

# 2021 Annual Notice of Changes

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**AETNA BETTER HEALTH<sup>®</sup> OF OHIO**  
a MyCare Ohio plan (Medicare-Medicaid Plan)

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

**[AetnaBetterHealth.com/ohio](https://www.AetnaBetterHealth.com/ohio)**

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# ***Annual Notice of Changes for 2021***

## **Introduction**

You are currently enrolled as a member of Aetna Better Health of Ohio. Next year, there will be some changes to the plan's benefits, coverage and rules. This Annual Notice of Changes tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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

## A. Disclaimers

- ❖ Aetna Better Health of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Aetna Better Health of Ohio Member Handbook*.

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## B. Reviewing Your Medicare and Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section G2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 8 to see your choices).
- You must get your Medicaid benefits from one of the MyCare Ohio managed care plans available in your region (go to page 10 for additional information).



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**For more information**, visit **[AetnaBetterHealth.com/ohio](https://www.aetna.com/betterhealth/ohio)**.

## B1. Additional Resources

- ATTENTION: If you speak Spanish or Somali, language assistance services, free of charge, are available to you. Call **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

ATENCIÓN: Si habla español o somalí, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-855-364-0974 (TTY: 711)** las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.

FIIRI: Haddii aad ku hadasho Isbaanish ama Soomaali, adeegyada luuqadda, oo bilaash ah, ayaa lagu heli karaa adiga. Wac **1-855-364-0974 (TTY: 711)**, 24 saacadood maalmintii, 7 maalmood todobaadkii. Wicitaanku waa bilaash.

- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- If you wish to make or change a standing request to receive materials in a language other than English, or in an alternate format, you can call Aetna Better Health of Ohio Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week.

## B2. About Aetna Better Health of Ohio

- Aetna Better Health of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- Coverage under Aetna Better Health of Ohio is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- Aetna Better Health of Ohio is offered by Aetna Better Health, Inc. (OH). When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Aetna Better Health of Ohio. When it says “the plan” or “our plan,” it means Aetna Better Health of Ohio.

***This section is continued on the next page.***



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

### **B3. Important things to do:**

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in sections D1 and D2 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D2 for information about changes to our drug coverage.
- **Check to see if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including specialists you see regularly, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

#### **If you decide to stay with Aetna Better Health of Ohio:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

#### **If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (see section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 8 to learn more about your choices.



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**C. Changes to the network providers and pharmacies**

We have not made any changes to our network of providers and pharmacies for next year.


However, it is important that you know that we may make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.

**D. Changes to benefits for next year**

**D1. Changes to benefits for medical services**

We are changing our coverage for certain medical services next year. The table below describes these changes.

	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Diabetic Supplies and Services</b>	The plan does not restrict the brand of covered glucose meter and/or test strips.	The plan exclusively covers blood glucose monitors and diabetic test strips manufactured by OneTouch / LifeScan, such as OneTouch Verio®, OneTouch Ultra®, OneTouch UltraMini® systems, test strips and supplies.  Prior authorization is required for blood glucose monitors in excess of one monitor per year and test strips in excess of 100 per 30 days.
<b>Specialty medications</b>	The plan allows you to fill up to a 90-day supply of your specialty medication each time you fill it.	The plan allows up to a one-month supply of your specialty medication each time you fill it. Specialty medications limited to a one-month supply are found in the drug list and notated by NDS (Non-Extended Days Supply).

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

## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at [AetnaBetterHealth.com/ohio](https://www.aetna.com/better-health/ohio). You may also call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to see if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
- You can call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week to ask for a list of covered drugs that treat the same condition.
- This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
- In some situations, we will cover a **one-time, temporary** supply of the drug during the first 90 days of the calendar year.
- This temporary supply will be for up to 30 days in an outpatient setting and 31 days in a long-term care facility. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*.)
- When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
- If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication in an outpatient setting and 31 days in a long-term care facility. You must fill the prescription at a network pharmacy.
- Long-term care pharmacies may provide your prescription drug in small amounts at a time to prevent waste.

If you have a current formulary exception approval for a drug that is not on the 2020 Drug List, the formulary exception is set to expire on December 31, 2020. If the drug is not on the 2021 Drug List, you can make a new request to Aetna Better Health of Ohio to make an exception to cover the drug for 2021. Please call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week to request a formulary exception for 2021.



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**For more information**, visit [AetnaBetterHealth.com/ohio](https://www.aetna.com/better-health/ohio).




**Changes to prescription drug costs**

There are no changes to the amount you pay for prescription drugs in 2021. Read below for more information about your prescription drug coverage.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** To see if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our three drug tiers.

