

Your guide to Aetna® Dual-Eligible Special Needs Plans (D-SNPs)

You may be eligible for a Dual Eligible Special Needs Plan, or D-SNP, if you qualify for both Medicare and Medicaid.



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What is a D-SNP, anyway?

If you qualify for both Medicare and Medicaid, you may be eligible for a Dual-Eligible Special Needs Plan, or D-SNP. These low-cost health insurance plans include all the benefits of Original Medicare and so much more.

With Aetna D-SNPs, you'll get dental, vision and hearing coverage. Plus, you'll get a monthly allowance on an Extra Benefits Card to help with certain everyday expenses like over-the-counter health and wellness products. Check out the benefits included in an Aetna® D-SNP:

	What you may have with Original Medicare	What you could have with an Aetna D-SNP
 Coverage for hospital and outpatient care	✓	✓
 Coverage for doctor visits	✓	✓
 Comprehensive prescription drug coverage		✓
 Personal care team		✓
 Dental, vision and hearing benefits		✓
 A monthly allowance to help pay for certain everyday expenses*		✓

We're here to answer all your questions

Call 1-833-228-1014 (TTY: 711) to ask a licensed Aetna agent about Aetna D-SNPs.

Licensed agents are available from:

- 8 AM to 8 PM, 7 days a week, October 1 to March 31
- 8 AM to 8 PM, Monday to Friday, April 1 to September 30

Se habla español.

* FOR MONTHLY ALLOWANCES: Benefits vary by plans.

Smile! Dental, vision and hearing are covered.



Usually Medicare Advantage plans offer some dental, vision and hearing coverage. But with an Aetna® D-SNP, you get more complete care. Our D-SNPs include:*



Comprehensive prescription drug coverage



An annual benefit for covered dental services



An annual benefit for covered prescription eyewear and a routine eye exam



An annual allowance for hearing aids

Call us to learn more — it can't hurt!

Dial 1-833-228-1014 (TTY: 711) to talk to a licensed agent about Aetna D-SNP benefits and eligibility.

Licensed agents are available:

- 8 AM to 8 PM, 7 days a week, October 1 to March 31
- 8 AM to 8 PM, Monday to Friday, April 1 to September 30

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* FOR WHAT OUR D-SNPS INCLUDE: Not all benefits are available in every plan in your area.

Support to make healthy living easier? Yes!

All D-SNPs include our Extra Benefits Card. You may be able to use your card for certain everyday expenses, like:



Over-the-counter (OTC) products



Healthy foods



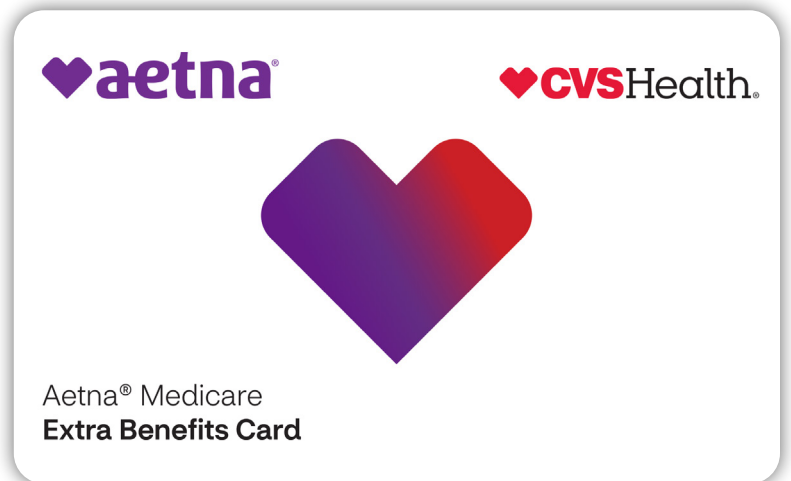
Utilities



Gas or transportation



Personal care products



Have questions about the Extra Benefits Card?

Call 1-833-228-1014 (TTY: 711) to learn more about Aetna D-SNPs in your area.

