

# Aetna Assure Premier Plus (HMO D-SNP) | 2024 Summary of Benefits

H6399-001

January 1, 2024 – December 31, 2024

### Introduction

This document is a brief summary of the benefits and services covered by Aetna Assure Premier Plus (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Aetna Assure Premier Plus (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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**If you have questions**, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services 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/medicare/njdsnps).

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## A. Disclaimers

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This is a summary of health services covered by Aetna Assure Premier Plus (HMO D-SNP) for 2024. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. You can find the *Evidence of Coverage* at [AetnaMedicare.com/NJDSNP](https://www.aetna.com/medicare/njdsnps) or request a copy by calling Member Services at 1-844-362-0934 (TTY: 711).

- 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 (HMO D-SNP) depends on contract renewal.
- Eligibility for the Model Benefit or Reward and Incentive (RI) Programs under the Value-Based Insurance Design (VBID) Model is not assured and will be determined by Aetna after enrollment, based on relevant criteria (e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program).
- Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information.
- The List of Covered Drugs (Formulary), provider 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 1-844-362-0934 (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.
- See the *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- 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.
- Aetna 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.
- SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved.
- To send a complaint to Aetna, call the Plan at 1-844-362-0934 (TTY: 711). 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.
- ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call Aetna Assure Premier Plus (HMO D-SNP) Member Services at the number listed at the bottom of this page. The call is free.
- To get information from us in a way that works for you (in languages other than English, in braille, in large print, or other formats), call Member Services at the number listed at the



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bottom of this page. The call is free. We have people and free interpreter services available to answer questions from disabled and non-English speaking members.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-844-362-0934 (TTY: 711) 8 AM to 8 PM, 7 days a week. The call is free.
- This document is available for free in Spanish. Este documento está disponible sin cargo en español.
- If there is an additional language or alternate format you need, or you would like to change your preferred language, please call Member Services. Your preferred language will be stored, however if you want to change your selection for the future, you will need to call Member Services.

You can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website [www.medicare.gov](http://www.medicare.gov) or request a copy 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.



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## B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<p><b>What is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?</b></p>	<p>A NJ Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ FIDE SNP covers all of your Medicare, NJ FamilyCare (Medicaid) and prescription drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) Card, and no copays for medical services or prescription drugs. A FIDE SNP coordinates all of your care.</p> <p>If you join a FIDE SNP, you do not lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services.</p> <p>To be eligible to enroll in a FIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan's "service area" (the counties where that plan is offered). The counties that make up Aetna Assure Premier Plus (HMO D-SNP)'s service area are listed on page 5 of this document.</p>
<p><b>Will I get the same Medicare and NJ FamilyCare benefits in Aetna Assure Premier Plus (HMO D-SNP) that I get now?</b></p>	<p>If you are coming to Aetna Assure Premier Plus (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and NJ FamilyCare benefits directly from Aetna Assure Premier Plus (HMO D-SNP).</p> <p>When you enroll in Aetna Assure Premier Plus (HMO D-SNP), you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that Aetna Assure Premier Plus (HMO D-SNP) does not normally cover, you can get a temporary supply, and we will help you to transition to another drug or get an exception for Aetna Assure Premier Plus (HMO D-SNP) to cover your drug if medically necessary.</p>
<p><b>Can I use the same health care providers I use now?</b></p>	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Aetna Assure Premier Plus (HMO D-SNP) and have a contract with us, you can keep using them.</p>
<p><b>(continued on the next page)</b></p>	



