2025 Florida Healthy Kids Member Handbook

Learn about your child's health care benefits

aetna®

AetnaBetterHealth.com/Florida

Aetna Better Health® of Florida

2947701-FL (Rev 1/25)

Helpful Information

Member Services
1-844-528-5815 (TTY: 711)
24 hours a day, 7 days a week

24-Hour Nurse Line
1-844-528-5815 (toll free)
24 hours a day, 7 days a week

Behavioral Health
1-844-528-5815

Vision - iCare
1-844-528-5815

Interpreter service
You have the right for someone to help you with any communication issue you might have. There is no cost to you. Call **1-844-528-5815** (toll-free).

Pharmacy
1-844-528-5815

Florida KidCare
1-888-540-KIDS (5437)

Mailing address
Aetna Better Health of Florida
PO Box 818001
Cleveland, OH 44181-8001

Emergency (24 hours)
If you have a medical condition which could cause serious health problems or even death if not treated immediately, call **911**.

Website
AetnaBetterHealth.com/Florida

Personal Information

My child's PCP (primary care provider)

My child's member ID number

My child's PCP's phone number

Welcome to Aetna Better Health® of Florida

Dear Parent/Guardian:

This Member Handbook explains your child's benefits with Aetna Better Health of Florida. Keep it handy. It contains important information to keep your child healthy.

Your child's Aetna Better Health ID card has been mailed to you. Check the ID card right away to make sure the information is correct. If it is not, please call Member Services at **1-844-528-5815 (TTY: 711)**. Your child's ID card will have:

- Your child's doctor
- The date your child's coverage starts with Aetna Better Health's Florida Healthy Kids plan
- Our Member Services telephone number

Schedule your child's first doctor visit right away. Regular checkups will help your child's doctor know about problems early.

You can also visit our website at **AetnaBetterHealth.com/Florida** where you can search for a provider or look at your child's Member Handbook. There is also information on staying healthy. Visit the "Health and Wellness" section of our site for more health information.

We are available to answer any questions you may have. Call us at **1-844-528-5815 (TTY: 711),** Monday through Friday, from 7:30 AM to 7:30 PM ET. For urgent issues, we have an after-hours answering service. You can reach an after-hours call center representative 24 hours a day, 7 days a week. If you are hearing or speech impaired and use a telephone relay service for the deaf, please call Florida Relay at **711**.

For emergencies, call **911** or go to the nearest hospital. For non-emergencies, the 24-Hour Nurse Line at **1-844-528-5815 (TTY: 711)** is also available to answer your medical questions when you cannot reach your doctor.

We look forward to serving you and your family.

About this Handbook

This Member Handbook explains your child's benefits with Aetna Better Health of Florida. It is intended for the parents and/or guardians of children enrolled in the Florida Healthy Kids program. Please read it carefully and keep it handy. It contains important information to keep your child healthy and explain how to get the services your child needs. Our Member Services Representatives are available to answer any questions you have. Feel free to call toll free **1-844-528-5815 (TTY: 711)** Monday through Friday, 7:30 AM to 7:30 PM ET.

This member handbook is not intended to create, and shall not create, any rights or obligations that differ from or are inconsistent with those set forth in the agreement between Aetna Better Health of Florida and the Florida Healthy Kids Corporation.

Do you need help in a language other than English?

Aetna Better Health offers other languages through Member Services at **1-844-528-5815 (TTY: 711)**. We provide over-the-telephone translation services in more than 100 languages, including Spanish, Creole, French, Portuguese, Russian, Chinese, Japanese and Korean.

Our network of doctors includes many providers who speak languages other than English. However, Aetna Better Health's doctors also use language services when needed. The non-English languages spoken by the providers are listed in our provider directory.

You can also ask for a copy of this Member Handbook in other languages. This handbook is available in other alternative formats such as Spanish and Braille free of charge. Call **1-844-528-5815 (TTY: 711)**, to request a translation. (Este libro está disponible en español y es gratis. Para recibirlo, llame al **1-844-528-5815 (TTY: 711)**).

If you are hearing impaired

We have a special telephone relay service for hearing impaired members. An Aetna Better Health operator will use a TTY relay service at **711** Relay.

Contact Information

When you need help or more information, use these contacts and websites:

Help or Questions About	Call	Visit
• Status of your application • Eligibility for Florida Healthy Kids • Making payments • When coverage starts • Florida KidCare letters or emails you receive	**1-888-540-KIDS (5437**) Weekdays, 7:30 AM – 7:30 PM ET TTY **1-800-955-8771**	**floridakidcare.org**
• Whether a medical service, prescription medication, or device is covered • Cost of a medical service, prescription medication, or device • Network health care providers • Preventive services • Payment of a medical bill • Appealing a service or claim denial	**1-844-528-5815 (TTY: 711)** Monday – Friday, from 7:30 AM to 7:30 PM ET	**AetnaBetterHealth.com/Florida**
• Information about dental benefits	Your specific dental insurance company: DentaQuest, Inc. **1-888-696-9557** Liberty Dental Plan **1-877-550-4436** MCNA Dental Plan **1-855-858-6262**	Your dental insurance company's website: **dentaquest.com/state-plans/regions/florida** **client.libertydentalplan.com/FLHealthyKids** **mcnaflhk.net/members**

Other helpful information

Contacting Aetna Better Health Member Services

You can receive answers to your questions by calling us at **1-844-528-5815 (TTY: 711)**. You can speak with a Member Services Representative Monday through Friday, 7:30 AM to 7:30 PM ET. For urgent issues, you can reach a call center representative 24 hours a day, 7 days a week. You should be ready to enter your child's member identification (ID) number when asked. Then, just follow the easy instructions.

You may also write to Member Services at:

Aetna Better Health of Florida
Attention: Member Services – Florida Healthy Kids
0675 NW 117th Ave, Suite 202
Miami, FL 33178

Information you can get on request

You can call Member Services toll-free at **1-844-528-5815 (TTY: 711)** if you have questions or want to learn more about:

- How our plan works
- The benefits for your child
- The many programs available to you
- Our quality improvement (QI) program. It focuses on patient results and helps track good outcomes for our members. Our Quality Committee meets to talk about:
  - Service availability
  - Continuity of care
  - Quality of care
- How we measure what we do and how well we do. This includes:
  - Member satisfaction surveys
  - Healthcare Effectiveness Data and Information Set (HEDIS) scores and Performance Measures
  - Quality improvement activities

Important reminders

- Keep your child's ID card with you at all times.
- In an emergency, go to the closest hospital or call **911**. Call your child's doctor and us as soon as possible so we can help you with your child's follow-up care.
- Use providers and hospitals in our network.
- Find out if you need a referral or prior authorization before your child gets services.

- Call to cancel an appointment with your child's doctor if you are unable to go.
- Call Member Services at **1-844-528-5815 (TTY: 711)**, Monday – Friday, from 7:30 AM to 7:30 PM ET, for questions about your child's care.
- Call Member Services if you need help changing your child's membership information or want to change your child's doctor.
- Call Pharmacy Services at **1-844-528-5815 (TTY: 711)**, Monday – Friday, from 7:30 AM to 7:30 PM ET, for drug coverage questions or problems.
- Call Florida KidCare at **1-888-540-KIDS (5437)** if you are changing address, phone number or moving to another state.
- Call us as soon as you know your child is pregnant so we can assist with your child's prenatal and postnatal care.
- Please remember to complete forms sent to you in your welcome packet.

Thank you for choosing us for your health care needs. We look forward to serving you.

Sending Documents

Important: Please do not send any medical bills or claims to the Florida Healthy Kids Corporation. If you need to send in a medical bill or claim, call Member Services at **1-844-528-5815 (TTY: 711)**, Monday – Friday, from 7:30 AM to 7:30 PM ET. When you send in any documents to Florida KidCare, write your family account number on the top of each page. You can find your family account number on any letters sent from Florida KidCare, or by logging into your online Florida KidCare account.

If you do need to submit income, identity, citizenship, or immigrant status documents to Florida KidCare, please submit them one of these ways:

Secure upload:	Scan your documents as one of these file types: .pdf, .jpeg, .jpg, .png, .tif, .tiff or gif. Each file must be less than 10MB. Log into your account at **www.healthykids.org** and click the green document upload button to upload documents to your account.
Email:	Scan your documents as one of these file types: .pdf, .doc, .ppt, .jpeg, .jpg, .tif, .tiff, .txt, .rtf, .bmp or .gif. Each file must be less than 10MB, or possibly smaller, depending on your email service. Email your documents to **contactus@healthykids.org**.

Mail: Florida KidCare
P.O. Box 591
Tallahassee, FL 32302-0591

Fax: **1-866-867-0054**

Making Premium Payments

When you need to make a premium payment, choose one of these ways:

Worry-free, automatic monthly payments

AutoPay
1. Go to **www.healthykids.org** and log in to your secure account or create an account if you do not already have one.
2. Enter your debit card, credit card or bank account information (transaction fee applies.)
3. Save your payment information.

One-time payments for a single month or multiple months of coverage

Online
1. Visit **www.healthykids.org** and click the Pay Premium button.
2. Select the one-time payment option.
3. Enter your debit card, credit card or bank account information (transaction fee applies).

Phone
Call **1-888-540-KIDS (5437)** to make a payment with your debit or credit card (transaction fee applies).

Mail
1. Write your family account number on your check or money order.
2. Make it payable to "Florida KidCare."
3. Send your payment to:
   Florida KidCare
   P.O. Box 31105
   Tampa, FL 33631-3105

In Person
Visit **www.fidelityexpress.com** to find a location where you can make a cash payment.

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Getting Started: Program Basics

What is Florida KidCare?
Florida KidCare is the state of Florida's high-quality, low-cost health and dental insurance program for children. There are four Florida KidCare partners. Each partner provides insurance to different groups of children:

- The Florida Healthy Kids Corporation runs Florida Healthy Kids for children ages 5 through the end of age 18.
- The Agency for Health Care Administration runs Medicaid for children from birth up to age 1 and MediKids for children ages 1 up to 4.
- The Department of Health runs the Children's Medical Services Managed Care Plan for children from birth up to age 19 with special health care needs.
- The Department of Children and Families runs the Behavioral Health Network for children ages 5 up to 19.

What is Florida Healthy Kids?
Florida Healthy Kids is health and dental insurance for children whose families meet certain income and other eligibility requirements. The health and dental insurance benefits are provided by insurance companies using a managed care model.

What is managed care?
The goal of managed care is to provide high-quality health care at low costs. The Florida Healthy Kids insurance companies use many approaches to do this, but two of the main approaches are:

- Creating a provider network. Network doctors and other health care providers agree to certain rules, like how quickly the doctor must give enrollees an appointment or, if a specialist is needed, the doctor must refer enrollees to a network specialist. Except for emergencies, enrollees must see a network provider.
- Having rules about when and what kinds of services, supplies, devices, and other products are covered. Florida Healthy Kids insurance companies only pay for medically necessary services.

Is my child's insurance company Florida Healthy Kids?
No. Your child's health insurance company is Aetna Better Health of Florida. Aetna Better Health is your primary source of information about the covered benefits and services available to your child.

When and how can I change insurance companies?
You can change insurance companies only at certain times and for certain reasons. Log into your online account to change insurance companies during your child's first 90 days of enrollment or during your child's annual renewal period.

Call Florida KidCare at **1-888-540-KIDS (5437)** to change companies if your child no longer lives in the plan's service area.

You may also call Florida KidCare to change companies for one of these reasons:

- Your child's doctor does not, because of moral or religious obligations, provide a service your child needs.
- Your child needs related services to be done at the same time and your child's primary care provider determines that receiving the services separately would subject your child to unnecessary risk, but not all related services are available in the plan's network.
- Your child has an active relationship with a health care provider who is not in the plan's network, but who is in the network of another subsidized plan in the area.
- The plan is no longer available in the area where your child lives.
- The Florida Healthy Kids Corporation requires the insurance company to take action to improve quality of care.
- Other reasons determined by the Florida Healthy Kids Corporation, including, but not limited to, lack of access to services or providers with the appropriate experience to provide care to your child.

Can I pick any of the health insurance companies?
You can pick one of the health insurance companies available where you live. You can find out which insurance companies are available in your area using the interactive map at **www.healthykids.org/benefits/providers/map.php**, or by finding your county on the list on the next page.

