



Aetna Better Health® of Texas

2026-2027 Annual Notification to Members

Important information for members, parents and guardians

Each year we like to remind you to review some important information in your Member Handbook. This is the handbook we sent you when you joined Aetna Better Health of Texas. You may have also seen the information in your member newsletters or on our website.

This information helps you stay active and informed. It can help you when making health care choices for yourself or your child. This notice gives a quick overview of what you need to know. You can find more details in your Member Handbook.

If you didn't receive a Member Handbook, you can call Member Services to request one. Or you can read a copy on our website, **[AetnaBetterHealth.com/Texas](https://www.aetna.com/betterhealth/texas)**. Click on Members. Then click on Member handbook, materials and forms.

Here's how to reach us:

By phone: Just call Member Services 8 AM - 5 PM Monday-Friday

Medicaid (STAR) **1-800-248-7767** (Bexar)

Medicaid (STAR) **1-800-306-8612** (Tarrant)

STAR Kids **1-844-787-5437**

CHIP **1-866-818-0959** (Bexar)

CHIP **1-800-245-5380** (Tarrant)

TTY **1-800-735-2989**

After hours: You can contact us any time for urgent issues. Just call us and we'll connect you to the care you need.

Medicaid (STAR) **1-800-248-7767** (Bexar)

Medicaid (STAR) **1-800-306-8612** (Tarrant)

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CHIP **1-866-818-0959** (Bexar)

CHIP **1-800-245-5380** (Tarrant)

TTY **1-800-735-2989**

Website: **[AetnaBetterHealth.com/Texas](https://www.aetna.com/betterhealth/texas)**. Click on "Contact us."

Other formats:

For those who have a hard time seeing or hearing we have services available to help you communicate with us. You can call the Telecommunications Relay Service **TTY 1-800-735-2989** toll-free.

We can also provide information in other formats. If you need help with language or translation services, call Member Services. It's available at no cost to you.

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CHIP **1-800-245-5380** (Tarrant)

I. You have rights and responsibilities

We strive to treat you with respect and dignity. We do not discriminate against members based on age, race, sex, religion, national origin, or any other reason that's against the law. Our providers must also follow the same standards.

You have certain rights and responsibilities as well. Knowing them helps you get the covered services you need. You'll find your rights and responsibilities listed in your Member Handbook and on our website, **AetnaBetterHealth.com/Texas**. Click on Members. Then click on Rights and responsibilities. If you have any questions or would like a copy of your rights and responsibilities, call us at:

Medicaid (STAR) **1-800-248-7767** (Bexar)

Medicaid (STAR) **1-800-306-8612** (Tarrant)

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II. Quality improvement at Aetna Better Health of Texas

Our Quality Management department wants to make sure you get good care and services. That includes:

- Health management programs that work for you
- Easy access to quality medical and behavioral health care
- Help with any complex or chronic conditions or illnesses
- Support when you need it most
- High satisfaction with your doctors and with us

Our quality improvement activities each year include:

- Contacting you to remind you to get care (like well-child checkups)
- Sending you postcards or newsletters about health topics

AetnaBetterHealth.com/Texas

TX -23-04-08 (rev 08/2026)

- Reviewing the number, quality and kinds of services you receive
- Reminding your doctors and you about preventive health care
- Making sure you're continuing to get the care you need
- Checking that your calls are answered quickly and that you get the right information
- Ensuring your doctor has all the information needed to care for you or your child

We have many more quality programs. You can call Member Services to learn more about what we do to improve your care.

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We're also happy to give you a printed copy of our program goals and how we're doing. Or you can read updates on our website at **AetnaBetterHealth.com/Texas**.

III. Privacy and security of your health care data

Protecting your personal health information (PHI) is one of our most important jobs. We train our staff to keep your health care data safe. We set rules to follow when collecting and using PHI. Our rules describe:

- How to protect access to PHI, either electronic or paper copies
- The right way to treat your health care data no matter what form it is in – written, oral, or electronic
- Your right to permit or refuse the release of PHI except for treatment, payment or health care operations reasons
- Locking up your records and keeping your health care data in safe areas
- Making sure the only staff who have access to your health care data are those who need it to perform their jobs and care for you

We're happy to answer any questions you have about how we protect your health care data.

