



# AETNA BETTER HEALTH<sup>SM</sup> PREMIER PLAN

## 2017 Summary of Benefits



Aetna Better Health<sup>SM</sup> Premier Plan (Medicare-Medicaid Plan) is a health plan that contracts with Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

## Helpful information

### Member Services

1-855-676-5772 (TTY: 711)

Representatives available

24 hours a day, 7 days a week

### Address

Aetna Better Health<sup>SM</sup> Premier Plan

1333 Gratiot Avenue, Suite 400

Detroit, MI 48207

## Personal information

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My primary care provider's (PCP) name and phone number

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My care manager's name and phone number

[www.aetnabetterhealth.com/michigan](http://www.aetnabetterhealth.com/michigan)

 **This is a summary of health services covered by Aetna Better Health<sup>SM</sup> Premier Plan for 2017. This is only a summary. Please read the Member Handbook for the full list of benefits.**

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- ❖ Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- ❖ Under Aetna Better Health Premier Plan you can get your Medicare and Michigan Medicaid services in one health plan. A Care Coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- ❖ Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have Aetna Better Health Premier Plan pay for your services. For more information, call Aetna Better Health Premier Plan Member Services or read the Aetna Better Health Premier Plan Member Handbook.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can get this information for free in other languages. Call **1-855-676-5772** (TTY: **711**), 24 hours a day, 7 days a week. The call is free.

Puede obtener esta información en otros idiomas de manera gratuita. Llame al **1-855-676-5772** (TTY: **711**), 24 horas al día, siete días de la semana. Esta llamada es gratuita.

يمكنك الحصول على هذه المعلومات مجاناً بلغات أخرى بـ **1-855-676-5772** (هاتف ضعاف السمع: 711)، متاح 24 ساعة / 7 أيام أسبوعياً. المكالمات تكون مجانية.

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

- ❖ You can also get this information for free in other formats, such as large print, braille, or audio. Call **1-855-676-5772** (TTY: **711**), 24 hours a day, 7 days a week. The call is free.
- ❖ If you wish to make a standing request to receive all materials in a language other than English or in an alternate format, you can call Member Services at **1-855-676-5772** (TTY: **711**), 24 hours a day, 7 days a week.



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The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a Medicare-Medicaid Plan?</b>	A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long term services, and other providers. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.
<b>What is a Care Coordinator?</b>	Aetna Better Health Premier Plan’s Care Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
<b>What are long term supports and services?</b>	Long term supports and services are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
<b>Will you get the same Medicare and Michigan Medicaid benefits in Aetna Better Health Premier Plan that you get now?</b>	<p>You will get your covered Medicare and Michigan Medicaid benefits directly from Aetna Better Health Premier Plan. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. If you are currently getting services for mental health, substance use, or intellectual/developmental disability needs, you will continue to get these services the same way you do now.</p> <p>When you enroll in Aetna Better Health Premier Plan, you and your care team will work together to develop an Individual Integrated Care and Supports Plan (IICSP) to address your health and support needs. You can keep seeing your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your IICSP is being completed. When you join our plan, if you are taking any Medicare Part D prescription drugs that Aetna Better Health Premier Plan does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Aetna Better Health Premier Plan to cover your drug, if medically necessary.</p>



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

Frequently Asked Questions (FAQ)	Answers
<p><b>Can you go to the same doctors you see now?</b></p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Aetna Better Health Premier Plan and have a contract with us, you can keep going to them. Providers with an agreement with us are “in-network.” You must use the providers in Aetna Better Health Premier Plan’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Aetna Better Health Premier Plan’s plan.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read Aetna Better Health Premier Plan’s Provider and Pharmacy Directory.</p> <p>If Aetna Better Health Premier Plan is new for you, you can continue seeing the doctors you go to now while your IICSP is being developed.</p>
<p><b>What happens if you need a service but no one in Aetna Better Health Premier Plan’s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Aetna Better Health Premier Plan will pay for the cost of an out-of-network provider.</p>
<p><b>Where is Aetna Better Health Premier Plan available?</b></p>	<p>The service area for this plan includes: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren, Wayne and Macomb Counties, Michigan. You must live in one of these areas to join the plan.</p>
<p><b>Do you pay a monthly amount (also called a premium) under Aetna Better Health Premier Plan?</b></p>	<p>You will not pay any monthly premiums to Aetna Better Health Premier Plan for your health coverage.</p>
<p><b>What is prior authorization?</b></p>	<p>Prior authorization means that you must get approval from Aetna Better Health Premier Plan before you can get a specific service or drug or see an out-of-network provider. Aetna Better Health Premier Plan may not cover the service or drug if you don’t get approval. If you need urgent or emergency care or out-of-area dialysis services, you don’t need to get approval first.</p>