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Frequently Asked Questions (FAQ)	Answers
<b>Can I use the same health care providers I use now? (continued from previous page)</b>	<ul style="list-style-type: none"> <li>▪ Providers with an agreement with us are “in-network.” You must use the providers in Aetna Assure Premier Plus (HMO D-SNP)’s network.</li> <li>▪ If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Aetna Assure Premier Plus (HMO D-SNP)’s network. Aetna Assure Premier Plus (HMO D-SNP) covers urgent or emergency care worldwide.</li> </ul> <p>To find out if your providers are in the plan’s network, call Member Services or read Aetna Assure Premier Plus (HMO D-SNP)’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at <a href="https://www.aetna.com/medicare/njdsnps">AetnaMedicare.com/NJDSNP-find-provider</a> for the most current listing.</p> <p>If Aetna Assure Premier Plus (HMO D-SNP) is new for you, we will work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.</p>
<b>What is a Care Manager?</b>	A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.
<b>What are Managed Long Term Services and Supports (MLTSS)?</b>	Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.
<b>What happens if I need a service but no one in Aetna Assure Premier Plus (HMO D-SNP)’s network can provide it?</b>	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Aetna Assure Premier Plus (HMO D-SNP) will cover services provided by an out-of-network provider.
<b>Where is Aetna Assure Premier Plus (HMO D-SNP) available?</b>	The service area for this plan includes: <b>New Jersey:</b> Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren You must live in this area to join the plan.



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Frequently Asked Questions (FAQ)	Answers
<b>What is prior authorization?</b>	<p>Prior authorization means that you must get approval from Aetna Assure Premier Plus (HMO D-SNP) before Aetna Assure Premier Plus (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. Aetna Assure Premier Plus (HMO D-SNP) may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. Aetna Assure Premier Plus (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from Aetna Assure Premier Plus (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3 of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p>
<b>Do I pay a monthly amount (also called a premium) under Aetna Assure Premier Plus (HMO D-SNP)?</b>	<p>No. You will not pay any monthly premiums to Aetna Assure Premier Plus (HMO D-SNP) for your health coverage.</p> <p>Additionally, Medicaid will pay your Medicare Part B premium for you.</p>
<b>Do I pay a deductible as a member of Aetna Assure Premier Plus (HMO D-SNP)?</b>	<p>No. You do not pay deductibles in Aetna Assure Premier Plus (HMO D-SNP).</p>
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Aetna Assure Premier Plus (HMO D-SNP)?</b>	<p>There is no cost sharing for medical services in Aetna Assure Premier Plus (HMO D-SNP), so your annual out-of-pocket costs will be \$0.</p>
<b>Do I have a coverage gap for drugs?</b>	<p>No. Because you have Medicaid you will not have a coverage gap stage for your drugs.</p>



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### C. Overview of services

The following chart is a quick overview of what services you may need and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.  Prior authorization may be required.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required.
<b>You want to use a health care provider</b>	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	
	Visits to treat an injury or illness	\$0	
	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
<b>You need emergency care</b>	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are also covered outside of the U.S. Contact the plan for details.
	Urgently needed services	\$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not

(continued on the next page)



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care (continued from previous page)</b>			
			have to be in-network. Urgently needed services are also covered outside the U.S. and its territories under limited circumstances. Contact the plan for details.
<b>You need medical tests</b>	Lab tests, such as blood work	\$0	Prior authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization may be required.
	Screenings, such as tests to check for cancer	\$0	Prior authorization may be required.
<b>You need hearing/auditory services</b>	Hearing screenings (including routine hearing exams)	\$0	
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	
<b>You need dental care</b>	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	Prior authorization may be required.
<b>You need eye care</b>	Vision services (including annual eye exams)	\$0	
	Glasses or contact lenses	\$0	
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	
<b>You have a mental health condition</b>	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital,	\$0	All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.
<b>(continued on the next page)</b>			



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition (continued from previous page)</b>			
	general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital		Prior authorization may be required.
	Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management)  <b>(Note:</b> This is not a complete list of the plan’s expanded outpatient mental health services. Call Member Services at the number listed at the bottom of the page or read the <i>Evidence of Coverage</i> for more information.)	\$0	Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.  Prior authorization may be required.
<b>You have a substance use disorder</b>	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted	\$0	Prior authorization may be required.
<b>(continued on the next page)</b>			



