

## AETNA BETTER HEALTH<sup>°</sup> OF VIRGINIA

Member Advisory Committee Submission Form

Your name:
Your email address:
Your telephone number:
Which program are you enrolled in?
<ul> <li>Medallion 4.0/FAMIS</li> <li>Commonwealth Coordinated Care Plus (CCC Plus)</li> <li>I don't know</li> </ul>