



2025 Summary of Benefits

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



Aetna Better Health® Premier Plan MMAI

AetnaBetterHealth.com/Illinois

Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan): **Summary of Benefits 2025**

Introduction


This document is a brief summary of the benefits and services covered by Aetna Better Health Premier Plan MMAI. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Aetna Better Health Premier Plan MMAI. 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 Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://www.aetna.com/illinois)**.

A. Disclaimers

 This is a summary of health services covered by Aetna Better Health Premier Plan MMAI for 2023. This is only a summary. Please read the *Member Handbook* for the full list of benefits. To request a *Member Handbook*, please call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. You may also find the *Member Handbook* on our website at **AetnaBetterHealth.com/Illinois**.

- ❖ Aetna Better Health Premier Plan MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ Under Aetna Better Health Premier Plan MMAI you can get your Medicare and Medicaid services in one health plan. An Aetna Better Health Premier Plan MMAI case manager 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 Aetna Better Health Premier Plan MMAI *Member Handbook*.
- ❖ **We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. Someone that speaks Spanish can help you. This is a free service.**
- ❖ **Tenemos servicios gratuitos de interpretación para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para obtener un intérprete, llámenos al **1-866-600-2139 (TTY: 711)**, durante las 24 horas, los 7 días de la semana. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.**

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- ❖ **This document 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.**
- ❖ This document is available for free in Spanish.
- ❖ We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-866-600-2139 (TTY: 711)**. Someone who speaks your language can help you. This is a free service.
- ❖ 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 Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and the State of Illinois Department of Healthcare and Family Services to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has case managers to help you manage all your providers and services. They all work together to provide the care you need.
What is an Aetna Better Health Premier Plan MMAI case manager?	An Aetna Better Health Premier Plan MMAI case manager 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.
What are long-term services and supports?	Long-term services and supports are services provided through a Long-Term Care Facility or through a Home and Community-Based Waiver. Enrollees have the option to get long-term services and supports (LTSS) in the least restrictive setting when appropriate, with a preference for the home and the community, and in accordance with the Enrollee’s wishes and Care Plan.

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Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan): **Summary of Benefits 2025**

Frequently Asked Questions (FAQ)	Answers
<p>Will I get the same Medicare and Medicaid benefits in Aetna Better Health Premier Plan MMAI that I get now?</p>	<p>You will get your covered Medicare and Medicaid benefits directly from Aetna Better Health Premier Plan MMAI. 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.</p> <p>When you enroll in Aetna Better Health Premier Plan MMAI, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. During this time, for up to 180 days from your eligibility date during your continuity of care period and 90 days for a member coming from another MMAI plan, you can keep using your doctors and getting your current services. When you join our plan, if you are taking any Medicare Part D prescription drugs that Aetna Better Health Premier Plan MMAI 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 MMAI to cover your drug, if medically necessary.</p>
<p>Can I use the same doctors I use now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Aetna Better Health Premier Plan MMAI and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in Aetna Better Health Premier Plan MMAI’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 MMAI’s plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read Aetna Better Health Premier Plan MMAI’s <i>Provider and Pharmacy Directory</i> on the plan’s website at AetnaBetterHealth.com/Illinois.</p> <p>If Aetna Better Health Premier Plan MMAI is new for you, you can continue using the doctors you use now for up to 180 days from your eligibility date during your continuity of care period and 90 days for a member coming from another MMAI plan.</p>

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Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan): **Summary of Benefits 2025**