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a substance use disorder (continued from previous page)</b>			
	Treatment)  <b>(Note:</b> This is not a complete list of the plan's expanded substance use disorder services. Call Member Services at the number listed at the bottom of the page or read the <i>Evidence of Coverage</i> for more information.)		
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	Prior authorization may be required.
	Nursing home care	\$0	Prior authorization may be required.
	Custodial care (long-term care in a Nursing Facility)	\$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.  Prior authorization may be required.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	
<b>You need help getting to health services</b>	Ambulance services	\$0	Prior authorization may be required.
	Emergency transportation	\$0	
<b>You need drugs to treat your illness or condition</b>	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical	\$0	Read the <i>Evidence of Coverage</i> for more information on these drugs.  Prior authorization may be required.
<b>(continued on the next page)</b>			



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued from previous page)</b></p>	<p>equipment)</p>		
	<p>Medicare Part D prescription drugs (both generic and brand name.)</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Refer to Aetna Assure Premier Plus (HMO D-SNP)'s <i>List of Covered Drugs (Formulary)</i> at <a href="http://AetnaMedicare.com/NJDSNP-drug-formulary">AetnaMedicare.com/NJDSNP-drug-formulary</a> for more information.</p> <p>Aetna Assure Premier Plus (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Aetna Assure Premier Plus (HMO D-SNP) for certain drugs.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs (Formulary)</i>, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov/plan-compare">www.medicare.gov/plan-compare</a>.</p> <p>You can get a one-month,</p>
<p><b>(continued on the next page)</b></p>			



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued from previous page)</b>			
			<p>two-month, or 100-day supply of most of your drugs through network retail and mail-order pharmacies.</p> <p><b>Important Message About What You Pay for Vaccines</b> - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's List of Covered Drugs (Formulary). Our plan covers Part D vaccines at no cost to you.</p>
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered.
	Diabetes medications	\$0	
<b>You need foot care</b>	Podiatry services (including routine exams)	\$0	
	Orthotic services	\$0	Prior authorization may be required.
<b>You need durable medical equipment (DME) or supplies</b>	<p>Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example</p> <p><b>(Note:</b> This is not a complete list of covered DME or supplies. Call Member Services at the number listed at the bottom of the page or read the <i>Evidence of Coverage</i> for more information.)</p>	\$0	Prior authorization may be required.
<b>You need interpreter services</b>	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services</b>	Acupuncture	\$0	
	Care management	\$0	
	Chiropractic services	\$0	Prior authorization may be required.
	Diabetic supplies	\$0	Prior authorization may be required.
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age.  Prior authorization may be required.
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	Prior authorization may be required.
	Mammograms	\$0	
	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); social adult day care; and non-medical transportation)	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting.  MLTSS is available to members who meet certain clinical requirements.  Prior authorization may be required.
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support

**(continued on the next page)**



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Other covered services (continued from previous page)</b>			
	services under medical and nursing supervision in an ambulatory care setting)		their community living. Prior authorization may be required.
	Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member’s home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member’s written plan of care)	\$0	Prior authorization may be required.
	Prosthetic services	\$0	Prior authorization may be required.
	Services to help manage your disease	\$0	

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Aetna Assure Premier Plus (HMO D-SNP)’s *Evidence of Coverage*. If you have questions, you can also call Aetna Assure Premier Plus (HMO D-SNP) Member Services at the number listed at the bottom of the page.



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## D. Additional services Aetna Assure Premier Plus (HMO D-SNP) covers

This is not a complete list. Call Member Services at the number listed at the bottom of the page or read the *Evidence of Coverage* to find out about other covered services.

