Aetna Assure Premier Plus (HMO D-SNP) offered by AETNA BETTER HEALTH INC. (NJ)

Annual Notice of Changes for 2022

You are currently enrolled as a member of Aetna Assure Premier Plus (HMO D-SNP). Next year, there will be some changes to the plan's benefits. *This booklet tells about the changes.*

What to do now

1. **ASK:** Which changes apply to you

☐ Check the changes to our benefits to see if they affect you.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 1.5 and 1.6 for information about benefit changes for our plan.

☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.

- Will your drugs be covered?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies?
- Review the 2022 List of Covered Drugs (Formulary) and look in Section 1.6 for information about changes to our drug coverage.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our *Provider and Pharmacy Directory*.

☐ Think about your overall health care costs.

- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

OMB Approval 0938-1051 (Expires: February 29, 2024)

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
- Review the list in the back of your *Medicare & You 2022* handbook.
- Look in Section 2.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2021, you will be enrolled in Aetna Assure Premier Plus (HMO D-SNP).
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in Section 2.2 to learn more about your choices.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2021**

- If you don't join another plan by **December 7, 2021**, you will be enrolled in Aetna Assure Premier Plus (HMO D-SNP).
- If you join another plan between **October 15** and **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in Spanish. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-844-362-0934 (TTY: 711).
  Este documento está disponible sin cargo en español. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia de idiomas. Llame al 1-844-362-0934 (TTY: 711).
- Please contact our Member Services number at 1-844-362-0934 or the number on the back of your ID card for additional information. (TTY users should call 711.) Hours are 8 AM to 8 PM, 7 days a week.
- This document may be made available in other formats such as braille, large print or other alternate formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at

www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Aetna Assure Premier Plus (HMO D-SNP)

- Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the NJ FamilyCare (Medicaid) program. Enrollment in Aetna Assure Premier Plus (HMO D-SNP) depends on contract renewal.
- When this booklet says “we,” “us," or “our,” it means AETNA BETTER HEALTH INC. (NJ). When it says “plan” or “our plan,” it means Aetna Assure Premier Plus (HMO D-SNP).
- Members must use network plan providers, pharmacies, DME (Durable Medical Equipment) suppliers, and follow the rules on referrals.
- Members will be enrolled into Medicare Part D prescription drug coverage under the plan and will be automatically disenrolled from any other Medicare Advantage or Medicare Part D prescription drug coverage.

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Aetna Assure Premier Plus (HMO D-SNP) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at AetnaBetterHealth.com/New-Jersey-hmosnp/member-materials-forms. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium	$0	$0
Doctor office visits	Primary care visits: $0 copay per visit Specialist visits: $0 copay per visit	Primary care visits: $0 copay per visit Specialist visits: $0 copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	$0 copay per stay	$0 copay per stay
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: $0	Deductible: $0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	$0	$0

Annual Notice of Changes for 2022

Table of Contents

SECTION 1 Changes to Benefits for Next Year

Section 1.1 Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (Your Medicare Part B premium is paid for you by Medicaid.)	$0	$0

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.**	$0	$0

Section 1.3 Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at AetnaBetterHealth.com/New-Jersey-hmosnp/find-provider. You may also call Member Services for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2022 *Provider and Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain

rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 Changes to the Pharmacy Network

Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated *Provider and Pharmacy Directory* is located on our website at AetnaBetterHealth.com/New-Jersey-hmosnp/find-provider. You may also call Member Services for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2022 *Provider and Pharmacy Directory* to see which pharmacies are in our network.**

Section 1.5 Changes to Benefits

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage for these services, see Chapter 4, *Benefits Chart (what is covered)*, in your *2022 Evidence of Coverage.* A copy of the *Evidence of Coverage* is located on our website at AetnaBetterHealth.com/New-Jersey-hmosnp. You may also call Member Services to ask us to mail you an *Evidence of Coverage.*

