

Aetna Assure Premier Plus (HMO D-SNP) offered by AETNA BETTER HEALTH INC. (NJ)

Annual Notice of Changes for 2025

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our 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 *Evidence of Coverage*, which is located on our website at [AetnaMedicare.com/NJDSNP](https://www.aetna.com/medicare/njdsnp). Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

Additional resources

- This document is available for free in Spanish. Este documento está disponible sin cargo en español.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call 1-844-362-0934 (TTY users should call [711](tel:711)). Hours are 8 AM to 8 PM, 7 days a week. The call is free.
- Aetna Assure Premier Plus (HMO D-SNP) wants to make sure you understand your health plan information. If a different language or format works better for you, call Member Services at the number listed at the bottom of this page to request a change. (This is called a “standing request.”)
- We will continue sending you mailings and other communications in your requested format.
- If you want to change your standing request for a preferred language or format, call Member Services.



OMB Approval 0938-1444 (Expires: June 30, 2026)

If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.

For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/medicare/njdsnp).

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 1-844-362-0934. Someone who speaks English 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 1-844-362-0934. 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 1-844-362-0934。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 1-844-362-0934。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 1-844-362-0934. 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 1-844-362-0934. 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 1-844-362-0934. 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 1-844-362-0934. 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 1-844-362-0934. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.



If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.

For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

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 1-844-362-0934. 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 1-844-362-0934. سيفوم 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 1-844-362-0934 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 1-844-362-0934. Un nostro incaricato che parla Italianovi 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 1-844-362-0934. 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 1-844-362-0934. 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 1-844-362-0934. 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、1-844-362-0934. 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 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-844-362-0934. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

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



If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.

For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

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If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

A. Disclaimers

- Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal. See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.
- Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.
- To send a complaint to Aetna, call Aetna Assure Premier Plus (HMO D-SNP) Member Services at 1-844-362-0934, (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call [1-877-486-2048](tel:1-877-486-2048)), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

B. Reviewing your Medicare and NJ FamilyCare (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 doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and NJ FamilyCare programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**
- NJ FamilyCare services in **Section F2**

B1. Information about Aetna Assure Premier Plus (HMO D-SNP)

- Aetna Assure Premier Plus (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- Coverage under Aetna Assure Premier Plus (HMO D-SNP) 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 for more information on the individual shared responsibility requirement.
- When this *Annual Notice of Changes* says "we," "us," "our," or "our plan," it means Aetna Assure Premier Plus (HMO D-SNP).



If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.

For more information, visit AetnaMedicare.com/NJDSNP.

B2. 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?
 - Review benefit changes to make sure they will work for you next year.
 - Refer to **Section D1** 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? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **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?
 - Refer to **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 Assure Premier Plus (HMO D-SNP):

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 automatically stay enrolled in Aetna Assure Premier Plus (HMO D-SNP).

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 F2** for more information). If you enroll in a new plan or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our 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 [AetnaMedicare.com/NJDSNP-find-provider](https://www.aetna.com/medicare/njdsnp-find-provider). You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Evidence of Coverage*.



If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/medicare/njdsnp).

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

Benefit	2024 (this year)	2025 (next year)
<p>Extra Benefits Card/Extra Supports Wallet</p>	<p>With this plan, you get an Extra Benefits Card to help you pay for everyday expenses. See the <i>Evidence of Coverage</i> for more information and eligibility requirements.</p> <p>Extra Supports Wallet \$305 monthly benefit amount (allowance) to pay for:</p> <ul style="list-style-type: none"> • Healthy foods including meat, produce, dairy products, and more • Over-the-counter (OTC) approved health and wellness products including allergy medicine, pain relievers, first aid supplies, and more • Transportation including gas at the pump, public transportation, and certain ride share services • Utilities including gas, electric, water, sewer, landline, cell phone, and internet service • Personal care products including paper towels, shampoo, soap, and more • Rent or mortgage assistance <p>Be sure to use the full benefit allowance amount each month because any unused benefit allowance amount will not roll over into the following month. We have teamed up with NationsBenefits to provide this benefit. See the <i>Evidence of Coverage</i> for more information.</p>	<p>With this plan you get an Extra Benefits Card with a Wallet that includes a \$240 monthly benefit amount (allowance). A Wallet determines what you can purchase with your Extra Benefits Card. If you are eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI), your Extra Benefits Card will include the Extra Supports Wallet. If you are not eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI), your Extra Benefits Card will include the Over-the Counter (OTC) Wallet.</p> <p>Over-the-Counter Wallet The Over-the-Counter Wallet can be used to pay for certain health and wellness products including allergy medicine, pain relievers, first aid supplies, and more.</p> <p>Extra Supports Wallet The Extra Supports Wallet can be used to pay for certain:</p> <ul style="list-style-type: none"> • Healthy foods including meat, produce, dairy products, and more • Over-the-counter (OTC) approved health and wellness products including allergy medicine, pain relievers, first aid supplies, and more • Transportation including gas at the pump, public transportation, and certain ride share services • Utilities including gas, electric, water, sewer, landline, cell phone, and internet service



