



2024

# Annual Notice of Changes

## Aetna Better Health<sup>®</sup> Premier Plan

Aetna Better Health Premier Plan (Medicare-Medicaid Plan) is a health plan that contracts with Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

**[AetnaBetterHealth.com/Michigan](https://AetnaBetterHealth.com/Michigan)**





**Aetna Better Health Premier Plan (Medicare-Medicaid Plan) offered by  
Aetna Better Health of Michigan, Inc.**

# ***Annual Notice of Changes for 2024***

## **Introduction**

You are currently enrolled as a member of Aetna Better Health Premier Plan. Next year, there will be changes to the plan’s benefits, and coverage. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at **AetnaBetterHealth.com/Michigan**. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Michigan**.

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**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Michigan](https://www.aetna.com/betterhealth.com/Michigan)**.

## A. Disclaimers

- ❖ Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Aetna Better Health Premier Plan Member Handbook.
- ❖ See Member Handbook for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio call **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ❖ 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 **1-855-676-5772 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

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## B. Reviewing your Medicare and Michigan Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section E2 for more information.

If you leave our plan, you will still be in the Medicare and Michigan Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to page 10).
- If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Aetna Better Health Premier Plan, you will return to getting your Medicare and Michigan Medicaid services separately.



**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Michigan](https://AetnaBetterHealth.com/Michigan)**.

## B1. Additional resources

- **ATTENTION:** If you speak Spanish or Arabic, language assistance services, free of charge, are available to you. Call **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

ATENCIÓN: Si habla español o árabe, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-855-676-5772 (TTY: 711)**, las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.

العربية: 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 الرقم **1-855-676-5772 (TTY: 711)** على مدار 24 ساعة في اليوم خلال 7 أيام في الأسبوع. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

- **You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-855-676-5772 (TTY: 711), 24 hours a day, 7 days a week. The call is free.**
- If you wish to make or change a standing request to receive materials in a language other than English or in an alternate format, you can call Member Services at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week.

## B2. Information about Aetna Better Health Premier Plan

- Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Coverage under Aetna Better Health Premier Plan is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- Aetna Better Health Premier Plan is offered by Aetna Better Health of Michigan, Inc. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Aetna Better Health of Michigan, Inc. When it says “the plan” or “our plan,” it means Aetna Better Health Premier Plan.



**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Michigan](http://AetnaBetterHealth.com/Michigan).

**B3. Important things to do:**

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Refer to sections C and D for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Refer to section D for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

**If you decide to stay with Aetna Better Health Premier Plan:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Refer to section E, page 10 to learn more about your choices.

***This section is continued on the next page.***



**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Michigan](https://AetnaBetterHealth.com/Michigan)**.

### C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2024.

**Please review the 2024 Provider and Pharmacy Directory** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at **AetnaBetterHealth.com/Michigan**. You may also call Member Services at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

### D. Changes to benefits for next year

#### D1. Changes to benefits for medical services

We are changing our coverage for certain health care services next year. The table below describes these changes.

	2023 (this year)	2024 (next year)
Routine foot care	3 visits annually.	6 visits annually.
Three Pint Deductible Waived	Prior authorization is required.	Prior authorization is not required.
Durable Medical Equipment	Referral is required.	Referral is <b>not</b> required.
Special supplemental benefits for the chronically ill  The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.	Special supplemental benefits for the chronically ill – Flex card with \$150 every three months for utilities and healthy food is covered.	Special supplemental benefits for the chronically ill – Flex card with \$50 every month for utilities, rent and healthy food is covered.
OTC products allowance	\$105 allowance every three months.	\$60 allowance every month.
Health Education	Prior authorization is <b>not</b> required.	Prior authorization may be required.