Counties: Alachua - Desoto	Counties: Dixie - Hernando	Counties: Highlands - Madison
Alachua Aetna Better Health of Florida Simply Healthcare Plans	**Dixie** Aetna Better Health of Florida Simply Healthcare Plans	**Highlands** Aetna Better Health of Florida Simply Healthcare Plans
Baker Aetna Better Health of Florida Simply Healthcare Plans	**Duval** Aetna Better Health of Florida Simply Healthcare Plans	**Hillsborough** Aetna Better Health of Florida Simply Healthcare Plans
Bay Aetna Better Health of Florida Simply Healthcare Plans	**Escambia** Aetna Better Health of Florida Simply Healthcare Plans	**Holmes** Aetna Better Health of Florida Simply Healthcare Plans
Bradford Aetna Better Health of Florida Simply Healthcare Plans	**Flagler** Aetna Better Health of Florida Simply Healthcare Plans	**Indian River** Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans
Brevard Aetna Better Health of Florida Simply Healthcare Plans	**Franklin** Aetna Better Health of Florida Simply Healthcare Plans	**Jackson** Aetna Better Health of Florida Simply Healthcare Plans
Broward Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	**Gadsden** Aetna Better Health of Florida Simply Healthcare Plans	**Jefferson** Aetna Better Health of Florida Simply Healthcare Plans
Calhoun Aetna Better Health of Florida Simply Healthcare Plans	**Gilchrist** Aetna Better Health of Florida Simply Healthcare Plans	**Lafayette** Aetna Better Health of Florida Simply Healthcare Plans
Charlotte Aetna Better Health of Florida Simply Healthcare Plans	**Glades** Aetna Better Health of Florida Simply Healthcare Plans	**Lake** Aetna Better Health of Florida Simply Healthcare Plans
Citrus Aetna Better Health of Florida Simply Healthcare Plans	**Gulf** Aetna Better Health of Florida Simply Healthcare Plans	**Lee** Aetna Better Health of Florida Simply Healthcare Plans
Clay Aetna Better Health of Florida Simply Healthcare Plans	**Hamilton** Aetna Better Health of Florida Simply Healthcare Plans	**Leon** Aetna Better Health of Florida Simply Healthcare Plans

Collier Aetna Better Health of Florida Simply Healthcare Plans	**Hardee** Aetna Better Health of Florida Simply Healthcare Plans	**Levy** Aetna Better Health of Florida Simply Healthcare Plans
Columbia Aetna Better Health of Florida Simply Healthcare Plans	**Hendry** Aetna Better Health of Florida Simply Healthcare Plans	**Liberty** Aetna Better Health of Florida Simply Healthcare Plans
Desoto Aetna Better Health of Florida Simply Healthcare Plans	**Hernando** Aetna Better Health of Florida Simply Healthcare Plans	**Madison** Aetna Better Health of Florida Simply Healthcare Plans

Counties: **Manatee - Palm Beach**	**Counties: Pasco - Suwannee**	**Counties:** **Taylor - Washington**
Manatee Aetna Better Health of Florida Simply Healthcare Plans	**Pasco** Aetna Better Health of Florida Simply Healthcare Plans	**Taylor** Aetna Better Health of Florida Simply Healthcare Plans
Marion Aetna Better Health of Florida Simply Healthcare Plans	**Pinellas** Aetna Better Health of Florida Simply Healthcare Plans	**Union** Aetna Better Health of Florida Simply Healthcare Plans
Martin Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	**Polk** Aetna Better Health of Florida Simply Healthcare Plans	**Volusia** Aetna Better Health of Florida Simply Healthcare Plans
Miami Dade Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	**Putnam** Aetna Better Health of Florida Simply Healthcare Plans	**Wakulla** Aetna Better Health of Florida Simply Healthcare Plans
Monroe Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	**St. Johns** Aetna Better Health of Florida Simply Healthcare Plans	**Walton** Aetna Better Health of Florida Simply Healthcare Plans

Nassau Aetna Better Health of Florida Simply Healthcare Plans	**St. Lucie** Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	**Washington** Aetna Better Health of Florida Simply Healthcare Plans
Okaloosa Aetna Better Health of Florida Simply Healthcare Plans	**Santa Rosa** Aetna Better Health of Florida Simply Healthcare Plans	
Okeechobee Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	**Sarasota** Aetna Better Health of Florida Simply Healthcare Plans	
Orange Aetna Better Health of Florida Simply Healthcare Plans	**Seminole** Aetna Better Health of Florida Simply Healthcare Plans	
Osceola Aetna Better Health of Florida Simply Healthcare Plans	**Sumter** Aetna Better Health of Florida Simply Healthcare Plans	
Palm Beach Aetna Better Health of Florida Community Care Plan Simply Healthcare Plans	**Suwannee** Aetna Better Health of Florida Simply Healthcare Plans	

Can Aetna Better Health disenroll my child?

No, Aetna Better Health cannot disenroll your child directly. If Aetna Better Health believes that your child is not eligible for Florida Healthy Kids, Aetna Better Health may ask the Florida Healthy Kids Corporation to review and verify your child's eligibility. When an eligibility review request is made, Aetna Better Health must include the reason why the child may not be eligible and how the information was obtained.

The Florida Healthy Kids Corporation will determine whether a child can remain enrolled.

How do I disenroll my child from Florida Healthy Kids?
Call Florida KidCare at **1-888-540-KIDS (5437)** and tell them you want to disenroll your child. Coverage ends at 11:59 PM on the last day of the month during which you call to cancel coverage. In other words, if you call on January 15th to cancel your child's coverage, your child will have coverage through January 31st.

If I cancel my child's coverage, can my child enroll in Florida Healthy Kids again later? Do I have to reapply?

You may re-enroll your child in Florida Healthy Kids as long as eligibility requirements are met. Call Florida KidCare at **1-888-540-KIDS (5437)** to find out if you need to go through the application process again and when your child's coverage can start.

What would cause my child to lose eligibility for Florida Healthy Kids and when would coverage end?

The chart below shows some of the reasons a child may lose eligibility for Florida Healthy Kids and when coverage ends.

Enrollees lose eligibility when he or she:	**Coverage Ends***
Turns age 19	The end of the month in which the enrollee turns 19
Is no longer a Florida resident	The end of the month in which the enrollee is no longer a Florida resident
Gains other insurance coverage	The end of the month prior to the start of the other insurance coverage, or the first of the month after FHKC has been notified of the coverage

*Does not include any applicable eligibility and enrollment dispute period

What Florida Healthy Kids covers and what it costs

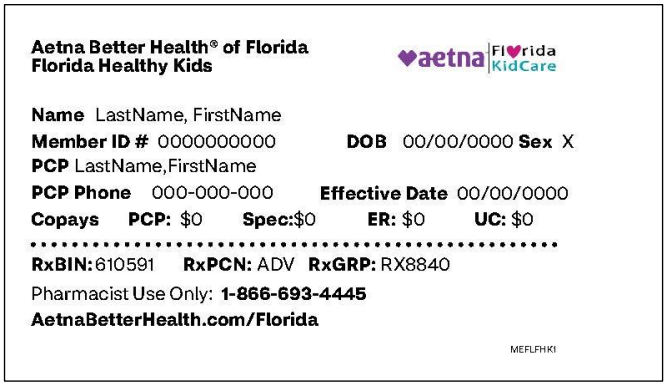
What services does the program cover?
Florida Healthy Kids covers important benefits like:

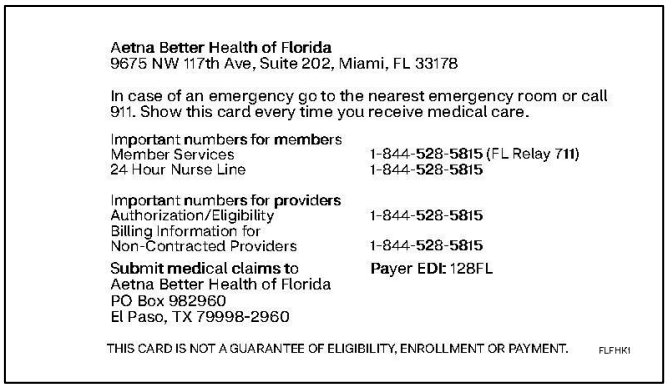
- Well-child visits
- Office visits to your PCP (**p**rimary **c**are **p**rovider)
- Office visits to specialists (doctors who focus on one area of health)
- Immunizations (shots your child gets to avoid illnesses like the flu or measles)
- Prescription drugs
- And more!

The chart on page 19 lists all covered services.

Your child's Aetna Better Health ID card

When your child becomes a member, we will send you an ID card for your child in the mail. You will need the card when your child goes to a doctor, hospital, pharmacy, or anywhere else your child gets health care. Please keep it with you at all times. Never let anyone else use the card. If your card is lost or stolen, please call us at **1-844-528-5815 (TTY: 711)** right away so that you can get another card.





We just moved from a different state where my child's plan didn't cover some services because of moral or religious objections. How do I obtain those services in Florida?
Aetna Better Health provides all covered benefits and does not exclude any benefits (see page 16) because of moral or religious objections. If your child's doctor will not provide services because of moral or religious objections, call Aetna Better Health. Aetna Better Health will help you access those services.

Do I have to see certain doctors?
Except for emergency situations, your child must see a network provider for the services to be covered. You may also need to get a referral from your child's PCP to see a specialist. See the Provider Network section for more information about this requirement.

Do I have to pay the doctor anything?
It depends. Some services require a copayment, a specified amount you pay to the provider when your child receives services. A copayment is sometimes called a copay. Not all services require a copayment. Preventive services, like well-child visits and routine vision screenings, are free! American Indians and Alaskan Natives who meet certain requirements do not pay any copayments.

The Medical and Prescription Benefits section includes information about the required copayments for common covered services.

Are there limits to how much I have to pay?
Yes. Your out-of-pocket costs are limited to 5 percent of your family's gross annual income (income before taxes and other deductions) each plan year. Out-of-pockets costs for a Florida Healthy Kids health plan include any copayments you pay. Monthly premium wouldn't apply to a full-pay family's out-of-pocket costs. For subsidized enrollees, the monthly premium also counts.

The plan year is your child's continuous eligibility period. The continuous eligibility period is the 12 months following enrollment approval.

What do I do if I think I've paid 5 percent of my family's income?
Call Florida KidCare at **1-888-540-KIDS (5437)**. Aetna Better Health and the Florida Healthy Kids Corporation will verify that you have paid 5 percent of your family's annual income.

You may need to provide receipts or other documents for the copayments you paid.

Once your information has been verified, you will receive a letter stating you do not owe any copayments for the rest of the plan year. You can show this letter to providers. Aetna Better Health will also tell your providers you do not owe any copayments. Monthly premium wouldn't apply to a full-pay family's out-of-pocket costs. Subsidized families will also stop paying monthly premiums for the rest of the plan year.

Remember, you will need to begin paying premiums and copayments again when your child's new continuous eligibility period starts. The continuous eligibility period is the 12 months following enrollment approval. If your child's continuous eligibility period begins on January 1st, be sure to pay your January premium in December.

Benefits and limitations

Aetna Better Health covers all services available through the Florida Healthy Kids program. Some of these services may need a referral or prior authorization. Your doctor will help you with the services your child needs.

For more information about the covered benefits, or if you have questions, call Member Services at **1-844-528-5815 (TTY: 711)** from 7:30 AM to 7:30 PM ET, Monday through Friday. For a list of providers in our network, go to our website at **AetnaBetterHealth.com/Florida** or call Member Services at **1-844-528-5815 (TTY: 711)**.

The table below is a quick look at the copayments. Continue reading for more information on the benefits and limitations.

Medical and Prescription Benefits

Florida law allows young pregnant women to be guaranteed Florida Healthy Kids coverage for 12 months after their pregnancy ends if they meet the following requirements:

- Your child was enrolled in Florida Healthy Kids coverage and pregnant on or after July 1, 2022;
- Your child continues to be a Florida resident;
- Your child is not enrolled in Medicaid; and
- You do not otherwise disenroll your child.

Call Florida KidCare at 1-888-540-KIDS (5437) if you have additional questions.

Summary of your benefits	
I. Professional and Outpatient Services	**Copayment**
A. Office visit(s) to PCP for minor illness or accident care	$5
B. Well child care and school-related physicals; visits to PCP for preventive care, including all immunizations recommended by American Academy of Pediatrics	$0
C. Routine vision screening (performed by PCP)	$0
D. Routine hearing screening (performed by PCP)	$0
E. Specialist office visit(s) (with referral)	$5
F. Chiropractic services– (24 visits per contract year)	$5
G. Diagnostic testing (lab, x-rays, etc.)	$0
H. Second medical opinion from a network provider (or outside the network if a doctor cannot be found in the network)	$0
I. Outpatient behavioral health services and alcohol or substance use disorder treatment services	$0

II. Inpatient Services	**Copayment**
Hospital admissions, including surgeries, behavioral health services and alcohol or substance use disorder treatment services. • Admissions for rehabilitation or physical therapy are limited to 15 Calendar Days per year	$0
III. Maternity	**Copayment**
Prenatal, delivery, postnatal and newborn care • Infants are covered up to three (3) Calendar Days following birth.	$0
Summary of your co-payments	
IV. Emergency Services	**Copayment**
A. Emergency room visits in a hospital – copayment is waived if admitted or authorized by doctor	$10
B. Transportation for emergencies	$10
C. Urgent Care Centers	$5
V. Other benefits	**Copayment**
A. Outpatient physical, occupational, respiratory and speech therapy • Limited to no more than 24 treatment sessions within 60 Calendar Days of illness or injury. • 60-day period begins with the first treatment. • Some therapies require prior authorization from Aetna Better Health	$5
B. Home health services • Home health visits by RN or LPN to provide skilled nursing services on a part time basis only. • Limited to skilled nursing services only. • Meals, housekeeping and personal comfort items are excluded. • Private duty nursing is limited to medically necessary conditions. • Services must be authorized by Aetna Better Health	$5
C. Hospice care	$5
D. Refraction (Vision testing by Optometrist)	$5

E. Corrective lenses and frames • Examination to determine the need for and prescribe eyeglasses • Corrective lenses (eyeglasses) and frames are limited to one (1) pair every two (2) years unless your child's head size or prescription changes. • Coverage is limited to the Aetna Better Health standard frames with plastic or SYL non-tinted lenses.	$10
F. Durable medical equipment and prosthetic devices	$0
G. Nursing facility	$0
H. Pharmacy • Up to a 31 Calendar Day supply	$5

Covered services

All covered services must be performed by a network provider and include:

Ambulance services

Aetna Better Health covers emergency transportation by ambulance, whether ground or air. Emergency transportation does not require prior authorization.

