN), licensed practical</td>
<td>(MFTD) waiver.</td>
</tr>
<tr>
<td></td>
<td>nurse (LPN) or Certified Nurses Aide under the direction of a qualified home</td>
<td>The home health agency providing the nursing services must be in our network.</td>
</tr>
<tr>
<td></td>
<td>health agency.</td>
<td></td>
</tr>
<tr>
<td>Organ Transplant</td>
<td></td>
<td>Covered benefit.</td>
</tr>
<tr>
<td>Orthotics/Prosthetics</td>
<td></td>
<td>Covered benefit.</td>
</tr>
<tr>
<td>PCP Visit</td>
<td></td>
<td>Covered benefit.</td>
</tr>
<tr>
<td>Podiatric Services</td>
<td></td>
<td>Covered benefit.</td>
</tr>
<tr>
<td>Provider Office Visits/Preventive Care</td>
<td>Includes:</td>
<td>Covered benefit.</td>
</tr>
<tr>
<td></td>
<td>• Periodic well-adolescent visits (members 19-20)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Well-woman visits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Well-man visits</td>
<td></td>
</tr>
<tr>
<td>Rehabilitative Services</td>
<td>Including but not limited to:</td>
<td>Covered benefit.</td>
</tr>
<tr>
<td></td>
<td>• Occupational therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Physical therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Speech and language therapy</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
<td>Covered benefit.</td>
</tr>
</tbody>
</table>

*Definition of medically necessary*

Aetna Better Health of Illinois considers a service, supply or medicine to be medically necessary if it meets the descriptions below:

- It’s appropriate.
- It’s considered by other health professionals to be good medical practice.
- It meets Aetna Better Health of Illinois’s guidelines, policies and procedures.
- It’s used to diagnose or treat a covered illness or injury.
- It’s used to prevent an illness.
- It’s used to help you get well or stay well.
**NON-COVERED SERVICES**

The following are some services that Aetna Better Health of Illinois does not cover. For more information call Member Services at 1-866-212-2851.

- Experimental procedures
- Cosmetic procedures or surgery
- Infertility testing and treatment
- Consultation requested by a third party or agency
- Acupuncture

**BEHAVIORAL HEALTH SERVICES**

If you have a behavioral health crisis, call the behavioral health crisis line at 1-866-212-2851; then press option 9. Help is available 24 hours a day, 7 days a week.

You can get treatment for substance abuse and other behavioral health issues through our provider network. You do not need a referral to see a behavioral health provider that is in our network. Call Member Services at 1-866-212-2851 to find out more about behavioral health services.

These are some of the behavioral health services we offer:

- Mental health assessment and/or psychological evaluation
- Medication management
- Community treatment and support including peer specialists or family peer specialist support services
- Therapy/counseling

We also cover treatment for substance abuse, such as:

- Outpatient treatment
- Inpatient treatment
- Day treatment
- Detoxification
- Psychiatric evaluation services

**PHARMACY SERVICES**

**Prescriptions**

Aetna Better Health of Illinois covers prescription medications. You can get your prescriptions at no cost to you when:

- You get your prescriptions filled at a network pharmacy
- Your prescriptions are on our preferred drug list (also called a formulary)

It’s important that you tell your provider or dentist about prescriptions you are already taking. Also, tell them about non-prescription medicine, vitamins or herbal supplements you may be taking.

**Preferred Drug List**

You can find out if your medicines are on the preferred drug list in one of two ways.

- Call Member Services at 1-866-212-2851. Have a list of your prescriptions ready when you call. Ask the representative to look up your medicines to see if they are on the list.
- Go online to www.aetnabetterhealth.com/illinois to see the list of covered drugs.

**Over-the-Counter Drugs**

Aetna Better Health of Illinois also covers certain over-the-counter drugs. Some of these may have rules about whether they will be covered. If the rules for that drug are met, Aetna Better Health of Illinois will cover the drug. Like other drugs, over-the-counter drugs must have a prescription from a provider for them to be covered at no cost to you.

You can find out if your over-the-counter medicines are on the preferred drug list in one of two ways:

- Call Member Services at 1-866-212-2851. Have a list of your over-the-counter medicines ready when you call. Ask the representative to look up your medicines to see if they are on the list.
- Go online to www.aetnabetterhealth.com/illinois to see the list of covered over-the-counter drugs.
**How to Get Your Prescriptions**
Here is how to get your prescriptions as an Aetna Better Health of Illinois member.

1. If you need medicine, your provider will choose a drug from our list of preferred drugs.
2. Your provider will write you a prescription. Ask your provider to make sure that the medicine is on the list.
3. Take the prescription to a network pharmacy to have it filled.
4. Show your Aetna Better Health of Illinois member ID card at the pharmacy. As long as you show your member ID card and use medicines from the preferred drug list, you will not have to pay for your prescriptions.

**How to find a Network Pharmacy**
You can find a network pharmacy in one of two ways:

- **Call Member Services at 1-866-212-2851.** Ask the representative to help you find a network pharmacy in your area.
- **Go online:** [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois). Click on “Find A Provider.” Then click “Find a Pharmacy” and click the “Pharmacy search” link to find a pharmacy near you.

All prescriptions must be filled at a network pharmacy. Prescriptions filled at other pharmacies that are not in the Aetna Better Health of Illinois network will not be covered.

**Mail Order Prescriptions**
If you take medicine for an ongoing health condition, you can have your medicines mailed to your home. Aetna Better Health of Illinois works with a company called CVS Caremark, to give you this service, which is available at no cost to you.

If you choose this option, your medicine comes right to your door. You can even schedule refills. Here are some other features of home delivery:

- Pharmacists check each order for safety
- You can order refills by mail, by phone, online, or you can sign up for automatic refills

You can talk with pharmacists by phone at any time 24 hours a day, 7 days a week.

