



2025

# Annual Notice of Changes

## Aetna Better Health® Premier Plan MMAI

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

[AetnaBetterHealth.com/Illinois](https://AetnaBetterHealth.com/Illinois)



Aetna Better Health® Premier Plan MMAI



**Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan) offered by  
Aetna Better Health, Inc. (IL)**

## ***Annual Notice of Changes for 2025***

### **Introduction**

You are currently enrolled as a member of Aetna Better Health Premier Plan MMAI. Next year, there will be changes to the plan’s benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at **AetnaBetterHealth.com/Illinois**. 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 MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Illinois**.

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## A. Disclaimers

- ❖ Aetna Better Health Premier Plan MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ 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 Aetna Better Health Premier Plan MMAI Member Handbook.
- ❖ 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.
- ❖ 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 **1-866-600-2139 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.
- ❖ You can get this information for free in other formats, such as large print, braille, or audio. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

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## B. Reviewing your Medicare and Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section G2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to section E).
- You will get your Medicaid benefits through fee-for-service or a HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) health plan (refer to page 13 for more information).



**If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://AetnaBetterHealth.com/Illinois)**.

## **B1. Additional resources**

- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. Someone that speaks Spanish can help you. This is a free service.
- Tenemos servicios gratuitos de interpretación para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para obtener un intérprete, llámenos al **1-866-600-2139 (TTY: 711)**, durante las 24 horas, los 7 días de la semana. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.
- **You can get this information for free in other formats, such as large print, braille, or audio. Call 1-866-600-2139 (TTY: 711), 24 hours a day, 7 days a week. The call is free.**
- This document is available for free in Spanish.
- If you wish to make or change a standing request to receive materials in a language other than English, or in an alternate format, you can call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week.

## **B2. Information about Aetna Better Health Premier Plan MMAI**

- Aetna Better Health Premier Plan MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- Coverage under Aetna Better Health Premier Plan MMAI is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- Aetna Better Health Premier Plan MMAI is offered by Aetna Better Health Premier Plan MMAI, Inc. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Aetna Better Health Premier Plan MMAI, Inc. When it says “the plan” or “our plan,” it means Aetna Better Health Premier Plan MMAI.



**If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](http://AetnaBetterHealth.com/Illinois)**.

### **B3. Important things to do:**

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in sections D1 and D2 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D2 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

#### **If you decide to stay with Aetna Better Health Premier Plan MMAI:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

#### **If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 10 to learn more about your choices.



**If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://AetnaBetterHealth.com/Illinois)**.

## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

**Please review the 2025 *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at **AetnaBetterHealth.com/Illinois**. You may also call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

## D. Changes to benefits for next year

### D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2024 (this year)	2025 (next year)
<p>Special Supplemental Benefits for the Chronically Ill</p> <p>The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.</p>	<p>For members who qualify under Special Supplemental Benefits for the Chronically Ill a Flex card \$60 monthly allowance to help with utilities, rent and healthy food is covered.</p>	<p>For members who qualify under Special Supplemental Benefits for the Chronically Ill a Flex card \$50 monthly allowance to help with utilities and healthy food is covered.</p>
<p>Maximum Patient Pay Amount for Nursing Home Services (NHS) and Institution for Mental Disease Services (IMDS)</p>	<p>The Maximum Patient Pay Amount for Nursing Home Services (NHS) and Institution for Mental Disease Services (IMDS) is \$17,436.</p>	<p>The Maximum Patient Pay Amount for Nursing Home Services (NHS) and Institution for Mental Disease Services (IMDS) is \$15,655.</p>



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	2024 (this year)	2025 (next year)
Dental benefits	<p>Prior authorization may be required.</p> <p>Preventive Dental services (1 oral exam, 1 cleaning, 1 fluoride treatment, 1 set of dental x-rays) available every six months.</p> <p>Comprehensive Dental: additional \$800 dental allowance for services not covered by Medicare or Medicaid. Member is responsible for any charges for dental services that go over the annual \$800 dental allowance. Must use in-network dental providers.</p>	<p>Prior authorization may be required.</p> <p>Preventive Dental services (1 oral exam, 1 cleaning, 1 fluoride treatment, 1 set of dental x-rays) available every six months</p>

## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at [AetnaBetterHealth.com/Illinois](https://www.aetna.com/illinois). You may also call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

***This section is continued on the next page.***



**If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Illinois](https://www.aetna.com/illinois).

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Our Part B step program categories and targeted drugs may change yearly. Please visit the following link to review our list of Medicare Part B drugs that may be subject for step therapy: [aetnabetterhealth.com/illinois/formulary](https://aetnabetterhealth.com/illinois/formulary). See the *Member Handbook* for more information.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or contact your case manager to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to Chapter 9 of the *2025 Member Handbook* or call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week.
  - If you need help asking for an exception, you can contact Member Services or your case manager. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your case manager.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 30 days in an outpatient setting and 31 days in a long-term care facility. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
  - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
  - If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication in an outpatient setting and 31 days in a long-term care facility. You must fill the prescription at a network pharmacy.

***This section is continued on the next page.***



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- Long-term care pharmacies may provide your prescription drug in small amounts at a time to prevent waste.

If you received a formulary exception for a drug you currently take, please see the letter that you received that gave permission for the exception. This letter will tell you if the exception continues after 2023. If it says your formulary exception will expire in or at the end of 2023, you will need to submit a new exception request for the drug for 2025 if its formulary status has not changed. You may review the 2025 comprehensive formulary on our website at **AetnaBetterHealth.com/Illinois** to see if the changes to it affect your drug. Please call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week to request a formulary exception for 2025.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our Drug List, but immediately add new rules.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your Member Handbook. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: [www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](http://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

### **Changes to prescription drug costs**

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** To find out if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our three (3) drug tiers. These amounts apply **only** during the time when you are in the Initial Coverage Stage.



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	2024 (this year)	2025 (next year)
<p><b>Drugs in Tier 1</b></p> <p>(Part D prescription brand name and generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day supply in an outpatient setting and 31 days in a long-term care facility) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day supply in an outpatient setting and 31 days in a long-term care facility) supply is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 2</b></p> <p>(Part D prescription brand name and generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day supply in an outpatient setting and 31 days in a long-term care facility) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day supply in an outpatient setting and 31 days in a long-term care facility) supply is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 3</b></p> <p>(Non-Part D prescription and over-the-counter drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day supply in an outpatient setting and 31 days in a long-term care facility) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day supply in an outpatient setting and 31 days in a long-term care facility) supply is <b>\$0 per prescription.</b></p>

## E. How to choose a plan

### E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2025.

### E2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

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**If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://AetnaBetterHealth.com/Illinois)**.

If you want to keep getting your Medicare and Medicaid benefits together from a single plan, you can join a different Medicare-Medicaid Plan. You can enroll in the new Medicare-Medicaid Plan by calling Illinois Client Enrollment Services Monday through Friday from 8 a.m. to 6 p.m. at 1-877-912-8880. TTY users should call 1-866-565-8576. The call and help are free. You will automatically be disenrolled from Aetna Better Health Premier Plan MMAI when your new plan's coverage begins.

### **E3. What if you don't want to join a different Medicare-Medicaid Plan**

If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Aetna Better Health Premier Plan MMAI, you will return to getting your Medicare and Medicaid services separately.

### **E4. How you will get Medicare services**

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Medicare-Medicaid Plan:

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 AM to 5 PM. TTY users should call 1-888-206-1327. The call and help are free.</li></ul> <p>You will automatically be disenrolled from Aetna Better Health Premier Plan MMAI when your new plan's coverage begins.</p>
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**If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://AetnaBetterHealth.com/Illinois)**.

<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 AM to 5 PM. TTY users should call 1-888-206-1327. The call and help are free.</li> </ul> <p>You will automatically be disenrolled from Aetna Better Health Premier Plan MMAI when your Original Medicare coverage begins.</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Senior Health Insurance Program (SHIP) at 1-800-252-8966. TTY users should call 1-888-206-1327.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 AM to 5 PM. TTY users should call 1-888-206-1327. The call and help are free.</li> </ul> <p>You will automatically be disenrolled from Aetna Better Health Premier Plan MMAI when your Original Medicare coverage begins.</p>

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**If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://www.AetnaBetterHealth.com/Illinois)**.

