



# 2024 Summary of Benefits

Aetna Medicare Preferred Plan (HMO D-SNP)  
H4982 - 008



Here's a summary of the services we cover from January 1, 2024 through December 31, 2024. Keep in mind: This is just a summary. Need a complete list of what we cover and any limitations? Just visit [AetnaMedicare.com/H4982-008](https://www.aetnamedicare.com/H4982-008) where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

## We're here to help

You may have questions as you read through this information. And that's OK — we're here to help.

### Not a member yet?

**Call 1-833-859-6031 (TTY: 711)**

October 1–March 31: 8 AM to 8 PM, 7 days a week

April 1–September 30: 8 AM to 8 PM, Monday–Friday

An Aetna® team member will answer your call.

### Already a member?

**Call 1-866-409-1221 (TTY: 711)**

8 AM to 8 PM, 7 days a week

An Aetna team member will answer your call.

## Are you eligible to enroll?

### To join Aetna Medicare Preferred Plan (HMO D-SNP), you must:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:  
**California:** Alameda, Marin, San Francisco
- Be in a Medicare Savings Program (MSP) or qualify for State Medicaid benefits. See table below for additional MSP details.

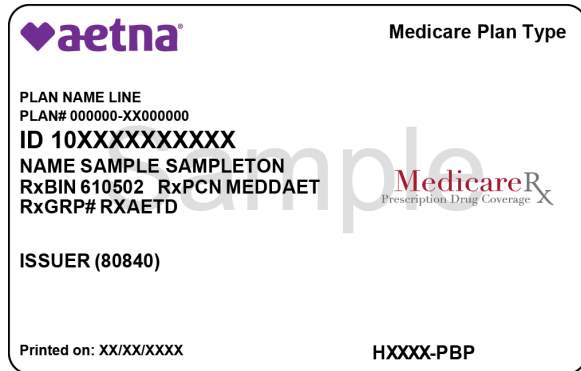
### Better health is a team effort

With our Medicare Advantage Dual Eligible Special Needs Plan, or D-SNP, you'll have a care team in your corner, ready to help you reach your best health and make life easier.

- Your **nurse care manager** is a single point of contact to help coordinate your care.
- Your **social worker** will link you to programs in your community and help with questions you have about social services.
- Your **care coordinator** will help schedule doctor appointments, arrange rides and work with you to meet your personal needs.
- Your **member advocate** will assist you in accessing State Medicaid benefits.

Medicare Savings Program	What it covers
Qualified Medicare Beneficiary Plus (QMB Plus)	Helps pay Medicare Part A and B premiums, and other cost sharing (like deductibles, coinsurance, and copayments). You are also eligible for full Medicaid benefits from your state Medicaid program.
Specified Low-Income Medicare Beneficiary Plus (SLMB Plus)	Medicaid may cover some of your Medicare premiums and cost sharing for medical services, depending on your state's Medicaid program. You are eligible for full Medicaid.
Full Benefit Dual Eligible (FBDE)	Medicaid may cover some of your Medicare cost sharing for medical services, depending on your state's Medicaid program. You are eligible for full Medicaid.

Be sure to show your Aetna® member ID card **AND** your state Medicaid ID card when you visit the doctor or pharmacy.



## What you should know

- **Plan type:** Aetna Medicare Preferred Plan (HMO D-SNP) is a D-SNP plan. This is a Medicare Advantage plan that covers prescription drugs.
- **D-SNP information:** Our D-SNP is for people on Medicare who are also eligible for some level of Medicaid assistance. It replaces your Original Medicare coverage. You'll still have Medicare, but you'll get it through us, instead of the federal government. We cover everything that Original Medicare covers and we provide additional benefits and services too.
- **Independent Practice Association (IPA)/Medical Group:** This is a group of physicians and other healthcare providers. They determine which specialists and hospitals you can use. They have a contract to provide services to our members.
- **Primary Care Physician (PCP):** A PCP helps coordinate your care and we require you to select one. Your PCP relationship is important, and we encourage you to choose a PCP close to your home. When you enroll, we'll ask who your PCP is. If you don't tell us, we'll assign one to you. You can change your PCP anytime by calling us or logging into your member portal. The IPA/Medical Group associated with your PCP determines which specialists and hospitals you can use. Your ID card will have the names of your PCP and IPA/Medical Group. You must see these providers for us to pay for your care.
- **Referrals:** Usually, your PCP must give approval before you use other network providers. You don't need a referral for emergency or urgently needed care. Your IPA/Medical Group determines which specialists and hospitals you can use.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services or drugs.
- **Contact information:** To get more information about some benefits, please see the Contact quick reference chart at the end of this document.
- **Provider directory:** View your provider directory at [AetnaMedicare.com/H4982-008](https://www.aetna.com/medicare/H4982-008).