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

Frequently Asked Questions (FAQ)	Answers
<b>Whom should you contact if you have questions or need help?</b>	<p><b>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Aetna Better Health Premier Plan Member Services:</b></p> <p><b>CALL 1-855-676-5772</b></p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p><b>TTY 711</b></p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p> <p><b>If you have questions about your health, please call the 24 Hour Nurse Advice line:</b></p> <p><b>CALL 1-855-676-5772</b></p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p> <p><b>TTY 711</b></p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p>



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

Frequently Asked Questions (FAQ)	Answers
<p><b>Whom should you contact if you have questions or need help? (continued)</b></p>	<p><b>If you have questions about behavioral health services and resources, please call the PIHP General Information Line. If you need immediate behavioral health services, please call the Behavioral Health Crisis Line for the local Prepaid Inpatient Health Plan (PIHP).</b></p> <p><b>Region 4: Serving Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren counties</b></p> <p><b>CALL PIHP General Information Line</b>                      1-800-676-5814                      Calls to this number are free. Monday – Friday, 8 a.m. to 8 p.m.</p> <p><b>TTY 711</b>                      Calls to this number are free. 24 hours, 7 days a week.</p> <p><b>CALL Behavioral Health Crisis Line</b>                      1-800-675-7148                      Calls to this number are free. 24 hours, 7 days a week.</p> <p><b>TTY 711</b>                      Calls to this number are free. 24 hours, 7 days a week.</p>



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

Frequently Asked Questions (FAQ)	Answers
<p><b>Whom should you contact if you have questions or need help? (continued)</b></p>	<p><b>Region 7: Serving Wayne County</b></p> <p><b>CALL PIHP General Information Line</b> 1-800-241-4949 Calls to this number are free. 24 hours, 7 days a week.</p> <p><b>TTY 711</b> Calls to this number are free. 24 hours, 7 days a week.</p> <p><b>CALL Behavioral Health Crisis Line</b> 1-800-241-4949 Calls to this number are free. 24 hours, 7 days a week.</p> <p><b>TTY 711</b> Calls to this number are free. 24 hours, 7 days a week.</p> <p><b>Region 9: Serving Macomb County</b></p> <p><b>CALL PIHP General Information Line</b> 1-855-996-2264 Calls to this number are free. Monday – Friday, 8 a.m. to 8 p.m.</p> <p><b>CALL Behavioral Health Crisis Line</b> 1-800-273-8255 Calls to this number are free. 24 hours, 7 days a week.</p> <p><b>TTY 711</b> Calls to this number are free. 24 hours, 7 days a week.</p>



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

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want to see a doctor.</b>	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor’s office	\$0	Must be scheduled 3 business days in advance. Prior authorization required by Health Plan transportation vendor.
	Specialist care	\$0	Prior authorization may be required.
	Care to keep you from getting sick, such as flu shots	\$0	Prior authorization may be required.
	“Welcome to Medicare” preventive visit (one time only)	\$0	
<b>You need medical tests</b>	Lab tests, such as blood work	\$0	Prior authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization may be required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be required.



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

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



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



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

<b>Health need or problem</b>	<b>Services you may need</b>	<b>Your costs for <u>in-network</u> providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits)</b>
<b>You need drugs to treat your illness or condition (continued)</b>	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please see Aetna Better Health Premier Plan's List of Covered Drugs (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Prior authorization is required.
<b>You need emergency care</b>	Emergency room services	\$0	Services may be provided in network or out of network. Prior authorization is NOT required.
	Ambulance services	\$0	Emergency ambulance services do not require prior authorization.
	Urgent care	\$0	Services may be provided in network or out of network. Prior authorization is NOT required
<b>You need hospital care</b>	Hospital stay	\$0	Prior authorization is required.
	Doctor or surgeon care	\$0	Prior authorization may be required.



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

<b>Health need or problem</b>	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits)</b>
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	Prior authorization is required.
	Medical equipment for home care	\$0	Prior authorization may be required.
	Skilled nursing care	\$0	Prior authorization is required.
<b>You need eye care</b>	Eye exams	\$0	1 exam every year.
	Glasses	\$0	1 pair of glasses per year.
<b>You need dental care</b>	Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures	\$0	Root canals and crowns are not covered.
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	Prior authorization may be required.
	Hearing aids	\$0	Prior authorization is required.
<b>You have a chronic condition, such as diabetes or heart disease</b>	Services to help manage your disease	\$0	
	Diabetes supplies and services	\$0	Prior authorization may be required.
<b>You have a mental health condition</b>	Behavioral health services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP).
<b>You have concerns related to substance use</b>	Substance use services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP).



