AETNA BETTER HEALTH® PREMIER PLAN

2024 Summary of Benefits

Aetna Better Health Premier Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

MDHHS | MI Health Link
Michigan Department of Health & Human Services

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Aetna Better Health Premier Plan (Medicare-Medicaid Plan): Summary of Benefits 2024

Introduction

This document is a brief summary of the benefits and services covered by Aetna Better Health Premier Plan. 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 Better Health Premier Plan. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Michigan**.

A. Disclaimers

This is a summary of health services covered by Aetna Better Health Premier Plan for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. To get a *Member Handbook*, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. You can also access the *Member Handbook* on our website **AetnaBetterHealth.com/Michigan**.

- Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- If you have questions about enrollment or disenrollment in MI Health Link, please call Michigan ENROLLS toll-free at **1-800-975-7630**. Persons with hearing and speech disabilities may call the TTY number at **1-888-263-5897**. The office hours are Monday through Friday, 8 AM to 7 PM.
- Under Aetna Better Health Premier Plan you can get your Medicare and Michigan Medicaid services in one health plan. A Care Coordinator will help manage your health care needs.
- 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 or read the *Member Handbook*.
- ATTENTION: If you speak Spanish or Arabic, language assistance services, free of charge, are available to you. Call **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ATENCIÓN: Si habla español o árabe, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-855-676-5772 (TTY: 711)**, las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل على الرقم **1-855-676-5772** (الهاتف النصي: **711**)، على مدار الساعة وطوال أيام الأسبوع. وتكون هذه المكالمة مجانية.

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- We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-676-5772 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.
- You can also get this document for free in other formats, such as large print, braille, or audio. Call **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Michigan Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long term services, and other providers. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Care Coordinator?	A Care Coordinator is a health professional who will help you get care and services that affect your health and wellbeing. You are assigned a Care Coordinator when you enroll with Aetna Better Health Premier Plan. Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you are getting from us, you can call your Care Coordinator. **Your Care Coordinator is your "go-to" person** for Aetna Better Health Premier Plan. Our goal in Aetna Better Health Premier Plan is to meet your needs in a way that works for you. This is why we call our program "person-centered." The person-centered planning process is when you work with your Care Coordinator to create a care plan that is about **your** goals, choices, and abilities. When you create your care plan, you are welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.

This section is continued on the next page.

Frequently Asked Questions (FAQ)	Answers
What are long term supports and services?	Long term supports and services are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
Will I get the same Medicare and Michigan Medicaid benefits in Aetna Better Health Premier Plan that I get now?	You will get your covered Medicare and Michigan Medicaid benefits directly from Aetna Better Health Premier Plan. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. If you are currently getting services for mental health, substance use, or intellectual/developmental disability needs, you will continue to get these services the same way you do now. When you enroll in Aetna Better Health Premier Plan, you and your care team will work together to develop an Individual Integrated Care and Supports Plan (IICSP) to address your health and support needs. You can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your IICSP is being completed. When you join our plan, if you are taking any Medicare Part D prescription drugs that Aetna Better Health Premier Plan does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Aetna Better Health Premier Plan to cover your drug, if medically necessary.

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Frequently Asked Questions (FAQ)	Answers
Can I use the same doctors I use now?	Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Aetna Better Health Premier Plan and have a contract with us, you can keep using them. • Providers with an agreement with us are "in-network." **You must use the providers in Aetna Better Health Premier Plan's network.** • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Aetna Better Health Premier Plan's network. To find out if your doctors are in the plan's network, call Member Services or read Aetna Better Health Premier Plan's *Provider and Pharmacy Directory* on the plan's website at **AetnaBetterHealth.com/Michigan**. If Aetna Better Health Premier Plan is new for you, you can continue using the doctors you use now while your IICSP is being developed.
What happens if I need a service but no one in Aetna Better Health Premier Plan's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Aetna Better Health Premier Plan will pay for the cost of an out-of-network provider.
Where is Aetna Better Health Premier Plan available?	The service area for this plan includes: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren, Wayne and Macomb Counties, Michigan. You must live in one of these areas to join the plan.

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Frequently Asked Questions (FAQ)	Answers
Do I pay a monthly amount (also called a premium) under Aetna Better Health Premier Plan?	You will not pay any monthly premiums to Aetna Better Health Premier Plan for your health coverage. (You will be required to keep paying any monthly Freedom to Work program premium you have. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting **www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00**.)
What is prior authorization (PA)?	PA means that you must get approval from Aetna Better Health Premier Plan before you can get a specific service or drug or use an out-of-network provider. Aetna Better Health Premier Plan may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. Refer to Chapter 3 of the *Member Handbook* to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the *Member Handbook* to learn which services require a PA.
Do I pay a deductible?	No. You do not pay deductibles in Aetna Better Health Premier Plan.
Do I have a coverage gap for drugs?	No. Because you have Medicaid you will not have a coverage gap stage for your drugs.

