

Summary of Benefits 2022

**Aetna Assure Premier Plus (HMO D-SNP)
H6399 - 001
January 1, 2022 - December 31, 2022**

H6399-001

Introduction

This document is a brief summary of the benefits and services covered by Aetna Assure Premier Plus (HMO D-SNP). 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 Assure Premier Plus (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers



This is a summary of health services covered by Aetna Assure Premier Plus (HMO D-SNP) for 2022. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. You can find the Evidence of Coverage at www.AetnaBetterHealth.com/New-Jersey-hmosnp or request a copy by calling Member Services at 1-844-362-0934 (TTY 711).

- 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 New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal.
- 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 at 1-844-362-0934 (TTY: 711) or read the *Evidence of Coverage (EOC)*. You can find the EOC at www.AetnaBetterHealth.com/New-Jersey-hmosnp or call us to request a copy.
- Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information.
- The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.
- Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.
- ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call Aetna Assure Premier Plus (HMO D-SNP) Member Services at the number listed at the bottom of this page. The call is free.
- **You can get this document for free in other formats, such as large print, braille, or audio. Call 1-844-362-0934 (TTY: 711) 8 AM to 8 PM, 7 days a week. The call is free.**
- To get information from us in a way that works for you (in languages other than English, in Braille, in large print, or other formats), call Member Services at the number listed at the bottom of this page. The call is free. We have people and free interpreter services available to answer questions from disabled and non-English speaking members.

You can read the Medicare & You 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 access it online at the Medicare website (www.medicare.gov) or request a copy 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.

If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services at 1-844-362-0934, TTY 711, 8 AM - 8 PM, 7 days a week. The call is free.
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B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?	<p>A NJ Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ FIDE SNP covers all of your Medicare, NJ FamilyCare (Medicaid) and prescription drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) Card, and no copays for medical services or prescription drugs. A FIDE SNP coordinates all of your care.</p> <p>If you join a FIDE SNP, you do not lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services.</p> <p>To be eligible to enroll in a FIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan's "service area" (the counties where that plan is offered). The counties that make up Aetna Assure Premier Plus (HMO D-SNP)'s service area are listed on page 5 of this document.</p>
Will I get the same Medicare and NJ FamilyCare benefits in Aetna Assure Premier Plus (HMO D-SNP) that I get now?	<p>If you are coming to Aetna Assure Premier Plus (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and NJ FamilyCare benefits directly from Aetna Assure Premier Plus (HMO D-SNP).</p> <p>When you enroll in Aetna Assure Premier Plus (HMO D-SNP), you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that Aetna Assure Premier Plus (HMO D-SNP) does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for Aetna Assure Premier Plus (HMO D-SNP) to cover your drug if medically necessary.</p>

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Frequently Asked Questions (FAQ)	Answers
<p>Can I use the same health care providers I use now?</p>	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Aetna Assure Premier Plus (HMO D-SNP) 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 Assure Premier Plus (HMO D-SNP)’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Aetna Assure Premier Plus (HMO D-SNP)’s network. Aetna Assure Premier Plus (HMO D-SNP) covers urgent or emergency care worldwide. <p>To find out if your providers are in the plan’s network, call Member Services or read Aetna Assure Premier Plus (HMO D-SNP)’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at AetnaBetterHealth.com/New-Jersey-hmosnp/find-provider for the most current listing.</p> <p>If Aetna Assure Premier Plus (HMO D-SNP) is new for you, we will work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you go to now for 90 days or until your individualized Plan of Care is completed.</p>
<p>What is a Care Manager?</p>	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p>
<p>What are Managed Long Term Services and Supports (MLTSS)?</p>	<p>Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</p>
<p>What happens if I need a service but no one in Aetna Assure Premier Plus (HMO D-SNP)’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 Assure Premier Plus (HMO D-SNP) will cover services provided by an out-of-network provider.</p>

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Frequently Asked Questions (FAQ)	Answers
<p>Where is Aetna Assure Premier Plus (HMO D-SNP) available?</p>	<p>The service area for this plan includes: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren Counties, New Jersey. You must live in one of these areas to join the plan.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from Aetna Assure Premier Plus (HMO D-SNP) before Aetna Assure Premier Plus (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. Aetna Assure Premier Plus (HMO D-SNP) may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. Aetna Assure Premier Plus (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from Aetna Assure Premier Plus (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p>
<p>Do I pay a monthly amount (also called a premium) under Aetna Assure Premier Plus (HMO D-SNP)?</p>	<p>No. You will not pay any monthly premiums to Aetna Assure Premier Plus (HMO D-SNP) for your health coverage.</p> <p>Additionally, Medicaid will pay your Medicare Part B premium for you.</p>
<p>Do I pay a deductible as a member of Aetna Assure Premier Plus (HMO D-SNP)?</p>	<p>No. You do not pay deductibles in Aetna Assure Premier Plus (HMO D-SNP).</p>
<p>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Aetna Assure Premier Plus (HMO D-SNP)?</p>	<p>There is no cost sharing for medical services in Aetna Assure Premier Plus (HMO D-SNP), so your annual out-of-pocket costs will be \$0.</p>