## **E5. How you will get Medicaid services**

If you leave the Medicare-Medicaid Plan, you will either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services.

If you are not in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you will get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients.

If you are in a nursing facility or are enrolled in an HCBS Waiver, you will be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services.

To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 AM to 6 PM, Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave Aetna Better Health Premier Plan MMAI and join a HealthChoice Illinois MLTSS health plan.

If you don't pick a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan, you will be assigned to our company's HealthChoice Illinois MLTSS health plan.

After you are enrolled in a HealthChoice Illinois MLTSS health plan, you will have 90 days to switch to another HealthChoice Illinois MLTSS health plan.

You will get a new Member ID Card, a new *Member Handbook*, and information about how to access the *Provider and Pharmacy Directory* from your HealthChoice Illinois MLTSS health plan.

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## **F. How to get help**

### **F1. Getting help from Aetna Better Health Premier Plan MMAI**

Questions? We're here to help. Please call Member Services at **1-866-600-2139**, 24 hours a day, 7 days a week (TTY only, call 711). We are available for phone calls 24 hours a day, 7 days a week.

#### **Your 2025 Member Handbook**

The *2025 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2025 Member Handbook* will be available by October 15. An up-to-date copy of the *2025 Member Handbook* is available on our website at **AetnaBetterHealth.com/Illinois**. You may also call

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**If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Illinois**.



## Aetna Better Health Premier Plan MMAI ANNUAL NOTICE OF CHANGES FOR 2025

Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week to ask us to mail you a 2025 *Member Handbook*.

### **Our website**

You can also visit our website at **AetnaBetterHealth.com/Illinois**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

### **F2. Getting help from Illinois Client Enrollment Services**

Illinois Client Enrollment Services is available to help you understand your health care choices. It is a good place to start if you have questions about the different plans available to you and how the plans work. You can call Illinois Client Enrollment Services at 1-877-912-8880, Monday through Friday from 8 AM to 6 PM. TTY users should call 1-866-565-8576. The call and help are free.

### **F3. Getting help from the Illinois Long-Term Care Ombudsman Program**

The Illinois Long-Term Care Ombudsman Program is an ombudsman program that can help you if you are having a problem with Aetna Better Health Premier Plan MMAI. The ombudsman's services are free. The Illinois Long-Term Care Ombudsman Program:

- is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan.

You can call the Illinois Long-Term Care Ombudsman Program at 1-800-252-8966 Monday through Friday from 8:30 AM to 5 PM. TTY users should call 1-888-206-1327. The call and help are free.

### **F4. Getting help from the Senior Health Insurance Assistance Program (SHIP)**

You can also call the Senior Health Insurance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. The SHIP is not connected with us or with any insurance company or health plan. You can call the SHIP at 1-800-252-8966 Monday through Friday from 8:30 AM to 5 PM. TTY users should call 1-888-206-1327. The call and help are free.

### **F5. Getting help from Medicare**

To get information directly from Medicare you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



**If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Illinois**.



## Medicare Website

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on “Find plans.”)

## Medicare & You 2025

You can read *Medicare & You 2025* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or 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.

## F6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. This program does not lower your total out-of-pocket costs. “Extra Help” from Medicare and help from your state’s pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [Medicare.gov](http://Medicare.gov).

## F7. Getting help from Medicaid

If you have questions about your Medicaid eligibility, you can:

- Contact the Illinois Department of Human Services (DHS) Customer Help Line. Call 1-800-843-6154 Monday through Friday from 8 a.m. to 5 p.m. TTY users should call 1-866-324-5553.
- [www.dhs.state.il.us](http://www.dhs.state.il.us).



**If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](http://AetnaBetterHealth.com/Illinois)**.

**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 **1-866-600-2139 (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 **1-866-600-2139 (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**1-866-600-2139 (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**1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (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 quý vị cần thông dịch viên xin gọi **1-866-600-2139 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-866-600-2139 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (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 **1-866-600-2139 (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。通訳をご用命になるには、**1-866-600-2139 (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 ʻa 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 **1-866-600-2139 (TTY: 711)**. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻōlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

Form CMS-10802  
(Expires 12/31/25)

Aetna Better Health Premier Plan MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