You can sign up for this service in one of three ways:

1. **Call CVS Caremark at 1-855-271-6603, Monday to Friday between 8 a.m. and 8 p.m., Eastern Time.** CVS will help you sign up for home delivery. If you say it’s OK, CVS will call your provider to get your prescription. If you have trouble hearing, call CVS Caremark TTY at 1-800-231-4403.
2. **Visit [www.caremark.com/wps/portal](http://www.caremark.com/wps/portal) to log in and sign up for CVS Mail Order.** If you say it’s OK, CVS Caremark will contact your provider to get a prescription.
3. **Ask your provider to write a prescription for a 90-day supply with up to one year of refills.** You then complete the mail order services form and mail it to CVS Caremark along with the prescription. Mail the form to:
   
   CVS Caremark
   PO BOX 94467
   Palatine, IL 60094-4467

You can download the CVS Caremark Mail Order Service Form on our website at [www.aetnabetterhealth.com/illinois/members/icp/pharmacy](http://www.aetnabetterhealth.com/illinois/members/icp/pharmacy). Click “Mail order prescriptions.”

**If Your Medicines Are Not on the Preferred Drug List**
If your medicine is not on the preferred drug list, there are some things you can do:

- Ask your provider for a similar drug that is on the list
- Ask your provider to ask Aetna Better Health of Illinois to cover your drug through the prior authorization process. Your provider will know how to do this

**Refills**
Your medicine bottle label says how many refills you can have. If your provider or dentist has not ordered refills and you think you may need a refill, you must call him or her at least five days before your medicine
runs out. When you call, ask your provider or dentist about getting a refill. They may want to see you before giving you a refill.

**Questions to Ask About Your Medicines**
Aetna Better Health of Illinois wants you to be as healthy as possible. This includes being informed about the different medicines you may need to take. To help you, we have included a list of questions you should always ask your provider when he or she gives you a prescription.

- Why am I taking this medicine? What is it supposed to do for me?
- How should the medicine be taken? When? For how many days?
- Are there any side effects or possible allergic reactions to this medicine?
- What should I do if I have a side effect or allergic reaction?
- What will happen if I don’t take this medicine?

Carefully read the drug information the pharmacy gives you with your medicine. It will tell you what you should and should not do while taking the medicine. If you still have questions after you get your medicine, ask to speak with the pharmacist or call your provider.

**SERVICES FOR MEMBERS WITH DISABILITIES**

Our care coordinators can help you with different needs. They can put you in touch with community services that you may find helpful.

- Setting up health care appointments
- Rides to appointments
- Making sure you can get needed health care services
- Helping you understand paperwork from your provider
- Support groups, if needed

For more information call Member Services at **1-866-212-2851**.

**SERVICES FOR MEMBERS WITH VISUAL DISABILITIES**

Our care coordinators can help you with different needs. They can put you in touch with community services that you may find helpful.

- Making sure you can get member information on audio CD, in large print or in Braille
- Setting up health care appointments
- Rides to health care appointments
- Making sure you can get needed health care services
- Helping you understand paperwork from your provider
- Support group, if needed

For more information call Member Services at **1-866-212-2851**.

**SERVICES FOR MEMBERS WHO ARE SENIOR CITIZENS**

Our care coordinators can help you with different needs. They can put you in touch with community services that you may find helpful.

- Setting up health care appointments
- Rides to health care appointments
- Making sure you can get needed health care services
- Helping you understand paperwork from your provider
- Becoming active at your local senior center
- Support groups, if needed

For more information call Member Services at **1-866-212-2851**.
SPECIFIC SERVICES FOR MEMBERS AGES 19-20

We have a program for members ages 19-20 called EPSDT (Early and Periodic Screening, Diagnosis and Treatment). Members ages 19-20 can get checkups and covered health and dental services at no cost. Follow-up treatment for any problems found during the checkup is also covered.

EPSDT services include:

- Health screenings
- Taking the member’s medical history
- Blood and/or urine tests
- Shots (immunizations)
- Screening and testing lead levels in blood
- Checking the member’s progress
- Vision, hearing and dental screenings
- Referral and follow up for conditions found during a health screen

An EPSDT checkup helps members ages 19-20 stay healthy or find problems that may need medical treatment. If you are a member age 19-20 years old, you should get these checkups. Aetna Better Health of Illinois will send you a reminder to set up this important visit with your PCP.

TRANSPORTATION SERVICES

If you need a ride to your health care visits, please call Medical Transportation Management (MTM) at 1-888-513-1612. You can also use this service to get a ride to the pharmacy to pick up your prescriptions, as long as the trip to the pharmacy takes place immediately after your provider visit. If you need a family member or personal care attendant to ride with you, they can at no cost to you.

If you have a medical emergency, dial 911. Use of emergency transportation must be for emergencies only.

You can call Medical Transportation Management (MTM) at 1-888-513-1612 to set up a ride Monday - Saturday from 8 a.m. to 6 p.m. Central Time.

You need to set up a ride at least three days before your visit. You can also get a ride to the pharmacy if you go right after your provider visit.

Mileage reimbursement is available if you use your own car or get a ride from someone. You have seven days after your appointment to ask for mileage reimbursement. Call Member Services at 1-866-212-2851 and they will help you do this.

DENTAL SERVICES

Dental services are provided by DentaQuest’s providers. Please call DentaQuest Member Services at 1-800-416-9185/TTY 1-800-466-7566 for more information. You can find a dentist by linking to the DentaQuest provider directory on our website at www.aetnabetterhealth.com/illinois.

You may choose any general dentist from the list. If you need to change, just choose a new dentist from the same list.

See the covered benefits chart beginning on page 12 for a list of covered dental services.

