

# 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 customer service representative at **1-855-463-0933 (TTY: 711)**. From October 1 to March 31, we're here 8 a.m. to 8 p.m., 7 days a week. From April 1 to September 30, we're here 8 a.m. to 8 p.m., Monday through Friday.

## 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 doctor for. Visit <https://www.aetnabetterhealth.com/virginia-hmosnp> or call **1-855-463-0933 (TTY: 711)** to view a copy of the EOC.
- **If you're enrolling in a plan with medical benefits:** Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- **If you're enrolling in a plan with prescription drug coverage:** Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding important rules

- **If you're enrolling in a plan with a monthly premium:** In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party). This premium is normally taken out of your Social Security check each month. The Part B premium is covered for full-dual members.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- **If you're enrolling in an HMO plan:** 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).
- **If you're enrolling in a PPO plan or other plan that offers out-of-network coverage:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher out-of-pocket cost for services received by non-contracted providers.
- **If you're enrolling in a D-SNP plan:** This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

# 2020 Summary of Benefits

Aetna Better Health, Inc. (HMO D-SNP)  
H1610, Plan 001

**This is a summary of services covered by Aetna Better Health, Inc. (HMO D-SNP)  
January 1, 2020 - December 31, 2020**

**Aetna Better Health, Inc. (HMO D-SNP)** is a Medicare Advantage DSNP plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. The plan's "Evidence of Coverage" provides a complete list of services we cover. The "Evidence of Coverage" is available on our website or you may call us to request a copy.

## Contact us

Current members call the number on your ID card.

For more information, please call us at the phone number below or visit us at [www.aetnabetterhealth.com/virginia-hmosnp](http://www.aetnabetterhealth.com/virginia-hmosnp).

If you are not a member of this plan, call toll-free 1-855-463-0933 (TTY users should call 711). From October 1 to March 31, you can call us 7 days a week from 8:00 am to 8:00 pm local time. From April 1 to September 30, you can call us Monday through Friday from 8:00 am to 8:00 pm local time.

Aetna Better Health, Inc. (HMO D-SNP) is a Dual Eligible Special Needs Plan for Medicare beneficiaries who are also eligible for Medicaid. There are different levels of Medicaid. The amount that you pay for premiums, deductibles, copayments, and/or coinsurance will depend on your level of Medicaid eligibility. To enroll in this plan, you must be enrolled in one of the following Medicare Savings Programs:

**Qualified Medicare Beneficiary Plus (QMB Plus):** Medicaid covers your Medicare medical cost-shares, including deductibles, premiums, copayments, and coinsurance for medical services. You are also eligible for full Medicaid benefits from your state Medicaid program. You will only pay copayments for Part D prescription drugs.

**Specified Low-Income Beneficiary Plus (SLMB Plus):** Medicaid covers your Medicare Part B premium only. You are also eligible for full Medicaid benefits from your state Medicaid program.

**Full Benefit Dual Eligible (FBDE):** You are eligible for full Medicaid benefits from your state Medicaid program. In addition, Medicaid may cover some of your Medicare cost-sharing for medical services, depending on your state's Medicaid program.

To join Aetna Better Health, Inc. (HMO D-SNP), you must be entitled to Medicare Part A, enrolled in Medicare Part B, enrolled in one of the Medicare Savings Programs listed above, and live in our service area. Our service area includes the following counties in **Virginia**: Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista

City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York.

## Things to Know

This is a Medicare Advantage plan which **REPLACES** your Original Medicare coverage. This plan covers all services covered under Original Medicare's Part A and Part B and even provides additional coverage.

Depending on your level of Medicaid eligibility, you may also be eligible for additional benefits. Those benefits will be outlined later in this document.

|   | <u>Original Medicare</u> | <u>This Plan</u> |
|---|--------------------------|------------------|
| Covers your Medicare Part A and Part B services                             | ✓                        | ✓                |
| Offers coverage beyond Medicare Part A and Part B                           | X                        | ✓                |
| Prescription drug coverage  | X                        | ✓                |
| Allows you to see a specialist without a referral from your PCP             | ✓                        | ✓                |
| Protects your out-of-pocket costs by limiting what you pay for medical care | X                        | ✓                |
| Fitness benefit through SilverSneakers                                      | X                        | ✓                |
| Nurse Advice Hotline 24/7   | X                        | ✓                |

## Monthly Plan Premium: \$0

If you are a CCC Plus member, you will not pay any premiums, deductibles, or copayments for your medical services. You may be liable to pay copayments for your Part D prescription drugs.