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C. Overview of services

The following chart is a quick overview of what services you may need 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 need hospital care	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization may be required.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required.
You want a health care provider	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	
	Visits to treat an injury or illness	\$0	
	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	
	Wellness visits, such as a physical	\$0	

(This service is continued on the next page)

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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 want a health care provider (continued)			
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need emergency care	Emergency room services	\$0	You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are also covered outside of the U.S. Contact the plan or see Chapter 4 of your EOC for details.
	Urgently needed services	\$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed services are also covered outside the U.S. and its territories under limited circumstances. Contact the plan or see Chapter 4 of your EOC for details.
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.
	Screenings, such as tests to check for cancer	\$0	Prior authorization may be 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 hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	Prior authorization may be required.
	Hearing aids (as well as fittings, and associated accessories and supplies)	\$0	Prior authorization may be required.
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	Prior authorization may be required.
You need eye care	Vision services (including annual eye exams)	\$0	
	Glasses or contact lenses	\$0	
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Prior authorization may be 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)
<p>You have a mental health condition</p>	<p>Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital)</p>	<p>\$0</p>	<p>All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.</p> <p>Prior authorization may be required.</p>
	<p>Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care and medication management)</p> <p>(Note: This is not a complete list of the plan’s expanded outpatient mental health services. Call Member Services or read the <i>Evidence of Coverage</i> for more information.)</p>	<p>\$0</p>	<p>Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.</p> <p>Prior authorization may be required.</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 have a substance use disorder	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment) (Note: This is not a complete list of the plan's expanded substance use disorder services. Call Member Services or read the <i>Evidence of Coverage</i> for more information.)	\$0	Prior authorization may be required.
You need a place to live with people available to help you	Skilled nursing care	\$0	Prior authorization may be required.
	Nursing home care	\$0	Prior authorization may be required.

(This service is continued on the next page)

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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 a place to live with people available to help you (continued)			
	Custodial care (long-term care in a Nursing Facility)	\$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission. 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 help getting to health services	Ambulance services	\$0	Prior authorization may be required.
	Emergency transportation	\$0	
You need drugs to treat your illness or condition	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anticancer drugs, and some drugs used with certain medical equipment)	\$0	Read the <i>Evidence of Coverage</i> for more information on these drugs. Prior authorization may be 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 drugs to treat your illness or condition (continued)			
	<p>Medicare Part D prescription drugs</p> <p>Tiers 1 through 5: Generic and brand name drugs</p>	\$0	<p>There may be limitations on the types of drugs covered. Refer to Aetna Assure Premier Plus (HMO D-SNP)'s List of Covered Drugs (Formulary) at AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary for more information.</p> <p>Aetna Assure Premier Plus (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Aetna Assure Premier Plus (HMO D-SNP) for certain drugs.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, List of Covered Drugs (Formulary) , and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare.</p> <p>You can get a one month, two month, or three month supply of most of your drugs through network retail and mail order pharmacies. Specialty drugs are limited to a 30 day supply.</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 (OTC) drugs	\$0	There may be limitations on the types of drugs covered.
	Diabetes medications	\$0	
You need foot care	Podiatry services (including routine exams)	\$0	
	Orthotic services	\$0	Prior authorization may be required.
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Member Services or read the <i>Evidence of Coverage</i> for more information.)	\$0	Prior authorization may be required.
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
Other covered services	Acupuncture	\$0	
	Care coordination	\$0	

(This service is continued on the next page)

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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)
Other covered services (continued)			
	Chiropractic services	\$0	Prior authorization may be required.
	Diabetic supplies	\$0	Prior authorization may be required.
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age. Prior authorization may be required.
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	Prior authorization may be required.
	Mammograms	\$0	

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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)
Other covered services (continued)			
	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); vehicle modifications; social adult day care; and non-medical transportation)	\$0	<p>MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting.</p> <p>MLTSS is available to members who meet certain clinical requirements. Prior authorization may be required.</p>
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	<p>Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.</p> <p>Prior authorization may be required.</p>

(This service is continued on the next page)

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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)
Other covered services (continued)			
	Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	\$0	Prior authorization may be required.
	Prosthetic services	\$0	Prior authorization may be required.
	Services to help manage your disease	\$0	

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Aetna Assure Premier Plus (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Aetna Assure Premier Plus (HMO D-SNP) Member Services.

