

wellness & you

Your Aetna® Dual Eligible Special Needs Plan (D-SNP) member newsletter

HEALTHY ALL YEAR

4 questions to ask at your Annual Wellness Visit

Your Annual Wellness Visit (AWV) is a key part of staying healthy — and it's covered by your Aetna Dual Eligible Special Needs Plan (D-SNP). It's a chance for you to lower your risk of illness and learn ways to stay up to date on your health. Make the most of the covered appointment by asking these four important questions.



1 Am I up to date on my vaccinations?

There are many different vaccines that can help defend your body against illnesses like COVID-19, the flu, RSV, pneumonia and more. Ask your PCP if you're due for any.

2 Are my prescriptions covered?

Check your formulary (the list of covered drugs) at [AetnaMedicare.com/Formulary](https://www.aetna.com/formulary). If your doctor prescribes something that's not on the list, ask if there's an alternative that is. Then fill the prescription at an in-network pharmacy where your copay for covered drugs is \$0.

3 Do I need any health screenings?

Health tests and screenings like colonoscopies, mammograms and prostate exams can help spot health concerns earlier when they're often easier to treat. And these preventive screenings are covered by your D-SNP.

4 How can I better my mental health?

Anxiety and depression can affect anyone at any age. Tell your PCP if you're having any changes in mood or are struggling with your mental health. They can do mental health screenings and, if necessary, connect you with an in-network mental health provider.

Two more covered exams to book this year

Your Annual Wellness Visit (AWV) is just one way to make sure your health is in good shape. Schedule these two key exams today for a well-rounded yearly medical checkup. Rest easy — each exam is covered by your D-SNP.

Vision. Getting your eyes checked can help spot conditions. Your provider may be able to help slow their progression.

Dental. Tooth loss and gum disease can be more common as you age. Steer clear of these problems with an annual dentist visit.

Ready to set up your next appointment? Call your care team at **1-866-409-1221 (TTY: 711)** from 8:30 AM to 5:00 PM local time, Monday through Friday. Visit [AetnaMedicare.com/MyDSNP](https://www.aetna.com/MyDSNP) to learn more.

Don't lose your Medicaid coverage



Did you know state Medicaid agencies have resumed the renewal process for state Medicaid coverage? Some states call this *redetermination*. Renewing your Medicaid will help make sure you stay enrolled in your Aetna® Dual Eligible Special Needs Plan (D-SNP).

This process is usually done annually but was paused due to the COVID-19 pandemic. Federal law required states to start up the process again. And it must

be completed by March 31, 2024. Even if you're still eligible for Medicaid, you could lose it if you don't complete and return the necessary paperwork.

Keep reading to learn more about the process and get advice on keeping your Medicaid coverage.

1. Keep your contact information up to date

Call your state Medicaid agency to make sure your address, phone number and email address are

up to date. Visit [Medicaid.gov](https://www.Medicaid.gov) to find your state Medicaid agency contact information.

2. Know your options

If you're no longer eligible for Medicaid, you can enroll in Original Medicare, a Medicare Advantage plan or a Medicare Part D only plan. You'll be able to pick a plan during a special enrollment period (SEP). SEPs are time periods outside of open enrollment where you can start or change your health care coverage.

3. Call your Member Services team

Aetna representatives can help you with information and counseling about your health insurance options. Just call us at **1-866-409-1221 (TTY: 711)**.

4. Appeal, if needed

Understand that if you lose your Medicaid coverage during redetermination, you can appeal the decision. Call your state Medicaid agency to learn how to file an appeal.



Have questions?

Then give us a call. We can quickly help answer questions about your plan benefits and connect you with the health resources you need.



Your Aetna Medicare D-SNP team **1-866-409-1221 (TTY: 711)**

Care Team: 8:30 AM to 5:00 PM local time Monday through Friday	Member Services: 8 AM to 8 PM local time 7 days a week	24-Hour Nurse Line: 24 hours a day, 7 days a week
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[AetnaMedicare.com/MyDSNP](https://www.AetnaMedicare.com/MyDSNP)



Complete your annual health survey.

Doing so helps your care team get you the benefits you need. Visit [AetnaMedicare.com/MyHealthSurvey](https://www.AetnaMedicare.com/MyHealthSurvey) to complete your health survey online, or scan this QR code with your smartphone.