Aetna Better Health of Illinois also covers practice dental visits for members who ask for them. Here is what happens at a practice dental visit:

- You can come to the office
- You can meet the staff
- You can view the equipment
- You can sit in the chair
- You can ask questions

No dental services are provided at a practice visit. The goal is to help you feel more comfortable with the dentist’s office.

You are limited to one practice visit per dentist, with up to two practice visits (with two different dentists) per year. In other words, if you have a practice visit with a particular dentist but you are not comfortable with that dentist, you may have another practice visit with a second dentist within any given year. However, you may not have more than one practice visit with the same dentist.
Aetna Better Health of Illinois also offers mobile dental services for members who live in intermediate or nursing care facilities. To find out more, call DentaQuest Member Services at 1-800-416-9185 / TTY: 1-800-466-7566.

**EYE CARE SERVICES**

Eye care services are provided by March Vision Care. If you have questions about eye care or vision benefits, call March Vision Care at 1-888-493-4070.

You do not need a referral to see a vision provider that is in our network.

Eye care services include:

- One routine eye exam each year
- One pair of glasses each year
- Medically necessary contact lenses
- Replacement glasses for members ages 19 and 20 as needed. This includes lenses and frames
- Replacement lenses for members ages 21 and older, when medically necessary
- One replacement pair of glasses each year if the first pair of glasses is lost or broken beyond repair, for members ages 21 and older

**SERVICES FOR WOMEN**

Women who are sexually active or who are age 19 and older should have a yearly well-woman exam. Your PCP, WHCP or an OB/GYN provider can do this exam. You do not need to get a referral from your PCP to see a WHCP or an OB/GYN provider. You can find WHCPs or OB/GYN providers in the online provider directory at www.aetnabetterhealth.com/illinois. If you need help, call Member Services at 1-866-212-2851.

Your well-woman exam will include a screening for cervical cancer, which is called a Pap smear. This is an important test that can save your life. It’s done right in your provider’s office.

If you are age 40 or older, you should also have a mammogram every year. Your provider may offer this service in their office. Or you may need to go to a special center that offers this service. These centers are called radiology or imaging centers. You can find one in your area by calling Member Services at 1-866-212-2851. Tell the staff you want to find a location to get your mammogram. Or find a provider online at www.aetnabetterhealth.com/illinois.

Aetna Better Health of Illinois will send you a reminder in the mail to make appointments for these important screenings.

**FAMILY PLANNING SERVICES**

You can receive family planning services from any provider without prior authorization or a referral from your PCP.

Aetna Better Health of Illinois covers the following family planning services.

- Birth control counseling
- Birth control pills
- Birth control shots (Depo Provera)
- “Morning after pill” - no prior authorization needed
- IUD (Intrauterine device)
- Diaphragms
- Condoms
- Foams and suppositories
- Male and female sterilization for members ages 21 and older with completed consent form
- Natural family planning
- Medical and lab exams, including ultrasounds related to family planning
- Treatment of complications resulting from the use of birth control

The following are not covered family planning services:

- Infertility services, including diagnostic testing, treatment or reversal of surgical infertility
- Some methods of sterilization

www.aetnabetterhealth.com/illinois
Member Services 1-866-212-2851 TTY 711
PREGNANCY CARE

Pregnant women need special care. If you are pregnant, please call Member Services at 1-866-212-2851. They can help you with the following:

- Choosing a PCP, WHCP or OB/GYN for your pregnancy (prenatal) care
- Getting you into special programs for pregnant members, such as childbirth classes, or help getting healthy food through the Women Infants and Children (WIC) program

If you are not sure you are pregnant, make an appointment with your provider for a pregnancy test.

Here are some important reminders about pregnancy care:

- If you are pregnant and have chosen your pregnancy provider, make an appointment to see them
- If you need help finding a provider, call Member Services at 1-866-212-2851
- Your provider must set up a visit for you within 10 days of your call
- Your provider will tell you about the schedule for pregnancy visits. Keep all of these appointments
- Call Medical Transportation Management (MTM) at 1-888-513-1612 if you need a ride to your appointments. You must call at least three days in advance to set up your ride
- If you had a baby in the last two months and need a post-delivery checkup, call your provider’s office.

Early and regular care is very important for your health and your baby’s health.

Your PCP, WHCP or OB/GYN will tell you about the following:

- Regular pregnancy care and services
- Special classes for moms-to-be, such as childbirth or parenting classes

- What to expect during your pregnancy
- Information about good nutrition, exercise and other helpful advice
- Family planning services, including birth control pills, condoms and tubal ligation (getting your tubes tied) for after your baby is born

Healthy Pregnancy Tips

- During your pregnancy, your provider will tell you when you need to come back for a visit. It’s important for your health and your baby’s health to keep all your appointments with your provider while you are pregnant.
- Childbirth classes can help with your pregnancy and delivery. These classes are available at no cost to you. Ask your provider about the classes and how you can sign up for them.
- High lead levels in a pregnant woman can harm her unborn child. If you are pregnant, talk to your provider to see if you may have been exposed to lead.
- If you are pregnant, it’s important that you do not smoke, drink alcohol or take illegal drugs because they will harm you and your baby.

After You Have Your Baby

You should see your own PCP, WHCP or OB/GYN within 3-8 weeks after your baby is born. You will get a well-woman checkup to make sure you are healthy. Your PCP will also talk with you about family planning.

TYPES OF CARE

There are three different kinds of health care you can get: preventive, urgent and emergency.