Cost	2021 (this year)	2022 (next year)
Healthy Foods Card	If you are diagnosed with a medically complex chronic condition, you may be eligible to receive a Healthy Foods Card. The Healthy Foods Card is a benefit card with a $50 every month allowance towards the purchase of healthy and nutrition foods and produce. Approved items can be purchased at approved locations to assist members in maintaining a healthy diet to support their nutritional needs. Any unused allowance will not be rolled over into the following month. Please call your Aetna Care Team for more information on this benefit and your eligibility.	If you are diagnosed with a medically complex chronic condition, you may be eligible to receive a Healthy Foods Card. The Healthy Foods Card is a benefit card with an allowance to use towards the purchase of healthy and nutritious foods and produce. Approved items can be purchased at approved locations to assist members in maintaining a healthy diet. If eligible for this benefit, you receive $150 every quarter. Any unused allowance will not be rolled over into the following quarter. Please call your Aetna Care Team for more information on this benefit and your eligibility.

Cost	2021 (this year)	2022 (next year)
Help for COVID-19	During the COVID-19 public health emergency, we offered members a $0 copay for primary care physician visits and COVID-19 testing. Your plan also sent members diagnosed with COVID-19 a box of supplies.	Your plan offers: • You pay $0 for primary care physician visits (from network providers) • You pay $0 copay for COVID-19 testing (from network providers) • You pay $0 copay for COVID-19 vaccines (from network providers) • We are no longer sending a box of supplies to members diagnosed with COVID-19
Meals (post-discharge)	You pay a $0 copay for 28 meals over a 14-day period after discharge from an Inpatient Acute Hospital or Inpatient Psychiatric Hospital. See the *Evidence of Coverage* for more information. Meals are provided by GA Foods.	You pay a $0 copay for 28 meals over a 14-day period after discharge from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility. See the *Evidence of Coverage* for more information. Meals are provided by GA Foods.

Cost	2021 (this year)	2022 (next year)
Over-the-Counter (OTC) items	Plan provides an allowance of $210 per quarter for Over-the-Counter (OTC) medications and supplies which can be ordered through a catalog or select participating CVS locations. Please visit www.cvs.com/otchs/myorder and log into your account to view your catalog of Over-the-Counter (OTC) items available to you. Nicotine Replacement Therapy (NRT) is covered.	Plan provides an allowance of $315 per quarter for Over-the-Counter (OTC) medications and supplies which can be ordered through a catalog or select participating CVS locations. Please visit www.cvs.com/otchs/myorder and log into your account to view your catalog of Over-the-Counter (OTC) items available to you. Nicotine Replacement Therapy (NRT) is covered.

Section 1.6 Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our List of Covered Drugs (Formulary) is provided electronically.

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, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.

    - To learn what you must do to ask for an exception, see Chapter 8 of your *Evidence of Coverage* (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*) or call Member Services.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting 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.

Meanwhile, you and your doctor will need to decide what to do before your temporary supply of the drug runs out.

- **Perhaps you can find a different drug** covered by the plan that might work just as well for you. You can call Member Services to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you.
- You and your doctor can ask the plan to make an exception for you and cover the drug. To learn what you must do to ask for an exception, see the *Evidence of Coverage* which is located on our website at AetnaBetterHealth.com/New-Jersey-hmosnp. Look for Chapter 8, Section 7 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

Our transition policy applies to all Part D prescription medications not included on the formulary, or that are on our formulary but with a restriction, such as prior authorization or step therapy. A transition supply will be provided to you at the point-of-sale with exceptions where certain drugs require coverage determination whether it should be covered under Medicare Part B or Part D. In such case, it might require your doctor or pharmacy to provide additional information; therefore, the issue may not be resolved at point-of-sale.

- If you are a currently enrolled member who does not request an exception before January 1, 2022, and your current Part D eligible drug therapy coverage is negatively impacted by a formulary change, we will cover up to a 30-day temporary supply of the drug starting on January 1st.
- If you experience a change in your setting of care (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription

override. This one-time override will provide you with temporary coverage (at least a 30-day supply) for the applicable drug(s).

Regardless of why you received a temporary supply, you will need to utilize our exception process, as defined in the *Evidence of Coverage*, which is located on our website at AetnaBetterHealth.com/New-Jersey-hmosnp, if you need to continue on the current drug.