BENEFIT SPOTLIGHT

All about your Extra Benefits Card

As an Aetna D-SNP member, you have benefits to help you live well. At the top of the list: Your Aetna Extra Benefits Card, a Benefits Mastercard® Prepaid Card. It includes spending Wallets with monthly allowances you can use to pay for certain everyday expenses. Here's how to put your Extra Benefits Card to work.



What is a Wallet?

A Wallet is a spending category with a monthly allowance on your Extra Benefits Card. You can use it to buy select items like healthy foods and over-the-counter health and wellness products.



What you can use the card for

Check out your NationsBenefits welcome kit to see the Wallets included with your plan. You'll find a letter detailing your Wallets and allowance amounts, plus a guide to help you understand your new Wallets. For example, you'll learn three ways to use your wallets:

- In-person at participating retail stores like CVS Pharmacy®, Walmart and more.
- Online at **Aetna.NationsBenefits.com**.
- By phone at **1-877-204-1817 (TTY: 711)**.



Download the app

You can check your balance(s) or look up covered items and services using the NationsBenefits mobile app on your smartphone. You can download the app for free on the App Store® and Google Play™.*



Have questions about your Extra Benefits Card?

To learn more, call a NationsBenefits Member Experience Advisor. You can reach one seven days a week from 8 AM to 8 PM. You can also watch a short video at **aet.na/2-jan24** or by scanning this QR code with your smartphone.



Health and wellness or prevention information

Questions or concerns about your health and wellness? Reach out to our D-SNP care team at **1-866-409-1221 (TTY: 711)** from 8:30 AM to 5:00 PM, local time, Monday through Friday. Visit **[AetnaMedicare.com/MyDSNP](https://www.aetna.com/MyDSNP)** to learn more.

Did you know?



Your care team can help you book your Annual Wellness Visit and other yearly covered appointments.



It's time to renew your Medicaid. Doing so will help you stay enrolled in your D-SNP.



You have an Extra Benefits Card to help you pay for healthy groceries and over-the-counter medicines.



Find out more inside

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. This material is for informational purposes only and is not medical advice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Contact a health care professional with any questions or concerns about specific health care needs. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to our website. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary. If your plan's Extra Benefits Card includes roll over, any unused amount will rollover into the next month. The monthly amount can be rolled over through the end of the plan year but will not carry over into the next plan year. Aetna and CVS Pharmacy® are part of the CVS Health® family of companies. *Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple, Inc. Google Play and the Google Play logo are trademarks of Google LLC.

NONDISCRIMINATION NOTICE

Discrimination is against the law. Aetna Medicare Preferred Plan (HMO D-SNP) follows State and Federal civil rights laws. Aetna Medicare Preferred Plan (HMO D-SNP) does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Aetna Medicare Preferred Plan (HMO D-SNP) provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Aetna Medicare Preferred Plan (HMO D-SNP) between 8 AM-8 PM, 7 days a week by calling 1-866-409-1221 . If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Aetna Medicare Preferred Plan (HMO D-SNP)
Aetna Medicare, PO Box 7405 London, KY 40742
1-866-409-1221
TTY/TDD 711
California Relay 711

HOW TO FILE A GRIEVANCE

If you believe that Aetna Medicare Preferred Plan (HMO D-SNP) has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Aetna Medicare Grievances. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Aetna Medicare Grievances between 8 AM to 8 PM, 7 days a week. by calling 1-866-409-1221. Or, if you cannot hear or speak well, please call TTY/TDD 711.
- **In writing:** Fill out a complaint form or write a letter and send it to:
Aetna Medicare Grievances
PO Box 14834 Lexington, KY 40512

- In person: Visit your doctor's office or Aetna Medicare Preferred Plan (HMO D-SNP) and say you want to file a grievance.
- Electronically: Visit Aetna Medicare Preferred Plan (HMO D-SNP) website at **AetnaMedicare.com**

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

English Tagline

ATTENTION: If you need help in your language call 1-866-409-1221 (TTY/TDD 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-866-409-1221 (TTY/TDD 711). These services are free of charge.