Notice of Privacy Practices: We include a Notice of Privacy Practices in your welcome packet. It tells you how we use your information for health plan benefits. It also tells you how you can see, get a copy of, or change your medical records. Your health information will be kept private and confidential. We will give it out only if the law allows or if you tell us to give it out.

For more information or if you have questions, you can call us at:

Medicaid (STAR) **1-800-248-7767** (Bexar)

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TX -23-04-08 (rev 08/2026)

Medicaid (STAR) **1-800-306-8612** (Tarrant)

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Or you can visit our website at **AetnaBetterHealth.com/Texas**. You'll find a link to information on our privacy practices at the bottom of the Home page.

IV. 2026 - 2027 Utilization management

We want to ensure that our members are getting the services or benefits they need to get or stay healthy. This is called “**utilization management**” (UM). Our UM staff use clinical criteria, guidelines and written policies to make UM decisions. They check that requested services are:

- Needed to keep or get you healthy
- Covered by Aetna Better Health of Texas

You or your provider can get a copy of the guidelines we use to approve or deny services.

You can call Member Services at:

Medicaid (STAR) **1-800-248-7767** (Bexar)

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Call Monday-Friday from 8 AM to 5 PM, with questions about our UM program. Member Services may transfer your call to the UM department for a staff member to help you. After business hours, you may be transferred to our after-hours call center. Someone will take your message. We'll call you the next business day. When calling back, the representative will tell you that he or she is calling from Aetna Better Health of Texas and will give you their name and title.

We're here to help you with any UM issues. For help if you have vision and/or hearing problems, call the Telecommunications Relay Service TTY **1-800-735-2989**.

For help with language or translation services, call Member Services at:

Medicaid (STAR) **1-800-248-7767** (Bexar)

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Our affirmative statement about incentives

We want you to feel sure that you're getting the health care and services you need. To that end, we have policies our providers must follow to ensure that you get the right health care.

Our policy is to not reward providers or others to deny or give less medically necessary care to a member of our plan. This is called an "affirmative statement." We do not reward or pay extra money to health care providers, staff or other people to:

- Deny you care
- Give you less care
- Deny tests or treatments that are medically necessary

All our members should receive the right health care. If you want more information on this, call us:

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V. Benefits and copayments questions

You can find a list of covered and non-covered benefits and services in your Member Handbook and on our website. Your Member Handbook also discusses some costs that may be your responsibility.

Costs you may need to pay

As an Aetna Better Health of Texas member, you are generally not responsible for paying for covered health care services. There are some exceptions though. For example, if you receive a service and your provider tells you beforehand that it's not a covered benefit, you may be responsible for paying for it.

If you get a bill from your doctor for a covered health care service, call us.

VI. How to get the care you need

Your primary care provider (PCP) is a central part of your health care. Your PCP should be the one you contact first for most health care issues.

The provider directory has a list of providers to pick from in your area. You can find your own provider by visiting our website. Click "Find a provider" at the bottom of the website. The online provider directory also gives a provider's professional credentials, like board certification.

For more information about our providers, you can visit our website at

AetnaBetterHealth.com/Texas or call Member Services at:

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You can also visit **www.healthgrades.com**. This site gives more information about providers such as which medical school they attended and where they did their residency training.

Specialty care

Sometimes you or your child may need care from a specialist. Specialists treat special types of conditions, including behavioral health or substance use concerns. Your PCP can recommend a specialist or behavioral health care provider to you. You don't need a formal referral from your PCP as long as the specialist is in our provider network.

Female members have direct access to an Aetna Better Health of Texas health specialist for preventive care. This includes covered services such as breast exams, mammograms, pap tests and prenatal care. **You don't need an OK from your PCP.** If you have questions, Member Services can help you.