Frequently Asked Questions (FAQ)	Answers
<p>What happens if I need a service but no one in Aetna Better Health Premier Plan MMAI's network can provide it?</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 MMAI will pay for the cost of an out-of-network provider.</p>
<p>Where is Aetna Better Health Premier Plan MMAI available?</p>	<p>The service area for this plan includes these Illinois counties:</p> <p>Region 1 Northwestern counties – Boone, Bureau, Carroll, DeKalb, Fulton, Henderson, Henry, Jo Daviess, Knox, La Salle, Lee, Marshall, Mercer, Ogle, Peoria, Putnam, Rock Island, Stark, Stephenson, Tazewell, Warren, Whiteside, Winnebago, Woodford</p> <p>Region 2 Central counties – Adams, Brown, Calhoun, Cass, Champaign, Christian, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Greene, Hancock, Iroquois, Jersey, Livingston, Logan, Macon, Macoupin, Mason, McDonough, McLean, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Sangamon, Schuyler, Scott, Shelby, Vermilion</p> <p>Region 3 Southern counties – Alexander, Bond, Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, Saline, St. Clair, Union, Wabash, Washington, Wayne, White, Williamson</p> <p>Region 4 Cook County</p> <p>Region 5 Collar counties – DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will</p> <p>You must live in one of these areas to join the plan.</p>
<p>Do I pay a monthly amount (also called a premium) under Aetna Better Health Premier Plan MMAI?</p>	<p>You will not pay any monthly premiums to Aetna Better Health Premier Plan MMAI for your health coverage.</p>

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Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan): **Summary of Benefits 2025**

Frequently Asked Questions (FAQ)	Answers
What is prior authorization (PA)?	<p>PA means that you must get approval from Aetna Better Health Premier Plan MMAI before you can get a specific service or drug or use an out-of-network provider. Aetna Better Health Premier Plan MMAI 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> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p>
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Aetna Better Health Premier Plan MMAI may not cover the services. You don't need a referral to use certain specialists, such as women health specialists.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about when you will need a referral from your PCP.</p>
Do I pay a deductible?	No. You do not pay deductibles in Aetna Better Health Premier Plan MMAI.

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Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan): **Summary of Benefits 2025**

Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help?	<p>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 MMAI Member Services:</p> <p>CALL 1-866-600-2139 Calls to this number are free. 24 hours a day, 7 days a week. Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-866-600-2139 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-866-600-2139 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p>

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Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan): **Summary of Benefits 2025**