الشعار العربي (Arabic)

كما تتوفر وسائل (TTY/TDD 711) تنبيه: إذا كنت بحاجة إلى مساعدة في لغتك اتصل بالرقم 1-866-409-1221 المساعدة والخدمات للأشخاص ذوي الإعاقة، مثل الوثائق بطريقة برايل والطباعة الكبيرة. اتصل بالرقم 1-866-409-

Հայկական տապալիս (Armenian)

ՈւՇԱԴՐՈՒԹՅՈՒՆ: Եթե ձեր լեզվով օգնության կարիք ունեք, զանգահարեք 1-866-409-1221 (TTY/TDD 711): Առկա են նաև հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ եւ ծառայություններ, ինչպես բրեյլի եւ մեծ տպաքանակի փաստաթղթեր: Ձանգահարեք 1-866-409-1221 (TTY/TDD 711): Այս ծառայությունները անվճար են:

ស្លោកសញ្ញាកម្ពុជា (Cambodian)

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ 1-866-409-1221 (TTY/TDD 711)។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាជំនួយជាអក្សរស្នាម និងការបោះពុម្ពផ្តល់ឯកសារផងដែរ។ ទូរស័ព្ទទៅ 1-866-409-1221 (TTY/TDD 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

简体中文标语 (Simplified Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-866-409-1221 (TTY/TDD 711)。我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 1-866-409-1221 (TTY/TDD 711)。这些服务都是免费的。

فار زبان به مطلب (Farsi)

توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با 1-866-409-1221 (TTY/TDD 711) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-866-409-1221 (TTY/TDD 711) تماس بگیرید. این خدمات رایگان ارائه میشوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए तो 1-866-409-1221 (TTY/TDD 711) पर कॉल करें। विकलांग लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़ भी उपलब्ध हैं। कॉल 1-866-409-1221 (TTY/TDD 711)। ये सेवाएं नि:शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-866-409-1221 (TTY/TDD 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-866-409-1221 (TTY/TDD 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-866-409-1221 (TTY/TDD 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-866-409-1221 (TTY/TDD 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-866-409-1221 (TTY/TDD 711)번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-866-409-1221 (TTY/TDD 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໂລພາສາລາວ (Laotian)

ຂໍ້ຄວນລະວັງ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ 1-866-409-1221 TTY/TDD 711. ການຊ່ວຍເຫຼືອ ແລະການບໍລິການຕ່າງໆສໍາລັບຄົນພິການ, ຄຸ້ນເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ພິມໃຫຍ່, ອັງມິຢູ່. ໂທຫາ 1-866-409-1221 TTY/TDD 711. ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ເສຍຄ່າ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-866-409-1221 (TTY/TDD 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluc mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzaih bun longc. Douc waac daaih lorx 1-866-409-1221 (TTY/TDD 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ 1-866-409-1221 (TTY/TDD 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪੰਗਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਵਾਸਤੇ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਲਿਪੀ ਵਿਚਲੇ ਦਸਤਾਵੇਜ਼ ਅਤੇ ਵੱਡੇ ਛਾਪੇ ਵਾਲੇ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। 1-866-409-1221 'ਤੇ ਕਾਲ ਕਰੋ (TTY/TDD 711)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-866-409-1221 линия (TTY/TDD 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-866-409-1221 линия (TTY/TDD 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-866-409-1221 (TTY/TDD 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-866-409-1221 (TTY/TDD 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-866-409-1221 (TTY/TDD 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-866-409-1221 (TTY/TDD 711). Libre ang mga serbisyo ng ito.

สโลแกน (Thai)

ความสนใจ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โทร 1-866-409-1221 (TTY/TDD 711) นอกจากนี้ยังมีบริการช่วยเหลือและบริการสำหรับคนพิการ เช่น เอกสารอักษรเบรลล์และตัวพิมพ์ขนาดใหญ่ โทร 1-866-409-1221 (TTY/TDD 711) บริการเหล่านี้ไม่เสียค่าใช้จ่าย

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-866-409-1221 (TTY/TDD 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-866-409-1221 (TTY/TDD 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-866-409-1221 (TTY/TDD 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-866-409-1221 (TTY/TDD 711). Các dịch vụ này đều miễn phí.