If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.

For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

Benefit	2024 (this year)	2025 (next year)
		<ul style="list-style-type: none"> Personal care products including paper towels, shampoo, soap, and more <p>Be sure to use the full benefit allowance amount each month because any unused allowance amount will not roll over into the following month. See the <i>Evidence of Coverage</i> for more information and SSBCI eligibility requirements.</p> <p>The benefits mentioned are a part of special supplemental program for the chronically ill. Eligibility is determined by whether you have a chronic condition associated with this benefit. Standards may vary for each benefit. Conditions include Hypertension, Hyperlipidemia, Diabetes, Cardiovascular Disorders, Cancer. Other eligible conditions may apply. Contact us to confirm your eligibility for these benefits.</p>
Meal benefit (post-discharge)	You pay a \$0 copay for 28 meals over a 14-day period after discharge from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility. See the <i>Evidence of Coverage</i> for more information.	You pay a \$0 copay for 14 meals over a 7-day period after discharge from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility. See the <i>Evidence of Coverage</i> for more information.
Medicare Part B prescription drugs (all other drugs covered under Part B)	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 to step therapy: AetnaBetterHealth.com/new-jersey-hmosnp/providers/prior-authorization.html . See the <i>Evidence of Coverage</i> for more information.	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 to step therapy: AetnaBetterHealth.com/new-jersey-hmosnp/providers/prior-authorization.html . See the <i>Evidence of Coverage</i> for more information.
Outpatient hospital observation services	You pay a \$0 copay for each Medicare-covered service. Prior authorization is <u>not</u> required.	You pay a \$0 copay for each Medicare-covered service. Prior authorization may be required.



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For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/better-health/new-jersey-hmosnp/providers/prior-authorization.html).

Benefit	2024 (this year)	2025 (next year)
Personal emergency response system	You pay a \$0 copay for each item. Personal emergency response system is provided by LifeStation.	Personal emergency response system is <u>not</u> covered.

D2. Changes to prescription drug coverage

Changes to our *List of Covered Drugs*

An updated *List of Covered Drugs* is located on our website at [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/medicare/njdsnp-drug-formulary). You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*. The *List of Covered Drugs* is also called the “*Formulary*.”

We made changes to our *List of Covered Drugs*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

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

Most of the changes in the *List of Covered Drugs* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *List of Covered Drugs* 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.

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 the numbers at the bottom of the page or contact your Care 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 us to make an exception to cover the drug.
 - You can ask for an exception before next year, and we’ll 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 your *Evidence of Coverage* or call Member Services at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact Member Services. Refer to **Chapters 2 and 3** of your *Evidence of Coverage* to learn more about how to contact your Care Manager.
- Ask us to cover a temporary supply of the drug.



If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.

For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/medicare/njdsnp).

- In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
- This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Evidence of Coverage*.)
- When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Current formulary exceptions will be covered until the end of the plan year and will not be covered next year unless a new formulary exception request is submitted and approved.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version 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 *Evidence of Coverage*. 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. 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.



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For more information, visit AetnaMedicare.com/NJDSNP.