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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued on the next page)	**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call your Care Coordinator or Aetna Better Health Premier Plan Member Services:** **CALL 1-855-676-5772** Calls to this number are free. 24 hours a day, 7 days a week. Member Services also has free language interpreter services available for people who do not speak English. **TTY 711** Calls to this number are free. 24 hours a day, 7 days a week. **If you have questions about your health, please call the 24 Hour Nurse Advice line:** **CALL 1-855-676-5772** Calls to this number are free. 24 hours a day, 7 days a week. **TTY 711** Calls to this number are free. 24 hours a day, 7 days a week.

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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	**Behavioral Health General Information Line:** **If you have questions about behavioral health services and resources, please call:** **Region 4 Behavioral Health General Information Lines.** Serving Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren counties **Barry County Behavioral Health General Information Line** **Barry County Community Mental Health (CMH) Services Authority** **CALL** **1-866-266-4781** Calls to this number are free. Monday through Friday, 8:30 AM to 5 PM **TTY** **711** Calls to this number are free. Monday through Friday, 8:30 AM to 5 PM **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988.**

This section is continued on the next page.

Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	**Region 4 Behavioral Health Crisis Lines.** Serving Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren counties **Calls to this number are free.** 24 hours a day, 7 days a week **Barry County Behavioral Health Crisis Line** **Barry County Community Mental Health (CMH) Services Authority** **CALL** **1-866-266-4781** Calls to this number are free. 24 hours a day, 7 days a week **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week

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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	**Berrien County Behavioral Health General Information Line** **Berrien Mental Health Authority** **CALL** **1-800-336-0341** Calls to this number are free. Monday through Friday, 8:30 AM to 5 PM **TTY** **711** This call is free. Calls to this number are free. Monday through Friday, 8:30 AM to 5 PM **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988.** **Berrien County Behavioral Health Crisis Line** **Berrien Mental Health Authority** **CALL** **1-800-336-0341** Calls to this number are free. 24 hours a day, 7 days a week. **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week.

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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	**Branch County Behavioral Health General Information Line** **Pines Behavioral Health** **CALL** **517-278-2129** Calls to this number are not free. Monday through Friday, 8 AM to 5 PM **TTY** **711** Calls to this number are free. Monday through Friday, 8 AM to 5 PM **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988.** **Branch County Behavioral Health Crisis Line** **Pines Behavioral Health** **CALL** **1-888-725-7534** Calls to this number are free. 24 hours a day, 7 days a week. **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week.

This section is continued on the next page.

Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	**Calhoun County Behavioral Health General Information Line** **Summit Pointe** **CALL** **(269) 966-1460** Calls to this number are free. 24 hours a day, 7 days a week **TTY** **711** This call is free. Calls to this number are free. 24 hours a day, 7 days a week **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988.** **Calhoun County Behavioral Health Crisis Line** **Summit Pointe** **CALL** **1-800-632-5449** Calls to this number are free. 24 hours a day, 7 days a week. **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week.

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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	**Cass County Behavioral Health General Information Line** **Woodlands Behavioral Healthcare** **CALL** **1-800-323-0335** Calls to this number are free. Monday through Friday, 8:30 AM to 5 PM **TTY** **711** Calls to this number are free. Monday through Friday, 8:30 AM to 5 PM **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988.** **Cass County Behavioral Health Crisis Line** **Woodlands Behavioral Healthcare Network** **CALL** **1-800-323-0335** Calls to this number are free. 24 hours a day, 7 days a week. **TTY** **711** This call is free. Calls to this number are free. 24 hours a day, 7 days a week.

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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	**Kalamazoo County Behavioral Health General Information Line** **Integrated Services of Kalamazoo** **CALL 1-877-553-7160** Calls to this number are free. Monday through Friday, 8 AM to 5 PM **TTY 711** Calls to this number are free. Monday through Friday, 8 AM to 5 PM **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988.** **Kalamazoo County Behavioral Health Crisis Line Crisis Line** **Integrated Services of Kalamazoo** **CALL 1-888-373-6200** Calls to this number are free. 24 hours a day, 7 days a week. **TTY 711** Calls to this number are free. 24 hours a day, 7 days a week.