Additional services Aetna Assure Premier Plus (HMO D-SNP) covers	Your costs
<b>24-Hour Nurse Line</b>	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
<b>Annual Physical Exam</b>	\$0
<b>Extra Benefits Card</b>	<p>\$0</p> <p>With this plan, you get an Extra Benefits Card to help you pay for everyday expenses. It will include:</p> <p><b>Extra Supports Wallet amount - \$305</b> monthly benefit amount (allowance) to pay for any of the following:</p> <ul style="list-style-type: none"> <li>• Healthy food</li> <li>• Over-the-counter (OTC) items</li> <li>• Transportation</li> <li>• Utilities</li> <li>• Personal care items</li> <li>• Rent or mortgage assistance</li> </ul> <p>The monthly benefit amount will be available on the card the first day of each month. Be sure to use the full benefit amount each month, because any unused amount will not roll over into the next month. We have partnered with NationsBenefits to provide this benefit to you.</p> <p>For more information, you can contact NationsBenefits at 1-877-204-1817 (TTY: 711) or visit <a href="https://Aetna.NationsBenefits.com">Aetna.NationsBenefits.com</a>.</p> <p><b>Important:</b> Plan not responsible for lost or stolen cards or fees associated with late utilities, rent, or mortgage payments.</p>
<b>Fall Prevention</b>	Our plan provides you with a \$150 allowance every year for purchasing certain clinically appropriate home and bathroom safety devices that can help you manage physical impairments and improve your ability to move safely around your home.

**(continued on the next page)**



**If you have questions**, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services 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://AetnaMedicare.com/NJDSNP).

<b>Additional services Aetna Assure Premier Plus (HMO D-SNP) covers</b>	<b>Your costs</b>
<b>Fall Prevention (continued from previous page)</b>	
	Covered items will be shipped directly to you. You will be responsible for installation and assembly. There is a limit of 3 orders per year, even if you have not exceeded the annual allowance.
<b>Fitness</b>	\$0 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. You'll also have access to classes and workshops taught by instructors trained in senior fitness, workout videos, a mobile app, and online fitness nutrition tips. You'll have access to online mental enrichment classes to support your health and wellness, as well as your mental fitness.
<b>Meals</b>	\$0 Our plan covers up to 28 home-delivered meals over a 14-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home. Upon discharge, you will be contacted by NationsMarket® to schedule delivery.
<b>Personal Emergency System</b>	\$0 LifeStation is a Medical Alert system that provides you with 24/7 access to help, in the event of a fall or other emergency. The Medical Alert device (or "the Alert system") can be used to trigger medical support so help can be dispatched immediately.
<b>Telehealth</b>	\$0  Members have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc or MinuteClinic Video Visit.  Prior authorization may be required.
<b>Wigs</b>	\$400 allowance every year  This benefit is offered for hair loss as a result of chemotherapy.
<b>Worldwide Emergency or Urgent Care</b>	\$0 We cover emergency and urgent care worldwide.  You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network.
<b>(continued on the next page)</b>	



**If you have questions**, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services 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.aetnamedicare.com/NJDSNP).



Additional services Aetna Assure Premier Plus (HMO D-SNP) covers	Your costs
<b>Worldwide Emergency or Urgent Care (continued from previous page)</b>	
	Urgently needed care includes treatment for a health condition that is necessary within 24 hours to prevent the condition from getting worse. You do not need prior authorization and you do not have to be in-network.



**If you have questions**, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services 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/medicare/njdsnps).

### **E. Benefits covered outside of Aetna Assure Premier Plus (HMO D-SNP)**

This is not a complete list. Call Member Services at the number listed at the bottom of this page to find out about other services not covered by Aetna Assure Premier Plus (HMO D-SNP) but available through Medicaid fee-for-service.

<b>Other services covered directly by Medicaid fee-for-service</b>	<b>Your costs</b>
Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)	\$0
Targeted case management (chronic mental illness)	\$0
Behavioral Health Home (Care Management)	\$0
PACT (Program in Assertive Community Treatment)	\$0
CSS (Community Support Services)	\$0
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	\$0

### **F. Services not covered by Aetna Assure Premier Plus (HMO D-SNP) (exclusions)**

The following services are not covered by our plan. This is not a complete list. Call Member Services at the number listed at the bottom of this page to find out about other excluded services.