The chart on the next page gives you examples of each type of care and tells you what to do. Always check with your PCP if you have questions about your care. If you have an emergency, call 911 or go to the nearest emergency room.
<table>
<thead>
<tr>
<th>Type of Care</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive</strong> - This is regular care to keep you healthy. For example:</td>
<td>Call your provider to make an appointment for preventive care. You can expect to be seen by:</td>
</tr>
<tr>
<td>• Checkups</td>
<td>• Your PCP within 21 days</td>
</tr>
<tr>
<td>• Yearly exams</td>
<td>• A specialist within 45 days</td>
</tr>
<tr>
<td>• Shots (immunizations)</td>
<td>• A dentist within 45 days</td>
</tr>
<tr>
<td><strong>Urgent/Sick Visit</strong> - This is when you need care right away, but you are not in danger of lasting harm or of losing your life. For example:</td>
<td>Call your PCP. Even if it’s late at night or on the weekends, the PCP has an answering service that will take your message. Your PCP will call you back and tell you what to do.</td>
</tr>
<tr>
<td>• Sore throat</td>
<td>You should <strong>NOT</strong> go to the emergency room for urgent/sick care.</td>
</tr>
<tr>
<td>• Flu</td>
<td>• For urgent/sick visits, you can expect to be seen by:</td>
</tr>
<tr>
<td>• Migraines</td>
<td>• Your PCP within 2 days</td>
</tr>
<tr>
<td></td>
<td>• A specialist or dentist within 3 days</td>
</tr>
<tr>
<td><strong>Emergency</strong> - This is when one or more of the following is happening:</td>
<td><strong>Call 911 or go to the nearest emergency room.</strong> You can go to any hospital or facility that provides emergency services and post-stabilization services.</td>
</tr>
<tr>
<td>• You are in danger of lasting harm or the loss of your life if you do not get help right away</td>
<td>Our online provider directory at <strong><a href="http://www.aetnabetterhealth.com/illinois">www.aetnabetterhealth.com/illinois</a></strong> contains a list of facilities that provide emergency services and post-stabilization services. You can also call Member Services at <strong>1-866-212-2851</strong> and ask for the name and location of a facility that provides emergency services and post-stabilization services.</td>
</tr>
<tr>
<td>• For a pregnant woman, she or her unborn child is in danger of lasting harm or losing their lives</td>
<td></td>
</tr>
<tr>
<td>• Your bodily functions are seriously impaired</td>
<td></td>
</tr>
<tr>
<td>• You have a serious problem with any bodily organ or body part</td>
<td></td>
</tr>
<tr>
<td>Type of Care</td>
<td>What to do</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>More Emergency Examples:</strong></td>
<td>But you <strong>DO NOT</strong> have to call anyone at the health plan or call your provider before you go to an emergency room. You can go to <strong>ANY</strong> emergency room during an emergency - or for post-stabilization services.</td>
</tr>
<tr>
<td>• Poisoning</td>
<td></td>
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<tr>
<td>• Sudden chest pains - heart attack</td>
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<tr>
<td>• Other types of severe pain</td>
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<tr>
<td>• Car accident</td>
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<tr>
<td>• Seizures</td>
<td></td>
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<tr>
<td>• Very bad bleeding, especially if you are pregnant</td>
<td></td>
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<tr>
<td>• Broken bones</td>
<td></td>
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<tr>
<td>• Serious burns</td>
<td></td>
</tr>
<tr>
<td>• Trouble breathing</td>
<td></td>
</tr>
<tr>
<td>• Overdose</td>
<td></td>
</tr>
<tr>
<td><strong>What is Not an Emergency?</strong></td>
<td>If you can, show the facility your Aetna Better Health of Illinois ID card and ask the staff to call your provider.</td>
</tr>
<tr>
<td>Some medical conditions that are NOT usually emergencies:</td>
<td>You must be allowed to remain at the hospital, even if the hospital is not part of our provider network (in other words, not an Aetna Better Health of Illinois hospital), until your condition is stable and you can safely be transferred to a hospital within our network.</td>
</tr>
<tr>
<td>• Flu, colds, sore throats, earaches</td>
<td></td>
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<tr>
<td>• Urinary tract infections</td>
<td></td>
</tr>
<tr>
<td>• Prescription refills or requests</td>
<td></td>
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<tr>
<td>• Health conditions that you have had for a long time</td>
<td></td>
</tr>
<tr>
<td>• Back strain</td>
<td></td>
</tr>
<tr>
<td>• Migraine headaches</td>
<td></td>
</tr>
<tr>
<td><strong>What are Post-Stabilization Services?</strong></td>
<td>These are services related to an emergency medical condition. They are provided after the person’s immediate medical problems are stabilized. They may be used to improve or resolve the person’s condition.</td>
</tr>
</tbody>
</table>
AFTER HOURS CARE

Except in an emergency, if you get sick after your PCP’s office is closed, or on a weekend, call the office anyway. An answering service will make sure your PCP gets your message. Your PCP will call you back to tell you what to do. Be sure your phone accepts blocked calls. Otherwise, your PCP may not be able to reach you.

You can even call your PCP in the middle of the night. You might have to leave a message with the answering service. It may take a while, but your PCP will call you back to tell you what to do.

If you are having an emergency, you should ALWAYS call 911 or go to the nearest emergency room.

OUT-OF-AREA COVERAGE

Aetna Better Health of Illinois covers Integrated Care Program members who live in the following counties:

- Boone
- Cook
- DuPage
- Kane
- Kankakee
- Lake
- McHenry
- Will
- Winnebago

If you plan to take a trip away from home, please call your care manager or Member Services at 1-866-212-2851 so we can help you stay healthy while you are away.

If you get sick in another county or state, we will only pay for emergency services. If you have an emergency while you are away from home, go to the closest emergency room. When you get there, show your member ID card to the hospital staff and tell them you are an Aetna Better Health of Illinois member. Ask the hospital to send the bill to us for payment. Do not pay the bill yourself.

Follow-up care is not covered while you are away. You should get follow-up care from your PCP when you get home.

Aetna Better Health of Illinois does not cover services outside of the United States.

Sometimes the care you need is not close to where you live. In these cases, we may approve health care services in another county or state. If so, we may pay for your ride, stay and food costs. Aetna Better Health of Illinois will only pay for these services if we approve them first.

