# Vellessour Aetna Better Health® member newsletter

### BENEFITS SPOTLIGHT

## Welcome to your 2025 health plan



Your Aetna Better Health® plan provides tools and support to help you get the care you need. Be sure to take advantage of these resources.

## **1** Transportation

We provide rides at no cost to nonemergency appointments and covered services. That includes doctor visits, dentist visits, pharmacy and more. Call Access2Care at **1-844-610-7437 (TTY: 711)**. Be sure to call at least three days in advance.

## **2** Language help

Do you speak a language other than English? Just call Member Services and ask for an interpreter. You can use this service at no extra cost to you. If you're deaf or blind, we can provide info in other formats like sign language, braille, large print or audio.

### **3** 24-hour nurse line

Not all medical problems happen during business hours. That's why we offer a 24/7 nurse line. You can call **1-866-711-6664 (TTY: 711)** anytime to talk with a nurse. They can help you decide where to go for care or how to treat your problem at home.

## **4** Member portal

You can do so much more with your health plan in your member portal. Just log in to manage your plan benefits and health goals from anywhere. Or use your Aetna Better Health app.

Go to **AetnaBetterHealth.com/** michigan/member-portal. html to get started.

## **5** Grievances and appeals

We want you to be happy with the care you get. So if you're ever unhappy with your health plan or a provider, you can file a grievance. And if you're unhappy with a decision we made, you can file an appeal.

Go to **AetnaBetterHealth.** com/michigan/medicaidgrievance-appeal.html or check your member handbook for more info.



Aetna Better Health<sup>®</sup> of Michigan **Questions about your health plan?** Call Member Services at **1-866-316-3784 (TTY: 711)**, Monday through Friday, 8 AM to 5 PM. Or visit **AetnaBetterHealth.com/michigan** 

## Health screenings made simple

Regular health screenings are essential for catching health problems early, before you start feeling sick. Take advantage of these covered screenings to keep you and your family healthy.



SCREENING	WHO NEEDS IT	WHEN TO GET IT
Blood pressure	All adults	Every 3 to 5 years for adults under 40 Every year for adults over 40
Cholesterol	All adults	Every 4 to 6 years, or more often if needed
♂ Diabetes	Adults 35 years or older with overweight or obesity	Ask your doctor
⊗ sti/hiv	All sexually active adults and pregnant women	Ask your doctor
Breast cancer	Women 45 to 74 years old (or sooner if you are at high risk)	Every 2 years
Cervical cancer	Women 21 to 65 years old	Every 3 to 5 years
Colorectal cancer	Adults 45 to 75 years old (or sooner if you are at high risk)	Every 1 to 3 years for at-home stool tests Every 10 years for a colonoscopy
Well-child visits	All children	1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, then once a year
<b>Ead</b> Screening	Children under 3 years old	All children should be tested at 12 months and 24 months old
Or Dental exam	Everyone	Every 6 months
Vision exam	Everyone	At least once between 3 and 5 years old, then as recommended after that Every 2 years (or more often) for adults over 18

**Need a doctor?** Go to **AetnaBetterHealth.com/michigan/find-provider** to search our provider directory. Enter your ZIP code to find in-network providers and specialists near you. You can also call Member Services to have a directory mailed to you.

#### BENEFITS SPOTLIGHT



## Your go-to guide to using your health plan

Your Aetna Better Health® member handbook includes everything you need to know about your health plan.

Keep reading for a list of information that's available inside this handy resource.

- Benefits and services that are covered, and those that are not
- How to get your medicine and other rules about pharmacy benefits
- Copayments and other

expenses that may apply to you

- How to get language help
- Benefit restrictions outside of the Aetna service area
- How to submit a claim

- How to get info about providers in the Aetna network
- How to get primary care services
- How to get specialty care. This includes:
  - Behavioral health care
  - Hospital services
  - Care for specific conditions
  - How to get a referral
- How to get care after normal office hours, plus how and when to use emergency room care
- How to get care outside of your service area
- How to file a complaint or grievance
- How to appeal a decision that affects your coverage, benefits or relationship with your plan
- How we make decisions about new technology we may include as a covered benefit
- How we make decisions about your care (called utilization management)
- Your member rights and responsibilities and a notice of privacy practices

The member handbook is updated every year. If there are major changes, we will send you a letter about them at least 30 days before the changes are effective.

Scan the QR code or visit **aet.na/sp25mi-2** to view your member handbook. Or call Member Services to have one mailed to you. Let us know if you need it in another language, a larger font or other formats.



## Know your rights

As an Aetna Better Health® member, you have certain rights and responsibilities. Get to know them here.

### Your rights include:

- A right to get info about:
  - The organization and its services
  - The organization's practitioners and providers
  - Your member rights and responsibilities
- A right to be treated with respect and dignity
- A right to privacy
- A right to work with your practitioners to make decisions about your health care
- A right to talk openly about treatment options, regardless of cost or benefit coverage
- A right to voice complaints or submit appeals about the organization or the care it provides
- A right to give feedback on the organization's member rights and responsibilities policy

### Your responsibilities include:

- A responsibility to give information that the organization and its practitioners and providers need to provide you with care
- A responsibility to follow plans for care that you have agreed to with your practitioners
- A responsibility to understand your health problems and join in developing treatment goals.

Go to **AetnaBetterHealth.com/michigan/ medicaid-rights-responsibilities.html** for a complete list of your rights and responsibilites.



## How we make decisions about your care

Our utilization management (UM) program ensures you get the right care in the right setting when you need it. UM staff can help you and your doctors make decisions about your health care.

When we make decisions, it's important for you to remember the following:

- We make UM decisions by looking at your benefits and clinical guidelines for the most appropriate care and service. We consider your needs, evidence-based practice and availability of care. You also must have active coverage.
- We don't reward doctors or other people for denying coverage or care.
- Our employees do not get any incentives to reduce the services you receive.

