



OTC Health Solutions

2018 Over-the-Counter (OTC) Frequently Asked Questions (FAQs)

Where can I find my Member ID number?

It can be found on the front your Aetna Better Health of Virginia (HMO SNP) ID card.

What is the Over-the-Counter (OTC) benefit?

The OTC benefit offers you a convenient way to get generic over-the-counter health and wellness products by mail. You order from a list of approved OTC items and we mail them directly to your home address.

How much is my OTC benefit?

The amount depends on your benefit plan. Check your plan documents or call OTC Health Solutions at **1-888-628-2770**. TTY users should call 1-888-628-2770. Hours of operation are from 9 a.m. to 5 p.m., Monday through Friday.

How often can I use my OTC benefit?

You can place one order per month.

Can I carry over unused benefits to next benefit period?

Unused benefits do not roll over to the next benefit period.

Can I order more than my benefit amount?

You cannot exceed your monthly benefit amount.

Can I place partial orders?

No, you must submit the full order at one time or lose the remaining balance.

How long will it take to receive my order?

You will receive your order within 7-10 business days.

Who can I call if I have questions?

You may call OTC Health Solutions at **1-888-628-2770**. TTY users should call **1-888-628-2770**. Hours of operation are from 9 a.m. to 5 p.m., Monday through Friday. If you need to speak with an Aetna Better Health of Virginia (HMO SNP) Member Services representative, please contact **1-855-463-0933**. TTY users should call 711. Hours of operation: 8 a.m. – 8 p.m., 7 days a week.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and/or copayments/co-insurance may change on January 1 of each year. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

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Aetna Better Health® of Virginia (HMO SNP)

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:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o 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 East Cotton Center Boulevard, Phoenix, AZ 85040, 1-888-234-7358, TTY 711, 860-900-7667 (fax), MedicaidCRCoordinator@aetna.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Aetna Medicaid Civil Rights Coordinator is available to help you.

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해 주십시오.

VIETNAMESE: CHÚ Ý: nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: **711**).

CHINESE: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: **711**)。

ARABIC: ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104** (للصم والبكم: **711**).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: **711**).

PERSIAN: اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-800-385-4104** (TTY: **711**) تماس بگیرید.

AMHARIC: ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ ያለ ምንም ክፍያ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይችላሉ። በእርስዎ አይዲ ካርድ ላይ ወዳለው ስልክ ቁጥር ወይም በስልክ ቁጥር **1-800-385-4104** (TTY: **711**) ይደውሉ።

URDU: توجہ دیں: اگر آپ اردو زبان بولتے ہیں، تو زبان سے متعلق مدد کی خدمات آپ کے لئے مفت دستیاب ہیں۔ اپنے شناختی کارڈ کے پیچھے موجود نمبر پر یا **1-800-385-4104** (TTY: **711**) پر رابطہ کریں۔

FRENCH : ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104** (ATS : **711**).

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104** (TTY: **711**).

HINDI: ध्यान दें: यदि आप हिंदी भाषा बोलते हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। अपने आईडी कार्ड के पृष्ठ भाग में दिए गए नम्बर अथवा **1-800-385-4104** (TTY: **711**) पर कॉल करें।

GERMAN: ACHTUNG: Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.

BENGALI: লক্ষ্য করুন: যদি আপনি বাংলায় কথা বলেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। আপনার পরিচয়পত্রের উল্টোদিকে থাকা নম্বরে অথবা **1-800-385-4104** (TTY: **711**) নম্বরে ফোন করুন।

KRU: TÛ DE NÂ JIÊ BÒ: ε yemâ wlu bèè ñi a po Klào Win, nées â-á win kwa cetiyò+ ne-lá, i belé-ó bi má-ó mû bò kò putu bò. Dá nòbâ né é nea-ó ñi-á jié jipolê katèh je ná kpòh, mòò **1-800-385-4104** (TTY:**711**).

IGBO (IBO): NRỤBAMA: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gị. Kpọọ nomba dij n'azu nke kaadi ID gị ma ọ bụ **1-800-385-4104** (TTY: **711**).

YORUBA: ÀKÍYÈSÍ: Tí o bá sọ èdè Yorùbá, àwọn olùrànlọwọ̀ ìpèsè èdè tí wá ní lẹ̀ fún ọ̀ lófèḗ, pẹ̀ nọ́nbà tí ó wà lẹ́yìn káàdì ìdánimọ̀ rẹ̀ tàbí **1-800-385-4104** (TTY **711**).

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