## Plan premium, deductible, and maximum out-of-pocket (MOOP)



Out-of-pocket costs	
Monthly premium	\$0
Plan deductible	\$0
MOOP	\$8,850

So long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.

## Medical and hospital benefits

**What you pay** depends on what level of MSP you have (Medicaid eligibility). Those with **full Medicaid** pay \$0.



### Hospital coverage

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Inpatient (unlimited number of days)	\$0
Outpatient hospital observation services	\$0
Outpatient hospital	\$0
Ambulatory surgical center	\$0





### Doctor visits

You must work with your PCP or Medical Group for all your medical care. This includes referrals, authorizations, and procedures. The IPA/Medical Group determines which specialists you can use.

Benefit	Your costs in our plan
PCP	\$0  This plan requires you to select a PCP. Your PCP will be part of an IPA/Medical Group. The IPA/Medical Group you choose will determine the specialists and hospitals you can use.
Specialist	\$0  The IPA/Medical Group you choose will determine the specialists you can use. You must work with your PCP or Medical Group for all medical care such as referrals, authorizations, and procedures.



### Preventive, emergency and urgent care

Benefit	Your costs in our plan
Preventive care	\$0  For a full list of preventive services available, see the EOC.
Emergency and urgent care (inside the U.S.)	\$0
Emergency and urgent care, including ambulance (outside the U.S.)	\$0



### Diagnostic services, labs, imaging

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification. You may have to get a **referral from your PCP** before you get these services.

Benefit	Your costs in our plan
Diagnostic tests and procedures	\$0
Lab services	\$0
Diagnostic radiology services, such as MRI	\$0
Outpatient x-rays	\$0



### Hearing services

Benefit	Your costs in our plan
Diagnostic hearing exam	\$0
Routine hearing exam	\$0 You get one routine hearing exam every year with a provider in the NationsHearing network.
Hearing aids	You get an annual benefit amount (allowance) up to a maximum amount of \$2,500 per ear, every year. This benefit amount can only be used to purchase hearing aids through a NationsHearing network provider. If the cost is over the benefit amount, you pay the difference.



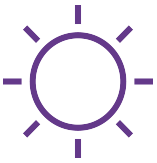
**Dental services**

Benefit	Your costs in our plan
Dental services	<p>\$0 for preventive services including oral exams                      \$0 for comprehensive services including things like fillings, extractions and crowns</p> <p>Dental services are provided through Liberty Dental. You must use a provider in the Liberty Dental network for services to be covered. To find a provider and learn more about this benefit visit <a href="https://AetnaMedicare.com/H4982-008">AetnaMedicare.com/H4982-008</a></p> <p>As a Medi-Cal member, your benefits include dental coverage at little or no cost to you. Even if you have Medicare or Medicare Advantage, Medi-Cal can cover dental benefits not covered by Medicare. You are covered for these common services:</p> <ul style="list-style-type: none"> <li>• Dental exams (every 12 months)</li> <li>• Teeth cleaning (every 12 months)</li> <li>• Scaling and root planing</li> <li>• Fluoride varnish (every 12 months)</li> <li>• X-rays</li> <li>• Fillings</li> <li>• Crowns</li> <li>• Root canals</li> <li>• Partial and full dentures</li> <li>• Denture relines</li> <li>• Tooth removal</li> <li>• Emergency services</li> </ul>



### Vision services

Benefit	Your costs in our plan
Diagnostic eye exam (includes diabetic eye exams)	\$0
Glaucoma screening	\$0
Routine eye exam	\$0 Our plan covers one exam every year when obtained from an in-network provider.
Contacts and eyeglasses	You get a vision eyewear benefit amount (allowance) up to \$400 every year for covered prescription eyewear. You can only use this benefit amount at an EyeMed provider. Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll need to pay the difference.