| Benefits  | Aetna Better Health, Inc. (HMO D-SNP)   | What You Should Know  |
|---|---|---|
| <b>Deductible(s)</b>  | \$0 plan deductible   |   |
| <b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>       | \$6,700   | The most you pay for copays, coinsurance and other costs for medical services for the year.       |
| <b>Inpatient Hospital Coverage</b>  | \$0 per stay  | Prior authorization may be required.  |
| <b>Outpatient Hospital Coverage</b>   | Outpatient hospital observation services: \$0 copay<br><br>Outpatient surgery (Freestanding ambulatory surgical center or outpatient hospital): \$0 copay | Prior authorization may be required.  |
| <b>Doctor Visits</b>  |   |   |
| <ul style="list-style-type: none"> <li>• <b>Primary Care Physician (PCP)</b></li> </ul> | \$0 copay per visit   | You must choose an in-network provider to be your Primary Care Physician (PCP).                   |
| <ul style="list-style-type: none"> <li>• <b>Specialists</b></li> </ul>                  | \$0 copay per visit   |   |
| <b>Preventive Care</b>  | \$0 copay   | Any additional preventive services approved by Medicare during the contract year will be covered. |
| <b>Emergency Care</b>   | \$0 copay per visit<br><br>\$0 copay for worldwide coverage (emergency care outside of the United States)   |   |

| Benefits  | Aetna Better Health, Inc. (HMO D-SNP)   | What You Should Know                                      |
|---|---|---|
| <b>Urgently Needed Services</b>                     | \$0 copay per visit<br><br>\$0 copay for worldwide coverage (emergency care outside of the United States) |   |
| <b>Diagnostic Services/Labs/Imaging</b>             |   | Prior authorization or physician's order may be required. |
| • <b>Diagnostic radiology services (e.g., MRI)</b>  | \$0 copay   |   |
| • <b>Lab services</b>                               | \$0 copay   |   |
| • <b>Diagnostic tests and procedures</b>            | \$0 copay   |   |
| • <b>Outpatient x-rays</b>                          | \$0 copay   |   |
| <b>Hearing Services</b>                             |   |   |
| • <b>Medicare-covered hearing exam</b>              | \$0 copay   |   |
| • <b>Routine hearing exam (one exam every year)</b> | \$0 copay   |   |

| Benefits  | Aetna Better Health, Inc. (HMO D-SNP)  | What You Should Know  |
|---|--|---|
| <ul style="list-style-type: none"> <li><b>Hearing aids</b></li> </ul>                                     | \$0 copay  | You are responsible for any amount over the hearing aid coverage limit. |
|   | Our plan pays up to \$1,500 (both ears combined) for hearing aids every year<br>Network: HearUSA   |   |
| <b>Dental Services</b>  |  |   |
| <b>Dental Services</b>  | Network: DentaQuest<br><br>Our plan has contracted with DentaQuest to provide your dental benefits. To locate a network provider, you may contact Customer Service at 1-855-463-0933 or search the DentaQuest online provider directory at <a href="https://govservices.dentaquest.com">https://govservices.dentaquest.com</a> . If you choose to use a provider outside of our network, the services you receive will not be covered. |   |
|   | Our plan pays up to \$2,000 for preventive and comprehensive dental services every year.   | You are responsible for any amount over the dental coverage limit.      |
| <ul style="list-style-type: none"> <li><b>Dental deductible</b></li> </ul>                                | \$0  |   |
| <ul style="list-style-type: none"> <li><b>Oral exam &amp; cleaning</b> (two visits every year)</li> </ul> | \$0 for each covered service (See the <i>Evidence of Coverage</i> for details.)  |   |
| <ul style="list-style-type: none"> <li><b>Fillings</b></li> </ul>   | \$0 for each covered service (See the <i>Evidence of Coverage</i> for details.)  |   |
| <b>Vision Services</b>  |  |   |
| <ul style="list-style-type: none"> <li><b>Medicare-covered eye exams</b></li> </ul>                       | \$0 copay  |   |
| <ul style="list-style-type: none"> <li><b>Routine eye exam</b> (one exam every year)</li> </ul>           | \$0  |   |