If you have questions about UM, call Member Services. They can also help if you need language translation or assistance.

**Get help with healthy foods.** Starting in June, Aetna Better Health of Michigan is offering food services to members at no extra cost. You could qualify for home-delivered meals, healthy food packs and more. Call Member Services for more info.

## Feeling sad or lonely? Help is here.

Loneliness is more common than ever. Many people struggle with feeling disconnected. Feeling lonely can affect your mood, energy and overall well-being. But a little support can go a long way.

That's why we've partnered with Pyx Health, a free service that offers support when you need it most. Pyx Health provides a mix of mobile tools and real human connection to help with loneliness, anxiety and more. You can chat through text or call their Compassionate Support Center for friendly, real-time help.

Getting started is easy! Download the Pyx Health app from the App Store or Google Play, or visit **pyxhealth.com/ store-download**. No smartphone? No problem — just call **1-855-499-4777** for support over the phone. You don't have to go through life alone — reach out today!

#### More mental health resources:

- Call **911** if you are in danger of harming yourself or others.
- If you are in crisis or thinking about suicide, call the National Suicide Prevention Lifeline at **988**.
- Call Member Services at **1-866-316-3785 (TTY: 711)**, Monday through Friday, 8 AM to 5 PM. They can connect you to a care manager that can help with your mental or social needs.
- Call the nurse line at **1-844-711-6664** (**TTY: 711**), 24 hours a day, 7 days a week.
- Call behavioral health services at 1-866-827-8704 (TTY: 711), 24 hours a day, 7 days a week.



## Support for LGBTQ+

We advocacy and support to get you the care you need. We can help connect you with:

- Supportive providers
- HIV services
- Behavioral and mental health services
- Gender-affirming care
- And other resources

Call Member Services to talk with a care manager for help.

#### HEALTHY LIVING



## Better care for sickle cell disease

Are you or your child living with sickle cell disease (SCD)? We know this condition can have a big impact on your day-to-day life. That's why we provide extra support to help our members with SCD live healthier, fuller lives.

## Preventive care for sickle cell disease

Regular checkups and preventive care can help you manage SCD. Talk to your provider about whether or not these treatments can help you or your child:

• Daily antibiotics (ages 0 to 5) to help prevent infections

- Daily hydroxyurea (ages
  9 months+) to reduce pain
  crises
- Yearly Transcranial Doppler Screening (ages 2-16) to help prevent stroke

To make things easier, you can get three-month supplies of some medications, including penicillin and amoxicillin.

## We care about your privacy

We protect your personal health information (PHI). That includes your race, ethnicity, language, sexual orientation and social needs info. We only share your info when needed and as allowed by law.

You have rights over your health data. That includes how it's used and who can access it. Go to **Aetna BetterHealth.com/** health-optimizationdisclaimer.html to learn more about your privacy rights and how we safeguard your data.

### How Aetna can Help

As an Aetna Better Health<sup>®</sup> member, you have a dedicated care manager. They can help with things like:

- Care coordination
- Making a personalized care plan
- Working with local health departments and Children Special Health Care Services (CSHCS) to connect you to resources
- Transitioning to adult care
- Mental health support
- Pain management

Call Member Services to connect with a care manager today.



#### Get more tips for healthy living.

Scan the QR code or go to **aet.na/sp25mi-0** to browse our health and wellness library. You'll find articles packed with info to help you feel your best.

## Moving to adult care

Growing up comes with lots of changes. That includes moving from pediatric care to adult health care services. Our care management team can help with the transition.

It's a good idea to start planning for your move to adult services early — around age 12. Planning ahead makes the transition easier without interrupting your care plan.

As you get older, you'll want to learn how to manage your health on your own. Ask your provider questions to better understand a health condition. Start taking a more active role in your care plan.

By age 18, you'll take charge of your own health care. We'll guide you through legal changes like privacy and consent at 18. And we can help you find new providers.

If guardianship is needed, be sure to explore options early. You'll need to give your providers and insurance company permission to talk to your parents about your health care.

Remember, you're not alone. Call your care management team at **1-866-316-3784 (TTY: 711)** for support.



## **Find your pharmacy**

Looking for a new pharmacy? You have thousands to choose from in our network, including CVS, Walmart, Kroger, Costco, Sam's Club, Henry Ford and many more.

Go to **Caremark.com/PharmacyLocator** to find a pharmacy near you. If you haven't already, register at **Caremark.com**. You can stay up to date and make the most of your prescription benefit plan.

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**ENGLISH:** ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104 (TTY: 711)**.

**SPANISH:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104 (TTY: 711)**.

Go to **AetnaBetterHealth.com/Michigan/notice-of-non-discrimation.html** for more info. Or call Member Services to have a print copy mailed to you.



Aetna Better Health® of Michigan 28588 Northwestern Highway, Suite 380B Southfield, MI 48034

> <Recipient's Name> <Mailing Address>

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# Wondering if your medicines are covered?

Learn more about your pharmacy benefits at **AetnaBetterHealth.com/michigan/ pharmacy-prescription-drug-benefits.html**. You can find info such as:

- Preferred drug list (PDL)
- Medicines that require prior authorization and applicable coverage criteria
- How to ask for a medication coverage exception
- A list and explanation of medicines that have limits or quotas
- Steps for getting prior authorization, generic substitution or preferred brand interchange



- Info on pharmaceutical management procedures
- Criteria used to add new medicines to the preferred drug list



#### Need to renew your coverage?

You must renew your plan coverage every year. Look for your renewal notice in the mail. Visit **aet.na/sp25mi-1** or scan the QR code to learn more.