	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<p><b>Drugs in Tier 1</b></p> <p>(Part D prescription brand name and generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 2</b></p> <p>(Part D prescription brand name and generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy.</p>	<p>Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 3</b></p> <p>(Non-Part D prescription and over-the-counter drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b></p>

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## **E. How to choose a plan**

### **E1. How to stay in Aetna Better Health of Ohio**

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different MyCare Ohio Plan, change to a Medicare Advantage Plan, or change to Original Medicare, your enrollment in Aetna Better Health of Ohio will automatically stay the same for 2021.

### **E2. How to change to a different MyCare Ohio plan**

To enroll in a different MyCare Ohio plan, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. The Hotline will let you know what other plans are available to you.

You can end your membership at any time during the year by enrolling in another MyCare Ohio Plan, changing to a Medicare Advantage Plan, or moving to Original Medicare.

### **E3. If you want to change your membership in Aetna Better Health of Ohio**

You can change your membership in our plan by choosing to get your Medicare services separately (you will stay in our plan for your Medicaid services).

#### **How you will get Medicare services**

You have three options for getting your Medicare services. By choosing one of these options, you will automatically stop getting Medicare services from our plan.



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**For more information**, visit **[AetnaBetterHealth.com/ohio](https://www.aetna.com/ohio)**.

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage plan, which would include Medicare prescription drug coverage</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.</li> </ul> <p>You will automatically stop getting Medicare services through Aetna Better Health of Ohio when your new plan’s coverage begins.</p>
<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You can select a Part D plan at this time.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.</li> </ul> <p>You will automatically stop getting Medicare services through Aetna Better Health of Ohio when your Original Medicare and prescription drug plan coverage begins.</p>

***This section is continued on the next page.***



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<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Ohio Senior Health Insurance Information Program (OSHIIP) at 1-800-686-1578.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.</li> </ul> <p>You will automatically stop getting Medicare services through Aetna Better Health of Ohio when your Original Medicare coverage begins.</p>
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**How you will get Medicaid services**

You must get your Medicaid benefits from a MyCare Ohio plan. Therefore, even if you don't want to get your Medicare benefits through a MyCare Ohio plan, you must still get your Medicaid benefits from Aetna Better Health of Ohio or another MyCare Ohio managed care plan.


If you do not enroll in a different MyCare Ohio plan, you will remain in our plan to get your Medicaid services.

Your Medicaid services include most long-term services and supports and behavioral health care.

Once you stop getting Medicare services through our plan, you will get a new Member ID Card and a new *Member Handbook* for your Medicaid services.

If you want to switch to a different MyCare Ohio plan to get your Medicaid benefits, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

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## F. How to get help

### F1. Getting help from Aetna Better Health of Ohio

Questions? We're here to help. Please call Member Services at **1-855-364-0974 (TTY only, call 711)**. We are available for phone calls 24 hours a day, 7 days a week.

#### **Your 2021 Member Handbook**

The *2021 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2021 Member Handbook* will be available by October 15. An up-to-date copy of the *2021 Member Handbook* is always available on our website at **AetnaBetterHealth.com/ohio**. You may also call Member Services at **1-855-364-0974 (TTY: 711)** 24 hours a day, 7 days a week to ask us to mail you a *2021 Member Handbook*.

#### **Our website**

You can also visit our website at **AetnaBetterHealth.com/ohio**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

### F2. Getting help from the Ohio Medicaid Hotline

The Ohio Medicaid hotline can help you find a Medicaid health care provider, explain Medicaid covered services, obtain Medicaid brochures and publications, and understand Medicaid benefits.

You can call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.



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

### **F3. Getting help from the MyCare Ohio Ombudsman**

The MyCare Ohio Ombudsman is an ombudsman program that can help you if you are having a problem with Aetna Better Health of Ohio. The ombudsman's services are free.

- The MyCare Ohio Ombudsman is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- MyCare Ohio Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MyCare Ohio Ombudsman is not connected with us or with any insurance company or health plan.
- The MyCare Ohio Ombudsman helps with concerns about any aspect of care. Help is available to resolve disputes with providers, protect rights, and file complaints or appeals with our plan.
- The MyCare Ohio Ombudsman works together with the Office of the State Long-term Care Ombudsman, which advocates for consumers getting long-term services and supports.

The phone number for the MyCare Ohio Ombudsman is 1-800-282-1206. TTY users should call 1-800-750-0750. The MyCare Ohio Ombudsman is available Monday through Friday from 8:00 am to 5:00 pm.

### **F4. Getting help from Medicare**

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")



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**For more information**, visit **[AetnaBetterHealth.com/ohio](http://AetnaBetterHealth.com/ohio)**.

**Medicare & You 2021**

You can read *Medicare & You 2021 Handbook*. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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