

Best life



AetnaBetterHealth.com/California

Aetna Better Health® of California

You can now earn rewards for living a healthy life

As part of our Aetna Better Care Rewards program, you can earn gift card rewards every time you complete an approved healthy activity.



These healthy activities include:

- Breast cancer screening — \$25
- Cervical cancer screening — \$25
- Chlamydia screening — \$25
- Childhood immunizations — \$50
- Adolescent immunizations — \$25
- Lead screening in children — \$25
- Child and adolescent well-visit — \$25

For our pregnant members, we have a Maternity Matters program, where you can earn gift card rewards for these healthy activities:

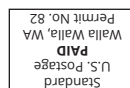
- Completing Notice of Pregnancy (NOP) form — \$50
- First prenatal visit — \$25
- Each additional prenatal visit — \$10 (up to 12 visits)
- Postpartum visit — \$25

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Don't delay! Update your information today so you don't lose your Medi-Cal benefits. Visit MyBenefitsCalWIN.org or see page 4 for more details.

Fall 2022

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Aetna Better Health® of California
10260 Meanley Drive
San Diego, CA 92131

Keep your child well

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

EPSDT is a federal benefit for children from birth to age 21 who are eligible for Medi-Cal. Under the EPSDT program, children are checked for possible medical issues early and on a regular basis. Screenings can be done at any time based on medical need and at the right intervals. You can get these well-child checkups through your provider and local health department.

Scheduled well-child visits protect your child's health and future.

Well-child visits are regular checkups. How often they occur usually depends on the child's age. Your doctor will want to see your baby every month for a while.


For an older child, yearly checkups may be enough. Here are a few reasons why well-child visits are a good idea:

1. These checkups let your doctor see how well your child is growing.
2. They ensure that your child is up-to-date with vaccinations.
3. They give you a chance to talk with your doctor about anything that's on your mind. That's hard to do if you wait until your child is sick.



EPSDT benefits include:

Early	Providers assess and identify problems early.
Periodic	Providers check children's health at the right times for their age with physical exams.
Screening	Providers give physical, dental, vision, hearing, mental health, developmental and other complete screenings to find any problems.
Diagnostic	Providers perform tests to follow up when a risk is found. These might be lab tests, x-rays, etc.
Treatment	Providers control, correct or reduce health problems found. This may mean a referral for health education, a referral to a specialist, medication, etc.

 To schedule your child's next checkup, call your doctor's office. If you need help finding a provider, we can help. Call Member Services at **1-855-772-9076 (TTY: 711)**.

Getting needed care

Aetna Better Health of California wants to make sure that every member receives the care they need, when they need it. Our utilization management (UM) team also ensures that members can get the right services at the right time. The UM team is available 24 hours a day, 7 days a week.

Our UM team can give you or your doctor information to help with decisions about your health care. The team uses written policies, clinical practice guidelines and other clinical review criteria to make decisions. They decide based on reasons such as:

- Services requested are medically necessary.
- Services requested are covered in the Member Handbook or evidence of coverage.

If you have questions about the UM process or any UM issue, you can call Member Services. After you tell them your concerns, the Member Services team will connect you to the correct UM staff member to address your concerns. You can call Member Services at **1-855-772-9076 (TTY: 711)**. The call is toll-free. Members can also get an interpreter or translation services.



You can now earn rewards for living a healthy life

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You can use your reward gift cards at stores that take part, like CVS, Walmart, Walmart.com, Albertsons, Kroger and Safeway.

Want to learn more? For more information on how you can start earning rewards, call Member Services at **1-855-772-9076 (TTY: 711)** or visit our website at **[AetnaBetterHealth.com/California](https://www.aetna.com/California)**.

Check out our website

Get all the information you need about care and services that your health plan offers. Go to **[AetnaBetterHealth.com/California](https://www.aetna.com/California)** and check out our website and the latest Member Handbook.