| Benefits  | Aetna Better Health, Inc. (HMO D-SNP)  | What You Should Know  |
|---|--|---|
| <ul style="list-style-type: none"> <li>• <b>Contacts and Eyeglasses (frames and lenses and upgrades)</b></li> </ul> | \$0 copay  | <p>You are responsible for any amount over the eyewear coverage limit.</p>                  |
|   | <p>Our plan pays up to \$250 for contacts and eyeglasses every year. (See the <i>Evidence of Coverage</i> for details.)</p> <p>Network: VSP</p> <p>Our plan has contracted with VSP to provide your vision this benefit. To locate a network provider, you may contact Customer Service at the number on the back of your ID card or search our online provider directory and look for providers with VSP by their name.</p> |   |
| <ul style="list-style-type: none"> <li>• <b>Eyeglasses or contact lenses after cataract surgery</b></li> </ul>      | \$0 copay  |   |
| <b>Mental Health Services</b>   |  | Prior authorization may be required.  |
| <ul style="list-style-type: none"> <li>• <b>Inpatient psychiatric hospital stay</b></li> </ul>                      | \$0 per stay   |   |
| <ul style="list-style-type: none"> <li>• <b>Outpatient group therapy visit</b></li> </ul>                           | \$0 copay  |   |
| <ul style="list-style-type: none"> <li>• <b>Outpatient individual therapy visit</b></li> </ul>                      | \$0 copay  |   |
| <b>Other Benefits</b>   |  |   |
| <b>Skilled Nursing Facility (SNF)</b>   | \$0 per stay   | <p>Our plan covers up to 100 days in a SNF.</p> <p>Prior authorization may be required.</p> |
| <b>Physical therapy</b>   | \$0 copay  | Prior authorization may be required.  |
| <b>Ambulance (one-way trip)</b>   | <p>Ground Ambulance: \$0 copay</p> <p>Air Ambulance: \$0 copay</p>   | Prior authorization is required for non-emergency fixed wing aircraft transportation.       |



| Benefits                     | Aetna Better Health, Inc. (HMO D-SNP)  | What You Should Know                 |
|------------------------------|--|--------------------------------------|
| <b>Transportation</b>        | 0%<br><br>Our plan covers 60 one-way trips every year to plan approved locations.<br><br>Our plan has partnered with Logisticare to provide this benefit. All trips are subject to a mileage limit unless pre-approved by the plan. Please contact Logisticare at 1-800-734-0430 for more details and at least 72 hours in advance to schedule a trip. |                                      |
| <b>Medicare Part B Drugs</b> | \$0 copay for chemotherapy drugs<br><br>\$0 copay for other Part B drugs   | Prior authorization may be required. |

**Outpatient Prescription Drugs**

**Prescription Drug Coverage**

Because you qualify for the Low-Income Subsidy (also called "Extra Help"), you will pay the amounts listed in the table below for your Part D prescription drugs. The exact amount you pay may vary depending on the amount of Extra Help you get and the pharmacy you choose.

Additional information about your drug costs are available in the Evidence of Coverage document for this plan. To access the Evidence of Coverage for this plan, visit us at [www.aetnabetterhealth.com/virginia-hmosnp](http://www.aetnabetterhealth.com/virginia-hmosnp).

|  |     |
|--|-----|
| <b>Annual Part D Deductible</b><br><i>(your deductible amount depends on your level of "Extra Help")</i> | \$0 |
|--|-----|

|  |  |
|--|--|
| <p><b>Copayments for Medicare Part D Prescription Drugs</b><br/> <i>(copayments may vary depending on your level of "Extra Help".)</i></p> | <p>You pay the amounts described below for a 30-day, 60-day, or 90-day supply of drugs*.</p> <p>For drugs on Tier 1 and Tier 2 you pay \$0.</p> <p>For generic drugs on Tiers 3, 4, and 5, including brand drugs treated as generic, you pay either:</p> <ul style="list-style-type: none"> <li>• \$0 copay;</li> <li>• \$1.30 copay; or</li> <li>• \$3.60 copay;</li> </ul> <p>For all other drugs on Tiers 3,4, and 5, you pay either:</p> <ul style="list-style-type: none"> <li>• \$0 copay;</li> <li>• \$3.90 copay; or</li> <li>• \$8.95 copay;</li> </ul> |
|--|--|

\*You are limited to a 30-day supply for Specialty drugs.