Behavioral health and substance abuse

Aetna Better Health of Florida offers behavioral, psychological or psychiatric care and substance abuse treatment. If you need assistance finding a behavioral health provider making an appointment you can call Member Services at **1-844-528-5815 (TTY:711)**. All calls are confidential. A trained professional will help plan the care that is needed. The following feelings can indicate your child needs help:

- Sadness that won't go away
- Feelings of hopelessness or helplessness
- Feelings of guilt or worthlessness
- Trouble sleeping
- Poor appetite or weight loss
- Loss of interest in things your child enjoys
- Trouble concentrating
- Irritability
- Headaches, stomach aches or backaches that won't go away
- Thought of hurting self or others

If your child needs help, call your child's doctor. You can get help 24 hours a day. If your

child's doctor Is not available, we will find another doctor for your child. If your child is in danger of hurting himself/herself or someone else, call **911** or take your child to the closest emergency room.

For emergencies in or out of the service area, you may use any hospital or other setting, or call us at **1-844-528-5815 (TTY: 711)**. You do not need prior authorization or a referral from your child's doctor for emergency services.

If you go the hospital for an emergency, make sure your child gets care after the emergency from their doctor. This may help to stabilize your child's condition and keep your child form having another emergency. Outpatient services after emergency room care are covered.

Prior authorization or referral by a doctor is not required to see a behavioral health provider in the network. Doctors in our network will see your child as outpatient within one day after urgent care, within one week for routine care, within one month for well care.

Behavioral health care from out-of-network providers who are not prior-approved are not covered. You may call Member Services to ask for prior approval to use a provider that is not in our network.

If you are not happy with the doctor assigned to your child, you can choose another one. You have the right to choose a different provider if you are not happy with your child's current provider, as long as another provider is available.

Dental services

Routine dental services are not covered by Aetna Better Health but are available through the Florida Healthy Kids program. If you need information about dental services, or are unsure which dental plan your child has been assigned to, call **Florida KidCare** toll-free at **1-888-540-KIDS (5437)**, Monday through Friday, from 7:30 AM to 7:30 PM ET.

Diabetes care and supplies

Aetna Better Health covers medically appropriate and necessary equipment, supplies and services used to treat diabetes, including outpatient education and training for self- management. Your child's doctor will help you with the services and supplies your child needs.

Doctor visits

Your child's PCP manages all of your child's health care needs. Aetna Better Health will pay for your child's visits to doctors in our network. Your child has unlimited visits to his/her PCP.

Dialysis

Dialysis treatments are covered. Coverage includes: routine laboratory tests, dialysis-

related procedures and supplies as well as other items that you may need for preventive, diagnostic and/or therapeutic care, or to treat an injury, illness or disease.

Durable medical equipment and prosthetic devices

We cover the medical supplies and equipment medically necessary to treat your child's medical condition. Talk to your child's doctor if he/she needs durable medical equipment (DME), prosthetic devices or medical supplies. These items need prior authorization by Aetna Better Health.

Limitations:

- Must be provided by an authorized Aetna Better Health supplier.
- Covered prosthetic devices include artificial eyes and limbs.
- Low vision and telescopic lenses are not included.
- Hearing aids are covered only when medically needed to help with the treatment of a medical condition.

Family planning

Aetna Better Health covers family planning services, including educational materials and classes, counseling, diagnostic procedures and contraceptive medicines and supplies. Services are voluntary and you have full freedom of choice of methods for family planning. Your child can go to any network provider for these services. Prior authorization or PCP referrals are not required. Visits for prenatal and perinatal care are unlimited.

Female health services

Doctor visits for female wellness are important for good health. Cervical cancer screenings (Pap tests) are important for maintaining a female's health. Contact your doctor for more information. Female members can see a women's health specialist (OB/GYN) within the network, without a referral, for covered routine and preventive health care services. There is no cost for your child's yearly pap test.

Health screenings

Health screenings are tests that help your child's doctors find problems early. Health screenings include:

- Physical exams and checkups
- Blood tests
- Urine tests
- Vision or hearing tests
- Immunizations/vaccines (shots)
- X-rays

Health screenings are usually done during routine checkups with your child's PCP. You will receive a schedule for checkups and vaccinations from their PCP. Your child should receive

the age-appropriate health screenings as recommended within 90 days of becoming a member. If more testing is needed, your child's PCP will tell you.

See the "Preventive Health Care" section of this book for more information.

Hearing services

Covered services include a routine hearing screening performed by your child's PCP. For hearing tests and other related services, call HearUSA at **1-800-731-3277** or go to their website at **www.hearusa.com**.

Home health services

Covered services include home visits by both registered and licensed practical nurses as well as medical equipment when ordered by your child's doctor and with prior authorization from Aetna Better Health. Talk to your child's doctor if your child needs any of these services.

Limitations:

- Skilled nursing services only.
- Meals, housekeeping and personal comfort items are excluded.
- Private duty nursing is limited to medically necessary conditions.
- Services must be authorized by Aetna Better Health.

Hospice services

Covered services include reasonable and necessary services for management of a terminal illness.

Limitations:

- Once you decide on hospice services, other services to treat the terminal condition will not be covered.
- Services needed for conditions totally unrelated to the terminal condition are covered if they would normally be covered by Aetna Better Health.

Inpatient hospital services

Covered services provide for the medical care and treatment of a child when admitted as an inpatient to a hospital. Inpatient is when your child stays overnight at the hospital. Inpatient coverage includes room and board, medical supplies, diagnostic tests, therapeutic services and all supplies and equipment to provide the right treatment for members.

Non-emergency hospital care needs prior authorization by Aetna Better Health. Your doctor or the hospital will ask for our approval.

For a list of all the hospitals in our network go to our website **AetnaBetterHealth.com/Florida**.

Limitations:

- All admissions must be authorized by Aetna Better Health.
- The length of stay shall be based on medical needs.
- Room and board may be limited to semi-private rooms, unless a private roomis medically necessary or semi-private rooms are not available.
- Private duty nursing is covered only if medically necessary.
- Admissions for inpatient rehabilitation and physical therapy are limited to 15 days per contract year. The contract year is January 1 through December 31.

Laboratory (lab tests)

Your doctor will tell you if your child needs these services. Lab tests must be done through one of our network providers. Some tests may require a referral. Aetna Better Health contracts with LabCorp and Quest for all lab testing. To find a LabCorp location near you, go to the LabCorp website at **www.labcorp.com/labs-and-appointments**. To find a Quest location near you, go to the Quest website at **https://appointment.questdiagnostics.com/patient/confirmation**.

Pregnancy, maternity and newborn care

Covered services include prenatal and postnatal care for mother and newborn:

- Delivery
- Nursery charges
- Examination of the baby
- Nursing assessment
- Nutrition assessment and counseling
- Health screenings
- Follow-up care

As soon as you know your child is pregnant and again after the baby is born, remember to call Aetna Better Health.

Limitations:

- The baby is covered under the mother for up to three days following the birth.

Organ transplantation services

Covered services include pre-transplant testing, transplant services, and post-transplant care.

Limitations:

- Coverage is available for transplants and medically related services, if necessary, within the guidelines set by the Organ Transplant Advisory Council or the Bone Marrow Transplant Advisory Panel. Aetna Better Health's Medical

Director must approve the procedure and the facility.

Outpatient services

An outpatient service is when your child does not have to spend the night at the hospital, like when your child needs X-rays or minor surgeries. Your doctor's office will help schedule outpatient services. Coverage includes checkups, testing, treatment, and other services provided in an outpatient setting. Your doctor will tell you if your child needs these services.

Limitations:

- Some services require a referral from your child's PCP.
- Some services require prior authorization from Aetna Better Health.

Preventive health care

Coverage includes the recommended preventive health care for children. Call your child's PCP to make an appointment. They will make sure your child gets the right health care.

Aetna Better Health supports the preventive care screening guidelines for children and adolescents recommended by the American Academy of Pediatrics. Remember to see your child's PCP within 90 days of joining the plan. If you need help with scheduling, call Member Services at **1-844-528-5815 (TTY: 711)**.

Preventive health guidelines: newborns up to 19 years[1]

Age	Recommended Checkups, Screenings, and Vaccines
0 - 2 weeks	Child Health Checkup, Hepatitis B shot, Hearing screen (if not already done)
1 month	Child Health Checkup, Hepatitis B shot (catch-up)
2 months	Child Health Checkup, Hepatitis B shot, Rotavirus shot, Diphtheria/Tetanus/Pertussis (DTaP) shot, Haemophilus influenza type B (Hib) shot, Pneumococcal (PCV) shot, Polio (IPV) shot
4 months	Child Health Checkup, Rotavirus, DTaP, Hib, PCV shots
6 months	Child Health Checkup, Rotavirus, DTaP, Hib, PCV, yearly flu shot beginning at 6 months – 5 years old
9 months	Child Health Checkup, Hemoglobin test, Blood lead screening test (either at 9 months or 12 months)
12 months	Child Health Checkup, Blood lead screening test (catch-up), Hepatitis A, Chicken Pox shot, PCV, Hib shots (either at 12 or at 15 months)
15 months	Child Health Checkup, DTaP, Hib (catch-up), Measles/Mumps/Rubella (MMR) shot
18 months	Child Health Checkup, Hepatitis A shot
2 years	Child Health Checkup, Blood lead screening test
3 years	Child Health Checkup; Begin routine vision test, hearing test, blood pressure check, and dental visits
4 - 6 years	Yearly Child Health Checkup; MMR/DTaP/IPV/chicken pox booster shots **once** between 4 – 6 years of age; Urine test at age 5, yearly dental visit
7 - 10 years	Child Health Checkup at ages 8 and 10, yearly dental visit
11 - 12 years	Yearly Child Health Checkup; Adult Tetanus/Pertussis (Tdap) shot, Human Papillomavirus shot (3 shot series for females only), Meningococcal (MCV4) shot, Measles/Mumps/Rubella (MMR) booster, yearly dental visit
13 to 19 years	Yearly Child Health Checkup; Urine test at age 16, catch-up immunizations, yearly dental visit

This is just a guide. It does not replace your doctor's advice. Talk to your child's doctor to make sure your child gets the right care.

[1] American Academy of Pediatrics (**www.aap.org**)

Skilled nursing facility

Coverage includes regular nursing services, therapy services, drugs, medical supplies and the use of the equipment furnished by the facility.

Limitations:

- Must be provided by an Aetna Better Health participating facility.
- Your child must need and receive skilled nursing services on a daily basis as ordered by an Aetna Better Health doctor.
- Coverage limited to 100 days per contract year. Admission for inpatient rehabilitation and physical therapy limited to 15 days per contract year.
- The contract year is January 1 through December 31.
- Specialized treatment centers and independent kidney disease treatment centers are excluded.
- Private duty nurses, television and custodial care are excluded.

Substance use disorder services

Aetna Better Health of Florida offers substance use disorder treatments. You do not need a referral from your child's doctor to receive covered substance use disorder, detoxification and rehabilitation services. If you need assistance finding a behavioral health provider or making an appointment, you can call us at **1-844-528-5815 (TTY: 711)** or go to our website at **AetnaBetterHealth.com/Florida/find-provider** and search for a provider. All calls are confidential. A trained professional will help plan the care that your child needs.

Covered services include coverage for impatient and outpatient care for drug and alcohol use including counseling and placement assistance.

Therapy services

Covered services include physical, occupational, respiratory and speech therapy services for short-term rehabilitation where significant improvement in your child's condition will result. Talk to your doctor if your child needs therapy. This service requires prior authorization.

Limitations:

- A total of 24 treatment sessions within 60 days of illness or injury.
- 60-day period begins with the first treatment.
- Some therapies require prior authorization from Aetna Better Health.

Urgent care

Urgent care clinics are there for you and your family when your child needs to see a doctor and your doctor is not able to see your child or the office is closed. Most urgent care centers are open 24/7 and have short wait times. Health problems that can be treated in urgent care centers include:

- Common colds and flu symptoms
- Sore throat
- Ear pain
- Minor cuts and scrapes
- Minor burns
- Sprains or strains

If your child is having a medical emergency, you should call **911** or go to the emergency room.

