

## BENEFITS SPOTLIGHT

# Welcome to your 2025 health plan



We're here to help you make this your healthiest year yet. Your Aetna Better Health® plan provides tools and support to help you get the care you need. Be sure to take advantage of these resources in the new year.

### 1 Transportation services

Need a ride to an appointment? We can help you get a ride to

any covered services and appointments. That includes doctor visits, dental or vision care, behavioral health care and pharmacies.

Just call us at **1-866-827-2710 (TTY: 711)** to schedule a ride. Be sure to book your ride at least three business days before your appointment. Is it an emergency? Transportation is covered. Just call **911**.

### 2 Language help

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

### 3 24-hour nurse line

Not all medical problems happen during business hours. That's why we offer a 24/7 nurse line. You can call **1-866-827-2710 (TTY: 711)** anytime to talk with a nurse. They can help you decide where to go for care or how to treat your health problem at home.

### 4 Member portal

You can do so much more with your health plan when you create an account in your member portal. Just log in to manage your plan benefits and health goals from anywhere. Or use your Aetna Better Health app to access your benefits on the go.

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

# Health screenings made simple

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



SCREENING	WHO NEEDS IT	WHEN TO GET IT
✓ <b>Blood pressure</b>	All adults	Every 3-5 years for adults under 40 Every year for adults over 40
✓ <b>Cholesterol</b>	All adults	Every 4-6 years, or more often if needed
✓ <b>Diabetes</b>	Adults 35 to 70 with overweight or obesity	Ask your doctor
✓ <b>STI/HIV</b>	All sexually active adults and pregnant women	Ask your doctor
✓ <b>Breast cancer</b>	Women 45 to 74 years old (or sooner if you are at high risk)	Every 2 years
✓ <b>Cervical cancer</b>	Women 21 to 65 years old	Every 3 to 5 years
✓ <b>Colorectal cancer</b>	Adults 45 to 75 years old (or sooner if you are at high risk)	Every 1-3 years for at-home stool tests Every 10 years for a colonoscopy
✓ <b>Well-child visits</b>	All children	1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, then once a year
✓ <b>Lead screening</b>	Children under 3 years old	All children should be tested at 12 months and 24 months old
✓ <b>Dental exam</b>	Everyone	Every 6 months
✓ <b>Vision exam</b>	Everyone	At least once between 3 and 5 years old, then as recommended after that for children Every 2 years (or more often) for adults over 18

**Need a doctor?** Go to [AetnaBetterHealth.com/maryland/find-provider](https://www.aetna.com/betterhealth/maryland/find-provider) to search our provider directory. Enter your ZIP code to find in-network providers and specialists near you. You can also call Member Services to have a directory mailed to you.



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

Your Aetna Better Health® member handbook includes everything you need to know about your health plan. Keep reading for a list of information that’s available inside this handy resource.

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

- Copayments and other expenses that may apply to you
- How to get language help
- Benefit restrictions outside of the Aetna service area
- How to submit a claim

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

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

Scan the QR code or visit [aetna.com/sp25md-2](https://aetna.com/sp25md-2) to view your member handbook. Or call Member Services to have one mailed to you. Let us know if you need it in another language, a larger font or other formats.



# Know your rights

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

## Your rights include:

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

## Your responsibilities include:

- A responsibility to give information (to the extent possible) that the organization and its practitioners and providers need to provide you with care
- A responsibility to follow plans and instructions for care that you have agreed to with your practitioners
- A responsibility to understand your health problems and join in the development of treatment goals, to the degree possible

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Go to [AetnaBetterHealth.com/maryland/medicaid-rights-responsibilities.html](https://www.aetna.com/betterhealth/maryland/medicaid-rights-responsibilities.html) for more info.



## How we make decisions about your care

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

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

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

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

**Need help understanding your health?** We provide free health education. Call Member Services at **1-866-827-2710 (TTY: 711)** and ask to speak with the Prevention and Wellness Coordinator. Or email [WellnessAndPrevention@Aetna.com](mailto:WellnessAndPrevention@Aetna.com).

# Get extra support for your health care needs

Every Aetna Better Health® member is on their own personal health care journey. We can help guide you in managing and improving your health. Whether you have a medical problem or are just trying to live a healthy life, we have a program that can help. Check out some of our programs below.

## Keeping Members Healthy

Almost all members are enrolled in this program. We'll help you keep up with preventive care and take full advantage of your plan benefits.

## Patient Safety and Outcomes Across Settings

This program helps coordinate your care across different health care settings, like:

- Hospitals
- Nursing facilities
- Specialty care
- Community-based medical homes
- Home-based care

## Managing Members with Emerging Risk

Dealing with a health problem? We'll help you work with your care team and manage your condition at home to keep you as healthy as possible and prevent complications.

## Managing Multiple Chronic Conditions

In this program, we focus on you as a whole person rather than as a set of conditions. We'll help you keep up with regular office visits and manage your health outside the clinic, so you can keep living your best life.

For most programs, we will automatically enroll you if you are eligible. You can choose to join or leave a program at any time. Just call us if you do not want to be part of a program.