### Mental health services

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Inpatient psychiatric hospital stay	\$0
Outpatient mental health therapy	\$0
Outpatient psychiatric therapy	\$0





**Skilled nursing facility (SNF) and therapy**

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification. You may have to get a **referral from your PCP** before you get these services. Note: Members must meet the Centers for Medicare & Medicaid Services (CMS) criteria for medically necessary skilled care to be covered.

Benefit	Your costs in our plan
SNF care	\$0 Our plan covers up to 100 days per benefit period.
Physical and speech therapy	\$0
Occupational therapy	\$0



**Ambulance and routine transportation**

Your doctor often needs approval from us before we cover non-emergency air ambulance. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Ambulance (ground or air, one-way trip)	\$0
Routine, non-emergency transportation	\$0 You get up to 40 one-way rides each year to and from plan approved locations (up to 60 miles each ride). This benefit is administered through Access2Care. Please call Access2Care at least two business days in advance to schedule a ride. Tip: Be sure to schedule a ride both to and from your destination. This will count as two one-way rides. <b>Important:</b> 1. When scheduling the ride, let the representative know if you will require assistance getting to and from the vehicle. They can confirm if you will need to have an escort (family member or caregiver) ride with you. 2. Please be ready when the driver arrives.

**Medicare Part B drugs**

Medicare Part B only covers certain medicines for certain conditions. These medicines are often given to you in your doctor's office. They can include things like vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment. Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

<b>Benefit</b>	<b>Your costs in our plan</b>
Chemotherapy drugs	\$0
Other Part B drugs	\$0

## Medicare Part D drugs



Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes.

Benefit	Your costs in our plan
Deductible	\$0
Initial Coverage	\$0 for all covered Part D drugs You can get a 30, 60 or 100-day supply of drugs. This includes home infusion drugs obtained through your Part D benefit.
Coverage Gap	\$0 for all covered Part D drugs
Catastrophic Coverage	\$0 for all covered Part D drugs

## Other covered benefits



### Allowance cards

#### Benefit

##### Extra Benefits Card

With this plan, you get an Extra Benefits Card to help you pay for everyday expenses. It will include:

**Healthy Foods Wallet amount - \$50** monthly benefit amount (allowance) that you can use to pay for healthy food.

**Over-the-counter (OTC) Wallet amount - \$50** monthly benefit amount (allowance) to pay for certain over-the-counter (OTC) items.

The monthly benefit amounts will be available on the card the first day of each month. Be sure to use the full benefit amounts each month, because any unused amounts will not roll over into the next month.

We have partnered with NationsBenefits to provide this benefit to you.

For more information, you can contact NationsBenefits at 1-877-204-1817 (TTY: 711) or visit [Aetna.NationsBenefits.com](https://Aetna.NationsBenefits.com).

**Important:** Plan not responsible for lost or stolen cards.



### Complementary and alternative medicine (CAM)

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification. You may have to get a **referral from your PCP** before you get these services.

#### Benefit

#### Your costs in our plan

##### Acupuncture

\$0 for Medicare-covered and routine care

	<p>Medicare coverage is limited to services to treat chronic low back pain. For routine services, we also cover unlimited visits every year as necessary to meet your individual needs. American Specialty Health will manage your acupuncture benefit. You must use an American Specialty Health provider for services to be covered. On your initial visit, your provider will discuss and establish your treatment plan. Establishing medical necessity is the responsibility of ASH and your provider.</p>
<p>Chiropractic care</p>	<p>\$0 for Medicare-covered and routine care</p> <p>Medicare coverage is limited to fixing a subluxation. This is when one or more of the bones in your spine move out of place. For routine services, we also cover unlimited visits every year as necessary to meet your individual needs. American Specialty Health will manage your chiropractic benefit. You must use an American Specialty Health provider for services to be covered. On your initial visit, your provider will discuss and establish your treatment plan. Establishing medical necessity is the responsibility of ASH and your provider.</p>