Vaccines (immunizations)

Children need shots that help their body fight disease. Children must have a record of these shots in order to begin school. You may need to provide this record when you enroll your children into school.

Some shots need to be given more than once. For the most up-to-date immunization information, visit **www.cdc.gov/vaccines/schedules/hcp/index.html**.

Your child will get vaccines (shots) when they see the doctor for their routine checkups.

Your child's doctor will know which shots are needed. We pay for vaccines recommended for children by the Centers for Disease Control (CDC).

Your child does not need a prescription from his or her PCP to get the shots.

Vision testing

Covered services include examination by an Aetna Better Health optometrist, if your child has failed a routine vision exam by their PCP, to determine the need for corrective lenses (eyeglasses).

You should get your child's eyes examined at least once a year to keep them healthy.

We use iCare Health Solutions for vision services. iCare provides eye exams, eyeglasses and medically necessary contact lenses. To find a participating provider please call Member Services at **1-844-528-5815 (TTY:711)** or visit our website **AetnaBetterHealth.com/Florida**.

Members with diabetes get free diabetic retinal exams. These exams are very important to prevent blindness. This exam is in addition to other eye services listed above.

Limitations:

- Corrective lenses (eyeglasses) and frames are limited to one pair every two years unless your child's head size or prescription changes.
- Coverage is limited to the Aetna Better Health standard frames with plastic or SYL non-tinted lenses.

Well-child visits

Annual well-child visits, also called child health checkups, are an important part of our wellness program. These visits include many preventive screening services and vaccinations (shots) to keep your child healthy.

X-rays

Your doctor will tell you if you need these services. Some care may need a referral from your doctor, or approval from Aetna Better Health.

What is not covered

There are some things that Aetna Better Health does not cover. These include:

- Care for which you do not have a referral. For some care, a referral is not required. See page 35 for a list of services that do not require a referral.
- Care from out-of-network providers without prior authorization, except for emergency or family planning services.
- Experimental/ investigational treatments defined as a drug, biological product, device, medical treatment or procedure that meets any one of the following criteria, as determined by Aetna Better Health:
    1. Reliable evidence shows the drug, biological product, device, medical treatment, or procedure when applied to the circumstances of a particular enrollee is the subject of ongoing phase I, II or III clinical trials; or,
    2. Reliable evidence shows the drug, biological product, device, medical treatment or procedure when applied to the circumstances of a particular enrollee is under study with a written protocol to determine maximum tolerated dose, toxicity, safety, efficacy, or efficacy in comparison to conventional alternatives; or,

3. Reliable evidence shows the drug, biological product, device, medical treatment, or procedure is being delivered or should be delivered subject to the approval and supervision of an Institutional Review Board (IRB) as required and defined by federal regulations, particularly those of the U.S. Food and Drug Administration or the Department of Health and Human Services.

- Abortions – Except :
  - When pregnancy is the result of an act of rape or incest; or,
  - When a physician has found that the abortion is necessary to save the life of a mother.
- Services that are not medically necessary.

For other services not covered, please call Member Services at **1-844-528-5815 (TTY: 711)**, from 7:30 AM to 7:30 PM ET, Monday through Friday.

What if my child needs services not covered by Aetna Better Health?

Aetna Better Health may not cover all of your child's health care expenses. You may have to pay for services that Aetna Better Health does not cover or if you go to a provider that is not in our network. It is important to check with your doctor or call Member Services toll-free at **1-844-528-5815 (TTY: 711)** if you have any questions.

Pharmacy benefit

The pharmacy benefit covers certain prescription medications, also called prescription drugs, prescribed by your child's health care provider. Aetna Better Health has a specific list of prescription medications that are covered. This is called a preferred drug list. The preferred drug list also describes any requirements your child must meet to have a prescription covered. It is sometimes called a prescription drug formulary.

Does the preferred drug list change?

The preferred drug list may change from time to time. The current preferred drug list is available on **AetnaBetterHealth.com/Florida** website. Click on "For Members". Click on "Pharmacy Benefits". Then click on "Formulary drug list". You will be notified if Aetna Better Health makes a change to the preferred drug list that will impact your child's current prescriptions.

Who decides what drugs go on the preferred drug list?

Aetna Better Health has a committee of pharmacists and medical professionals that decides which medications go on the preferred drug list. The committee considers issues like:

- How well a medication works for most people;

- Potential side effects or bad reactions; and
- The cost of a particular drug relative to comparable drugs.

My child's doctor says my child needs to take a brand name medication instead of a generic medication. Will Aetna Better Health cover the brand name medication?
Aetna Better Health will cover the brand name medication if your child's provider specifies "dispense as written" on the prescription. The phrase "dispense as written" tells the pharmacist not to make any substitutions. If your child's doctor does not indicate "dispense as written" and you ask the pharmacist for the brand name medication, you may have to pay the full cost of the medication.

Prescription drugs and medicines

Coverage includes the medicines and drugs, including most generic drugs and some brand name drugs. Generic drugs have the same ingredients as brand name drugs, but they cost less and work the same. If you need a brand name drug that is not covered, your doctor can ask us to cover it by sending a prior authorization request. Your doctor can find that form on our website. For the list of drugs we cover, go to our website **AetnaBetterHealth.com/Florida**.

To find a participating drug store/pharmacy near to you, call Member Services or go to our website **AetnaBetterHealth.com/Florida**.

If your child's medication is not on the formulary, schedule an appointment with your child's doctor who may be able to prescribe a different drug that is on the list. Your child's doctor can help you ask for an exception if the drug that is needed is not on the list.

If your child needs a drug that is on the formulary but requires authorization or step therapy, you can get a temporary three-day supply. Talk to your pharmacist about getting this temporary supply and talk to your child's doctor about submitting a prior authorization request.

If your child is under age 13, the pharmacy needs your approval to give psychotropic drugs. Psychotropic drugs can affect the mind, emotions and behavior. Your child's doctor must fill out one of the forms below for your prescription to be filled at the pharmacy:

- Informed Consent for Psychotherapeutic Medication attestation form
- Department of Children and Families CF-FSP 5339 form (if there is a court order)
- Department of Juvenile Justice Consent Form HS 006.

Your child's doctor will give you the signed form for you to take to the pharmacy with the prescription.

Specialty medicines

Specialty medicines are used to treat a variety of conditions such as cancer, arthritis, and other diseases. Specialty medicines include injectable products that are given by shot at your home or in the doctor's office. Your child's doctor will tell you if your child needs specialty medicines which require prior approval by Aetna BetterHealth.

CVS Specialty Pharmacy is our preferred specialty pharmacy for certain drugs. For the list of drugs that should be filled at CVS Specialty Pharmacy, go to our website **AetnaBetterHealth.com/Florida**. Please call the phone number on your child's ID card if you want to opt-out of the CVS Specialty Network and choose another participating provider.

Remember to show your child's ID card to your pharmacist every time you get your child's prescription filled.

The Provider Network

Making Sure Your Child's Benefits Are Covered
Aetna Better Health pays for covered services only when your child sees a network provider. Your child will have a PCP (**p**rimary **c**are **p**rovider) who will coordinate your child's medical care. If your child needs to see a specialist (a doctor who focuses on one type of health condition or part of the body) your child's PCP will provide a referral.

Emergency services are an exception to these rules. Your child may see any provider for emergency services and a referral is not needed.

What is a network provider?
A network provider is a doctor, other health care professional, hospital, other health care facility, pharmacy or medical supply company that has a contract with Aetna Better Health to see Florida Healthy Kids enrollees.

How do I know if my child's doctor is a network provider?
Aetna Better Health has a provider directory on its website so you can search for network providers in your area by name or provider type. The online provider directory is updated regularly when Aetna Better Health receives new information from providers.
Aetna Better Health also has a printable copy of the provider directory available. You can find this document on **AetnaBetterHealth.com/Florida** or you can call Member Services at **1-844-528-5815 (TTY: 711)** and request a copy. Aetna Better Health will mail a copy to you for free. The copy is updated at least monthly, but it may not be as accurate as the online provider directory.

Remember to ask your child's doctor's office if they still accept Aetna Better Health. Be sure to say Aetna Better Health Florida Healthy Kids, not just Florida Healthy Kids.

I looked at the provider directory, but I still need help.
Call Member Services at **1-844-528-5815 (TTY: 711)** from 7:30 AM to 7:30 PM ET, Monday through Friday.

My child has been to a doctor I really like, but the doctor is not in the network for Aetna Better Health. What can I do?
If you don't find your doctor in our current directory, please check back often as we continue to add doctors to the Florida Healthy Kids network. To ensure your PCP is contacted to join our network, please email us and provide the doctor's name, office

address and telephone number. Email to: **FLMemberAssist@aetna.com**. Or call Member Services at **1-844-528-5815 (TTY: 711)**. We cannot guarantee the provider will be added to our network.

How do I choose a PCP for my child?
When your child becomes a member, you have the right to choose any PCP that is part of Aetna Better Health's network. We have many PCPs to choose from. Please refer to our provider directory, our website, or call us at **1-844-528-5815 (TTY: 711)**. If you do not choose a PCP, we will choose one for you. The name and phone number of your child's PCP will be on your child's ID card. When you go to your child's PCP, be sure to show your child's ID card. Your child's PCP will help you with all of your child's health care.

Can I change my child's PCP?
If you want or need to change your child's PCP, follow these steps:

- Look through the Aetna Better Health Provider Directory and pick a PCP who is seeing new patients.
- Call Member Services at **1-844-528-5815** Monday through Friday from 7:30 AM to 7:30 PM ET. If you are hearing or speech impaired and use a telephone device for the deaf, please call **711** Relay.
- If you call on or before the 15th of the month, your child's PCP will be changed right away. If you call after the 15th of the month, the PCP will be changed on the first day of the next month.

We will then send you a new ID card showing the name and telephone number of your child's new PCP.

Can I choose any PCP?
You may choose any network PCP that is accepting new patients. If your child already sees a network PCP who is not accepting new patients with the plan, your child's doctor may be willing to continue seeing your child. Call and ask the doctor's office. If your doctor agrees, call Aetna Better Health so we can confirm with your child's doctor and assign him or her as your child's PCP. **Not all doctors are able to accommodate this request.** If your child's doctor is not able to continue seeing your child, you must choose a new PCP.

How do I make an appointment?
Call the doctor's office and tell them:

- You want to make an appointment;

- If your child is a new patient;
- Why you want to see the doctor; and
- The name of your child's plan which is Aetna Better Health - Florida Healthy Kids

Ask these questions:

- Do I need to bring anything to the appointment?
- Are there forms I can fill out ahead of time?
- What do I do if I need to change or cancel?
- Is there a fee if I cancel an appointment?

Have your schedule in front of you when you call so you know which days and times an appointment will work for you.

Remember to take your child's member ID card with you to the appointment. Your child's doctor needs this card and may not see your child if you do not have it with you.

Make the most of your child's doctor appointment

- Tell the doctor:
  - The reason for your visit (Looking for pain relief, need a referral to specialist, need test results, etc.)
  - Your child's symptoms, when they started
  - All of the medications your child takes regularly, including over-the-counter, vitamins and supplements
- Do:
  - Take notes to help you remember
  - Ask the doctor to speak slowly, or explain anything you don't understand
  - Ask for more information about drugs or treatments, and what they are for

What to expect at the doctor's office

Regular well-child care can prevent problems with your child's long-term health. Your child should receive regular checkups. Your child's doctor is the best person to help recommend the shots and preventive care your child needs.

Your child's PCP may want your child to receive health screenings. Health screening tests help your child's doctors find problems early. Your child's PCP will decide which screenings are needed. Health screenings include:

- Physical exam and checkups
- Blood tests
- Urine tests
- Vision or hearing tests
- Vaccines

Seeing a specialist

Specialty care
Talk to your doctor if your child needs to see a specialist. Some care and/or specialists may require a referral and/or prior authorization.

My child needs to see a specialist. What do I do?
Usually, your child will need a referral from his or her PCP. You must contact your PCP so he or she can direct your child to a specialist for care. You must use a participating provider except in an emergency.

Why does my child need a referral?
Your child's PCP or primary dentist can provide most of your child's medical services. He or she is the person who can help you make the best decisions about your child's care, including when your child should see a specialist. Florida Healthy Kids requires a referral for most services that are not provided by your PCP or primary dentist because this helps ensure your child receives the most appropriate care. Plus, your PCP and primary dentist are the most up-to-date on your child's medical and dental health. Your child's PCP must work with us directly to arrange this referral.

How do I get a referral?
1. Call your child's PCP. Sometimes you will need to make an appointment to see the PCP. Depending on the type of specialist your child needs and how familiar the PCP is with your child's issue, the PCP may not need to see your child first.
2. If your child's PCP thinks your child should see a specialist, he or she will refer your child to a network specialist. Some PCP offices give you the referral for you to take with you to the specialist appointment. Others send the referral to the specialist for you. Be sure to confirm that the specialist's office receives the referral.
3. Call the specialist to make an appointment. Be sure to do this in a timely manner or you may need to make another appointment with your child's PCP. Some PCP

offices will do this for you, but you need to let them know the days and times you can get to the appointment.