| Benefits   | Aetna Better Health, Inc. (HMO D-SNP)   | What You Should Know   |
|--|---|--|
| <b>Other Information and Benefits</b>              |   |  |
| <b>Referrals</b>                                   | You don't need a referral from a PCP.   |  |
| <b>Additional Services and Support</b>             | Resources For Living <sup>SM</sup> helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more. |  |
| <b>Chiropractic Care</b>                           | Medicare covered services: \$0 copay  | Medicare coverage is limited to manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).<br><br>Prior authorization may be required. |
| <b>Dialysis</b>                                    | \$0 copay   | Prior authorization may be required.   |
| <b>Foot Care (podiatry services)</b>               |   |  |
| • <b>Medicare-covered foot exams and treatment</b> | \$0 copay   |  |

| Benefits  | Aetna Better Health, Inc. (HMO D-SNP)  | What You Should Know   |
|---|--|--|
| <ul style="list-style-type: none"> <li>• <b>Routine foot care (three visits every year)</b></li> </ul>                | \$0 copay  |  |
| <b>Home Health Care</b>   | \$0 copay  | Prior authorization may be required.   |
| <b>Hospice</b>  | You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.   | Please see the <i>Evidence of Coverage</i> for more information about hospice care and coverage.   |
| <b>Medical Equipment/Supplies</b>   |  | Prior authorization may be required.   |
| <ul style="list-style-type: none"> <li>• <b>Durable medical equipment (DME) (wheelchair, oxygen, etc.)</b></li> </ul> | \$0 copay  |  |
| <ul style="list-style-type: none"> <li>• <b>Prosthetics (e.g., braces, artificial limbs)</b></li> </ul>               | \$0 copay  |  |
| <ul style="list-style-type: none"> <li>• <b>Diabetic supplies</b></li> </ul>  | We exclusively cover blood glucose monitors and diabetic test strips manufactured by OneTouch / LifeScan, such as OneTouch Verio®, OneTouch Ultra®, OneTouch UltraMini® systems, test strips and supplies. | Prior authorization is required for blood glucose monitors in excess of one monitor per year and test strips in excess of 100 per 30 days. Test strips and monitors from a manufacturer other than One Touch/Lifescan are not covered, except when medically necessary and with prior authorization. |
|   | \$0 copay  |  |
| <b>Outpatient Substance Abuse</b>   | Group therapy visit:<br>\$0 copay<br><br>Individual therapy visit:<br>\$0 copay  | Prior authorization may be required.   |

| Benefits                            | Aetna Better Health, Inc. (HMO D-SNP)   | What You Should Know   |
|-------------------------------------|---|--|
| <b>Over-the-counter items (OTC)</b> | Plan pays up to a \$60 maximum benefit every month for OTC items.<br>OTC Vendor: CVS<br>This benefit includes certain nicotine replacement therapies.   | Eligible items are listed in the OTC catalog. Items that are <b>not</b> listed in the OTC catalog are not covered under the OTC benefit. |
| <b>Fitness</b>                      | Free standard membership at participating SilverSneakers fitness facilities. Also access to online wellness related tools, planners, newsletters and classes.<br><br>For more information about SilverSneakers® visit <a href="https://www.silversneakers.com">https://www.silversneakers.com</a> .<br><br>At-home fitness kits are available if you do not reside near a participating club or prefer to exercise at home. |  |
| <b>Wellness Program</b>             | The nursing hotline provides members with a toll-free telephone number to speak with a registered nurse at any time to discuss medical issues or health and wellness topics, 24 hours a day, 7 days a week.   |  |

## Medicare and Medicaid Benefit Comparison

### Aetna Better Health, Inc. (HMO D-SNP) Contract H1610, Plan 001

People who qualify for Medicare and Medicaid (also called "Medical Assistance") are known as dual eligibles. As a dual eligible, you are eligible for benefits under both the Federal Medicare program and the Virginia Commonwealth Coordinated Care Plus (CCC Plus) Medicaid program.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call your local Department of Social Services (DSS). For more information, you can visit Cover Virginia at [www.coverva.org](http://www.coverva.org), or call 1-855-242-8282 or TDD: 1-888-221-1590. Virginia dual eligibles do not pay anything out-of-pocket for medical services covered by Medicare. You may be liable for cost-sharing for Part D prescription drugs.