Let your PCP know if you visit a specialist, so they can support your care.

Second opinion

You have the right to get a second opinion from a qualified health care professional at no cost to you. If an Aetna Better Health of Texas provider isn't available, we'll help you get a second opinion from a non-participating provider. This will still be at no cost to you.

Self-referral

You can get some specialty services yourself that don't require your PCP's approval. We call this self-referral. Some examples are family planning services and behavioral health services. You must go to an Aetna Better Health of Texas provider for your service to be covered, except for emergency services. Aetna Better Health of Texas members must receive family planning services from an Aetna Better Health of Texas provider.

How to get after-hours care

Call your PCP for after-hours care, except in an emergency. If you or your child gets sick after the PCP's office is closed, even on weekends, call your PCP. The answering service will make sure your PCP gets your message. Your PCP will call you back and tell you what to do.

You can also get advice from a nurse after hours. It's available 24 hours. Just call and ask to speak to a nurse:

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Medicaid (STAR) **1-800-306-8612** (Tarrant)

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How to get emergency care

If you or your child's life is in danger, you should always **call 9-1-1 or go to the nearest emergency room (ER). After treatment, call your PCP within 24 hours or as soon as possible.** If you need transportation to the hospital, call 9-1-1. The hospital does not have to be in our network for you to get care. If you're not sure it's an emergency, call your PCP.

You should only use an ER for real, life-threatening emergencies. An emergency is the sudden onset of a medical condition with severe symptoms, including severe pain. These symptoms are so serious that not getting immediate medical attention could result in:

- Loss of life or serious harm to you or another person
- A pregnant woman becoming very ill and possibly losing her unborn child
- Some bodily functions ceasing to work
- Serious harm to any body organ or part

Examples of emergencies are:

- Sharp chest pain
- Choking
- Bleeding that won't stop
- Passing out
- Poisoning
- Drug overdose
- Severe burns
- Extreme shortness of breath
- Broken bones
- Severe spasms or convulsions
- Sudden loss of feeling or not being able to move

Out-of-service care when you're away from home

Aetna Better Health of Texas's service area is the State of Texas. If you're traveling or out of the service area, you're only covered for emergency services. Routine care out of the service area or out of the country isn't covered by Medicaid. If you're out of the service area and need health care services, call your PCP. They will tell you what to do. (You can also call us to check if you're out of the service area.)

AetnaBetterHealth.com/Texas

If you're not in Texas and you think you or your child's life is in danger, go to the closest ER. Show your Aetna Better Health of Texas ID card, your Medicaid ID card, and any other insurance ID cards you have to the ER staff. If you or your child get services in the ER and are admitted to the hospital, have staff call us at the number on the back of your ID card.

Out-of-network services

We have a large network of providers and services. If a provider you want to see is not in our network, your PCP must first get approval from us before you can see that provider. Except for an emergency, only your PCP can make this request. It's not something you can do yourself. If approved, we will properly and timely cover these services. This is only for as long as you can't get the service in our network. If you have questions, call us.

VII. Care Management Help when you need it most

Sometimes, managing a chronic condition or multiple conditions can become overwhelming. To offer you support, your doctor, hospital discharge planner or other provider may refer you to Care Management. Or a nurse on our health information line may refer you. However, don't wait for a referral if you need help. You can self-refer by calling us and asking for Care Management:

Medicaid (STAR) **1-800-248-7767** (Bexar)

Medicaid (STAR) **1-800-306-8612** (Tarrant)

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After you join care management, you'll get a welcome letter that will explain how our services can help you. You'll also get a call from a case manager.

Our case managers can:

- Help you understand your covered benefits
- Show you how to get specialty, behavioral health, or hospital services
- Talk with your doctors and other agencies to ensure you get needed services
- Teach you more about your disease or condition
- Help you locate community resources to meet your needs

Is your child moving from pediatric to adult care? We have trained professionals on staff to help you in this. We'll work with you to help get the right care for your child's special needs.