4. If the PCP gave you a referral, remember to take it with you to your child's appointment.

Does my child always need to get a referral?
Your child will need a referral for most services not provided by your child's PCP. If your child sees a specialist without a referral, you may have to pay the full cost of that visit, which is much higher than your copayment. Your child may see some specialists without a referral.

Are there other requirements like referrals I need to know about?
Your child's PCP may need to get prior authorization from us before we pay for a specific service. Your child's provider is responsible for requesting prior authorizations, so you do not need to do anything. If we do not approve or cover a service, your child can still have the services, but you will have to pay for those services. You can always call Member Services at **1-844-528-5815 (TTY:711)** if you have questions or concerns.

Prior authorizations
You may need prior authorization before your child gets some services. Before your child receives some services, your child's doctor will contact us to obtain prior authorization. We will pay for the care if it is approved. If it is not approved and you choose to get it, you may have to pay for it. You do not have to get approval or prior authorization for emergency services or post-stabilization services. We will pay for emergency services.

You <u>do not need</u> prior authorization for:

- Emergency care
- Urgent care services
- Preventive care
- Pregnancy or maternity care
- Family planning services
- Female wellness visits

You <u>do need</u> prior authorization for:

- Planned hospital admissions
- Home health services

- Outpatient procedures like CT scans, MRIs, PET scans, surgeries
- Out-of-network providers
- Nursing home admissions
- Inpatient rehabilitation
- Hospital admissions, including surgeries, behavioral health services and alcohol or substance use disorder treatment services
- Therapies (physical, occupational, speech)
- Hospice care
- Transplant evaluation and services

If you want to know if you need prior authorization or to find out the status of prior authorization, call us at **1-844-528-5815 (TTY: 711)** Monday through Friday, from 7:30 AM to 7:30 PM ET, before your child receives the service.

My child needs services from a specialist, but there are no network specialists in my area.

Call Member Services at **1-844-528-5815 (TTY: 711)** and ask us to help you find a provider. Florida Healthy Kids plans are required to make sure your child gets the services he or she needs. If your child needs a service and we cannot provide it in our network, we will help you get these services outside of our network.

If we approve your child to go outside of our network, we will be sure the cost is no greater to you than in our network. Aetna Better Health does not pay for medical services if you are outside of the United States

What if I have concerns about my child's treatment or treatment plan?

You can ask for a second opinion. A second opinion is when you take your child to another doctor about the same issue for which your child has already seen a doctor. Your child can get a second opinion by a doctor of your choice inside the network if:

- Your child is not getting better on the current treatment
- You don't agree that your child needs or should get surgery (an operation)
- You don't agree with the treatment your child's doctor has recommended

The doctor who provides a second opinion must:

- Examine your child
- Not be part of the same practice as the doctor who first recommended surgery or treatment
- Not perform any surgery or treatment to correct the problem for which the second opinion was done

To get a second opinion, speak with your child's doctor. A referral is needed.

If we do not have a doctor inside the network to meet your child's medical needs, we will help arrange care from a doctor outside the network.

You should feel comfortable discussing your child's health and treatment options with your child's doctor. Ask questions when you do not understand something and ask about the pros and cons of a treatment option. Consider choosing a new doctor for your child if you often do not feel comfortable asking questions or you do not get the information you need.

What rules does Aetna Better Health's network have to meet?
Aetna Better Health is required to have a network with enough providers to ensure enrollees have timely access to covered services.

Sometimes it is not possible for Aetna Better Health to meet these requirements. Often, this is because not enough health care providers work in the area. Sometimes not enough health care providers will see children or accept the plans offered through Florida Healthy Kids.

If your child needs services from a certain type of provider, Aetna Better Health can help you find one in your area. If there are no providers in the network nearby, we will arrange for your child to see an out-of-network provider. You must go through Aetna Better Health to see an out-of-network provider unless your child requires emergency services.

Aetna Better Health makes sure most enrollees can get to their doctors within a certain amount of time or a certain distance from their home. For example, if you live in a city (urban), you should be able to get to a network PCP in about 20 minutes or within 20 miles from your home. These are called network access standards.

The Florida Healthy Kids network access standards are:

	Time Standards – in minutes		**Distance Standards – in miles**	
	Rural	**Urban**	**Rural**	**Urban**
PCP – pediatricians	30	20	30	20
PCP – family physicians	20	20	20	20
Behavioral health – pediatric	60	30	45	30
Behavioral health – other	60	30	45	30
OB/GYN	30	30	30	30

Specialists – pediatric	40	20	30	20
Specialists – other	20	20	20	20
Hospitals	30	30	30	20
Pharmacies	15	15	10	10

I always have to wait a long time to get an appointment at my child's doctor office. What can I do?

Network providers agree to provide Florida Healthy Kids enrollees with appointments within the timeframes listed below. If a network provider tells you that you must wait longer than these timeframes, please call Member Services at **1-844-528-5815 (TTY:711)** Monday through Friday from 7:30 AM to 7:30 PM ET.

- If your child **experiences a life-threatening emergency** and needs immediate care, please go to the nearest emergency room or call **911**.
- **Routine care** – care that may be delayed without expectation that your child's condition will get worse without care within a week – must be provided within seven days of your request for services.
- **Routine physical exam** – an annual well-child exam – must be provided within four weeks of request for services.
- **Follow-up care** – care provided after treatment of a condition – must be provided as medically appropriate and as directed by your child's health care provider.
- **Urgent care** – care required within 24 hours to prevent the condition from becoming an emergency – must be provided within 24 hours of request. Know where the closest urgent care center for this type of care is located. Urgent care centers are often open late and on weekends.

How can my child get care after normal business hours?

There are a few ways to access care after normal business hours, depending on your child's needs:

- **Providers with extended hours**
  - Some providers offer evening or weekend office hours. Call the provider's office or visit their website to find out when they are open.
- **Urgent care centers**
  - Urgent care centers see patients who need immediate, but not emergency attention and their PCP is not available.
  - Some urgent care centers require you to make an appointment while others allow walk-ins. Be sure to call ahead and ask.

- **24-Hour Nurse Line**
  An experienced nurse from our Nurse Line can give you information to help you decide if your child should go to the emergency room, visit an urgent care center, make a provider appointment or use self-care.

  Nurses can provide information and support for many health situations and concerns, including:
  - Minor injuries
  - Common illnesses
  - Self-care tips and treatment options
  - Recent diagnoses and chronic conditions
  - Choosing appropriate medical care
  - Illness prevention
  - Nutrition and fitness
  - Questions to ask your child's provider
  - How to take medication safely

  You can call the toll-free Nurse Line at **1-844-528-5815 (TTY: 711)** any time, 24 hours a day, 7 days a week. There's no limit to the number of times you can call.

- **Emergency room**
  If you child is experiencing a life-threatening emergency, call **911** or go to your nearest emergency room.

When should I take my child to the emergency room?
Call **911** or take your child to the emergency room if he or she has an emergency medical condition. This means an injury or illness, including severe pain, that needs care right away to avoid serious danger to your child's life or pregnancy, or to avoid serious damage to your child's health.

Avoid taking your child to the emergency room for common illnesses, such as colds or earaches with low fever. Your child's PCP can effectively treat most childhood illnesses. Plus, your primary care physician knows the most about your child's health history so they can help you make the best medical decisions. Using your child's health history and routine screenings results in better treatment for your child, and the PCP may catch and treat other health issues before they become a problem.

Examples of emergencies include:

- Chest pain and other symptoms of heart attack or stroke
- Shortness of breath or severe breathing problem
- Major head injury
- Fainting, unconsciousness
- High fever (105 degrees F)
- Convulsions
- Major broken bones
- Deep wounds
- Uncontrollable bleeding
- Gunshot or knife wounds
- Severe burns
- Thoughts of hurting self or others

You do not have to get prior authorization from Aetna Better Health for emergency services. Call your child's doctor and us as soon as possible so we can help you with your child's follow-up care at **1-844-528-5815** Let the doctor know your child was at the hospital.

Health Risk Assessments

New members
In order to get the best care, follow these easy steps:

1. Fill out the **Medical Release Form**.
2. Fill out the **Health Risk Assessment Form**
   Take a few minutes to fill-out this short survey. It will help us to know you better and match your child with the services and benefits available to your child.
   You will find those forms on our website **AetnaBetterHealth.com/Florida**. If you need help, call Member Services at **1-844-528-5815 (TTY: 711)**.
3. Next, **schedule an appointment with your child's PCP**.
   It is important to schedule a first visit with your child's PCP. Regular checkups are important to stay healthy. The name and phone number of your child's PCP will be on your child's ID card.
4. If you have not chosen a PCP for your child, or if you want another PCP, choose one now. You can call us at any time to change your child's PCP. Call our Member Services at **1-844-528-5815 (TTY: 711)** to find a PCP or for help to schedule an appointment.
5. Complete the Health Risk Assessment Form and well-child visit within the first 90 calendar days and receive a $15 gift card.

When your child gets sick away from home

Call **911** to get immediate help in an emergency. You do not need to get prior authorization from Aetna Better Health for emergency care, even if you are on vacation or out of our network. Call us as soon as you can.

Sometimes, your child gets sick or hurt away from home, but it is not an emergency. In this case, call your child's Aetna Better Health PCP to help you arrange care for your child. Your child's PCP may tell you to take your child to a doctor near where you are. In this case, we will work with your family to arrange payment for needed care. We do not cover routine care and checkups outside the Aetna Better Health network.

Sometimes providers will call Aetna Better Health and arrange payment directly with us. Other providers will ask you to pay for the care "up front." In this case, you will need to call

Member Services at **1-844-528-5815 (TTY: 711)**, after your child is seen. We will help you with the forms and information you may need so that we can pay you back for medically necessary care. Aetna Better Health of Florida does not pay for medical services if you are outside of the United States.

What else does your child get as a member?

We want to make it easy for your child to get the care and services he or she needs. We have many other services you can use. There is no cost for these programs and you can choose to join or opt out at any time.

Your child's PCP may suggest one of these programs for your child. To learn more about some of the other programs you can use, call Member Services at **1-844-528-5815 (TTY: 711)** or go to our website at **AetnaBetterHealth.com/Florida**. There are many community programs to help you and your child. These programs are explained in this book.

Care Management and Disease Management

The Care Management program helps those with complicated or serious conditions such as heart disease, asthma or diabetes. Florida Healthy Kids members with these conditions are assigned to a Care Management nurse. They can help you understand your child's major health problems and arrange care with his/her doctors. A care manager will work with you and the doctor to help your child get the care you need. This nurse then works with the entire Aetna Better Health team to support your child's care. For more information about the Care Management services, please call us or visit our website.

Utilization Management and Utilization Review

Utilization management is a process where the health plan manages, monitors, evaluates, and improves the care and services that your child receives. We evaluate each child's individual needs to be sure that they receive the right services from the best provider. Utilization management activities include preventive, diagnostic and treatment in both the hospital and outpatient settings and include pharmacy.

Our clinicians review the services requested by providers to be sure they are covered benefits, are medically necessary and reflect the most current, best clinical practices. Our goal is to be sure that your child receives the quality care that they need. No Aetna Better Health doctor or staff member is rewarded in any way for making decision about the care your child should or should not get. Doctors make the utilization management decisions

and recommendations. These doctors do not get paid more money for deciding if your child does or does not need care.

Healthy behaviors programs
We offer programs to our members who want to stop smoking, lose weight, or address any substance use disorder problems. We also offer prenatal and after-delivery programs. We reward members who join and meet certain goals. Participation in the healthy behavior programs is voluntary. For more information about the healthy behavior programs, call us at **1-844-528-5815 (TTY: 711)** or visit our website **AetnaBetterHealth.com/Florida**.

Interpreter services
Many of our employees speak more than one language. If you cannot connect with one who speaks your language, or if you are vision and/or hearing impaired, we can use an interpreter to help you speak with our staff.

Many of our network providers also speak more than one language. If you see one who does not speak your language, you can use our interpreter services to help you during your appointment. You must arrange for your translation services at least 72 hours before your appointment. If you need sign language translation for your doctor appointment, please allow at least ten days to arrange this service.

We have interpreters for all foreign languages and for the visually and/or hearing impaired. You can have the printed materials we send to you translated for you. There is no cost for these services.

Community programs
It may be helpful for you to work with other programs in your community. They may be able to help with services that are not covered on our plan. Aetna Better Health can help you get in touch with some of these programs. They can help your child with care that will keep them healthy. We help our members to improve their total health. We work with local organizations on programs such as:

- Domestic violence prevention
- Children's programs
- Pregnancy programs
- Smoking cessation
- Substance use disorder support

WIC Program

The Women, Infants and Children (WIC) Program is a nutrition program for women, infants and children. WIC provides the following at no cost to you: healthy food, nutrition education and counseling, breastfeeding support and referrals for all pregnant, breastfeeding and postpartum women, and infants and children up to the age of five. Call WIC at **1-800-342-3556.**

Healthy Start programs

Healthy Start programs are state programs that improve pregnancy and infant health and make sure mom and baby get good medical attention. When your child is having a baby, we will work with your child and Healthy Start to be sure that your child receives services in the community that will help your child deliver a healthy baby. Your child's doctor will complete a risk screening and send it to Healthy Start to see what services your child can receive.