The table below describes benefits that are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section (earlier in this document) are covered by Medicare. For each benefit listed below, you can see what Medicaid covers and what our plan covers. **What you pay for covered services may depend on your level of Medicaid eligibility.** Members who meet the state's requirements for full Medicaid coverage may also receive all Medicaid services not covered by Medicare.

| Benefit Category   | CCC Plus Covered Services  | Aetna Better Health, Inc. (HMO SNP)   |
|--|--|---|
| <b>Ambulance</b><br>(one-way trip)                             | <b>\$0</b> copay   | <b>\$0</b> copay  |
| <b>Ambulatory Surgery</b>                                      | <b>\$0</b> copay   | <b>\$0</b> copay  |
| <b>Cardiovascular Services</b>                                 | <b>\$0</b> copay   | <b>\$0</b> copay  |
| <b>Dental Services</b>   | <b>\$0</b> copay for non-emergency medically necessary services<br><br><b>\$0</b> copay for acute emergency dental procedures to reduce pain or treat infection                            | <b>\$0</b> copay<br><br>Our plan pays up to <b>\$2,000</b> for preventive and comprehensive dental services every year  |
| <b>Dialysis Services</b>                                       | <b>\$0</b> copay   | <b>\$0</b> copay  |
| <b>Durable Medical Equipment</b><br>(wheelchair, oxygen, etc.) | <b>\$0</b> copay   | <b>\$0</b> copay  |
| <b>Hearing Services</b>  | <b>\$0</b> copay<br><br>EPSDT includes hearing services for Medicaid beneficiaries under 21 years of age<br><br>Adult hearing available to members 21 and older (with prior authorization) | <b>\$0</b> copay for Medicare covered hearing exam<br><br><b>\$0</b> copay for routine hearing exam (1 every year)<br><br><b>\$0</b> copay for hearing aid fitting/evaluation (1 every year)<br><br><b>\$0</b> copay for hearing aids<br><br>Our plan pays up to <b>\$1,500</b> for hearing aids every year |
| <b>Home Health Care</b>  | <b>\$0</b> copay   | <b>\$0</b> copay  |
| <b>Hospice Care</b>  | <b>\$0</b> copay   | <b>\$0</b> copay<br><br>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.  |

| Benefit Category                      | CCC Plus Covered Services   | Aetna Better Health, Inc. (HMO SNP)  |
|---------------------------------------|---|--|
| <b>Inpatient Hospital Care</b>        | <b>\$0</b> copay  | <b>\$0</b> copay<br><br>Our plan covers 90 days for an inpatient hospital stay per benefit period.   |
| <b>Inpatient Mental Health Care</b>   | <b>\$0</b> copay  | <b>\$0</b> copay<br><br>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.                          |
| <b>Laboratory Services</b>            | <b>\$0</b> copay  | <b>\$0</b> copay   |
| <b>Medical Supplies</b>               | <b>\$0</b> copay  | <b>\$0</b> copay.  |
| <b>Occupational Therapy Services</b>  | <b>\$0</b> copay  | <b>\$0</b> copay.  |
| <b>Outpatient Diagnostic Services</b> | <b>\$0</b> copay for radiology and nuclear medicine services to provide diagnostic radiology, diagnostic ultrasound, radiation therapy, and nuclear medicine services | <b>\$0</b> copay for diagnostic radiology services (such as MRIs, CT scans)<br><br><b>\$0</b> copay for diagnostic tests and procedures<br><br><b>\$0</b> copay for therapeutic radiology services (such as radiation treatment for cancer)<br><br><b>\$0</b> copay for x-rays |
| <b>Outpatient Hospital Services</b>   | <b>\$0</b> copay per day for outpatient services provided in an outpatient setting other than the emergency department  | <b>\$0</b> copay   |
| <b>Outpatient Mental Health Care</b>  | <b>\$0</b> copay  | <b>\$0</b> copay   |
| <b>Physician Services</b>             | <b>\$0</b> copay for primary care physician (PCP) visit   | <b>\$0</b> copay for primary care physician (PCP) visit  |
|                                       | <b>\$0</b> copay for specialist visit   | <b>\$0</b> copay for specialist visit  |