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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	**St. Joseph County Behavioral Health General Information Line** **CMH & Substance Abuse Services of St. Joseph County** **CALL 1-800-622-3967** Calls to this number are free. Mon, Tue, Thu, Fri: 8 AM to 5 PM; Wed: 8 AM to 9 PM **TTY 711** Calls to this number are free. Mon, Tue, Thu, Fri: 8 AM to 5 PM; Wed: 8 AM to 9 PM **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988.** **St. Joseph County Behavioral Health Crisis Line Crisis Line** **CMH & Substance Abuse Services of St. Joseph County** **CALL 1-800-622-3967** Calls to this number are free. 24 hours a day, 7 days a week. **TTY 711** 24 hours a day, 7 days a week Calls to this number are free. 24 hours a day, 7 days a week.

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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	**Van Buren County Behavioral Health General Information Line** **Van Buren Community Mental Health Authority** **CALL** **1-800-922-1418** Calls to this number are free. Monday through Friday, 8 AM to 5 PM **TTY** **711** This call is free. Calls to this number are free. Monday through Friday, 8 AM to 5 PM **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988.** **Van Buren County Behavioral Health Crisis Line** **Van Buren Community Mental Health Authority** **CALL** **1-800-922-1418** Calls to this number are free. 24 hours a day, 7 days a week. **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week.

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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	**If you have questions about behavioral health services and resources, please call:** **Region 7** Serving Wayne County **CALL** **Behavioral Health General Information Line** **1-800-241-4949** Calls to this number are free. 24 hours a day, 7 days a week. **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week. **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988.** **Region 7 (Wayne County) Behavioral Health Crisis Line** **CALL** **Behavioral Health Crisis Line** **1-844-623-4357** Calls to this number are free. 24 hours a day, 7 days a week. **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week.

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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help? (continued from previous page)	**If you have questions about behavioral health services and resources, please call:** **Region 9** Serving Macomb County **CALL** **General Information Line 1-855-996-2264** Calls to this number are free. 24 hours a day, 7 days a week. **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week. **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line or dial 988.** **Region 9 Behavioral Health Crisis Line** **Serving Macomb County** **CALL** **Behavioral Health Crisis Line** **(586) 307-9100** Calls to this number are free. 24 hours a day, 7 days a week. **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week.

C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, 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 want a doctor	Visits to treat an injury or illness	$0	Prior authorization may be required.
	Wellness visits, such as a physical	$0	
	Transportation to a doctor's office	$0	Must be scheduled 3 business days in advance. Prior authorization required by health plan transportation vendor.
	Specialist care	$0	Prior authorization may be required.
	Care to keep you from getting sick, such as flu shots	$0	Prior authorization may be required.
	"Welcome to Medicare" preventive visit (one time only)	$0	
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.
	Screening tests, such as tests to check for cancer	$0	Prior authorization may be required.

This section is continued on the next page.

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 (This service is continued on the next page)	Generic drugs (no brand name)	$0 copay for a 30-day supply in an outpatient setting and 31-day supply in a long-term care facility.	There may be limitations on the types of drugs covered. Please refer to Aetna Better Health Premier Plan's *List of Covered Drugs* (Drug List) for more information. **Important Message About What You Pay for Vaccines** – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's *List of Covered Drugs* (Formulary). Our plan covers most Part D vaccines at no cost to you. Extended day supplies of covered drugs up to a 90-day supply are available at a $0 copay at network, retail and mail-order pharmacies. These drugs are usually considered maintenance drugs. Your copay for the extended day supply is the same as the 30-day supply. Some drugs have coverage rules or have limits on the amount you can get. For example: • For some drugs, you or your doctor must get approval from the plan before you fill your prescription.

This section is continued on the next page.

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)			• Sometimes the plan limits the amount of a drug you can get. Step therapy: Sometimes the plan requires you to do step therapy. This means you will have to try certain drugs in certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
	Brand-name drugs	$0 copay for a 30-day supply in an outpatient setting and 31-day supply in a long-term care facility.	There may be limitations on the types of drugs covered. Please refer to Aetna Better Health Premier Plan's *List of Covered Drugs* (Drug List) for more information. Extended day supplies of covered drugs up to a 90-day supply are available at a $0 copay at network, retail and mail order pharmacies. These drugs are usually considered maintenance drugs. Your copay for the extended day supply is the same as the 30-day supply. Some drugs have coverage rules or have limits on the amount you can get. For example:

This section is continued on the next page.