<b>Services not covered by Aetna Assure Premier Plus (HMO D-SNP) (exclusions)</b>
Services not considered “reasonable and necessary” according to standards of Medicare and NJ FamilyCare
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery

### **G. Your rights and responsibilities as a member of the plan**

As a member of Aetna Assure Premier Plus (HMO D-SNP), you have certain rights concerning your health



**If you have questions**, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services 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/medicare/njdsnps).

care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, read the *Evidence of Coverage*.

**Your rights include, but are not limited to, the following:**

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
  - Be free from any form of physical restraint or seclusion
  - Not be billed by network providers
  - Have your questions and concerns answered completely and courteously
  - Apply your rights freely without any negative effect on the way Aetna Assure Premier Plus (HMO D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - Aetna Assure Premier Plus (HMO D-SNP)
  - The services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Managers
  - Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year. You can call 1-844-362-0934 (TTY:711) if you want to change your PCP.
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment as far as the law allows, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Aetna Assure Premier Plus (HMO D-SNP) will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive



**If you have questions**, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services 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.aetnamedicare.com/NJDSNP).

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call 1-844-362-0934 (TTY:711) if you need help with this service
  - Have your *Evidence of Coverage* and any printed materials from Aetna Assure Premier Plus (HMO D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
  - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation
  
- **You have the right to use emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
  - Use an out-of-network urgent or emergency care provider, when necessary
  
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment
  
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow-up by Aetna Assure Premier Plus (HMO D-SNP)
  - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
  - Ask for a State Appeal (State Fair Hearing)
  - Get a detailed reason why services were denied

**Your responsibilities include, but are not limited to, the following:**

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
  - Treat your health care providers with dignity and respect
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel



**If you have questions,** please call Aetna Assure Premier Plus (HMO D-SNP) Member Services 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/medicare/njdsnps).

- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible
  - Tell your health care provider about yourself and your health history
  - Tell your health care provider that you are an Aetna Assure Premier Plus (HMO D-SNP) member
  - Talk to your PCP, Care Manager, or other appropriate person about using the services of a specialist before you go to a hospital (except in cases of emergency)
  - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
  - Notify Aetna Assure Premier Plus (HMO D-SNP) Member Services if there are any changes in your personal information, such as your address or phone number
  
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
  - Partner with your Care Team and work out treatment plans and goals together
  - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
  
- **You have the responsibility to obtain your services from Aetna Assure Premier Plus (HMO D-SNP).** You should:
  - Get all your health care from Aetna Assure Premier Plus (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Aetna Assure Premier Plus (HMO D-SNP) provides a prior authorization for out-of-network care
  - Not allow anyone else to use your Aetna Assure Premier Plus (HMO D-SNP) Member ID Card to obtain healthcare services
  - Notify Aetna Assure Premier Plus (HMO D-SNP) when you believe that someone has purposely misused Aetna Assure Premier Plus (HMO D-SNP) benefits or services

For more information about your rights, you can read Aetna Assure Premier Plus (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Aetna Assure Premier Plus (HMO D-SNP) Member Services.

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## H. How to file a complaint or appeal a denied service

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If you have a complaint or think Aetna Assure Premier Plus (HMO D-SNP) should cover something we denied, call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of Aetna Assure Premier Plus (HMO D-SNP)'s *Evidence of Coverage*. You can also call Aetna Assure Premier Plus (HMO D-SNP) Member



**If you have questions**, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services 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.aetnamedicare.com/NJDSNP).