Go to [AetnaBetterHealth.com/maryland/population-health-programs.html](https://www.aetna.com/maryland/population-health-programs.html) for more info.

## Our care managers are here for you

Care managers are nurses and social workers who can help you on your care journey. They'll teach you more about your health and help you get services and care that you need. If you have questions or if you would like to speak to a care manager, call us at **1-866-827-2710 (TTY: 711)**. You can also email us at [AetnaBetterHealthMDCM@Aetna.com](mailto:AetnaBetterHealthMDCM@Aetna.com).





## How to file a complaint, grievance or appeal

We want you to be happy with the care you get. If you are dissatisfied with a provider or Aetna Better Health® of Maryland, it is called a complaint.

If your complaint is about a service or care your provider feels you need but we will not cover, you can ask us to review your request again. This is called an appeal. You must file an appeal within 60 days of the date on the denial letter you received.

You can file an appeal by phone (**1-866-827-2710, TTY: 711**), in writing or in person. Your doctor can also file an appeal for you, if you give them permission to do so.

A complaint that is not related to a denial of some type of service or care is called a grievance. Examples of grievances include:

- Quality of care issues
- Not being treated fairly by someone who works at Aetna or at your provider's office
- Trouble getting an appointment

Our customer service representatives can assist you with filing a complaint, grievance or appeal. Just call **1-866-827-2710 (TTY: 711)**. You can find more information about appeals and grievances in your member handbook.

## We're here for you

### Member Services

**1-866-827-2710 (TTY: 711)**

24 hours a day, 7 days a week

You can speak with staff in Care Management, Utilization Management, Community Outreach and Health Education.

### Maryland Medicaid Help Line

**1-800-284-4510**

### Dental Services

Maryland Healthy Smiles Dental

Program: **1-855-934-9812**

Mon-Fri, 7:30 AM to 6:00 PM

### Vision Services

Superior Vision: **1-800-879-6901**

Mon-Fri, 8 AM to 9 PM

### 24-Hour Nurse Line

**1-866-827-2710**, say "Nurse,"

24 hours a day, 7 days a week

### Behavioral Health Services

Carelon Maryland: **1-800-888-1965**

Mon-Fri, 8 AM to 6 PM

Carelon Crisis Line available

24 hours a day, 7 days a week

### Interpreter Services

You have the right to have someone help you with any communication issue you might have. There is no extra cost to you. Just call Member Services.

### Transportation Services

Call Member Services to schedule a ride at least three days before your appointment.

### Emergency

If you have a medical condition that could cause serious health problems or even death if not treated immediately, call **911**.

# Fraud, waste and abuse

We ask members and providers to report Medicaid fraud, waste or abuse.

**Fraud:** When someone lies to get money or services.

**Waste:** When someone overuses resources they don't need.

**Abuse:** When someone takes money for services when they haven't earned payment.

If you see fraud, waste or abuse, report it right away. You have three options:

- Call Member Services: **1-866-827-2710 (TTY: 711)** or **1-855-877-9735 (TTY: 711)**
- Notify the Maryland Department of Health, Office of the Inspector General: **1-866-770-7175** or **DHMH.Maryland.gov/OIG/Pages/Report\_Fraud.aspx**
- Contact the U.S. Department of Health and Human Services, Office of the Inspector General: **1-800-447-8477** or **OIG.HHS.gov/Fraud/Report-Fraud/Index.asp**

Reporting fraud, waste or abuse will not affect the quality of any treatment or services you receive. Everyone can help prevent fraud, waste or abuse. Failure to report such events could result in fines and other criminal penalties.

## Find us online

Visit **AetnaBetterHealth.com/maryland** to find:

- Info about your rights and responsibilities
- Member handbook
- Provider directory
- Pharmacy/prescription info
- Info about our Case Management Program, Utilization Management Program and Quality Improvement Program
- Clinical practice guidelines

Don't have internet access? Call us at **1-866-827-2710 (TTY: 711)** and we can send you written info.

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

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

### Español/Spanish

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

### 中文/Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104 (TTY: 711)**。



**Get more tips for healthy living.**

Scan the QR code or go to **aet.na/sp25md-0** to browse our health and wellness library. You'll find articles packed with info to help you feel your best.



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<Recipient's Name>

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## Wondering if your medicines are covered?

Learn more about your pharmacy benefits at [AetnaBetterHealth.com/maryland/pharmacy-prescription-drug-benefits.html](https://AetnaBetterHealth.com/maryland/pharmacy-prescription-drug-benefits.html). You can find info such as:



- Preferred drug list (PDL)
- Medicines that require prior authorization and applicable coverage criteria
- A list and explanation of medicines that have limits or quotas
- Copayment and coinsurance requirements and the medications or classes to which they apply
- Steps for getting prior authorization, generic substitution or preferred brand interchange
- Info on pharmaceutical management procedures
- Criteria used to add new medicines to the preferred drug list
- Steps for requesting a medication coverage exception



### Need to renew your coverage?

You must renew your plan coverage every year. Look for your renewal notice in the mail. Visit [aet.na/sp25md-1](https://aet.na/sp25md-1) or scan the QR code to learn more.