SERVICES FOR SPECIAL HEALTH CARE NEEDS

We have a program called Integrated Care Management, or ICM, that supports people with special health care needs. This program helps people who have the following types of special needs:

- Disabilities
- Behavioral health concern
- Chronic condition, like asthma or diabetes
- Other special needs

We are here to help as much or as little as you want us to.

If you are in the ICM program with Aetna Better Health of Illinois, you will work with a team of people. Your team may include the following people:

- Case manager
- Care management associate

Sometimes your team may include both. Your team has experience in supporting people with special health care needs. They will work with you and your providers to create a care plan and bring together your health care or other services that you may need. Their goal is to help everything run smoothly.

Your team can help you learn more about your health care needs. They will support you in working with your providers to meet the health goals that are important to you.
If you are our member and you would like to participate in this program, you can. Providers, family members or caregivers can also refer a member for care management. Call Member Services at 1-866-212-2851 to ask about our ICM program.

Aetna Better Health of Illinois also offers telemonitoring services. Telemonitoring is for members who have ongoing health conditions that need extra attention. Telemonitoring uses special equipment to check on members’ health at home, when needed. Health conditions that can be monitored at home include blood pressure, blood sugar, pulse and weight, among others.

Your case manager can help determine if you need this service. Call Member Services at 1-866-212-2851 to find out more.

HEALTH TIPS

Below is a list of some useful health tips:

- See your PCP for regular checkups.
- Always go to your PCP visits. If you cannot keep your appointment, call to cancel it and make another one.
- Follow the directions your PCP gives you.
- If you take prescription medicine every day, get refills at least five days before you run out.
- Never share your medicine with anyone else.
- Eat right, get enough sleep and exercise.
- Brush your teeth at least two times a day.
- Always wear your seat belt when you are in a car.

HEALTH GUIDELINES FOR ADULTS

Adults need regular checkups to stay healthy. Here are some important tests and checkups for adults. Please refer to the Types of Care section of this handbook for Aetna Better Health of Illinois’s coverage frequency.

<table>
<thead>
<tr>
<th>Health Exams</th>
<th>Age</th>
<th>How Often and Other Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19–25</td>
<td>Every 5 years</td>
</tr>
<tr>
<td></td>
<td>26–39</td>
<td>Every 5 years</td>
</tr>
<tr>
<td></td>
<td>40–49</td>
<td>Every 3 years</td>
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<tr>
<td></td>
<td>50–65</td>
<td>Every 1–2 years</td>
</tr>
<tr>
<td></td>
<td>65 and older</td>
<td>Every 1–2 years</td>
</tr>
<tr>
<td>Mammogram</td>
<td></td>
<td>Every year for women starting at age 40.</td>
</tr>
<tr>
<td>Pap tests (cervical cancer screening)</td>
<td></td>
<td>Every one to three years for women starting at age 19 or when sexually active. Frequency may decrease when there is no history of abnormal Pap tests and three or more tests are normal.</td>
</tr>
<tr>
<td>Prostate exams</td>
<td></td>
<td>For men starting at age 40. Frequency to be determined by the PCP based on individual circumstances.</td>
</tr>
<tr>
<td>Diabetes screening</td>
<td></td>
<td>Test at age 45 for adults with no symptoms and then every three years.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shots (immunizations)</th>
<th>Age</th>
<th>How Often and Other Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>TD (tetanus and diphtheria)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (pneumonia)</td>
<td></td>
<td></td>
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<tr>
<td>Influenza (flu)</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis A and B</td>
<td></td>
<td></td>
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<tr>
<td>MMR (measles, mumps and rubella)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (chicken pox)</td>
<td></td>
<td></td>
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<tr>
<td>Meningococcal (meningitis)</td>
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</tr>
</tbody>
</table>
GRIEVANCES AND APPEALS

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

Grievances

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

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

These are examples of when you might want to file a grievance.

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

You can file your grievance on the phone by calling member services at 1-866-212-2851. You can also file your grievance in writing via mail or fax at:

Aetna Better Health
Attn: Grievance and appeals dept.
333 W. Wacker Drive, Mail Stop F646
Chicago, IL 60606
Fax: 1-855-545-5196

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number.

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your grievance. If you are hearing impaired, call the Illinois Relay at 711.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be “your representative.” If you decide to have someone represent you or act for you, inform Aetna Better Health of Illinois in writing the name of your representative and his or her contact information.

We will try to resolve your grievance right away. If we cannot, we may contact you for more information.

Appeals

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

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

www.aetnabetterhealth.com/illinois
Member Services 1-866-212-2851 TTY 711
If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get a “Notice of Action” letter from us. This letter will tell you the following:

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

Here are two ways to file an appeal.

1) Call Member Services at 1-866-212-2851. If you file an appeal over the phone, you must follow it with a written signed appeal request.

2) Mail or fax your written appeal request to:

   Aetna Better Health
   Attn: Grievance and appeals dept.
   333 W. Wacker Drive, Mail Stop F646
   Chicago, IL 60606
   Fax: 1-855-545-5196

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

Can someone help you with the appeal process?
You have several options for assistance. You may:

- Ask someone you know to assist in representing you. This could be your Primary Care Physician or a family member, for example.
- Choose to be represented by a legal professional.
- If you are in the Disabilities Waiver, Traumatic Brain Injury Waiver, or HIV/AIDS Waiver, you may also contact CAP (Client Assistance Program) to request their assistance at 1-800-641-3929 (Voice) or 1-888-460-5111 (TTY).

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

Appeal Process
We will send you an acknowledgement letter within three (3) business days saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing.

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

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

We will call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.