C. Overview of Services

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 in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	Round-trip transportation to plan approved health-related locations. Prior authorization may be required.
	Specialist care	\$0	Prior authorization may be required.
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	
You need medical tests	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 MMAI (Medicare-Medicaid Plan): **Summary of Benefits 2025**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 for a 30-day supply in an outpatient setting and 31-day supply in a long-term care facility.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Aetna Better Health Premier Plan MMAI's <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Extended day supplies of covered drugs up to a 90-day supply are available at a \$0 copay at network retail and mail order pharmacies. These drugs are usually considered maintenance drugs. Some drugs have coverage rules or have limits on the amount you can get.</p> <p>For example:</p> <ul style="list-style-type: none"> • For some drugs, you or your doctor must get approval from the plan before you fill your prescription. • Sometimes the plan limits the amount of a drug you can get. <p>Step therapy: Sometimes the plan requires you to do step therapy. This means you will have to try drugs in a 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 in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Brand name drugs</p>	<p>\$0 for a 30-day supply in an outpatient setting and 31-day supply in a long-term care facility.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Aetna Better Health Premier Plan MMAI's <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Extended day supplies of covered drugs up to a 90-day supply are available at a \$0 copay at network retail and mail order pharmacies. These drugs are usually considered maintenance drugs. Your copay for the extended day supply is the same as the 30-day supply. Some drugs have coverage rules or have limits on the amount you can get.</p> <p>For example:</p> <ul style="list-style-type: none"> • For some drugs, you or your doctor must get approval from the plan before you fill your prescription. • Sometimes the plan limits the amount of a drug you can get. <p>Step therapy: Sometimes the plan requires you to do step therapy. This means you will have to try drugs in a 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 in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Aetna Better Health Premier Plan MMAI's <i>List of Covered Drugs (Drug List)</i> for more information.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Prior authorization may be required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be required.
You need emergency care	Emergency room services	\$0	Emergency room services can be provided by in-network and out-of-network providers and do not require prior authorization. Emergency care is covered in the United States and its territories.
	Ambulance services	\$0	Please contact Access2Care to coordinate Non-emergency ambulance services.
	Urgent care	\$0	Urgent care services can be provided by in-network and out-of-network providers and do not require prior authorization.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Emergency admissions: hospitals are required to notify the health plan. Prior authorization is required.
	Doctor or surgeon care	\$0	Some procedures may require prior authorization.
You need help getting better or have special health need	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment for home care	\$0	Prior authorization may be required.
	Skilled nursing care	\$0	Prior authorization may be required.
You need eye care	Eye exams	\$0	1 routine eye exam per year and as medically necessary.
	Glasses or contact lenses	\$0	Lenses and frames limited to one pair in a 24-month period. Contacts and special lenses may require prior authorization.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups Preventive Dental (oral exams, cleaning, fluoride treatment, x-rays) Comprehensive Dental (diagnostic services, restorative services, endodontics/periodontics/extractions, prosthodontics and other oral/maxillofacial surgery)	\$0	Prior authorization may be required. Preventive Dental services (1 oral exam, 1 cleaning, 1 fluoride treatment, 1 set of dental x-rays) available every six months.
You need hearing/auditory services	Hearing screenings	\$0	Prior authorization may be required.
	Hearing aids	\$0	Prior authorization may be required. One pair of hearing aids is covered every 3 years.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Prior authorization may be required.
	Diabetes supplies and services	\$0	Prior authorization may be required.
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization may be required.
You have a substance abuse problem	Substance abuse services	\$0	Prior authorization is required.
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization is required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.
	Crutches	\$0	Prior authorization may be required.
	Walkers	\$0	Prior authorization may be required.
	Oxygen equipment and supplies	\$0	Prior authorization may be required.
You need help living at home (This service is continued on the next page)	Meals brought to your home	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
	Home services, such as cleaning or housekeeping	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
	Changes to your home, such as ramps and wheelchair access	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Training to help you get paid or unpaid jobs	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
	Home health care services	\$0	Prior authorization may be required.
	Services to help you live on your own	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
	Adult day services or other support services	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.
You need a place to live with people available to help you	Assisted living or other housing services	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization may be required.
	Nursing home care	\$0	Prior authorization required for skilled nursing home care. Prior authorization not required for custodial nursing home care.
Your caregiver needs some time off	Respite care	\$0	Only available if enrolled in an Illinois waiver program. Prior authorization is required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (This service is continued on the next page)	Fitness	\$0	<p>Aetna Better Health Premier Plan MMAI offers SilverSneakers® membership to members at no additional cost. Silver Sneakers is the nation’s leading community fitness program specifically designed for older adults, promotes greater health engagement and accountability by providing members with regular exercise (strength training, aerobics, flexibility) and social opportunities.</p> <p>Benefit includes access to thousands of participating fitness locations, use of basic amenities (weights, treadmills, pools, etc.), fitness classes, group activities and classes outside the traditional gym setting (Community FLEX classes). Online resources including a member portal, live classes, on-demand classes, SilverSneakers app with reminders to move and more. One Home kit or Steps kit available each calendar year.</p>
	Home-delivered meals	\$0	<p>Aetna Better Health Premier Plan MMAI offers 20 fresh meals per hospital discharge.</p> <p>Prior authorization is required.</p>
	OTC allowance	\$0	<p>Aetna Better Health Premier Plan MMAI \$60 allowance every month. Purchased at approved locations and online or by telephone through a catalogue.</p>
	Podiatry	\$0	<p>Aetna Better Health Premier Plan MMAI offers 6 routine foot care visits annually.</p>

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Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan): **Summary of Benefits 2025**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Smoking cessation	\$0	Aetna Better Health Premier Plan MMAI offers up to 42 additional counseling sessions.
	Flex card with allowance to help pay for healthy foods, utilities	\$0	\$50 monthly allowance. The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.