E. Administrative Changes

Description	2024 (this year)	2025 (next year)
How to obtain OneTouch/LifeScan blood glucose monitors and test strips	You can order your OneTouch meter, lancing device, and case without a prescription by visiting www.OneTouch.orderpoints.com or calling LifeScan directly at 877-764-5390. You will need to provide order code 123AET200 at the time of your order.	Beginning January 2025, you must obtain a prescription from your provider for your LifeScan blood glucose meter and other testing supplies (lancing devices, lancets, and test strips). You must obtain these supplies directly from a network pharmacy. Meters and supplies will no longer be available directly from LifeScan.

F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2025.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have NJ FamilyCare, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for NJ FamilyCare or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.



If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.

For more information, visit AetnaMedicare.com/NJDSNP.

Your Medicare services

You have four options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our plan.

<p>1. You can change to:</p> <p>Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP)</p>	<p>Here is what to do:</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>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the New Jersey State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/index.shtml. For more information or to find a local SHIP office in your area, please visit nj.gov/humanservices/doas/services/q-z/ship/index.shtml. <p>OR</p> <p>Enroll in a new integrated D-SNP plan directly, or through a broker or agent contracted with the new D-SNP plan.</p> <p>You will automatically be disenrolled from our plan when your coverage with the new D-SNP plan begins.</p> <p>Your NJ FamilyCare (Medicaid) coverage will also be shifted to the new D-SNP, and will be covered through that new plan.</p>
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If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/NJDSNP.

<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</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">• Call the New Jersey State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/index.shtml. For more information or to find a local SHIP office in your area, please visit nj.gov/humanservices/doas/services/q-z/ship/index.shtml. <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your NJ FamilyCare enrollment will automatically be changed to our NJ FamilyCare plan, Aetna Better Health of New Jersey. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at 1-800-701-0710 (TTY: 711).</p>
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If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit AetnaMedicare.com/NJDSNP.

3. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: 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.

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 the New Jersey State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: [711](tel:711)). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/index.shtml.

Here is what to do:

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](tel:18774862048).

If you need help or more information:

- Call the New Jersey State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: [711](tel:711)). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/index.shtml.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your NJ FamilyCare (Medicaid) enrollment will automatically be changed to our NJ FamilyCare plan, Aetna Better Health of New Jersey. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at 1-800-701-0710 (TTY: [711](tel:711)).



If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.

For more information, visit AetnaMedicare.com/NJDSNP.

<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Annual Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section F2.</p>	<p>Here is what to do:</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">• Call the New Jersey State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at nj.gov/humanservices/doas/services/q-z/ship/index.shtml. <p>OR</p> <p>Enroll in a new Medicare health plan.</p> <p>You will automatically be disenrolled from our plan when your coverage with the new plan begins.</p> <p>Your NJ FamilyCare (Medicaid) enrollment will automatically be changed to our NJ FamilyCare plan, Aetna Better Health of New Jersey. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at 1-800-701-0710 (TTY: 711).</p>
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Your NJ FamilyCare services

For questions about how to get your NJ FamilyCare services after you leave our plan, contact NJ FamilyCare at 1-800-701-0710 (TTY: [711](tel:711)). Ask how joining another plan or returning to Original Medicare affects how you get your NJ FamilyCare coverage.

G. Getting help

G1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Evidence of Coverage*

Your *Evidence of Coverage* is a legal, detailed description of our plan's benefits. It has details about benefits for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Evidence of Coverage* for 2025 will be available by October 15. An up-to-date copy of the *Evidence of Coverage* is available on our website at AetnaMedicare.com/NJDSNP. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you an *Evidence of Coverage* for 2025.

Our website



If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.

For more information, visit AetnaMedicare.com/NJDSNP.

You can visit our website at [AetnaMedicare.com/NJDSNP](https://www.aetna.com/medicare/njdsnps). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs (Formulary)*.

G2. New Jersey State Health Insurance Assistance Program (SHIP)

You can also call the SHIP. In New Jersey, the SHIP is called the New Jersey State Health Insurance Assistance Program (SHIP). SHIP can help you understand your plan choices and answer questions about switching plans. SHIP is not connected with us or with any insurance company or health plan. SHIP has trained counselors in every county, and services are free. The SHIP phone number is 1-800-792-8820, TTY: [711](tel:711). For more information or to find a local SHIP office in your area, please visit [nj.gov/humanservices/doas/services/q-z/ship/index.shtml](https://www.nj.gov/humanservices/doas/services/q-z/ship/index.shtml).