Value-Added Benefits

At Aetna Better Health of Florida, we strive to provide the care and attention you deserve. We are committed to helping you improve your health and well-being through great services and benefits.

We offer these added benefits to our members at no cost (limitations apply).

- Health Risk Assessment completion – members receive a $15 gift card if they complete their assessment and see their PCP for a well-child visit within the first 90 days of enrollment. If the member had a recent well-child visit, that should satisfy the well-child visit requirement
- Transportation to specialists and dentists between 40 and 70 miles away from the member's home
- CVS Health discount card for a 20% discount on CVS brand over-the-counter (OTC) health-related items
- After-school programs - Reimbursement of up to $35 a year towards the membership fees to join the YMCA, 4-H, Boys & Girls Clubs of America, Boy Scouts, Girl Scouts of America or a team sport
- Swim lessons/drowning prevention - Reimbursement up to $50 for swimming lessons with drowning prevention by a certified swimming school or organization
- Weight management program – Members receive a wearable Bluetooth® fitness tracker; nutritional counseling; gift cards
- Tobacco/vaping cessation program - Members who want to stop use can receive up to two gift cards; $20 after 3 months; $20 after 6 months.

- Prenatal and postpartum program – Member can receive home diaper delivery
- Substance use program –Members aged 13-18, with the completion of a 6-month program, can receive gift cards worth up to $40
- Asthma program – Members receive $60 for hypoallergenic bedding and an additional peak flow meter and spacer

Call Member Services at **1-844-528-5815 (TTY: 711)** for more information.

Coordination and Transition of Care

What happens to my child's scheduled services and appointments when my child changes plans?
If your child moves from one Florida Healthy Kids plan to another Florida Healthy Kids plan without a break in coverage (this means your child did not go a month or more without Florida Healthy Kids coverage in between changing insurance companies), the plans will follow a standard transition of care policy to ensure your child gets the care he or she needs.

Your child's new plan will cover any ongoing course of treatment the previous plan authorized for 60 days. This means your child can:

- Receive planned services or treatment;
- Continue to see the same provider, even if the provider isn't in the new plan's network; and
- Continue to take the same prescription. You may be required to use a network pharmacy.

The best way to make sure this transition goes smoothly is to call your child's new plan to tell them about the types of continued care your child needs.

I made an appointment with my child's specialist before changing plans, but the appointment is more than 60 days away. Do I need to schedule a new appointment? It depends. Your child's new plan will have your child's PCP, or another appropriate doctor, review your child's treatment plan during the first 60 days after the plan change. This review will help ensure that needed services continue to be authorized. Your child may be required to see a network provider.

Are there any exceptions to the 60-day transition of care period?
Yes. Exceptions to the standard 60 days are:

- Maternity care: including prenatal and postpartum care through completion of postpartum care (6 weeks after birth);
- Transplant services: through the first post-transplant year;

- Radiation and chemotherapy: through the current round of treatment;
- Orthodontia: services will be continued without interruption until completed (or the benefit is exhausted, whichever comes first), but your child may be required to see a network orthodontist after the first 60 days;
- Controlled substance prescriptions: if a new, printed paper prescription is required by Florida law, the new plan will help you schedule an appointment with the original prescribing provider, or a new provider if needed, so your child can get a new prescription without a medication gap.

Do I have to coordinate sending my child's medical records and getting bills paid myself?

No. Your child's previous plan and new plan are responsible for coordinating the transfer of medical records and other necessary information between themselves and can assist providers with obtaining necessary medical records. In some situations, you may need to ask your child's previous providers to send medical records to the new providers just like you would if your child were changing providers for any other reason.

Your child's new plan will cover care performed by certain out-of-network providers during the transition of care period, as described in this section. If you receive a bill from one of these providers, call your child's new plan and be prepared to send them a copy of the bill.

Grievances and Appeals

You have the right to file a grievance or an appeal if you experience a problem with your child's care or coverage. Although you have this right, you may want to call Aetna Better Health's Member Services at **1-844-528-5815 (TTY: 711)** Monday through Friday from 7:30 AM to 7:30 PM ET first. We are often able to help resolve problems.

What are grievances and appeals?

A grievance is a formal complaint you make to Aetna Better Health about some aspect of your child's health care services.

An appeal is a verbal or written request you make to Aetna Better Health to review our decision to deny a service or payment.

When can I file a grievance?

You may file a grievance when you are dissatisfied about something other than your child's benefits, such as:

- A doctor's behavior;
- The quality of care or services your child receives; or
- Long office waiting times.

How do I file a grievance?

To file a complaint or grievance over the telephone, call **1-844-528-5815 (TTY: 711)**, Monday through Friday, 7:30 AM to 7:30 PM ET. Or, you can write to:

Aetna Better Health of Florida
Grievance & Appeals Department – Florida Healthy Kids
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

You can fax your complaint or grievance to us at **1-888-684-4928.**

When you file a complaint or a grievance, we will need to know:

- Your name
- Your child's Member ID number
- What you are unhappy with
- What you would like to have happen

The grievance coordinator will send an acknowledgement letter within five business days of the receipt of the grievance. Your grievance will be reviewed and written notice of results will be sent to you no later than 90 calendar days from the date we receive it.

With your permission, a doctor or authorized representative can file a complaint or grievance for you. We will make sure that no action is taken against you or a doctor who files a complaint or grievance on your behalf.

How long does the grievance process take?
Aetna Better Health will send you an acknowledgement letter within five calendar days of getting your verbal or written grievance. From this date, Aetna Better Health will review and make a final decision about your grievance within 90 calendar days.

When can I file an appeal?
You may file an appeal when you receive an adverse benefit determination, such as when:

- A request for service has been limited or denied;
- An existing service has been decreased or discontinued; or
- Aetna Better Health has issued a denial of payment.

How do I file an appeal?
You can file an appeal within 60 calendar days from the date Aetna Better Health issued the notice of adverse benefit determination, or denial of a request for service or payment for services.

You can file an appeal over the telephone by calling **1-844-528-5815 (TTY: 711)** Monday through Friday, from 7:30 AM to 7:30 PM ET.

If you want to file an appeal in writing, send it to:

Aetna Better Health of Florida
Grievance & Appeals Department – Florida Healthy Kids
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

With your permission, a doctor or an authorized representative can file an appeal for you. We will make sure that no action is taken against you or a doctor who files an appeal on your behalf.

If you need help to file an appeal, call Member Services, toll-free at **1-844-528-5815 (TTY: 711)**. Aetna Better Health will give you reasonable assistance in completing the forms and other steps, including but not limited to providing interpreter services and interpreter capability.

The appeals coordinator will send you an acknowledgement letter within five business days of getting an appeal.

Once your appeal has been reviewed, you will receive a written notice of the outcome within 30 calendar days of Aetna Better Health's receipt of the original appeal. Extensions can only be granted when you request an extension, or when information regarding the appeal must be collected from a non-participating provider or from outside the network. If Aetna Better Health doesn't have enough information to process the appeal and the delay is in your best interest, they may ask for 14 more days. If you need to provide more information, you may also request an extension of 14 days. You will receive a call and letter when this occurs.

For decisions that involve an appeal of a denial that is based on medical necessity or appeal that involves clinical issues, the decision maker will be someone other than the person involved in making the initial determination, and who has the clinical expertise in your child's condition or disease.

You or your representative will have an opportunity to review the case file, including medical records and any other documents and records that we have related to your appeal.

You can request an expedited (fast) appeal if you or your provider feels you need a quick decision because waiting the standard 30 days for an appeal decision would put your child's life, pregnancy, or health at risk.

You can ask for an "expedited appeal" if you or your child's doctor feels that waiting 30 calendar days for a decision could put your child's life, health or ability to attain, maintain, or regain maximum function in danger. You can ask for an expedited appeal by calling us or writing to us, but you need to make sure to ask for the appeal to be **expedited**. We may not agree that the appeal needs to be expedited, but we will let you know of our decision. If we do not expedite the appeal, it will be processed under normal time frames. If we do expedite the appeal, we will advise of the decision within 72 hours after receiving the expedited appeal request.

You can file an expedited appeal over the telephone by calling Member Services at **1-844-528-5815 (TTY: 711)** Monday through Friday, from 7:30 AM to 7:30 PM ET. If you want to file an appeal in writing, send it to:

Aetna Better Health of Florida
Attention: Appeals and Grievance - Florida Healthy Kids
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

If Aetna Better Health agrees that the appeal needs to be expedited, we will make a decision and inform you within 72 hours after receiving the appeal. If Aetna Better Health does not agree with the request for an expedited appeal, we will let you know and the timeframe will go back to the standard appeal timeframe of 30 days.

What if I'm dissatisfied with my appeal results?

If your appeal request was not approved, you can request an independent review up to 120 days after you get an appeal decision notice. The appeal decision notice you receive from Aetna Better Health will tell you how. If you have questions, call Member Services at **1-844-528-5815 (TTY: 711)**. You can request benefits to continue while your appeal is reviewed. You will be responsible for the cost of the continued benefit if the denial is upheld.

Eligibility and Enrollment Disputes

Florida KidCare will tell you about any decisions made regarding your child's eligibility for and enrollment in coverage. If you think Florida KidCare made an error, you can dispute the decision. State of Florida rules allow you to dispute for one of the following reasons:

- Florida KidCare says your child does not meet the eligibility requirements (for example, household income, Florida residency, or legal immigrant status), but you think he or she does;
- Florida KidCare temporarily suspends enrollment (usually for failure to pay for one month), but you think enrollment should continue because you paid on time;
- Florida KidCare ends enrollment (usually for failure to pay or failure to provide renewal documents), but you think enrollment should continue because you provided payment or documents on time; or
- Your premium increases because your income or household size changed, but you think the information is incorrect or needs to be recalculated.

How do I dispute a decision?

Send a letter or an email to the Florida Healthy Kids Corporation with the reasons you think the decision is wrong. Your dispute must be received within 90 days from the date on the decision notice (letter or email from Florida KidCare). You can:

- Email the letter to contactus@healthykids.org; or
- Mail the letter to:
  Florida Healthy Kids Corporation
  P.O. Box 980
  Tallahassee, Florida 32302

Remember to put your family account number in your letter.

What happens next?

The Florida Healthy Kids Corporation will respond to your dispute in writing. If the decision is not in your favor, you can send a second dispute to senior management at the Florida Healthy Kids Corporation. If that decision is not in your favor, you can send your dispute to the Agency for Health Care Administration. Each of these steps will be described in detail in any denial letters sent to you.

Fraud and Abuse

The Florida Healthy Kids program is funded by state and federal tax dollars in addition to the premiums and copayments families pay. Aetna Better Health and the Florida Healthy Kids Corporation are committed to stopping fraud and abuse.

What is fraud and abuse?

"Fraud" and "abuse" have specific meanings for Florida Healthy Kids.

Fraud means:

- An intentional deception or misrepresentation made by a person who knows that the deception could result in some unauthorized benefit to himself or herself, or another person.
- Any act that constitutes fraud under state or federal law.

Abuse means:

- Provider practices that are inconsistent with sound fiscal, business or medical practices; and
  - Result in an unnecessary cost to Aetna Better Health; or
  - Result in reimbursement for services that are not medically necessary or that do not meet professionally recognized standards for health care.
- Member practices that result in unnecessary costs to Florida Healthy Kids or Aetna Better Health.

What is an example of fraud?

Anna notices that documents from her son's insurance company show that he received an MRI two weeks ago. Anna is sure that her child did not receive an MRI. If the doctor intentionally billed the plan for an MRI that her child did not receive, the doctor committed fraud.

What is an example of abuse?

Anna's son had his annual well-child checkup last month, which included a routine basic metabolic panel (a blood test that evaluates important measurements like blood sugar and calcium levels). The results came back great.

Today Anna's son has a sore throat and she takes him to the doctor to be tested for strep throat. The doctor orders the strep test and also orders another basic metabolic panel.

The doctor might be committing abuse since Anna's son recently had good results and this test won't help the doctor figure out the cause of a sore throat.

Why is being aware of fraud and abuse important?
Most Florida Healthy Kids families pay monthly premiums of $15 or $20, but the total cost of coverage is much higher! The rest of subsidized Florida Healthy Kids coverage is paid for with state and federal tax dollars and full-pay families pay for the full cost of coverage. When providers or other people receive payments or benefits they should not, those tax dollars are wasted instead of going to children who need services.