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D. Benefits covered outside of Aetna Better Health Premier Plan MMAI

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

Other services covered by Medicare or Medicaid	Your costs
<p>Medicaid benefits (in addition to Medicare)</p> <p>Additional Medicaid benefits include:</p> <ul style="list-style-type: none"> • Additional days for Inpatient Hospital Acute and Inpatient Hospital Psychiatric • Additional days beyond Medicare-covered for Skilled Nursing Facility • Additional hours of care for Home Health Services • Behavioral health • Durable Medical Equipment for use outside the home • Emergency Dental • Family Planning Services – no prior authorization is required • Home and Community Based Services • Institution for Mental Disease Services for Individuals 65 or Older • Hospice services • Medication Assisted Treatment (MAT) • Non-Medicare covered stay for Inpatient Hospital Acute, Psychiatric and Skilled Nursing Facility • Non-Medicare Physical, Speech and Occupational Therapy Services and Prosthetic / Medical supplies • Nursing home services • Outpatient blood services • Telehealth • Tobacco Cessation Counseling for Pregnant Women <p>*Prior authorization may be required except where noted.</p>	<p>\$0</p>
Some hospice care services	\$0

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E. Services that Aetna Better Health Premier Plan MMAI, Medicare, and Medicaid do not cover

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

Services not covered by Aetna Better Health Premier Plan MMAI, Medicare, or Medicaid	
Services considered not “reasonable and necessary,” according to the standards of Medicare and 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 cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.	Radial keratotomy and LASIK surgery.
Surgical treatment for morbid obesity, except when it is medically needed and Medicare pays for it.	Naturopath services (the use of natural or alternative treatments).
A private room in a hospital, except when it is medically needed.	Outpatient drugs when the company who makes the drugs say that you have to have tests or services done only by them.
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Full-time nursing care in your home.

 **If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://www.aetnabetterhealth.com/illinois)**.

F. Your rights as a member of the plan

As a member of Aetna Better Health Premier Plan MMAI, 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 physical restraint or seclusion.
 - not be billed by 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 during the year.
 - use 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 MMAI will pay for the cost of your second opinion visit.

 **If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://www.aetna.com/illinois)**.

Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan): **Summary of Benefits 2025**

- **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 timely medical care.
 - 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.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - get emergency services without PA in an emergency.
 - use 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 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 MMAI *Member Handbook*. If you have questions, you can also call Aetna Better Health Premier Plan MMAI Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

 **If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://www.aetna.com/illinois)**.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Aetna Better Health Premier Plan MMAI should cover something we denied, call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. 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 MMAI *Member Handbook*. You can also call Aetna Better Health Premier Plan MMAI Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week.

Other resources include:

- Illinois Department of Healthcare and Family Services Health Benefits Hotline for free help. The Illinois Health Benefits Hotline helps people enrolled in Medicaid with problems. The phone number is **1-800-226-0768 (TTY: 1-877-204-1012)**, Monday through Friday, 8:00 AM to 4:30 PM.
- Senior HelpLine for free help. The Senior Helpline will help anyone at any age enrolled in this plan. The Senior HelpLine is an independent organization. It is not connected with this plan. The phone number is **1-800-252-8966 (TTY: 1-888-206-1327)**, Monday through Friday from 8:30 AM to 5:00 PM.

H. What to do 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 MMAI Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- 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.

 **If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://www.aetnabetterhealth.com/illinois)**.

Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan): **Summary of Benefits 2025**

 **If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://www.aetna.com/betterhealth/illinois)**.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-866-600-2139 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-866-600-2139 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电**1-866-600-2139 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電**1-866-600-2139 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-866-600-2139 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-866-600-2139 (TTY: 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-866-600-2139 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-866-600-2139 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-866-600-2139 (TTY: 711)**번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-866-600-2139 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-866-600-2139 (TTY: 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-866-600-2139 (TTY: 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-866-600-2139 (TTY: 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-866-600-2139 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-866-600-2139 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-866-600-2139 (TTY: 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-866-600-2139 (TTY: 711)**にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma **1-866-600-2139 (TTY: 711)**. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

Form CMS-10802
(Expires 12/31/25)

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



Aetna Better Health® Premier Plan MMAI

[AetnaBetterHealth.com/Illinois](https://www.aetna.com/illinois)