## Services.

To file a complaint (also called **grievance**) or an **appeal** about medical care, call 1-844-362-0934 (TTY:711) or write to:

Appeals and Grievances  
PO Box 818070  
Cleveland, OH 44181

To file a complaint (also called **grievance**) about prescription drugs, call 1-844-362-0934 (TTY:711) or write to:

Appeals and Grievances  
PO Box 818070  
Cleveland, OH 44181

To file an **appeal** about prescription drugs, call 1-844-362-0934 (TTY:711) or write to:

Part D Appeals Pharmacy Department  
4500 E Cotton Center Blvd  
Phoenix, AZ 85040

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## I. What to do if you suspect fraud

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Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Aetna Assure Premier Plus (HMO D-SNP) Member Services. Phone numbers are 1-855-463-0933, (TTY: 711), 8 AM to 8 PM, 7 days a week. The call is free.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling 1-609-292-1272. Calls to this number are free.



**If you have questions**, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services 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/medicare/njdsnps).

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Aetna Assure Premier Plus (HMO D-SNP) Member Services:**

1-844-362-0934, (TTY: 711)

Calls to this number are free. 8 AM to 8 PM, 7 days a week.

Member Services also has free language interpreter services available for non-English speakers.

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**If you have questions about your health:**

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Aetna Assure Premier Plus (HMO D-SNP)'s 24-Hour Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The number for the Aetna Assure Premier Plus (HMO D-SNP)'s Nursing Hotline is:

1-844-362-0934, (TTY: 711)

Calls to this number are free. 8 AM to 8 PM, 7 days a week.

Aetna Assure Premier Plus (HMO D-SNP) also has free language interpreter services available for non-English speakers.

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**If you need immediate behavioral health care, call the Behavioral Health Crisis Line:**

1-844-362-0934, (TTY: 711)

Calls to this number are free. 8 AM to 8 PM, 7 days a week.

Aetna Assure Premier Plus (HMO D-SNP) also has free language interpreter services available for non-English speakers.

# 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 Member Services representative at **1-833-874-8529 (TTY: 711)**. From October 1 to March 31, we're here 8 AM to 8 PM, 7 days a week. From April 1 to September 30, we're here 8 AM to 8 PM, Monday through Friday.

Aetna Assure Premier Plus (HMO D-SNP) will cover your Medicare benefits and also your NJ FamilyCare (Medicaid) benefits. When you enroll in this plan, you'll be automatically disenrolled from any Medicare Advantage, Medicare Part D and/or NJ FamilyCare (Medicaid) plans you may currently be enrolled in. **As of your effective date of enrollment, your NJ Family Care (Medicaid) coverage will be switched to Aetna Assure Premier Plus (HMO D-SNP).**

## Understanding the benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services that you routinely see a provider for. Visit [AetnaMedicare.com/NJDSNP](https://www.aetna.com/medicare/njdsnps) or call **1-833-874-8529 (TTY: 711)** to view a copy of the EOC.
- Review the *Provider and Pharmacy Directory* (or ask your Primary Care Provider) to make sure the providers you see now are in the network. A change in your Medicaid coverage may result in some of the providers you typically use no longer being in network. The plan only covers care provided by in-network providers.
- Review the *Provider and Pharmacy Directory* to make sure the pharmacy you use for any prescription medications is in the network. The plan only covers prescriptions filled at in-network pharmacies.

## Understanding important rules

- You do not have a monthly premium. Medicaid pays your Part B premium for you.
- Benefits may change on January 1, 2025.
- Except in emergency or urgent situations, we do not cover services performed by out-of-network providers (providers who are not listed in the *Provider and Pharmacy Directory*).
- This plan is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and full Medicaid benefits.
- 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.

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## 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 panggagamot. 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.

**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. 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 1-844-362-0934. 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)

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/medicare/njdsnps) or call 1-844-362-0934 (TTY: 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) 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 write 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). 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](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/medicare/njdsnps) o llame al 1-844-362-0934 (TTY: 711), de 8 AM a 8 PM, los 7 días de la semana.

**繁體中文 (CHINESE):** 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站 [AetnaMedicare.com/NJDSNP](https://www.aetna.com/medicare/njdsnps) 或致電, 1-844-362-0934(TTY: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 1-844-362-0934 (TTY: 711) 8 AM to 8 PM, 7 days a week. The call is free.