What should I do if I think someone has committed fraud or abuse?
If you think a doctor or someone else who works at a medical office or facility, like a hospital or surgical center, may have committed fraud or abuse, you can report it to Aetna Better Health. If you know of any fraud, abuse or overpayment, call Member Services at **1-844-528-5815 (TTY: 711)**. We will document the information and investigate it. Here are some examples of fraud and abuse:

- Intentionally sending a bill for a more expensive service than given
- Intentionally sending a bill more than once for the same service
- Intentionally sending a bill for services not given
- Forging a receipt
- Using someone else's ID card or number
- Intentionally filing a claim for a service or medicine not given

If you report suspected fraud and your report results in a fine, penalty, or forfeiture of property from a doctor or other health care provider, you may be eligible for a reward through the **Attorney General's Fraud Rewards Program** (toll-free **1-866-966-7226** or **850-414-3990**). The reward may be up to twenty-five percent (25%) of the amount recovered, or a maximum of $500,000 per case (Section 409.9203, Florida Statutes). You can talk to the Attorney General's Office about keeping your identity confidential and protected.

If you think Aetna Better Health has committed fraud or abuse, please report the details to the Florida Healthy Kids Corporation by calling **1-850-701-6104** or emailing **resolve@healthykids.org**.

Reporting abuse, neglect and exploitation

If you are a victim of abuse, neglect or exploitation, or you suspect someone you know is a victim of abuse, neglect or exploitation, report this immediately by calling the toll-free **Abuse Hotline** at **1-800-96-ABUSE** or **1-800-962-2873** or Florida Relay **711**; TTY **1-800-453-5143**. The Abuse Hotline investigates allegations of physical, sexual and mental abuse, neglect and exploitation of vulnerable persons.

Quality and Performance

We work hard to improve the service, quality and safety of health care. One way we do this is by measuring how well we and others are doing. We work with groups of doctors and other health professionals to make health care better. Our clinical activities and programs are based on proven guidelines.

We also give you and your doctor information and tools that may help you make decisions.

Program goals

We aim to:

- Meet our members' health care needs.
- Measure, monitor and improve the clinical care and quality of service our members get.
- Institute company-wide initiatives to improve the safety of our members and communities.
- Make sure we obey all the rules, whether they come from plan employers, federal and state regulators or accrediting groups.

Program scope

We work to make your health care better by:

- Developing policies and procedures that reflect current standards of clinical practice.
- Reviewing preventive and behavioral health services and how care is coordinated.
- Addressing racial and ethnic differences in health care.
- Monitoring the effectiveness of our programs.
- Studying the accessibility and availability of our network providers.
- Performing credentialing and recredentialing activities.
- Assessing member and provider satisfaction.

Program outcomes

Each year we check to see how close we are to meeting our goals. Here's what we did last year:

- We collected data on a set of clinical measures called the Healthcare Effectiveness Data and Information Set (HEDIS®), as applicable. We shared the results with the National Committee for Quality Assurance (NCQA) Quality

Compass®. The NCQA makes the results public. Each year, we use the results to set new goals and improve selected measures. As a result, performance has improved on many measures.

- We asked members how satisfied they are with Aetna Better Health. We improved in rating of health care, personal doctor and specialist, and how well doctors communicate. We met the cultural and language needs of our members.
- We surveyed members in the Disease Management Program. They told us they were satisfied with the program overall. The program helped them understand and improve their health. It also helped them follow their treatment plans and reach their health goals.
- We also:
    - Continued with our patient safety program.
    - Improved access to providers.
    - Improved communication between members' primary care and behavioral health physicians.

Florida Healthy Kids Performance Measures
A set of performance measures, many of which allow for national comparisons, are calculated annually. You can find the most recent report on the Florida Healthy Kids website, **healthykids.org**.

Florida KidCare Performance Measures
A similar set of performance measures is calculated for Florida KidCare on an annual basis. This report also includes Consumer Assessment of Healthcare Providers and Systems (CAHPS®) results for Florida KidCare. CAHPS measures member satisfaction in a standardized way. You can find the most recent report at **www.ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/index.shtml**.

Accreditation
Accreditation means that an independent accrediting organization thoroughly evaluates the plan's ability to meet certain standards.

Performance Improvement Projects (PIP)
Florida Healthy Kids plans conduct and report on annual performance improvement projects, which are also validated by an external quality review organization. These

performance improvement projects are intended to improve a specified performance measurement in a real and sustained way. You can find the most recent PIP report on the Florida Healthy Kids website, **healthykids.org**.

Network Adequacy
The Provider Network section describes the Florida Healthy Kids network adequacy standards. You can find more information on how each plan is meeting those standards on the Florida Healthy Kids website, **healthykids.org**. Please keep in mind that the network adequacy results are not updated in real time. Actual results may vary.

Quality Improvement Program
Our Quality Improvement (QI) program helps us to be sure that our services meet high standards for safety and quality. Every year we do our best to improve. As part of the QI program, Aetna Better Health helps you take care of your child's health and get the best service. The QI program looks at ways to better members:

- Satisfaction
- Safety
- Services
- Access to doctors

We always look for ways to better our services. Our goals are to:

- Make sure that we use good ways to check our services
- Have staff to help the quality improvement process
- Focus on important quality problems
- Be aware of our members' culture and language needs
- Make sure that we meet state and federal laws
- Meet all requirements of health care accreditation

To learn more about our QI (Quality Improvement) Program and how we measure quality, call Member Services, toll free at **1-844-528-5815 (TTY: 711)** from 7:30 AM to 7:30 PM ET, Monday through Friday.

New technologies
Doctors, hospitals and health care companies are creating new technologies. This can be anything from a new test to new machines. Aetna Better Health has processes to look for

and evaluate new devices. When we find out about new devices, we look over the new information. We may also ask experts for their views. We match the information with known national standards. We base our decisions on making sure you have the right care.

Cultural competency helps you understand your child's care

We recognize that a member's culture, values and beliefs shape how they approach and use healthcare services. There are many things that influence the way you seek and use health care such as ethnicity, race, gender, sexual orientation, age, socio-economic class, spirituality, religious affiliations, language, English proficiency and literacy level.

Aetna Better Health has a Cultural Competency Program that outlines how we provide quality healthcare in a competent, sensitive and effective manner and how we meet the cultural and language needs of our members.

All Aetna Better Health doctors have to follow the Aetna Better Health Cultural Competency Program. The program will help you if you:

1. Do not speak English
2. Cannot see well
3. Cannot hear well
4. Have any special needs
5. Cannot read or understand our information or your doctor information

We have interpreters for all foreign languages and for the visually and/or hearing impaired. You can have the printed materials we send to you translated for you. There is no cost for these services to you. For more information, call us at **1-844-528-5815 (TTY: 711)** from 7:30 AM to 7:30 PM ET, Monday through Friday.

Member satisfaction

It is important to Aetna Better Health that our members are happy with their doctors and our health plan. We want to know about your experience with our services. Each year, we do a survey to see how happy our members are with our health plan, our services, our doctors and the care our members get. This lets us know if your needs are being met and tells us how we can improve.

For more information on our surveys, please call our Member Services Department, toll-free at **1-844-528-5815 (TTY: 711)**, from 7:30 AM to 7:30 PM ET, Monday through Friday.

Additionally, Aetna Better Health is committed to member satisfaction. We will try to resolve any problems you may have over the telephone. Sometimes, additional steps are necessary. In these cases, we have Grievance and Appeal procedures on page 48 that let you voice your concerns and have them reviewed and addressed at several different levels within the health plan.

Enrollee Rights and Responsibilities

We have adopted the Florida Patient's Bill of Rights and Responsibilities. You can request a copy of it from your doctor or from Member Services. Call **1-844-528-5815 (TTY: 711)**.

Member rights

- You have the right to be treated with courtesy and respect
- You have the right to have your privacy protected
- You have the right to a response to questions and requests
- You have the right to know who is providing services to you
- You have the right to know the services that are available, including an interpreter if you don't speak English
- You have the right to know the rules and regulations about your conduct
- You have the right to be given information about your health
- You have the right to refuse any treatment, except as otherwise provided by law
- You have the right to get service from out-of-network providers
- You have the right to get family planning services without prior authorization
- You have the right to be given information and counseling on the financial resources for your care
- You have the right to know if the provider or facility accepts the assignment rate
- You have the right to receive an estimate of charges for your care
- You have the right to receive a bill and to have the charges explained
- You have the right to be treated regardless of race, national origin, religion, handicap, or source of payment
- You have the right to be treated in an emergency
- You have the right to participate in experimental research
- You have the right to file a grievance if you think your rights have been violated
- You have the right to information about our doctors
- You have the right to be treated with respect and with due consideration for your dignity and privacy
- You have the right to receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand
- You have the right to participate in decisions regarding your health care, including the right to refuse treatment
- You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- You have the right to request and receive a copy of your medical records and request that they be amended or corrected

- You have the right to be furnished health care services in accordance with federal and state regulations
- You are free to exercise your rights, and the exercise of those rights does not adversely affect the way the health plan and its providers or the State agency treat you
- You have the right to receive information on member rights and responsibilities
- You have the right to voice a complaint about care the organization provides
- You have the right to make recommendations regarding the organization's member rights and responsibilities policy
- Choose between a covered service or setting and an available in lieu of service or setting. Enrollees retain the right to receive the covered service or setting on the same terms as would apply if an in lieu of service or setting were not an option

Member responsibilities

- You should provide accurate and complete information about your health
- You should report unexpected changes in your condition
- You should report that you understand your care and what is expected of you
- You should follow the treatment plan recommended
- You should keep appointments
- You should follow your doctor's instructions
- You should make sure your health care bills are paid
- You should follow health care facility rules and regulations
- You should listen to your provider, ask questions and follow instructions for care you have agreed to with your practitioner

Advance Directives

Members over 18, being of legal age, now have a voice in their own health care. This includes having advance directives. An advance directive is a written or spoken statement about how you want medical decisions made if you can't make them yourself. Some people make advance directives when they get very sick or are at the end of their lives. Other people make advance directives when they are healthy. You can change your mind and these documents at any time. We can help you understand or get these documents. Their purpose is to let others know what you want if you can't speak for yourself.

Three types of advance directives:

1. A Living Will
2. Health Care Surrogate Designation
3. An Anatomical (organ or tissue) Donation

You can download an advanced directive form from this website: **www.floridahealthfinder.gov/reports-guides/advance-directives.aspx.** Make sure that someone, like your PCP, lawyer, family member or case manager knows that you have an advance directive and where it is located.

You don't have to have an advance directive if you do not want one. If you have questions just call Member Services at **1-844-528-5815 (TTY: 711)**. We will be happy to answer any questions you may have.

Definitions

Insurance companies and health care professionals, like doctors and nurses, sometimes use uncommon words. They also sometimes use common words in different ways than you would normally hear in everyday conversation.

This section explains some words and phrases you may come across when you:

- Read this handbook;
- Call member services; or
- Take your child to the doctor.

Appeal means a request you make to your child's health or dental insurance company to review the insurance company's decision to deny a service or payment.

Copayment or **Copay** means a specified amount you pay to a health care provider, like a doctor, when your child receives services.

Covered Benefits or **Covered Services** means services, supplies, devices and other products a health or dental plan pays for as part of Florida Healthy Kids coverage.

Dental insurance means coverage that pays for some or all of an enrollee's dental care services in exchange for a monthly premium.

Durable medical equipment (**DME)** means supplies and devices intended for repeated or continuous use over a long time that a provider prescribes to help treat a medical condition.

Emergency medical condition means an injury or illness, including severe pain, that needs care right away to avoid serious danger to your child's life or pregnancy, or to avoid serious damage to your child's health.

Emergency medical transportation means ambulance rides to a nearby hospital or medical facility to treat an emergency medical condition.

Emergency room care or **emergency department care** means services received at the emergency room of a hospital or at a standalone emergency room facility.

Emergency services means medical care your child receives to treat an emergency medical condition.

Enrollee means a child who is enrolled in a health or dental plan through Florida Healthy Kids.

Excluded services means health care services, supplies, devices, and other products that a health or dental plan does not pay for because they are not a covered benefit.

Grievance means a formal complaint you make to your child's health or dental insurance company about some aspect of your child's health care services.

Habilitation services and devices means medical services and devices to help a patient learn, improve or keep skills or functions used for daily living.

Health insurance means coverage that pays for some or all of the cost of health care services for an enrollee in exchange for a monthly premium.

Home health care means home visits by a nurse to provide skilled nursing care prescribed by a doctor.

Hospice services means health care services to manage a terminal illness.

Hospitalization means care provided after inpatient admission to a hospital. Hospitalization usually means a patient will stay at the hospital overnight.

Hospital outpatient care means care provided in a hospital that does not require staying overnight or admission as an inpatient.

Medically necessary means treatment, services, equipment or supplies needed to diagnose, prevent or treat an injury or illness and which is:

- Consistent with the symptoms, diagnosis and treatment of an enrollee's condition;
- Provided in accordance with generally accepted professional medical standards and the health or dental plan's medical coverage guidelines;
- The most appropriate level of supply or service for the diagnosis and treatment of the enrollee's condition;
- Not primarily intended for the convenience of the enrollee, the enrollee's family, or the health care provider; and
- Approved by the appropriate medical body or health care specialty involved as effective, appropriate and essential for the care and treatment of an enrollee's condition.