If Aetna Better Health of Illinois’s decision agrees with the Notice of Action, you may have to pay for the cost of the services you got during the appeal review. If Aetna Better Health of Illinois’s decision does not agree with the Notice of Action, we will approve the services to start right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when Aetna Better Health of Illinois reviews your appeal.
How can you expedite your Appeal?
If you or your provider believes our standard timeframe of fifteen (15) business days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Notice of Action letter, information about your case and why you are asking for the expedited appeal. We will let you know within twenty-four (24) hours if we need more information. Once all information is provided, we will call you within twenty-four (24) hours to inform you of our decision and will also send you and your authorized representative the Decision Notice.

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

Aetna Better Health of Illinois will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call Aetna Better Health of Illinois at 1-866-212-2851.

What happens next?
After you receive the Aetna Better Health of Illinois appeal Decision Notice in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing Appeal and/or asking for an External Review of your appeal within thirty (30) calendar days of the date on the Decision Notice. You can choose to ask for both a State Fair Hearing Appeal and an External Review or you may choose to ask for only one of them.

State Fair Hearing
If you choose, you may ask for a State Fair Hearing Appeal within ten (10) calendar days of the date on the Decision Notice if you want to continue your services. If you do not win this appeal, you may be responsible for paying for these services provided to you during the appeal process.

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

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

- Your local Family Community Resource Center can give you an appeal form to request a State Fair Hearing and will help you fill it out, if you wish.
- If you want to file a State Fair Hearing Appeal related to your medical services or items, or Elderly Waiver (Community Care Program (CCP)) services, send your request in writing to:
  Illinois Department of Healthcare and Family Services
  Bureau of Administrative Hearings
  69 W. Washington Street, 4th Floor
  Chicago, IL 60602
  Fax: 312-793-2005
  Email: HFS.FairHearings@illinois.gov
  Or you may call 855-418-4421, TTY: 800-526-5812
- If you want to file a State Fair Hearing Appeal related to mental health services or items, substance abuse services, Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services, HIV/AIDS Waiver services, or any Home Services Program (HSP) service, send your request in writing to:
  Illinois Department of Human Services
  Bureau of Hearings
  69 W. Washington Street, 4th Floor
  Chicago, IL 60602
  Fax: 312-793-8573
  Email: DHS.HSPAppeals@illinois.gov
  Or you may call 1-800-435-0774, TTY: 1-877-734-7429
State Fair Hearing Process
The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully.

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

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

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

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

Your hearing may be rescheduled, if you let us know within ten (10) calendar days from the date you received the Dismissal Notice, if the reason for your failure to appear was:
- A death in the family
- Personal injury or illness which reasonably would prohibit your appearance
- A sudden and unexpected emergency

If the appeal hearing is rescheduled, the Hearings Office will send you or your authorized representative a letter rescheduling the hearing with copies to all parties to the appeal.

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

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

External Review (for medical services only)
Within thirty (30) calendar days after the date on the Aetna Better Health of Illinois appeal Decision Notice, you may choose to ask for a review by someone outside of Aetna Better Health of Illinois. This is called an external review. The outside reviewer must meet the following requirements:
- Board certified provider with the same or like specialty as your treating provider
- Currently practicing
- Have no financial interest in the decision
- Not know you and will not know your identity during the review
External Review is not available for appeals related to services received through the Elderly Waiver; Persons with Disabilities Waiver; Traumatic Brain Injury Waiver; HIV/AIDS Waiver; or the Home Services Program.

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

Aetna Better Health
Attn: Grievance and appeals dept.
333 W. Wacker Drive, Mail Stop F646
Chicago, IL 60606
Fax: 1‑855‑545‑5196

What Happens Next?
• We will review your request to see if it meets the qualifications for external review. We have five (5) business days to do this. We will send you a letter letting you know if your request meets these requirements. If your request meets the requirements, the letter will have the name of the external reviewer.
• You have five (5) business days from the letter we send you to send any additional information about your request to the external reviewer.

The external reviewer will send you and/or your representative and Aetna Better Health of Illinois a letter with their decision within five (5) calendar days of receiving all the information they need to complete their review.

Expedited External Review
If the normal time frame for an external review could jeopardize your life or your health, you or your representative can ask for an expedited external review. You can do this over the phone or in writing. To ask for an expedited external review over the phone, call Member Services toll-free at 866‑212‑2851. To ask in writing, send us a letter at the address below. You can only ask one (1) time for an external review about a specific action. Your letter must ask for an external review of that action.

Aetna Better Health
Attn: Grievance and appeals dept.
333 W. Wacker Drive, Mail Stop F646
Chicago, IL 60606
Fax: 1‑855‑545‑5196

What happens next?
• Once we receive the phone call or letter asking for an expedited external review, we will immediately review your request to see if it qualifies for an expedited external review. If it does, we will contact you or your representative to give you the name of the reviewer.
• We will also send the necessary information to the external reviewer so they can begin their review.
• As quickly as your health condition requires, but no more than two (2) business days after receiving all information needed, the external reviewer will make a decision about your request. They will let you and/or your representative and Aetna Better Health of Illinois know what their decision is verbally. They will also follow up with a letter to you and/or your representative and Aetna Better Health of Illinois with the decision within forty-eight (48) hours.

FRAUD AND ABUSE

You must report any member or provider fraud, waste or abuse. The Department of Healthcare and Family Services’ Office of the Inspector General (OIG) audits and investigates fraud and abuse. The OIG is responsible for the following activities:
• Investigating providers suspected of overbilling or defrauding the Illinois Department of Healthcare and Family Services Medical Program
• Recovering overpayments
• Issuing administrative sanctions
• Referring cases of suspected fraud for criminal investigation

You can make a report over the phone. Call the:

Welfare and Medical Fraud Hotline
Monday - Friday (except state holidays)
8:30 a.m. - 5 p.m.
1‑844‑453‑7283

Here are examples of member fraud:
• Lending, selling or giving your Aetna Better Health of Illinois ID card to someone else
• Changing the information on your ID card by any means other than calling Member Services to get a new ID card
• Changing information on a prescription

Here are examples of provider fraud:
• Billing for services that were not given
• Ordering services that are not medically necessary
• Referring members to an emergency room or other services when it’s not medically necessary

You do not have to give your name when you call. If you do give your name, the person you are reporting will not be told that you called.

