HEALTHY ALL YEAR

Your care management team

Did you know that you have a care management team ready to help you get the right care for your needs? This team of dedicated health care workers may include:

Nurse care manager

This is a registered nurse that can help create a full care plan that meets your health and wellness needs

Social worker

A social worker can answer questions about social services such as food assistance and affordable housing.

Member advocate

Member advocates are experts in Medicaid. They can help you keep your Medicaid benefits if you're at risk of losing coverage.

Care coordinator

A care coordinator understands all your benefits and can provide you with the best ways to use them.

Pharmacist

At least once a year, this team member will review your medications and recommend changes (if needed) to your Primary Care Provider (PCP).

Behavioral health care manager

Mental health is just as important as physical health. This care team member can help you get behavioral (mental) health support if or when you need it.



Working with you to get the right care

Our utilization management (UM) program helps make sure you get the right care, in the right setting when you need it. UM staff can help you and your Providers make choices about your health care.

- We make UM decisions by looking at your benefits and clinical guidelines for the best care and service for your health needs.
- We consider your needs, evidence-based practice and availability of care.
- · You must have active coverage.
- We don't reward doctors or other people for denying coverage or care.
- Our employees don't get any benefits to lower your services.

If you have questions about UM or how to access a copy of clinical practice guidelines, you can speak to someone by calling Member Services toll-free at **1-855-676-5772 (TTY: 711)** 24 hours a day, seven days a week to learn more. Or if you need language translation or assistance, contact Member Services.

Ready to book your mammogram or colonoscopy? Your care manager can help you schedule these covered screenings. Call them at 1-866-316-3784 (TTY: 711), 24 hours a day, seven days a week.

5 valuable benefits to cheer about

As we near the end of the year, we want to make sure you use all the valuable benefits and services your Aetna® plan has to offer. Need some inspiration? Check out these helpful benefits designed to help you get—and stay—healthy.



Extra Benefits Card

You can use the monthly benefit amount (allowance) on your Aetna Extra Benefits Card to help pay for certain everyday expenses like healthy foods and select over-the-counter (OTC) health and wellness products. Visit **Aetna.NationsBenefits.com** for more information.

2 \$0 copay

All covered Part D drugs (like diabetes medicines) have a \$0 copay at in-network pharmacies. This makes it easier to keep your medications on hand — and your money in your wallet.

3 SilverSneakers®

No need to spend money on

a gym membership. Aetna members have a covered SilverSneakers® fitness benefit that can be used for in-person and/or online fitness classes. Visit SilverSneakers.com/ GetStarted to learn more.

4 Covered appointments

Exams, screenings and vaccines are key for your health. Don't worry about paying out of pocket for flu shots, yearly checkups, and hearing and vision exams—they're covered at no cost.

5 Fall prevention allowance

You get an annual allowance that can be used to buy fall-prevention safety items.

Look for your Annual Notice of Change (ANOC)

The annual enrollment period (AEP) is a time of year when you can enroll in a medical insurance plan.

The great news is if you're happy with your plan and all your benefits, you don't need to do anything: Your plan will automatically renew starting January 1.

Be on the lookout for your ANOC. It will arrive in the mail this month. Have questions? We're happy to answer them! Call Member Services today.

Your ride is here!

Need help getting to your next medical appointment? Aetna® members can get rides to and from approved locations at no extra cost. Call Member Services to learn more about your transportation benefit. And check out the answers to three frequently asked questions for more information.

Where can your transportation benefit take you?

With your plan, transportation support can take you to and from approved locations such as:

- Your primary care provider
- Dentist appointments
- Pharmacies
- Hospitals
- Participating SilverSneaker's gyms
- Senior centers



Don't forget to complete your annual health survey.

Doing so helps your care manager get you the benefits you need. Call them today at any time to learn more.

How do I book a ride?

Member Services can help you schedule a ride if you use your member ID card for your transportation benefit. If you have a transportation allowance on your Extra Benefits Card, you can use your card like a credit card (no pin required).



What if I need a specific vehicle?

When scheduling your ride, be sure to let the transportation service representative know if you have certain health needs. This will help them decide what kind of vehicle you need. There are different options such as:

- Car or van
- Wheelchair vehicle
- Nonmedical gurney van







Your Aetna® team is available 24 hours a day, 7 days a week

Member Services:

1-855-676-5772 (TTY: 711)

Care Manager:

1-866-316-3784 (TTY: 711)

24-Hour Nurse Line:

1-866-316-3784 (TTY: 711)

AetnaBetterHealth.com/Michigan-MMP



Health and wellness or prevention information

Questions or concerns about your health and wellness? Reach out to your Aetna® Care Team at 1-866-316-3784 (TTY: 711), 24 hours a day, seven days a week to learn more.





You have a dedicated care team ready to help get you the best health care possible.



We want you to take advantage of all your benefits! Get inspired inside.



You can catch a ride to and from approved locations using your transportation benefit.



Find out more inside

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. The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify. See Member Handbook for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. The provider network may change at any time. You will receive notice when necessary. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna Better Health. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is registered trademark, and the circles design is a trademark of Mastercard International Incorporated. This is a benefits card that can only be used at certain Mastercard merchants participating in this program and will be authorized for qualified purchases as set forth in your Cardholder Agreement. Valid only in the U.S. No cash access. Certain of these materials may be available in additional languages upon request. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value of consideration. Nations OTC is not a product or service of The Bancorp Bank, N.A. or Mastercard. The Bancorp Bank, N.A., is issuer of the card only and not responsible for other products, information or recommendations provided on this site. Please visit **AetnaMMP.NationsBenefits.com** for more information. ©2024 NationsBenefits, LLC. And NationsOTC, LLC. NationsOTC is a registered trademark of NationsOTC, LLC. All other marks are property of their respective owners.