**Diabetic supplies**

We cover blood glucose monitors and diabetic test strips from **OneTouch®/LifeScan**. **Keep in mind:** We **don't** cover other brands unless you get approval from us first. Your doctor may need approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Diabetic supplies	\$0



**Fitness program**

Benefit	Your costs in our plan
Physical fitness	<p>\$0</p> <p>You're eligible for a basic membership at SilverSneakers participating facilities. If you prefer to exercise at home, you can also access online classes or get an at-home fitness kit. This membership also includes classes and workshops taught by instructors trained in senior fitness, workout videos, a mobile app, and online fitness nutrition tips. You will also have access to online enrichment classes to support your health and wellness, as well as your mental fitness.</p>



**Foot care (podiatry services)**

You may have to get a **referral from your PCP** before you get these services.

Benefit	Your costs in our plan
Foot exams and treatment	<p>\$0 for Medicare-covered and routine care</p> <p>For routine services, we cover up to twelve visits every year.</p>





### Home care and support

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Home health care	\$0
Meals	\$0  Our plan covers up to 42 meals over 21 days after you're discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility. Upon discharge, you'll be contacted by NationsMarket to schedule delivery.
Personal emergency response system	\$0  Our plan covers a personal emergency response system from LifeStation to provide you with 24/7 access to help in the event of an emergency.



### Medical equipment and supplies

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Durable medical equipment (DME), like CPAP* machines, wheelchairs and oxygen	\$0
Prosthetics, such as braces and artificial limbs	\$0
Fall prevention	Up to \$150 every year for certain clinically appropriate home and bathroom safety devices that can improve your ability to move around your home.

\*CPAP stands for "continuous positive airway pressure."



### Substance abuse

Your doctor may need approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Outpatient substance abuse therapy	\$0



### 24-Hour Nurse Line

Talk to a registered nurse anytime, day or night.

Benefit	Your costs in our plan
Nurse Line	\$0

# Summary of Medicaid Benefits

Here’s a quick look at what’s covered by Aetna Medicare Preferred Plan (HMO D-SNP) and your state Medicaid program.

Below is a summary of your Medicaid and Aetna Medicare Preferred Plan (HMO D-SNP) benefits. If you qualify for Medicare and Medicaid (or “Medical Assistance”), you’re “dual eligible.” This means you’re eligible for benefits under both the federal Medicare program **and** the California Medicaid program.

What you pay for covered services may depend on your level of Medicaid eligibility. If you meet the state’s requirements for **full** Medicaid coverage, you may also receive Medicaid services not covered by Medicare. If you have questions about your Medicaid eligibility and what benefits you’re entitled to, just call your California Department of Health Services Medi-Cal Medicaid program.

The table below gives you a summary of the benefits Medicaid covers. Aetna Medicare Preferred Plan (HMO D-SNP) covers the benefits we described earlier in the Medical and hospital benefits section. For each benefit listed below, you can see what Medicaid covers and what our plan covers. **Keep in mind:** There may be limits for some services. If you need a service that is only covered by Medicaid, the provider you pick needs to be enrolled with Medicaid.

Service	State Medicaid	Aetna Medicare Preferred Plan (HMO D-SNP)
Ambulance	✓	✓
Ambulatory Surgical Center (ASC) Services	✓	✓
Dental Services	✓	✓
Diagnostic Laboratory, X-ray, and Other Imaging Services	✓	✓
Doctor visits (primary care providers & specialists)	✓	✓
Emergency Care	✓	✓
Hearing Services	✓	✓
Home Health	✓	✓
Hospice	✓	Limited (see EOC for coverage details)
Inpatient Hospital Services	✓	✓

Service	State Medicaid	Aetna Medicare Preferred Plan (HMO D-SNP)
Mental Health Services	✓	✓
Outpatient Hospital Care	✓	✓
Physical therapy	✓	✓
Prescription Drugs	✓	✓
Preventive Services	✓	✓
Skilled Nursing Facility (SNF)	✓	✓
Transportation	✓	✓
Urgently Needed Care	✓	✓
Vision services	✓	✓