D. Additional services Aetna Assure Premier Plus (HMO D-SNP) covers

This is not a complete list. Call Member Services or read the *Evidence of Coverage* to find out about other covered services.

Additional services Aetna Assure Premier Plus (HMO D-SNP) covers	Your costs
24-Hour Nurse Line	Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.

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Additional services Aetna Assure Premier Plus (HMO D-SNP) covers	Your costs
Fitness	Basic membership at participating SilverSneakers® facilities and access to online wellness related tools, planners, newsletters and classes at no additional cost. At-home fitness kits are available if you do not reside near a participating club or prefer to exercise at home.
Healthy Foods Card (Special benefit for certain chronic conditions)	A Healthy Foods benefit card can be used at approved locations to purchase items that promote nutritional health. Our plan pays up to a maximum amount of \$150 every three months. An Aetna care manager will determine your eligibility for this benefit.
Meals	\$0 Our plan covers up to 28 home delivered meals over a 14 day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home. You will be contacted to schedule delivery if eligible.
Over-the-counter items (OTC)	Get over-the-counter health & wellness products by mail or at participating CVS stores. Our plan pays up to a maximum amount of \$315 every quarter. OTC Health Solutions will manage your OTC benefit. See the OTC catalog for a list of eligible items.
Personal Emergency System	\$0 LifeStation is a Medical Alert system that provides you with 24/7 access to help, in the event of a fall or other emergency. The Medical Alert device (or "the Alert system") can be used to trigger medical support so help can be dispatched immediately for assistance.

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Additional services Aetna Assure Premier Plus (HMO D-SNP) covers	Your costs
Telehealth	Members have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc or MinuteClinic Video Visit.
Worldwide Emergency or Urgent Care	<p>We cover emergency and urgent care worldwide.</p> <p>You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network.</p> <p>Urgently needed care includes treatment for a health condition that is necessary within 24 hours to prevent the condition from getting worse. You do not need prior authorization and you do not have to be in-network.</p>

E. Benefits covered outside of Aetna Assure Premier Plus (HMO D-SNP)

This is not a complete list. Call Member Services to find out about other services not covered by Aetna Assure Premier Plus (HMO D-SNP) but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)	\$0
Targeted case management (chronic mental illness)	\$0
Behavioral Health Home (Care Management)	\$0
PACT (Program in Assertive Community Treatment)	\$0
CSS (Community Support Services)	\$0
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	\$0

If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services at 1-844-362-0934, TTY 711, 8 AM - 8 PM, 7 days a week. The call is free.
For more information, visit www.AetnaBetterHealth.com/New-Jersey-hmosnp.
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Aetna Assure Premier Plus (HMO D-SNP): **Summary of Benefits 2022**

F. Services not covered by Aetna Assure Premier Plus (HMO D-SNP) (exclusions)

The following services are not covered by our plan. This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Aetna Assure Premier Plus (HMO D-SNP) (exclusions)

Services not considered “reasonable and necessary” according to standards of Medicare and NJ FamilyCare

Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study

Surgical treatment for morbid obesity except when medically necessary

Elective or voluntary enhancement procedures

Cosmetic surgery or other cosmetic work unless required criteria are met

LASIK surgery

G. Your rights and responsibilities as a member of the plan

As a member of Aetna Assure Premier Plus (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can 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 *Evidence of Coverage*.

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, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously

If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services at 1-844-362-0934, TTY 711, 8 AM - 8 PM, 7 days a week. The call is free.

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- Apply your rights freely without any negative effect on the way Aetna Assure Premier Plus (HMO D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - Aetna Assure Premier Plus (HMO D-SNP)
 - The services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Managers
 - Your rights and responsibilities
- **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. You can call 1-844-362-0934 if you want to change your PCP.
 - 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 as far as the law allows, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Aetna Assure Premier Plus (HMO D-SNP) will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive
- **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, other providers, and your health plan. Call 1-844-362-0934 if you need help with this service
 - Have your *Evidence of Coverage* and any printed materials from Aetna Assure Premier Plus (HMO D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation

If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services at 1-844-362-0934, TTY 711, 8 AM - 8 PM, 7 days a week. The call is free.