G3. Office of the Insurance Ombudsman

The Ombudsperson Program can help you if you have a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:

- 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. The phone number for the Office of the Insurance Ombudsman is 1-800-446-7467.

G4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call [1-877-486-2048](tel:18774862048).

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2025

You can read the *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. The handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/1050-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](tel:18774862048).



If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/medicare/njdsnps).

G5. NJ FamilyCare (Medicaid)

You are enrolled in both Medicare and Medicaid. The Medicaid program in New Jersey is also called **NJ FamilyCare**. If you have questions about your NJ FamilyCare (Medicaid) coverage, call the NJ Department of Human Services, Division of Medical Assistance & Health Services at 1-800-701-0710 (TTY: [711](#)).



If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](#)), 8 AM to 8 PM, 7 days a week. The call is free.
For more information, visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website at [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP) or call 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week.

In addition, your health plan provides auxiliary aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Your health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, call Member Services at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department by writing to Aetna Assure Premier Plus (HMO D-SNP) Appeals and Grievances, PO Box 818070, Cleveland, OH 44181. You can also file a grievance by phone by calling Member Services at 1-844-362-0934 (TTY: [711](tel:711)). If you need help filing a grievance, you can call Member Services at 1-844-362-0934, 8 AM to 8 PM, 7 days a week.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea el inglés, los servicios gratuitos de asistencia en idiomas están disponibles. Visite nuestro sitio web en [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP) o llame al 1-844-362-0934 (TTY: [711](tel:711)), de 8 AM a 8 PM, los 7 días de la semana.

(CHINESE): 傳統漢語(中文)如果您講英語以外的語言,則提供免費語言援助服務。請造訪我們的網站 [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP) 或致電, 1-844-362-0934 (TTY: [711](tel:711)),上午8時至下午8時,每週7天

You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-844-362-0934 (TTY: [711](tel:711)), 8 AM to 8 PM, 7 days a week. The call is free.

How we guard your privacy

What personal information is — and what it isn't

By “personal information,” we mean information that can be used to identify you. It can include financial and health information. It doesn't include what the public can easily see. For example, anyone can look at what your plan covers.

How we get information about you

We get information about you from many sources, including you. We also get information from your employer, other insurers, or health care providers like doctors.

When information is wrong

Do you think there's something wrong or missing in your personal information? You can ask us to change it. The law says we must do this in a timely way. If we disagree with your change, you can file an appeal. Information on how to file an appeal is on our member website. Or you can call the toll-free number on your ID card.

How we use this information

When the law allows us, we use your personal information both inside and outside our company. The law says we don't need to get your OK when we do. We may use it for your health care or use it to run our plans. We also may use your information when we pay claims or work with other insurers to pay claims. We may use it to make plan decisions, to do audits, or to study the quality of our work. This means we may share your information with doctors, dentists, pharmacies, hospitals or other caregivers. We also may share it with other insurers, vendors, government offices, or third-party administrators. But by law, all these parties must keep your information private.

When we need your permission

There are times when we do need your permission to disclose personal information. This is explained in our Notice of Privacy Practices, which took effect October 10, 2020. This notice clarifies how we use or disclose your Protected Health Information (PHI):

- For workers' compensation purposes
- As required by law
- About people who have died
- For organ donation
- To fulfill our obligations for individual access and HIPAA compliance and enforcement

To get a copy of this notice, just visit our member website or call the toll-free number on your ID card.



Aetna Assure Premier Plus (HMO D-SNP) Member Services

Method	Member Services – Contact Information
CALL	1-844-362-0934. Calls to this number are free. Hours of operation are 8 AM to 8 PM, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Calls to this number are free. Hours of operation are 8 AM to 8 PM, 7 days a week.
WRITE	Aetna Assure Premier Plus (HMO D-SNP) Aetna Duals COE Member Correspondence PO Box 982980 El Paso, TX 79998
WEBSITE	Go to AetnaMedicare.com/NJDSNP or scan this code with your smartphone to visit our website. 