## Contact quick reference

Contact name	Phone number (TTY: 711)	Website
Aetna: Before you enroll	<b>1-833-859-6031</b>	<a href="https://www.aetna.com">AetnaMedicare.com</a>
Aetna: After you enroll	Member Services: <b>1-866-409-1221</b>	<a href="https://www.aetna.com/H4982-008">AetnaMedicare.com/H4982-008</a>
Your agent/broker (use this space to write down your agent/broker's phone number)		
Find a network doctor, hospital, or pharmacy	<b>1-866-409-1221</b>	<a href="https://www.aetna.com/findprovider">AetnaMedicare.com/findprovider</a>
24-Hour Nurse Line	<b>1-855-493-7019</b>	Please call
Access2Care (transportation)	<b>1-855-814-1699 (TTY: 711)</b>	Please call
EyeMed (vision)	<b>1-844-486-3485 (TTY: 711)</b>	<a href="https://www.aetna.com/vision">AetnaMedicareVision.com</a>
Liberty Dental	<b>1-866-610-0282</b>	<a href="https://libertydentalplan.com/aetnamedicare">libertydentalplan.com/aetnamedicare</a>
LifeStation®	<b>1-855-798-9948</b>	Please call
Nations (Extra Benefits Card)	<b>1-877-204-1817 (TTY: 711)</b>	<a href="https://www.aetna.com/nationsbenefits.com">Aetna.NationsBenefits.com</a>
NationsHearing	<b>1-877-225-0137 (TTY: 711 for the hearing and speech impaired)</b>	<a href="https://www.aetna.com/nationsbenefits.com/hearing">Aetna.NationsBenefits.com/Hearing</a>
OneTouch/LifeScan	<b>1-877-764-5390</b> Brochure code: <b>123AET200</b>	<a href="https://www.onetouch.com/orderpoints.com">OneTouch.orderpoints.com</a>
SilverSneakers	<b>1-888-423-4632 (TTY/TDD: 711)</b>	<a href="https://www.silversneakers.com">SilverSneakers.com</a>

Aetna, CVS Pharmacy® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call 1-866-409-1221 (TTY: 711) 8 AM to 8 PM, 7 days a week if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

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.

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To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call 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.

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# Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-833-859-6031 (TTY: 711)**. From October 1 to March 31, you can call us 7 days a week from 8 AM to 8 PM local time. From April 1 to September 30, we're here Monday through Friday from 8 AM to 8 PM local time.

## Understanding the benefits

- The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [AetnaMedicare.com](https://www.aetna.com/medicare) or call **1-833-859-6031 (TTY: 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the PCP you see now is in the network. If they're not, you will likely have to select a new doctor. Your PCP will be affiliated with an IPA/Medical Group and they will determine the specialists and hospitals you can use.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

## Understanding important rules

- Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part B premium is covered for full-dual members.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

## 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221。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 1-866-409-1221。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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 1-866-409-1221. 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、1-866-409-1221. 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 1-866-409-1221. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

Y0001\_NR\_30475b\_2023\_C

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



## **NONDISCRIMINATION NOTICE**

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

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

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

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

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

## **HOW TO FILE A GRIEVANCE**

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

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



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

### **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

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

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

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

Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

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

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

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

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

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>.

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

English Tagline

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

الشعار العربي (Arabic)

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

Հայկական տապլին (Armenian)

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

ស្លោកសញ្ញាកម្ពុជា (Cambodian)

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

简体中文标语 (Simplified Chinese)

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

فار زبان به مطلب (Farsi)

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

हिंदी टैगलाइन (Hindi)

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

Nqe Lus Hmoob Cob (Hmong)

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

### 日本語表記 (Japanese)

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

### 한국어 태그라인 (Korean)

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

### ແທກໄລພາສາລາວ (Laotian)

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

### Mien Tagline (Mien)

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

### ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

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

### Русский слоган (Russian)

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

### Mensaje en español (Spanish)

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

### Tagalog Tagline (Tagalog)

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

### สโลแกน (Thai)

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

### Примітка українською (Ukrainian)

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

### Khẩu hiệu tiếng Việt (Vietnamese)

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