Licensed agents are available from:

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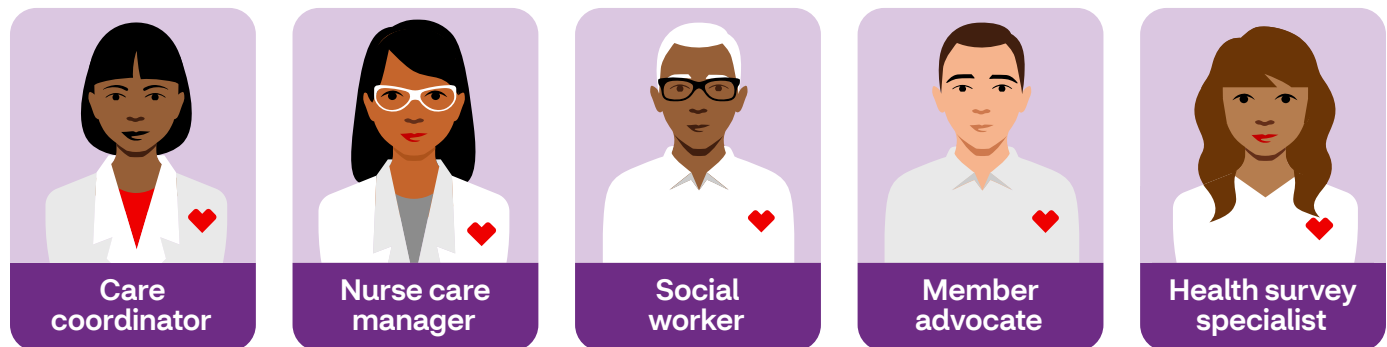
A care team is there for you and your health

Every Aetna® D-SNP member gets a personal care team. This benefit will help you understand and better use all of the services available from your plan.

Your care team can help you:

- Understand your benefits
- Develop a care plan with all your doctors
- Coordinate visits to health care providers
- Find local transportation options for traveling to and from doctor's appointments
- Understand and manage your medications
- Connect you with local and state programs for safe housing, local food resources and more
- Access your state Medicaid benefits

An Aetna D-SNP personal care team includes:*



Learn more about Aetna care teams

Call 1-833-228-1014 (TTY: 711) to talk with a licensed Aetna agent.

They're available from:

- 8 AM to 8 PM, 7 days a week, October 1 to March 31
- 8 AM to 8 PM, Monday to Friday, April 1 to September 30

Se habla español.

* FOR CARE TEAM INCLUDES: Care team titles may vary by plan.

How to know if you qualify for a D-SNP

If you check these boxes, you may be eligible:*

You are enrolled in Original Medicare (Parts A and B)

You live in a D-SNP service area

You meet the income and asset eligibility requirements, and are enrolled in applicable state Medicaid (see below)*

You meet Medicaid medical assistance requirements

Learn your state’s income requirements for Medicaid eligibility

Before you enroll in a D-SNP, you have to qualify for and enroll in Medicaid. Medicaid eligibility is based on your income and family size. Eligibility rules also differ among states. And they can change each year. If your income falls below the federal poverty level, there’s a good chance you qualify.* To be sure, call your state Medicaid office to check. Visit [Medicaid.gov/about-us/contact-us/index.html](https://www.Medicaid.gov/about-us/contact-us/index.html) to find the phone number.

Or call a licensed Aetna agent at **1-833-228-1014 (TTY: 711)**, 8 AM to 8 PM, 7 days a week, October 1 to March 31; 8 AM to 8 PM, Monday to Friday, April 1 to September 30.

Number of people in your family	Federal poverty level (2024-2025)
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720

* FOR MAY BE ELIGIBLE: For families/households with more than eight people, add \$5,140 for each additional person for 2024 coverage.
 * FOR INCOME ELIGIBILITY: There may be other requirements depending on the plan you choose. Talk with a licensed Aetna agent for more details.
 * FOR FEDERAL POVERTY LEVEL: HealthCare.gov. Federal poverty level (FPL). Available at: <https://www.healthcare.gov/glossary/federal-poverty-level-fpl> Accessed September 24, 2024.

Get to know the enrollment options



Initial Enrollment Period (IEP): This is when you first become eligible for Medicare. It starts three months before your 65th birthday and continues for seven months.

Annual Enrollment Period (AEP): This occurs annually from October 15 to December 7. During this time, you can pick a new D-SNP (or any Medicare Advantage plan), switch from Original Medicare to Medicare Advantage or change your Part D coverage.

Open Enrollment Period (OEP): This occurs annually from January 1 to March 31. It allows beneficiaries who are already enrolled in a Medicare Advantage plan to make certain changes to their coverage.