ADVANCE DIRECTIVES

A time may come when you are too sick to talk to your provider, family or friends. You may not be able to tell anyone what kind of health care you want. It’s important to plan for this kind of situation.

Even if you are not sick or injured now, you should think about what kind of care you would want if you couldn’t speak for yourself. This is where advance directives can help. Advance directives are legal documents that tell your providers and family what you want for end-of-life care.

There are several kinds of advance directives.

Living Will
A living will is a legal document that tells others your wishes for care that could keep you alive if you were in danger of dying. This care might include life support systems, such as:
• Breathing machines
• Tube feeding
• Resuscitation if your breathing or heartbeat stops
• Dialysis if your kidneys stop working

Health Care Power Of Attorney
A health care power of attorney is a document in which you choose a person to make health care decisions for you if you cannot make them for yourself. You must give this person permission in writing to make your health care decisions for you.

Mental Health Treatment Preference Declaration
A mental health treatment preference declaration lets you say if you want to receive electroconvulsive treatment (ECT) or psychotropic medicine when you have a mental illness and are unable to make these decisions for yourself. It also allows you to say whether you want to be admitted to a mental health facility for up to 17 days of treatment.

Do Not Resuscitate (DNR) Orders
You can also ask your PCP to help you make a Do Not Resuscitate, or DNR, order. A DNR order is an order for medical treatment that says cardiopulmonary resuscitation, or CPR, will not be used if your heart and/or breathing stops. If this is something you want, talk to your PCP about helping you with a DNR order.

Please note: you do not have to make an advance directive to receive medical care. You can still get health care if you do not have advance directives. This includes being admitted to a hospital or other facility. But most hospitals strongly encourage you to have them.

More details on the types of advance directives in Illinois are in your welcome packet.

Other Information
• If you do not have an advance directive, talk to your PCP. Or call Member Services at 1-866-212-2851 for information.
• An advance directive is part of your medical record.
• Give all of your providers a copy of your advance directives.
• An advance directive does not require a lawyer. You may still want to talk to one to get the best advice for you.
• You may change or cancel an advance directive. Any changes should be written, signed and dated.
• If you have filled out an advance directive in another state, you must still fill out advance directives forms for the state of Illinois.
• Keep a card in your purse or wallet that says that you have an advance directive and where it’s located.
• If you have a car, keep a copy of your advance directive in your car.
If you have complaints about non-compliance with advance directive laws and regulations, call the state’s complaint hotline at **1-844-453-7283**. The call is free.

We will update you of any changes to the advance directive laws as soon as possible from the change date.

**CHANGING HEALTH PLANS**

If you are new to Aetna Better Health of Illinois, you have 90 calendar days from when you first sign up with us to try the health plan. During the first 90 calendar days, you can change health plans for any reason. After the first 90 calendar days, if you are still eligible for the Integrated Care Program, you will stay enrolled in Aetna Better Health of Illinois for the next nine months. This is called “lock-in.”

You can change health plans at a certain time every year. Each year, at the end of your enrollment year, you will get a letter from the Illinois Client Enrollment Services. The letter will say that you can change plans if you want to. The letter will give you the dates that you can do this. You will have 60 calendar days to make a change. This 60-day period is called “open enrollment.” You do not have to change health plans, but you can if you want to. If you choose to change plans during open enrollment, you will be a member in the new plan at the end of your current enrollment year. Whether you pick a new plan or stay with Aetna Better Health of Illinois, you will be locked in that plan for the next 12 months.

**DISENROLLMENT**

Disenrollment means that you are no longer a member of Aetna Better Health of Illinois. If you are no longer a member, that means you cannot receive services from us.

These are the only two agencies that can enroll you or disenroll you:
- Department of Healthcare and Family Services (HFS)
- Illinois Client Enrollment Services

Call the ICEB with questions at **1-877-912-8880** or TTY **1-866-565-8576**.

**Disenrollment for Cause**

Under certain circumstances, Aetna Better Health of Illinois can ask HFS to disenroll you from our health plan. This is called “disenrollment for cause.” Aetna Better Health of Illinois can ask that you be disenrolled for cause for the following reasons:

- You misuse the member ID card. In such cases, we will also report this to the Office of the Inspector General (OIG)
- Your behavior is disruptive, unruly, abusive or uncooperative to the point that keeping you in our health plan seriously impairs our ability to give services to you or to other members

An involuntary disenrollment request for member behavior must include proof that Aetna Better Health of Illinois did the following things:

- Gave the member at least one verbal warning and at least one written warning of what their actions or behavior may mean
- Tried to educate the member regarding rights and responsibilities
- Offered help through care management that would help the member to stop the behaviors
- Determined that the member’s behavior is not related to the member’s medical or behavioral health

Aetna Better Health of Illinois does not end your enrollment because your health gets worse, your health changes or because you use covered services. We will not have you disenrolled for diminished mental capacity. We will not have you disenrolled for uncooperative or disruptive behavior caused by special needs (unless keeping you on our health plan seriously impairs Aetna Better Health of Illinois’s ability to furnish covered services to you or other members). We will not have you disenrolled for exercising your appeal or grievance rights.

www.aetnabetterhealth.com/illinois
Member Services **1-866-212-2851** TTY **711**
Please note: you will be disenrolled from Aetna Better Health of Illinois if you move out of the service area. Aetna Better Health of Illinois serves Integrated Care Program members in the following counties only:

- Boone
- Cook
- DuPage
- Kane
- Kankakee
- Lake
- McHenry
- Will
- Winnebago

**Voluntary Disenrollment**

Members can ask to leave the health plan with an oral or written request to either HFS or Aetna Better Health of Illinois. Members can ask to leave the health plan for any of the reasons below:

- The member moves out of the covered area
- The member feels that Aetna Better Health of Illinois does not cover the services they are seeking because of moral or religious conflict
- The member needs services to be done at the same time, but not all services are covered. The member’s doctor or another doctor believes that not getting the services together would put the member’s health care needs at risk
- A poor quality of care.
- A lack of access to services covered under the contract
- There are limited doctors who know how to deal with the member’s health care needs

**KEY HEALTH CARE TERMS**

The list below includes definitions for health care terms.