Network means the doctors, other health care professionals, hospitals, other health care facilities, pharmacies, and medical supply companies a health or dental plan has contracted with to provide covered benefits to enrollees.

Non-participating provider or **out-of-network provider** means a doctor, other health care professional, hospital, other health care facility, pharmacy, or medical supply company that a health or dental plan has not contracted with to provide covered benefits to enrollees. Care provided by out-of-network providers is only covered for the treatment of emergency medical conditions.

Physician services means services provided by a doctor.

Plan means the health or dental insurance policy an insurance company offers to enrollees to provide Florida Healthy Kids coverage.

Preauthorization or **prior authorization** means approval from the health or dental insurance company is required before services are provided; otherwise, the insurance company will not pay for those services.

Participating provider or **network provider** means a doctor, other health care professional, hospital, other health care facility, pharmacy, or medical supply company that has a contract with a health or dental plan to provide covered benefits to enrollees.

Premium means the dollar amount you pay every month to keep your child enrolled in Florida Healthy Kids coverage.

Prescription drug coverage means the prescription medication services, supplies and products a plan pays for as part of Florida Healthy Kids covered benefits.

Prescription drugs means medications for which the law requires a prescription before purchase or use.

Preventive care means routine health care that includes screenings and check-ups to prevent or detect illness or disease before symptoms are noticed.

Primary care provider or **primary care physician** or **PCP** means the health care professional your child sees for basic care and most health problems. The PCP refers (sends) your child to other doctors when special care is needed and coordinates your child's treatment.

Provider means an appropriately licensed individual or entity providing health care services.

Referral means written approval from your child's primary care provider for your child to see a specialist or receive certain services. The health plan, dental plan, or the specialist may require a referral for your child to be seen.

Rehabilitation services and devices means medical services and devices that help a patient get back, improve, or keep skills and functions for daily living that were lost or damaged because of an illness or injury.

Skilled nursing care means health care services that can only be safely and correctly performed by a licensed nurse.

Specialist means a doctor with extra training who only treats certain health problems, body parts or age ranges and who does not act as a primary care provider.

Urgent Care means treatment for an injury or illness needed within 24 hours to avoid becoming an emergency.

Well-child visit means an annual preventive care checkup by your child's PCP.

Privacy notice

Confidentiality of your records

Keeping health information safe

We respect your privacy. We keep the information we get from you confidential. It is stored in a locked and secure place so it is protected. We keep all member records and information private. We must protect your health information as required by law.

Protected Health Information (PHI)

We respect your right to privacy. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), we have procedures to keep your protected health information (PHI) safe. Member records are only available to authorized people. We might share your health information with other doctors if it's urgent. It may also be given out if required by law. If we need to share your information, we will code it so it stays safe.

The following information is not given to anyone unless the information is necessary for your health or required by state or federal law. We code your information when we give it out to keep it safe.

- Name, address, telephone
- Social security number
- Date of birth

You can let others see your health records by completing a Health Information Release Form. For more information call Member Services at **1-844-528-5815 (TTY: 711),** from 7:30 AM to 7:30 PM ET, Monday through Friday**.**

Rev. 12-2017

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective February 27, 2017.

What do we mean when we use the words "health information"[1]

We use the words "health information" when we mean information that identifies you. Examples include your:

- Name
- Date of birth
- Health care you received
- Amounts paid for your care

How we use and share your health information

Help take care of you: We may use your health information to help with your health care. We also use it to decide what services your benefits cover. We may tell you about services you can get. This could be checkups or medical tests. We may also remind you of appointments. We may share your health information with other people who give you care. This could be doctors or drug stores. If you are no longer with our plan, with your okay, we will give your health information to your new doctor.

Family and friends: We may share your health information with someone who is helping you. They may be helping with your care or helping pay for your care. For example, if you have an accident, we may need to talk with one of these people. If you do not want us to give out your health information, call us.

If you are under eighteen and don't want us to give your health information to your parents, call us. We can help in some cases if allowed by state law.

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[1] For purposes of this notice, "Aetna" and the pronouns "we," "us" and "our" refer to all the HMO and licensed insurer subsidiaries of Aetna Inc. These entities have been designated as a single affiliated covered entity for federal privacy purposes.

For payment: We may give your health information to others who pay for your care. Your doctor must give us a claim form that includes your health information. We may also use your health information to look at the care your doctor gives you. We can also check your use of health services.

Health care operations: We may use your health information to help us do our job. For example, we may use your health information for:

- Health promotion
- Case management
- Quality improvement
- Fraud prevention
- Disease prevention
- Legal matter

A case manager may work with your doctor. They may tell you about programs or places that can help you with your health problem. When you call us with questions, we need to look at your health information to give you answers.

Race/Ethnicity, Language, Sexual Orientation and Gender Identity Data

We may get information related to your race, ethnicity, language, sexual orientation and gender identity. We protect this information as described in this notice. We use this information to:

- Make sure you get the care you need
- Create programs to improve health outcomes
- Create health education information
- Let the doctors know about your language needs
- Address health care disparities
- Let member facing staff and doctors know about your pronouns

We do not use this information to:

- Determine benefits
- Pay claims
- Determine your cost or eligibility for benefits
- Discriminate against members for any reason
- Determine health care or administrative service availability or access

Sharing with other businesses

We may share your health information with other businesses for the reasons explained above. For example, we may share your health information with your doctor's office. We will tell them about your coverage, copayments or if you are in need of immunizations.

Other reasons we might share your health information

We also may share your health information for these reasons:

- Public safety: To help with things like child abuse. Threats to public health.
- Research: To researchers. After care is taken to protect your information.
- Business partners: To people that provide services to us. They promise to keep your information safe.
- Industry regulation: To state and federal agencies. They check us to make sure we are doing a goodjob.
- Law enforcement: To federal, state and local enforcement people.
- Legal actions: To courts for a lawsuit or legal matter.

Reasons that we will need your written okay

Except for what we explained above, we will ask for your okay before using or sharing your health information. For example, we will get your okay:

- For marketing reasons that have nothing to do with your health plan.
- Before sharing any psychotherapy notes.
- For the sale of your health information.
- For other reasons as required by law.

You can cancel your okay at any time. To cancel your okay, write to us. We cannot use or share your genetic information when we make the decision to provide you health care insurance.

What are your rights?

You have the right to look at your health information.

- You can ask us for a copy of it.
- You can ask for your medical records. Call your doctor's office or the place where you were treated.

You have the right to ask us to change your health information.

- You can ask us to change your health information if you think it is not right.
- If we don't agree with the change you asked for, ask us to file a written statement of disagreement.

You have the right to get a list of people or groups that we have shared your health information with.

You have the right to ask for a private way to be in touch with you.

- If you think the way we keep in touch with you is not private enough, call us.
- We will do our best to be in touch with you in a way that is more private.

You have the right to ask for special care in how we use or share your health information.

- We may use or share your health information in the ways we describe in this notice.

- You can ask us not to use or share your information in these ways. This includes sharing with people involved in your health care.
- We don't have to agree. But, we will think about it carefully.

You have the right to know if your health information was shared without your okay.

- We will tell you if we do this in a letter.

Call us toll free at **1-844-528-5815 (TTY: 711)** from 7:30 AM to 7:30 PM ET, Monday through Friday to:

- Ask us to do any of the things above.
- Ask us for a paper copy of this notice.
- Ask us any questions about the notice.

You also have the right to send us a complaint. If you think your rights were violated write to us at:

Aetna HIPAA Member Rights Team
P.O. Box 14079
Lexington, KY 40512-4079
FAX: **859-280-1272**

You also can file a complaint with the Department of Health and Human Services, Office of Civil Rights. Call us to get the address at **1-844-528-5815** Florida Healthy Kids.

If you are unhappy and tell the Office of Civil Rights, you will not lose plan membership or health care services. We will not use your complaint against you.

Protecting your information

We protect your health information with specific procedures, such as:

- Administrative. We have rules that tell us how to use your health information no matter what form it is in – written, oral, or electronic.
- Physical. Your health information is locked up and is kept in safe areas. We protect entry to our computers and buildings. This helps us to block unauthorized entry.
- Technical. Access to your health information is "role-based." This allows only those who need to do their job and give care to you to have access.

We follow all state and federal laws for the protection of your health information.

Will we change this notice?

By law, we must keep your health information private. We must follow what we say in this notice. We also have the right to change this notice. If we change this notice, the changes apply to all of your information we have or will get in the future. You can get a copy of the most recent notice on our website at **AetnaBetterHealth.com/Florida**.

Nondiscrimination Notice - Discrimination is Against the Law.
Aetna Better Health of Florida complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Aetna does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, health status or need for health care services.

Aetna:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, health status, or need for health care services, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
PO Box 818001
Cleveland, OH 44181-8001
Telephone: 1-888-234-7358 (TTY 711)
Email: MedicaidCRCoordinator@aetna.com

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building

Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at the Aetna Better Health website:
www.AetnaBetterHealth.com.

Aetna Better Health is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

FL-24-02-01 (revised 01/25)

Multi-Language Interpreter Services

ENGLISH: Attention: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-800-385-4104 (TTY: 711)** or speak to your provider.

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios de idiomas gratuitos. También, están disponibles sin cargo ayudas y servicios auxiliares apropiados para brindarle información en formatos accesibles. Llame al **1-800-385-4104 (TTY: 711)** o hable con su proveedor.

FRENCH CREOLE: ATANSYON: Si w pale Kreyòl Ayisyen, gen asistans pou lang gratis ki disponib pou ou. Èd ak sèvis oksilyè pou bay sèvis nan fòma ki aksesib disponib tou gratis. Rele **1-800-385-4104 (TTY: 711)** oswa pale ak founisè w la.

VIETNAMESE: CHÚ Ý: Nếu bạn nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Bạn cũng sẽ được cung cấp miễn phí các dịch vụ và hỗ trợ bổ sung thích hợp để nhận thông tin ở các định dạng dễ tiếp cận. Hãy gọi số **1-800-385-4104 (TTY: 711)** hoặc trao đổi với nhà cung cấp dịch vụ của bạn.

PORTUGUESE: Atenção: se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Além disso, oferecemos, sem custo adicional, recursos auxiliares adequados para disponibilizar informações em formatos acessíveis. Ligue para **1-800-385-4104 (TTY: 711)** ou fale com o profissional de saúde responsável pelo seu cuidado.

CHINESE: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務，亦可以免費獲得適當的輔助工具和服務，以便您無障礙地使用資訊。請致電 **1-800-385-4104 (TTY: 711)** 或諮詢您的醫療保健提供者。

FRENCH: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Des aides et services auxiliaires adéquats visant à fournir des informations dans des formats accessibles sont également proposés gratuitement. Appelez le **1-800-385-4104 (TTY: 711)** ou adressez-vous à votre prestataire.

TAGALOG: Paunawa: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na pantulong na device at serbisyo para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **1-800-385-4104 (TTY: 711)** o makipag-usap sa iyong provider.

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Кроме того, бесплатно предоставляются соответствующие вспомогательные средства и услуги по передаче информации в доступных форматах. Позвоните по номеру **1-800-385-4104 (TTY: 711)** или обратитесь к своему поставщику услуг.

ARABIC: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. وكما تتوفر أيضًا معينات وخدمات مساعدة مناسبة لتقديم المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم **1-800-385-4104 (TTY: 711)** أو تحدث إلى مقدم الخدمة الخاص بك.

ITALIAN: ATTENZIONE: Nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Sono inoltre disponibili gratuitamente adeguati aiuti e servizi ausiliari per fornire informazioni in formati accessibili. Chiamare il numero **1-800-385-4104 (TTY: 711)** o parlare con il proprio fornitore.

GERMAN: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglicher Form sind ebenfalls kostenlos erhältlich. Rufen Sie **1-800-385-4104 (TTY: 711)** an oder sprechen Sie mit Ihrem Anbieter.

KOREAN: 주의: 한국어를 구사하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하는적절한 보조 도구와 서비스도 무료로 이용할 수 있습니다. **1-800-385-4104 (TTY: 711)**로 전화하거나 제공업체와 통화하세요.

POLISH: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Dodatkowe środki pomocnicze oraz usługi, zapewniające informacje w dostępnych formatach, są również dostępne nieodpłatnie. Zadzwoń pod numer **1-800-385-4104 (TTY: 711)** albo zwróć się do swojego dostawcy.

GUJARATI: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી મેળવવા માટે યોગ્ય સહાયક સહાયતા અને સેવાઓ પણ નિ:શુલ્ક ઉપલબ્ધ છે. **1-800-385-4104 (TTY: 711)** પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

THAI: ข้อควรระวัง: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี มีความช่วยเหลือและบริการเสริมจัดไว้ให้เพื่อใช้ตรวจสอบข้อมูลผ่านรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายใด ๆ ติดต่อหมายเลข **1-800-385-4104 (TTY:711**) หรือพูดคุยกับผู้ให้บริการของคุณโดยตรง

This information is available for free in other languages and formats. Please contact our customer service number at 1-844-645-7371 and TTY/TDD 7-1-1, Monday through Friday, from 8 AM to 7 PM.

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