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<b>Health need or problem</b>	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits)</b>
<b>You need durable medical equipment (DME)</b>	Wheelchairs	\$0	Prior authorization may be required.
	Canes	\$0	Prior authorization may be required.
	Crutches	\$0	Prior authorization may be required.
	Walkers	\$0	Prior authorization may be required.
	Oxygen	\$0	Prior authorization may be required.
<b>You need help living at home</b>	Meals brought to your home	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization is required.
	Changes to your home, such as ramps and wheelchair access	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Personal care services (You may be able to choose your own personal care assistant. Call Member Services for more information.)	\$0	Prior authorization is required.
	Home health care services	\$0	Prior authorization is required.
	Adult day services or other support services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need a place to live with people available to help you</b>	Nursing home care	A patient pay amount may be required for non-skilled days of service.	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards.
<b>Your caregiver needs some time off</b>	Respite care	\$0	14 overnight stays in a 365 day period for qualified members. Prior authorization is required.



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

### **Other services that Aetna Better Health Premier Plan covers:**

This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.

Other services covered by Aetna Better Health Premier Plan	Your costs for <u>in-network</u> providers
<b>Cell phone benefit:</b> For members who qualify for the federal free cell phone program, free calls to the Plan's Member Services preprogrammed number, free health-related texts and free texts from the health plan are covered.	\$0
<b>Hearing aids:</b> Up to \$1000 every three years toward hearing aids.	\$0
<b>Meals:</b> 10 home-delivered nutritious meals after an inpatient hospitalization or nursing home stay.	\$0
<b>Over-the-counter (OTC) supplies benefit:</b> \$20 per month to use on supplies listed in our OTC catalog. Talk to your Care Coordinator or call Member Services for more information	\$0
<b>Podiatry:</b> 3 visits per year.	\$0
<b>Respite:</b> In-home respite care covered up to 12 hours per month.	\$0
<b>Smoking and tobacco use cessation:</b> Up to 50 medically-necessary cessation counseling sessions, nicotine patches, gum and lozenges, as well as certain pharmacy medications without prior authorization.	\$0
<b>Weight management:</b> A 12-week adult weight management program with health coaching to aid in success. Prior authorization required. Talk to your Care Coordinator or Member Services for more information on this benefit.	\$0



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### **Benefits covered outside of Aetna Better Health Premier Plan:**

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

<b>Other services covered by Medicare or Michigan Medicaid</b>	<b>Your costs</b>
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services.	\$0
Some hospice care services	\$0

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

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

<b>Services <u>not</u> covered by Aetna Better Health Premier Plan, Medicare, or Michigan Medicaid</b>	
Acupuncture	Naturopath services
Elective abortions	Private duty nurses except for those that qualify for this waiver service
Services considered not “reasonable and necessary,” according to the standards of Medicare and Michigan Medicaid, unless these services are listed by our plan as covered services.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically needed.



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<b>Services <u>not</u> covered by Aetna Better Health Premier Plan, Medicare, or Michigan Medicaid</b>	
Surgical treatment for morbid obesity, except when it is medically needed.	Full-time nursing care in your home
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare approved clinical research study or by our plan.	Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.
Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.	Reversal of sterilization procedures and non-prescription contraceptive supplies.
Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.	Non-emergency services provided to veterans in Veterans Affairs (VA) facilities.
Radial keratotomy, LASIK surgery, and vision therapy. However, the plan will pay for glasses after cataract surgery.	Infertility treatment
Dental procedures: crowns and endodontics	



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### **Your rights as a member of the plan**

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

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



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**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772** (TTY: **711**) 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.aetnabetterhealth.com/michigan](http://www.aetnabetterhealth.com/michigan).

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

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

For more information about your rights, you can read the Aetna Better Health Premier Plan Member Handbook. If you have questions, you can also call Aetna Better Health Premier Plan Member Services.



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

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

If you have a complaint or think Aetna Better Health Premier Plan should cover something we denied, call Aetna Better Health Premier Plan at **1-855-676-5772** (TTY: **711**), 24 hours a day, 7 days a week. You may be able to appeal our decision.

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

### **If you suspect fraud**

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

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

- Call us at Aetna Better Health Premier Plan Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at 1-800-24-ABUSE [1-800-242-2873], by e-mail at [hcf@michigan.gov](mailto:hcf@michigan.gov) or use the on-line Michigan Medicaid Fraud Complaint Form found at <http://www.michigan.gov/ag/0,1607,7-164-17331-46928--,00.html>.



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

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

Aetna, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Aetna Medicaid Civil Rights Coordinator

If you believe that Aetna, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aetna Medicaid Civil Rights Coordinator, 4500 Cotton Center Blvd., Phoenix, AZ 85040, 1-888-234-7358, TTY 711, 860-900-7667, MedicaidCRCoordinator@aetna.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Aetna Medicaid Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772** (TTY: **711**) 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.aetnabetterhealth.com/michigan](http://www.aetnabetterhealth.com/michigan).