Important Note: Please take action on working with your doctor to find appropriate alternatives covered in the next plan year before January 1st. It will make for a very easy transition into the next calendar year for you. To learn what you must do to ask for an exception, see the *Evidence of Coverage*, which is located on our website at AetnaBetterHealth.com/New-Jersey-hmosnp. Look for Chapter 8 of the *Evidence of Coverage* (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

The number of days in a long-term supply has changed from 2021 to 2022 from up to 90 days to up to 100 days. For information about a long-term supply or for mail-order prescriptions, look in Chapter 5, Section 2.4 of the Evidence of Coverage.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs does not apply to you**.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 If you want to stay in Aetna Assure Premier Plus (HMO D-SNP)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or

change to Original Medicare by December 7, you will automatically be enrolled in our Aetna Assure Premier Plus (HMO D-SNP).

Section 2.2 If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 5.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Aetna Assure Premier Plus (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Aetna Assure Premier Plus (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 5.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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 have opted out of automatic enrollment.

SECTION 3 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from **October 15 to December 7.** The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 9, Section 2.3 of the *Evidence of Coverage*.

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New Jersey, the SHIP is called the State Health Insurance Assistance Program (SHIP).

SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIP at 1-800-792-8820. You can learn more about SHIP by visiting their website (www.state.nj.us/humanservices/doas/services/ship).

For questions about your NJ FamilyCare (Medicaid) benefits, contact the Division of Medical Assistance and Health Services toll-free at 1-800-356-1561 (TTY: 711). Ask how joining another plan or returning to Original Medicare affects how you get your NJ FamilyCare (Medicaid) coverage.

SECTION 5 Questions?

Section 5.1 Getting Help from Aetna Assure Premier Plus (HMO D-SNP)

Questions? We're here to help. Please call Member Services at 1-844-362-0934 or the number on the back of your ID card (TTY only, call 711). We are available for phone calls 8 AM to 8 PM, 7 days a week. Calls to these numbers are free.

Read your 2022 *Evidence of Coverage* (it has details about next year's benefits)
This *Annual Notice of Changes* gives you a summary of changes in your benefits for 2022. For details, look in the 2022 *Evidence of Coverage* for Aetna Assure Premier Plus (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at AetnaBetterHealth.com/New-Jersey-hmosnp. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website
You can also visit our website at AetnaBetterHealth.com/New-Jersey-hmosnp. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

Section 5.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)
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.

Visit the Medicare Website
You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about 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/plan-compare).

Read *Medicare & You 2022*
You can read the *Medicare & You 2022* 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) 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.

Section 5.3 Getting Help from Medicaid

To get information from NJ FamilyCare (Medicaid), you can call the Division of Medical Assistance and Health Services at 1-800-356-1561. TTY users should call 711.

See the *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.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website at AetnaBetterHealth.com/New-Jersey-hmosnp or call 1-844-362-0934 (TTY: 711), 8 AM to 8 PM, 7 days a week.

In addition, your health plan provides auxiliary aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Your health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, call Member Services at 1-844-362-0934 (TTY: 711), 8 AM to 8 PM, 7 days a week.

If you believe that we have 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 our Grievance Department by writing to Appeals and Grievances, PO Box 818070, Cleveland, OH 44181. You can also file a grievance by phone by calling Member Services at 1-844-362-0934 (TTY: 711). If you need help filing a grievance, you can call Member Services at 1-844-362-0934, 8 AM to 8 PM, 7 days a week.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea el inglés, los servicios gratuitos de asistencia en idiomas están disponibles. Visite nuestro sitio web en AetnaBetterHealth.com/New-Jersey-hmosnp o llame al 1-844-362-0934 (TTY: 711), 8 AM to 8 PM, 7 days a week.

(CHINESE)傳統漢語(中文)如果您講英語以外的語言,則提供免費語言援助服務。請造訪我們的網站 AetnaBetterHealth.com/New-Jersey-hmosnp 或致電，1-844-362-0934（TTY: 711), 8 AM to 8 PM, 7 days a week

You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-844-362-0934 (TTY: 711), 8 AM to 8 PM, 7 days a week. The call is free.

NOTES

NOTES