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)			• For some drugs, you or your doctor must get approval from the plan before you fill your prescription. • Sometimes the plan limits the amount of a drug you can get. Step therapy: Sometimes the plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
	Over-the-counter drugs	$0	There may be limitations on the types of drugs covered. Please refer to Aetna Better Health Premier Plan's *List of Covered Drugs* (Drug List) for more information.
	Medicare Part B prescription drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. Prior authorization may be required.

This section is continued on the next page.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization may be required.
You need emergency care	Emergency room services	$0	Services may be provided in network or out of network. Prior authorization is NOT required.
	Ambulance services	$0	Emergency ambulance services do not require prior authorization. Emergency care is covered in the United States and its territories.
	Urgent care	$0	Urgent care services can be provided by in-network and out-of-network providers and do not require prior authorization.
You need hospital care	Hospital stay	$0	Prior authorization is required.
	Doctor or surgeon care	$0	Prior authorization may be required.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization may be required.
	Medical equipment for home care	$0	Prior authorization may be required.
	Skilled nursing care	$0	Prior authorization is required.

This section is continued on the next page.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	$0	1 exam every two years.
	Glasses	$0	1 pair of glasses per year. Prior authorization may be required.
You need dental care	Dental checkups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planning, and other periodontal maintenance	$0	Preventive dental services covered once every six months. Bite-wing radiographs covered once in a 12-month period. A panoramic radiograph is a covered benefit once every five years. A full mouth or complete series is a covered benefit once every five years. Referrals may be required for Comprehensive Dental Services. Prior authorization may be required.
You need hearing/ auditory services	Hearing screenings	$0	Prior authorization may be required.
	Hearing aid evaluation and fitting	$0	2 fittings/evaluations for hearing aids every year. Prior authorization may be required.
	Hearing aids	$0	Hearing aids covered once every 5 years. Prior authorization may be required.

This section is continued on the next page.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	$0	Prior authorization may be required.
	Diabetes supplies and services	$0	Prior authorization may be required.
You have a mental health condition	Behavioral health services	$0	Services are provided through the plan or Prepaid Inpatient Health Plan (PIHP). Contact your plan or Care Coordinator for help with behavioral services. Prior authorization may be required.
You have concerns related to substance use	Substance use services	$0	Services are provided through the plan or Prepaid Inpatient Health Plan (PIHP). Contact your plan or Care Coordinator for help with behavioral services. Prior authorization may be required.
You need durable medical equipment (DME)	Wheelchairs	$0	Prior authorization may be required.
	Nebulizers	$0	Prior authorization may be required.
	Crutches	$0	Prior authorization may be required.
	Walkers	$0	Prior authorization may be required.
	Oxygen equipment and supplies	$0	Prior authorization may be required.

This section is continued on the next page.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (This service is continued on the next page)	Meals brought to your home	$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization is required.
	Chore services, such as heavy household chores and mowing and raking	$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization is required.
	Preventive nursing services	$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization is required.
	Private duty nursing services to provide skilled nursing services in your home	$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization is required.
	Fiscal intermediary services to help you control your budget and choose the staff to work with you	$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization is required.
	Environmental modifications to your home, such as adding ramps and widening doorways	$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization is required.

This section is continued on the next page.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Expanded community-living supports to help you complete activities of daily living and instrumental activities of daily living	$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization is required.
	Personal care services (You may be able to choose your own personal care assistant. Call Member Services for more information.)	$0	Prior authorization is required.
	Personal Emergency Response System (PERS)	$0	Prior authorization is required.
	Assistive technology	$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization is required.
	Home health care services	$0	Prior authorization may be required.
	Adult day services or other support services	$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization is required.

This section is continued on the next page.

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	Nursing home care	A Patient Pay Amount (PPA) may be required.	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards. Prior authorization is required.
Your caregiver needs some time off	Respite care	$0	336 hours in a 365 day period for qualified members. Prior authorization is required.
Additional covered services (This service is continued on the next page)	Over-the-counter (OTC) supplies benefit	$0	$60 every month for use on certain supplies. Talk to your Care Coordinator or call Member Services for more information

This section is continued on the next page.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Fitness benefit	$0	Plan offers SilverSneakers® membership to members at no additional cost. SilverSneakers is the nation's leading community fitness program specifically designed for older adults, promotes greater health engagement and accountability by providing members with regular exercise (strength training, aerobics, flexibility) and social opportunities. Benefit includes access to thousands of participating fitness locations, use of basic amenities (weights, treadmills, pools, etc.), fitness classes, group activities and classes outside the traditional gym setting (Community FLEX classes). Online resources including a member portal, live classes, on-demand classes, SilverSneakers app with reminders to move and more. One Home kit or Steps kit available each calendar year. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.
	Podiatry	$0	Six routine visits per year.