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	2023 (this year)	2024 (next year)
Comprehensive Dental	Prior authorization is required.	Prior authorization may be required.
Cardiac and Pulmonary Rehabilitation Services	Prior authorization is <b>not</b> required.	Prior authorization may be required.
Hearing Exams	Prior authorization is required.	Prior authorization may be required.
Comprehensive Dental	Dental planing and scaling treatment plan per year is covered as a extra plan benefit.	Dental planing and scaling treatment plan per year is <b>not</b> covered as an extra plan benefit.
Targeted Case Management for Recently Incarcerated Beneficiaries	Targeted Case Management for Recently Incarcerated Beneficiaries is <b>not</b> covered.	Targeted Case Management for Recently Incarcerated Beneficiaries is covered.
Michigan Diabetes Prevention Program (MiDPP)	Michigan Diabetes Prevention Program (MiDPP) is <b>not</b> covered.	Michigan Diabetes Prevention Program (MiDPP) is covered.

## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at [AetnaBetterHealth.com/Michigan](https://www.aetna.com/betterhealth/michigan). You may also call Member Services at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs.

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

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week or contact your Care Coordinator to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.

***This section is continued on the next page.***



**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Michigan](https://www.aetna.com/betterhealth/michigan).

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- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to Chapter 9 of the *2024 Member Handbook* or call Member Services at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week.
- If you need help asking for an exception, you can contact Member Services or your Care Coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Care Coordinator. Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 30 days in an outpatient setting and 31 days in a long-term care facility. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
  - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
  - If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication in an outpatient setting and 31 days in a long-term care facility. You must fill the prescription at a network pharmacy.
  - Long-term care pharmacies may provide your prescription drug in small amounts at a time to prevent waste.
  - If you received a formulary exception for a drug you currently take, please refer to the letter that you received that gave permission for the exception. This letter will tell you if the exception continues after 2023. If it says your formulary exception will expire in or at the end of 2023, you will need to submit a new exception request for the drug for 2024 if its formulary status has not changed.
  - You may review the 2024 comprehensive formulary on our website at **[AetnaBetterHealth.com/Michigan](https://www.aetna.com/michigan)** to see if the changes to it affect your drug. Please call Member Services at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week to request a formulary exception for 2024.



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# Aetna Better Health Premier Plan ANNUAL NOTICE OF CHANGES FOR 2024

## Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2024. Read below for more information about your prescription drug coverage.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** To know if your drugs will be in a different tier, find them in the Drug List.

The following table shows your costs for drugs in each of our three (3) drug tiers.

	2023 (this year)	2024 (next year)
<b>Drugs in Tier 1</b> (Part D prescription brand name and generic drugs)  Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b>	Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b>
<b>Drugs in Tier 2</b> (Part D prescription brand name and generic drugs)  Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b>	Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b>
<b>Drugs in Tier 3</b> (Non-Part D prescription and over-the-counter drugs)  Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b>	Your copay for a one-month supply (30-day supply in an outpatient setting and 31 days in a long-term care facility) is <b>\$0 per prescription.</b>

**Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

*This section is continued on the next page.*



If you have questions, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Michigan](https://www.aetna.com/michigan)**.

## **E. How to choose a plan**

### **E1. How to stay in our plan**

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2024.

### **E2. How to change plans**

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

<p><b>1. You can change to:</b></p> <p><b>A different Medicare-Medicaid Plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.</p> <p>Your coverage in our plan will end the last day of the month after you tell us you want to leave.</p>
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**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Michigan](https://AetnaBetterHealth.com/Michigan)**.

<p><b>2. You can change to:</b></p> <p><b>A Medicare health plan (such as a Medicare Advantage Plan or Program of All-inclusive Care for the Elderly (PACE))</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).</li></ul> <p>You will automatically be disenrolled from Aetna Better Health Premier Plan when your new plan's coverage begins.</p>
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**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Michigan](https://www.aetna.com/betterhealth/michigan)**.

<p><b>3. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).</li></ul> <p>You will automatically be disenrolled from Aetna Better Health Premier Plan when your Original Medicare coverage begins.</p>
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**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Michigan](https://www.aetna.com/betterhealth/michigan)**.