Special Enrollment Period (SEP):

There may be other times when you can enroll in a D-SNP. This can include if you move, or if there is a disaster declared by FEMA. Additionally, a SEP is available three months after you begin Medicaid coverage. Or a SEP is available for full-benefit dual-eligible individuals (FBDE) aligning Medicaid coverage and Medicare DSNP so that they are provided by the same insurance company. To check your eligibility for a SEP, call a licensed Aetna agent at **1-833-228-1014** 8 AM to 8 PM, 7 days a week, October 1 to March 31 and Monday to Friday April 1 to September 31.

Questions about enrollment?

Our licensed agents can answer any questions you have about D-SNPs. Call **1-833-228-1014 (TTY: 711)**.

They're available from:

- 8 AM to 8 PM, 7 days a week, October 1 to March 31
- 8 AM to 8 PM, Monday to Friday, April 1 to September 30

Se habla español.

D-SNP frequently asked questions (FAQs)

Here are answers to some of the most common questions we get about Aetna® D-SNPs.

How can I find out if my doctor is in the Aetna network?

Go to [AetnaMedicare.com/FindProvider](https://www.aetna.com/FindProvider) to search the directory for your provider's name. Or talk to a licensed Aetna agent.

With Aetna, will it be hard to get in touch with someone about my care?

No. In fact, when you start to work with your dedicated personal care team you may find you have more support.

Will I lose my Medicaid benefits?

No! To qualify for a D-SNP, you must qualify for and enroll in a Medicaid program. That means you get to keep you Medicaid benefits.

How much does a D-SNP cost?

Aetna D-SNPs include medical, hospital and prescription drug coverage at low to no cost. You get \$0 copays on covered Part D prescriptions at in-network pharmacies as well as dental, vision and hearing coverage. And you get an Extra Benefits Card to help pay for certain everyday expenses.

Don't miss out on Aetna D-SNP coverage

Call 1-833-228-1014 (TTY: 711) to get more details on Aetna D-SNPs.

Licensed agents are available from:

- 8 AM to 8 PM, 7 days a week, October 1 to March 31
- 8 AM to 8 PM, Monday to Friday, April 1 to September 30

Se habla español.

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

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.

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. Plan features and availability may vary by service area. For accommodation of persons with special needs at meetings, call **1-833-278-3924 (TTY: 711)**.

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).

This material is for informational purposes only and is not medical advice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Contact a health care professional with any questions or concerns about specific health care needs. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to our website.”

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, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our 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. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

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 the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

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

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

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。請瀏覽我們的網站或撥打本文件中所列的電話號碼。

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

- ✓ 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**
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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/LanguageAccess.aspx>.

- Electronically: Send an email to 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 <http://www.hhs.gov/ocr/office/file/index.html>.

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

TTY: 711

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number listed in this document. (English)

Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)

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。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)

Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Ձեզ համար հասանելի են լեզվական աջակցման անվճար ծառայություններ: Այցելեք մեր վեբ կայքը կամ գանգահարեք այս փաստաթղթում նշված հեռախոսահամարով: (Armenian)

اگر به زبان دیگری بجز انگلیسی گفتگو می کنید، کمک زبانی رایگان فراهم می باشد. به وبسایت ما مراجعه نمایید و یا به شماره تلفن که در سند ذیل لست شده، تماس بگیرید. (Farsi)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)

英語をお話しにならない方は、無料の言語支援サービスを受けることができます。弊社のウェブサイトアクセスするか、または本書に記載の電話番号にお問い合わせください。(Japanese)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)

ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸਾਡੀ ਵੈੱਬਸਾਈਟ 'ਤੇ ਜਾਓ ਜਾਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

បើលោកអ្នកនិយាយភាសាផ្សេងពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃ។ សូមចូលមើលគេហទំព័ររបស់យើងខ្ញុំ ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមានរាយនៅក្នុងឯកសារនេះ។ (Khmer)



Yog hais tias koj hais ib hom lus uas tsis yog lus Askiv, muaj cov kev pab cuam txhais lus dawb pub rau koj. Mus saib peb lub website los yog hu rau tus xov tooj sau teev tseg nyob rau hauv daim ntawv no. (Hmong)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ฟรี เข้าไปที่เว็บไซต์ของเรา หรือโทรติดต่อหมายเลขโทรศัพท์ที่แสดงไว้ในเอกสารนี้ (Thai)]