



# Live well

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

Illinois Medicare Medicaid Alignment Initiative (MMAI)

**aetna**<sup>®</sup>

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## Aetna Better Health Premier Plan is an option in the MMAI program

The MMAI is a program of federal (Centers for Medicare and Medicaid Services – CMS) and state (Illinois Healthcare and Family Services – HFS) governments to improve the quality of care for individuals who are dual-eligible for both Medicare and Medicaid. This includes health care services, behavioral health coverage, prescription drug coverage, and long-term services and support.

### Goals of MMAI

Each enrollee will have one health care plan that coordinates all covered Medicare and Medicaid services. This means you will have:

- One health care plan ID card
- One number to call
- One place that coordinates care

### Who is eligible for Aetna Better Health Premier Plan?

- Seniors and persons with disabilities currently eligible to receive both Medicare (Parts A, B and D) and Medicaid **and**
- Residents in one of these Illinois counties: Cook, DuPage, Kane, Kankakee or Will **and**
- Age 21 years and older

### Our advantages

#### We offer

- A care team to work with you
- A care coordinator assigned to help you
- A personalized care plan that fits your needs
- No copays

#### Our covered benefits

- Doctor and hospital visits
- Behavioral health services
- 24/7 nurse line
- Prescriptions
- Lab tests and x-rays
- Eye care and hearing services
- Transportation to medical visits
- Home health care
- Hospice care
- Medical supplies
- Extra benefits

## To enroll

Call Illinois Client Enrollment Services at **1-877-912-8880** (TTY: **1-866-565-8576**) to enroll with Aetna Better Health Premier Plan.

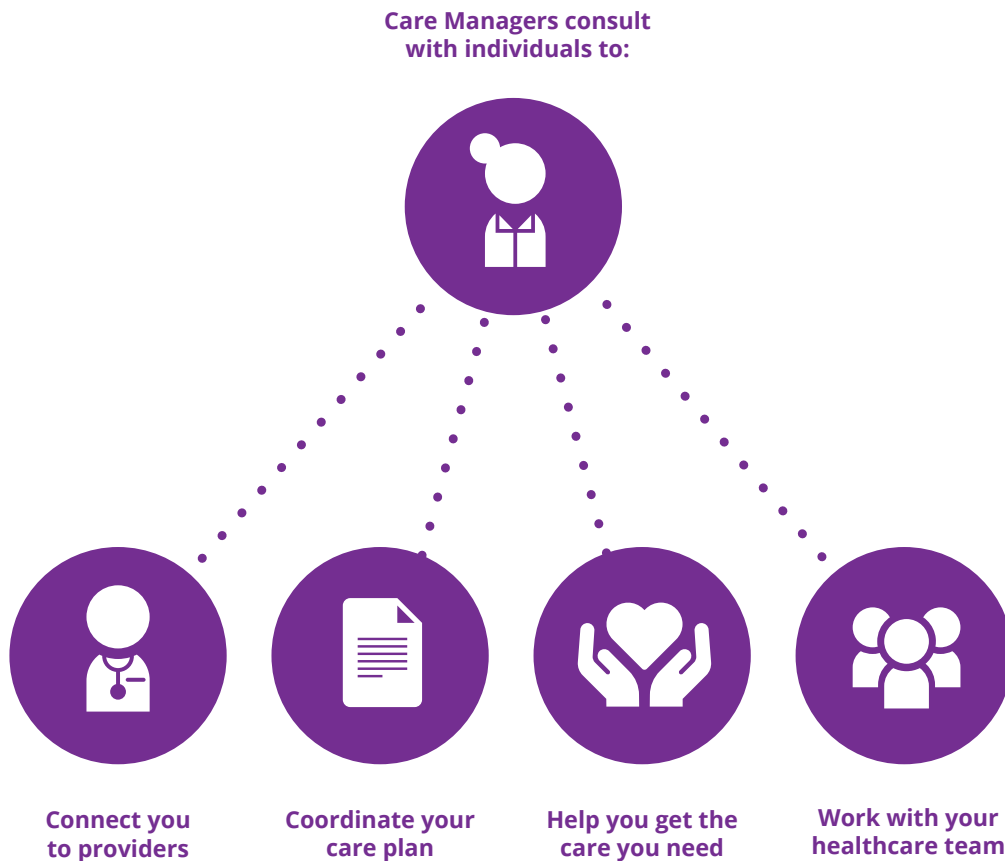
## Options after enrollment

- You can change plans each month
- You can change primary care providers
- You can opt out of the program














## Note:

By law, all MMAI plans agree to stay in the program for a full year at a time. Each year, plans can choose to not renew their contract with CMS, and CMS may also refuse to renew a plan contract, thus resulting in a contract termination or non-renewal.

Participating plans may choose to reduce their service area and no longer offer services in the area where you reside. If either of these situations were to occur, members will receive advance notice in writing from their plan explaining the termination of their enrollment and the other coverage options available to them as MMAI beneficiaries.



## Covered benefits

Plan benefits	Amount you pay
 Office visits	\$0
 Emergency care	\$0
 Urgently needed care	\$0
 Ambulance services (for emergencies)	\$0
 Inpatient hospital care	\$0
 Home health care	\$0
 Outpatient services/surgery	\$0
 Mental health and substance abuse services	\$0
 X-ray/lab services	\$0
 Flu/pneumonia vaccines	\$0
 24-Hour Nurse Advice Line	\$0
 Eye care and hearing services	\$0
 Prescriptions	\$0



## Nondiscrimination notice

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 the 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>.

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

You can get this information in Spanish, or speak with someone about this information in other languages, for free. Call **1-866-600-2139** (TTY: **711**), 24 hours a day, 7 days a week. The call is free.

Usted puede obtener este documento en español, o hablar gratuitamente con una persona en otros idiomas sobre esta información. Llame a Servicios al Miembro al **1-866-600-2139** y TTY/TDD al **711**, 24 horas al día, siete días de la semana. La llamada es gratis.

This information is available for free in other languages and formats like large print, braille, or audio. Call **1-866-600-2139** (TTY: **711**), 24 hours a day, 7 days a week. The call is free.

Limitations and restrictions may apply. For more information, call Aetna Better Health Premier Plan<sup>SM</sup> Member Services at **1-866-600-2139** or read the Aetna Better Health Premier Plan<sup>SM</sup> Member Handbook.

Benefits, List of Covered Drugs, pharmacy and provider networks may change from time to time throughout the year and on January 1 of each year.

## Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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The Aetna logo consists of the word "aetna" in a lowercase, bold, sans-serif font. The letter "a" is stylized with a horizontal bar that extends to the left and curves upwards. A registered trademark symbol (®) is located to the upper right of the "a".

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