**4. You can change to:**

**Original Medicare without a separate Medicare prescription drug plan**

**NOTE:** If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call MMAP at 1-800-803-7174.

**Here is what to do:**

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).

You will automatically be disenrolled from Aetna Better Health Premier Plan when your Original Medicare coverage begins.



**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Michigan](https://www.AetnaBetterHealth.com/Michigan)**.

## F. How to get help

### F1. Getting help from Aetna Better Health Premier Plan

Questions? We're here to help. Please contact your Care Coordinator or call Member Services at **1-855-676-5772 (TTY: 711)**. We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

#### **Your 2024 Member Handbook**

The *2024 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2024 Member Handbook* will be available by October 15. An up-to-date copy of the *2024 Member Handbook* is available on our website at **AetnaBetterHealth.com/Michigan**. You may also call Member Services at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week to ask us to mail you a *2024 Member Handbook*.

#### **Our website**

You can also visit our website at **AetnaBetterHealth.com/Michigan**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

### F2. Getting help from Michigan ENROLLS

For questions about your enrollment, call **Michigan ENROLLS** toll-free at **1-800-975-7630**. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.

### F3. Getting help from the MI Health Link Ombudsman Program

The MI Health Link Ombudsman Program can help you if you are having a problem with Aetna Better Health Premier Plan. The ombudsman's services are free.

- The MI Health Link Ombudsman Program works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The MI Health Link Ombudsman Program makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MI Health Link Ombudsman Program is not connected with us or with any insurance company or health plan. Call 1-888-746-MHLO (1-888-746-6456). Office hours are Monday through Friday, 8 AM to 5 PM EST.



**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Michigan**.



## **F4. Getting help from the State Health Insurance Assistance Program (SHIP)**

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP has trained counselors in every state, and services are free. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). MMAP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. MMAP is not connected with us or with any insurance company or health plan.

Call MMAP at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM.

## **F5. Getting help from Medicare**

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

### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

### **Medicare & You 2024**

You can read the *Medicare & You 2024* 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 get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## **F6. Getting help from Michigan Medicaid**

Call the Beneficiary Help Line at 1-800-642-3195. Persons with hearing and speech disabilities may call the TTY number at 1-866-501-5656. Office hours are Monday through Friday, 8 AM to 7 PM.



**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Michigan](http://AetnaBetterHealth.com/Michigan)**.

**F7. Getting help from the Quality Improvement Organization**

Call Livanta, the Quality Improvement Organization (QIO) designated for the state of Michigan. The QIO works to improve the quality of care for people with Medicare. Call Livanta at 1-888-524-9900 (TTY: 1-888-985-8775). The call is free.



**If you have questions**, please call Aetna Better Health Premier Plan at **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Michigan](https://www.aetna.com/betterhealth.com/Michigan)**.

**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 **1-855-676-5772 (TTY: 711)**. Someone who speaks English/Language 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 **1-855-676-5772 (TTY: 711)**. 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**1-855-676-5772 (TTY: 711)**。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**1-855-676-5772 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-855-676-5772 (TTY: 711)**. 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 **1-855-676-5772 (TTY: 711)**. 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 **1-855-676-5772 (TTY: 711)** 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 **1-855-676-5772 (TTY: 711)**. 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 **1-855-676-5772 (TTY: 711)**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 **1-855-676-5772 (TTY: 711)**. 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 **1-855-676-5772 (TTY: 711)**. 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 **1-855-676-5772 (TTY: 711)** 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 **1-855-676-5772 (TTY: 711)**. Un nostro incaricato che parla italiano vi 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 **1-855-676-5772 (TTY: 711)**. 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 **1-855-676-5772 (TTY: 711)**. 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 **1-855-676-5772 (TTY: 711)**. 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、**1-855-676-5772 (TTY: 711)**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 ʻōlelo kā mākou i mea e pane ʻa ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma **1-855-676-5772 (TTY: 711)**. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻōlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

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