| Benefit Category  | CCC Plus Covered Services   | Aetna Better Health, Inc. (HMO SNP)   |
|---|---|---|
| <b>Physical Therapy Services</b>                              | <b>\$0</b> copay  | <b>\$0</b> copay.   |
| <b>Podiatry Services</b>                                      | <b>\$0</b> copay for diagnostic, medical or surgical treatment of disease, injury, or defects of the human foot.  | <b>\$0</b> copay for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions<br><br>Our plan covers 3 routine foot care visits every year |
| <b>Prescription Drugs</b>                                     | <b>\$0</b> copay  | See <b>Prescription Drug</b> section earlier in this Summary of Benefits document.  |
| <b>Preventive Services</b>                                    | <b>\$0</b> copay  | <b>\$0</b> copay  |
| <b>Prosthetic Devices</b><br>(braces, artificial limbs, etc.) | <b>\$0</b> copay  | <b>\$0</b> copay  |
| <b>Pulmonary Rehabilitation Care</b>                          | <b>\$0</b> copay  | <b>\$0</b> copay  |
| <b>Speech Therapy Services</b>                                | <b>\$0</b> copay  | <b>\$0</b> copay  |
| <b>Transplant Services</b>                                    | <b>\$0</b> copay  | <b>\$0</b> copay  |
| <b>Transportation Services</b>                                | <b>\$0</b> copay per one-way trip<br><br>Non-Emergency transportation services are covered by Aetna Better Health for covered services, carved out services, and enhanced benefits. | <b>\$0</b> copay<br><br>You are covered for up to 60 one-way trips to plan-approved locations every year.   |
| <b>Urgent Care</b>  | <b>\$0</b> copay  | <b>\$0</b> copay  |

| Benefit Category       | CCC Plus Covered Services  | Aetna Better Health, Inc. (HMO SNP)   |
|------------------------|--|---|
| <b>Vision Services</b> | <p><b>\$0</b> copay per visit for medically necessary visual care services</p> <p>Medicaid also provides coverage of eyeglasses for children under age 21.</p> | <p><b>\$0</b> copay for glaucoma screenings</p> <p><b>\$0</b> copay for other exams to diagnose and treat diseases and conditions of the eye</p> <p><b>\$0</b> copay for routine eye exam (1 every year)</p> <p><b>\$0</b> copay for contacts or eyeglasses (frames and lenses)</p> <p><b>\$0</b> copay for eyeglasses or contacts after cataract surgery (1 every year)</p> <p>Our plan pays up to <b>\$250</b> for contacts or eyeglasses every year.</p> |



## **Compare our plan to Medicare**

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at <http://www.medicare.gov> or get 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.

**Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract.** Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Aetna Medicare es un plan HMO, PPO con un contrato de Medicare. Nuestros Planes de necesidades especiales (SNP, por sus siglas en inglés) también tienen contratos con los programas estatales de Medicaid. La inscripción en nuestros planes depende de la renovación del contrato.

See 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. Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

You can see our plan's provider directory at our website at [www.aetnabetterhealth.com/virginia-hmosnp/find-provider](http://www.aetnabetterhealth.com/virginia-hmosnp/find-provider).

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10-14 days. You can call the number on your ID card if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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

Members in our HMO plans must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor Aetna will be responsible for the costs.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [www.aetnabetterhealth.com/virginia-hmosnp/formulary](http://www.aetnabetterhealth.com/virginia-hmosnp/formulary).

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

Out-of-network/non-contracted providers are under no obligation to treat Aetna Medicare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

We comply with applicable Federal civil rights laws and do not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability. We provide free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, contact the phone number on your member identification card. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can file a grievance in writing with our Grievance Department (write to the address listed in your Evidence of Coverage) or by phone by calling the phone number on your member identification card (TTY: 711). You can also file a grievance by contacting our Civil Rights Coordinator by phone at 1-855-348-1369, by email at MedicareCRCoordinator@aetna.com. You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

**TTY: 711**

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number on your member identification card. (English)

Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en su tarjeta de identificación de miembro. (Spanish)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 귀하의 ID 카드에 기재되어 있는 번호로 전화해 주십시오. (Korean)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại trên thẻ hội viên của quý vị. (Vietnamese)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打您會員卡上的電話號碼。 (Traditional Chinese)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف الموضح على بطاقة هوية العضو الخاصة بك. (Arabic)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nasa inyong identification card bilang miyembro. (Tagalog)

اگر به زبان دیگری بجز انگلیسی گفتگو می کنید، کمک زبانی رایگان فراهم می باشد. به وبسایت ما مراجعه نمایید و یا به شماره تلفن پشت کارت عضویت خود تلفن کنید. (Farsi)

ከእንግሊዝኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በእርስዎ የአባልነት መታወቂያ ካርድ ላይ ያለውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)

اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، زبان سے متعلق مدد کی مفت خدمات دستیاب ہیں۔ ہماری ویب سائٹ ملاحظہ کریں یا اپنے ممبر کے شناختی کارڈ پر درج فون نمبر پر کال کریں۔ (Urdu)

Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro figurant sur votre carte d'identification de membre. (French)