This section is continued on the next page.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Home-Delivered Meals	$0	20 fresh, home-delivered meals after an inpatient hospitalization. Prior authorization is required.
	Smoking and tobacco use cessation	$0	Up to 42 additional cessation counseling sessions.
	Special supplemental benefits for the chronically ill (SSBCI)	$0	Plan offers members who qualify for SSBCI an Extra Benefits card with a $50 monthly allowance to help pay utilities, rent and buy healthy food. Covered utilities include water, heating oil, electricity, sanitary/trash, gas, cell phone and internet. Approved healthy food can be purchased at network retailers. The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.

D. Services covered outside of Aetna Better Health Premier Plan

This is not a complete list. Call your Care Coordinator or Member Services to find out about other services not covered by Aetna Better Health Premier Plan but available through Medicare or Michigan Medicaid.

Other services covered by Medicare or Michigan Medicaid	Your costs
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services. These benefits are provided by the plan or PIHP. Contact the plan for more information. If you live in Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren counties, these benefits are provided by Aetna Better Health Premier Plan. Contact the Member Services at **1-855-676-5772 (TTY: 711)** for more information. If you live in Wayne County, these benefits are provided by the Detroit Wayne Integrated Health Network. Contact the Detroit Wayne Integrated Health Network Member Services at **1-888-490-9698 (TTY: 711)** for more information. If you live in Macomb County, these benefits are provided by Aetna Better Health Premier Plan. Contact the Member Services at **1-855-676-5772 (TTY: 711)** for more information.	$0
Some hospice care services	$0

This section is continued on the next page.

E. Services that Aetna Better Health Premier Plan, Medicare, and Michigan Medicaid do not cover

This is not a complete list. Call your Care Coordinator or Member Services to find out about other excluded services.

Services not covered by Aetna Better Health Premier Plan, Medicare, or Michigan Medicaid	
A private room in a hospital or nursing facility, except when it is medically needed.	Private duty nurses except for those that qualify for this waiver service.
Services considered not "reasonable and necessary," according to the standards of Medicare and Michigan Medicaid, unless these services are listed by our plan as covered services.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically needed.
Naturopath services	

This section is continued on the next page.

F. Your rights as a member of the plan

As a member of Aetna Better Health Premier Plan, you have certain rights. You can exercise these rights without being punished. You can also 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 *Member Handbook*. 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, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
  - get information in other formats (e.g., large print, braille, audio)
  - be free from any form of physical restraint or seclusion
  - not be billed by network providers
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
  - description of the services we cover
  - how to get services
  - how much services will cost you
  - names of health care providers and care managers
- **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
  - 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, even if your doctor advises against it

This section is continued on the next page.

  - stop taking medicine
  - ask for a second opinion. Aetna Better Health Premier Plan will pay for the cost of your second opinion visit

- **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 and your health plan

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - get emergency services without PA in an emergency
  - 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

- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - file a complaint or grievance against us or our providers
  - ask for a state fair hearing
  - get a detailed reason for why services were denied

For more information about your rights, you can read the Aetna Better Health Premier Plan *Member Handbook*. If you have questions, you can also call Aetna Better Health Premier Plan Member Services.

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

If you have a complaint or think Aetna Better Health Premier Plan should cover something we denied, call Aetna Better Health Premier Plan at the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Aetna Better Health Premier Plan *Member Handbook*. You can also call Aetna Better Health Premier Plan Member Services at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week.

H. What do you 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, please contact us.

- Call us at Aetna Better Health Premier Plan Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227).** TTY users should call **1-877-486-2048.** You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at **(800) 24-ABUSE [800-242-2873]**, by e-mail at **hcf@michigan.gov** or use the on-line Michigan Medicaid Fraud Complaint Form found at **secure.ag.state.mi.us/complaints/medicaid.aspx**.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-676-5772 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-676-5772 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-855-676-5772 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-855-676-5772 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-855-676-5772 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-676-5772 (TTY: 711).** Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi **1-855-676-5772 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-676-5772 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-676-5772 (TTY: 711)**번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-676-5772 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-855-676-5772 (TTY: 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-676-5772 (TTY: 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-676-5772 (TTY: 711)**. Un nostro incaricato che parla italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-676-5772 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-676-5772 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-676-5772 (TTY: 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-855-676-5772 (TTY: 711)** にお電話ください。日本語を話す人者 が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma **1-855-676-5772 (TTY: 711)**. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

Form CMS-10802
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