<table>
<thead>
<tr>
<th>Terms</th>
<th>Definitions</th>
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<tbody>
<tr>
<td>Advance Directive</td>
<td>A document that tells your health care provider and family how you wish to be cared for. It’s used when you are too ill to make health care decisions for yourself.</td>
</tr>
<tr>
<td>Appeal</td>
<td>A request that you, your provider or representative can make when you do not agree with Aetna Better Health of Illinois’s decision to deny, reduce and/or end a covered benefit or service.</td>
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<tr>
<td>Covered Benefits</td>
<td>Health care services that are covered by Aetna Better Health of Illinois.</td>
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<tr>
<td>Durable Medical Equipment</td>
<td>Items such as wheelchairs and oxygen tanks.</td>
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<tr>
<td>Emergency</td>
<td>A life-threatening or serious medical condition that must be treated right away.</td>
</tr>
<tr>
<td>Grievances</td>
<td>When you let us know you are not satisfied with a provider, Aetna Better Health of Illinois or a benefit. You can do this in writing or tell us verbally. Someone you appoint can file a grievance for you.</td>
</tr>
<tr>
<td>Identification Card</td>
<td>A card that shows you are an Aetna Better Health of Illinois member.</td>
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<tr>
<td>Managed Care Plan</td>
<td>A health plan like Aetna Better Health of Illinois that works with health care providers to keep you well.</td>
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<tr>
<td>Medically Necessary Services</td>
<td>A service, supply or medicine that:</td>
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<tr>
<td></td>
<td>• Is appropriate</td>
</tr>
<tr>
<td></td>
<td>• Is considered by other health professionals to be good medical practice</td>
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<tr>
<td></td>
<td>• Meets Aetna Better Health of Illinois’s guidelines, policies and procedures</td>
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<tr>
<td></td>
<td>• Is used to diagnose or treat a covered illness or injury</td>
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<tr>
<td></td>
<td>• Is used to prevent an illness or used to help you get well or stay well</td>
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<tr>
<td><strong>Member</strong></td>
<td>A person who has chosen Aetna Better Health of Illinois in the Illinois Integrated Care Program.</td>
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<tr>
<td><strong>Prescription Medicine</strong></td>
<td>A drug for which your provider writes an order so you can get it filled at a pharmacy.</td>
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<tr>
<td><strong>Primary care provider (PCP)</strong></td>
<td>Your personal provider. He or she manages all your health care needs.</td>
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<tr>
<td><strong>Prior Authorization</strong></td>
<td>When Aetna Better Health of Illinois needs to approve health care services or medicines requested by your provider before you can get them.</td>
</tr>
<tr>
<td><strong>Provider</strong></td>
<td>Doctors, nurse practitioners, dentists, hospitals, pharmacies and laboratories that work with Aetna Better Health of Illinois to provide you with health care services.</td>
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<tr>
<td><strong>Specialist</strong></td>
<td>A doctor who practices in a specific field of medicine.</td>
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<tr>
<td><strong>Treatment</strong></td>
<td>The care you get from providers and facilities.</td>
</tr>
<tr>
<td><strong>Women’s Health Care Provider (WHCP)</strong></td>
<td>A doctor, nurse practitioner or other provider who specializes in obstetrics, gynecology, or family practice selected by a female member to see as needed and without a referral.</td>
</tr>
</tbody>
</table>
Q. What should I do if I lose my Member ID card? Or if I don’t get one?
A. Call Member Services at 1-866-212-2851 to get a new ID card.

Q. How will I know the name of my PCP?
A. Your ID card will list the name and phone number of your PCP. This will be on the front of your ID card.

Q. Can I change my PCP if I need to?
A. Yes. Please call Member Services at 1-866-212-2851 for help. We will check if the new PCP is accepting new patients.

Q. How do I know which services are covered? Not covered?
A. Lists of covered services begin on page 12. These pages also list non-covered services. You can also ask your provider. You can call Member Services for help at 1-866-212-2851. You can also check our website at www.aetnabetterhealth.com/illinois.

Q. What should I do if I get a bill?
A. If you get a bill, call the provider’s office. Give the staff your information. If you keep getting a bill, please call Member Services for help at 1-866-212-2851.

Q. I need help getting to my appointments. What can I do?
A. If you are not able to find a ride, please call Medical Transportation Management (MTM) at 1-888-513-1612 for help. You must call at least three days in advance to set up your ride.

Q. Which hospitals can I use?
A. We use many contracted hospitals. Check the provider directory online at www.aetnabetterhealth.com/illinois. You can also call Member Services at 1-866-212-2851 to get a current list of our contracted hospitals.

Q. What is an emergency?
A. An emergency is when you have a serious medical problem. This means you are in danger of lasting harm or dying. If you have an emergency, go to the nearest hospital or call 911.

Q. Do you have urgent care?
A. Yes. If you have an urgent care need, call your PCP. At night or on weekends or holidays, your PCP’s answering service will take your call. Your PCP will call you back and tell you what to do. See page 22 for more information on urgent care.

Q. How do I get services that are not covered by Aetna Better Health of Illinois, but are covered under my Medicaid benefits?
A. Call Member Services at 1-866-212-2851 and our staff will tell you how to get these services.