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- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - 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 to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by Aetna Assure Premier Plus (HMO D-SNP)
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
 - Ask for a State Appeal (State Fair Hearing)
 - Get a detailed reason why services were denied

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness and dignity.** You should:
 - Treat your health care providers with dignity and respect
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible
 - Tell your health care provider about yourself and your health history
 - Tell your health care provider that you are an Aetna Assure Premier Plus (HMO D-SNP) member
 - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
 - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
 - Notify Aetna Assure Premier Plus (HMO D-SNP) Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:

If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services at 1-844-362-0934, TTY 711, 8 AM - 8 PM, 7 days a week. The call is free.

For more information, visit www.AetnaBetterHealth.com/New-Jersey-hmosnp.

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Aetna Assure Premier Plus (HMO D-SNP): **Summary of Benefits 2022**

- Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
- Partner with your Care Team and work out treatment plans and goals together
- Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from Aetna Assure Premier Plus (HMO D-SNP).** You should:
 - Get all your health care from Aetna Assure Premier Plus (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Aetna Assure Premier Plus (HMO D-SNP) provides a prior authorization for out-of-network care
 - Not allow anyone else to use your Aetna Assure Premier Plus (HMO D-SNP) Member ID Card to obtain healthcare services
 - Notify Aetna Assure Premier Plus (HMO D-SNP) when you believe that someone has purposely misused Aetna Assure Premier Plus (HMO D-SNP) benefits or services

For more information about your rights, you can read Aetna Assure Premier Plus (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Aetna Assure Premier Plus (HMO D-SNP) Member Services.

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

If you have a complaint or think Aetna Assure Premier Plus (HMO D-SNP) should cover something we denied, call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of Aetna Assure Premier Plus (HMO D-SNP)'s *Evidence of Coverage*. You can also call Aetna Assure Premier Plus (HMO D-SNP) Member Services.

To file a grievance or appeal about medical care, call 1-844-362-0934 or write to:

Appeals and Grievances
PO Box 818070
Cleveland, OH 44181

To file a **grievance** about prescription drugs, call 1-844-362-0934 or write to:

Appeals and Grievances
PO Box 818070
Cleveland, OH 44181

Aetna Assure Premier Plus (HMO D-SNP): **Summary of Benefits 2022**

To file an **appeal** about prescription drugs, call 1-844-362-0934 or write to:

Appeals
4500 E Cotton Center Blvd
Phoenix, AZ 85040

I. 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, contact us.

- Call us at Aetna Assure Premier Plus (HMO D-SNP) Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling 1-609-292-1272. Calls to this number are free.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Aetna Assure Premier Plus (HMO D-SNP) Member Services:

1-844-362-0934

Calls to this number are free. You can call 8 AM - 8 PM local time, 7 days a week.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. You can call 8 AM – 8 PM local time, 7 days a week.

If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services at 1-844-362-0934, TTY 711, 8 AM - 8 PM, 7 days a week. The call is free.
For more information, visit www.AetnaBetterHealth.com/New-Jersey-hmosnp.

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If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Aetna Assure Premier Plus (HMO D-SNP)'s Nursing Hotline. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The numbers for the Aetna Assure Premier Plus (HMO D-SNP)'s Nursing Hotline are:

1-844-362-0934

Calls to this number are free. Registered nurses are available 24 hours a day, 7 days a week.

Aetna Assure Premier Plus (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. Registered nurses are available 24 hours a day, 7 days a week.

If you need immediate behavioral health care, call the Behavioral Health Line:

1-844-362-0934

Calls to this number are free. You can call 24 hours a day, 7 days a week.

Aetna Assure Premier Plus (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. You can call 24 hours a day, 7 days a week.

If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services at 1-844-362-0934, TTY 711, 8 AM - 8 PM, 7 days a week. The call is free.
For more information, visit www.AetnaBetterHealth.com/New-Jersey-hmosnp.

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Aetna Assure Premier Plus (HMO D-SNP): **Summary of Benefits 2022**

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services representative at **1-844-362-0934 (TTY: 711)** 8 AM to 8 PM, 7 days a week.

Aetna Assure Premier Plus (HMO D-SNP) will cover your Medicare benefits and also your NJ FamilyCare (Medicaid) benefits. When you enroll in this plan, you'll be automatically disenrolled from any Medicare Advantage, Medicare Part D and/or NJ FamilyCare (Medicaid) plans you may currently be enrolled in.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a provider for. Visit **www.AetnaBetterHealth.com/New-Jersey-hmosnp** or call **1-844-362-0934 (TTY: 711)** to view a copy of the EOC.
- Review the provider directory (or ask your Primary Care Provider), to make sure the providers you see now are in the network. The plan only covers care provided by in-network providers.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. The plan only covers prescriptions filled at in-network pharmacies.

Understanding important rules

- You do not have a premium. Medicaid pays your Part B premium for you.
- Benefits may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and full Medicaid benefits.

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