Your member handbook will give you more information about care management. You can opt in or opt out of the program anytime. We're happy to help you if you have any questions. You can reach us at:

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Medicaid (STAR) **1-800-306-8612** (Tarrant)

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VIII. Pharmacy services

When you need medicine, your provider should choose one on the Medicaid list. When you get a prescription, make sure the drug is on the Medicaid list. We've posted the list of medicines we cover online at **[AetnaBetterHealth.com/Texas/pharmacy-prescription-drug-benefits.html](https://www.aetna.com/betterhealth/texas/pharmacy-prescription-drug-benefits.html)**. It also tells you when a drug can or can't be prescribed. You can call us with any questions at:

Medicaid (STAR) **1-800-248-7767** (Bexar)

Medicaid (STAR) **1-800-306-8612** (Tarrant)

STAR Kids **1-844-787-5437**

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CHIP **1-800-245-5380** (Tarrant)

TTY **1-800-735-2989**

Sometimes your provider will give you a drug that is not on the Medicaid list. If the provider feels that only the drug they want to prescribe will work for you, they can request approval from us. The provider knows how to do this.

Remember to take your prescriptions to one of the pharmacies listed in our provider directory.

Prescription refills

The label on your medicine bottle tells you how many refills your doctor has ordered. You may only get one refill at a time. If the doctor hasn't ordered refills, you must call them at least five (5) days before your medicine runs out. The doctor may want to see you before giving you a refill.

IX. New technology for medical procedures

We're always looking at new medical procedures and methods to make sure our members get safe, up-to-date, high-quality medical care. We have a team of doctors who review new health care technologies. They decide if they should become covered services. (We don't cover investigational technologies, methods and treatments still under research.)

To decide if a new technology will become a covered service, we will:

- Study the purpose of each technology
- Review medical literature
- Look at the impact and benefits a new technology could have
- Develop guidelines on how and when to use the technology

X. Complaints and appeals

We take member complaints and appeals very seriously

We want you to be happy with services you or your child gets from us and our providers. If you're not happy, we want you to let us know. Filing a complaint or appeal will not affect your health care services or Medicaid/CHIP eligibility. We want to know what is wrong so we can make our services better.

We need to know what happened

Please give us as much information as you can. For example, include:

- The date the incident happened
- The names of the people involved
- Details about what happened
- Yours or your child's name and member ID number

How to file a complaint

If you have a complaint please contact us. If you want a Member Advocate, we'll help. You can file a complaint by:

- Calling us toll-free:
Medicaid (STAR) **1-800-248-7767** (Bexar)
Medicaid (STAR) **1-800-306-8612** (Tarrant)
STAR Kids **1-844-787-5437**
CHIP **1-866-818-0959** (Bexar)
CHIP **1-800-245-5380** (Tarrant)
TTY **1-800-735-2989**
- Asking and giving permission for your provider to file a complaint for you
- Writing to us at:

Aetna Better Health of Texas
Attention: Member Advocate
PO Box 81139
5810 Postal Rd
Cleveland, OH 44181

How to file an appeal

We must approve many services ahead of time in order to pay for them. If we decide not to pay for a service we'll write to you and tell you why. We'll send you a "Notice of Action" or Adverse Determination letter if we:

- Decide not to approve a request for a service
- Approve only part of a request for a service

The "Notice of Action" or Adverse Determination letter will tell you the reasons. If you don't agree with it, you can file an appeal. You must send your appeal to us in writing. You can call us first at:

Medicaid (STAR) **1-800-248-7767** (Bexar)

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CHIP **1-800-245-5380** (Tarrant)

TTY **1-800-735-2989**

However, **you must follow up by sending your appeal in writing within 10 days.**

You can write to us at:

Aetna Better Health of Texas
Attention: Member Advocate
PO Box 81139
5810 Postal Rd
Cleveland, OH 44181