You will find information on:

- Care management
- Your rights and responsibilities
- Benefits and services included and excluded with your plan
- When you may have to pay for services
- How we look at new technology
- Benefit restrictions for services out of network
- Translation and interpreter services
- Filing a claim
- Choosing a primary care or behavioral health provider, a specialist or a hospital service
- Getting after-hours care, emergency care or **911** services
- Filing a complaint or an appeal
- Getting care in or out of the service area



Let us know how to contact you

We want to make sure you get important information about your Medi-Cal health coverage and how to stay enrolled. The member preference survey will tell Aetna Better Health of California how to communicate with you. The survey will also help keep your contact information current.

There is also an optional survey to tell us your:

- Language preference
- Race and ethnicity
- Sexual orientation
- Gender identity

The information you give is kept private.

Getting started

To provide or update your contact information and communication preferences:

- Visit **Aet.na/ca-preference**.
- Text **JOIN** to **85886**.
- Scan the QR code with your phone.
- Call Member Services at **1-855-772-9076 (TTY: 711)**.



Helping you stay healthy

Aetna Better Health of California can help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health or the health of your child, call **1-855-772-9076 (TTY: 711)**.

You may be referred to our Care Management department by a health care provider or family member. You can also ask to work with a care manager directly at any time. Just call our Member Services department at **1-855-772-9076 (TTY: 711)**.

Once you are referred, a care manager will reach out to you. A care manager can work with you to improve any health issues you may have. They can:

- Help you decide your personal health care goals
- Help you develop a plan to achieve those goals
- Provide support along the way

The care manager knows about community resources in your service area. They can guide you in getting these resources. They may also work with your health care provider to better help you.

The care manager can:

- Answer any questions
- Give you information on providers, benefits and resources
- Provide education on your specific health care needs

Contact us



Aetna Better Health® of California
10260 Meanley Drive
San Diego, CA 92131

Member Services: **1-855-772-9076 (TTY: 711)** 24 hours, 7 days a week
AetnaBetterHealth.com/California

Here For You is published as a community service for the friends and members of Aetna Better Health® of California. This newsletter contains information that should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs. This content was reviewed for accuracy in April 2022. Models may be used in photos and illustrations.

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Nondiscrimination notice

Discrimination is against the law. Aetna Better Health of California follows State and Federal civil rights laws. Aetna Better Health of California does not discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Aetna Better Health of California provides:

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

If you need these services, contact Aetna Better Health of California 24 hours a day, 7 days a week by calling **1-855-772-9076**. If you cannot hear or speak well, please call **TTY: 711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Aetna Better Health of California
10260 Meanley Drive
San Diego, CA 92131
1-855-772-9076 (TTY: 711)

How to file a grievance

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

- **By phone:** Contact Aetna Better Health of California 24 hours a day, 7 days a week by calling **1-855-772-9076**. Or, if you cannot hear or speak well, please call **TTY: 711**.

- **In writing:** Fill out a complaint form or write a letter and send it to:

Aetna Better Health of California
Civil Rights Coordinator
10260 Meanley Drive
San Diego, CA 92131

- **In person:** Visit your doctor's office or Aetna Better Health of California and say you want to file a grievance.
- **Electronically:** Visit Aetna Better Health of California's website at **AetnaBetterHealth.com/California**.

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Nondiscrimination notice

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Office of Civil Rights – California Department of Health Care Services

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

- **By phone:** Call **916-440-7370**. If you cannot speak or hear well, please call **711** (Telecommunications Relay Service).

- **In writing:** Fill out a complaint form or send a letter to:

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

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- **Electronically:** Send an email to CivilRights@dhcs.ca.gov.

Office of Civil Rights – U.S. Department of Health and Human Services

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

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD: 1-800-537-7697**.

- **In writing:** Fill out a complaint form or send a letter to:

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

TAGLINES

English Tagline

ATTENTION: If you need help in your language call 1-800-385-4104 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-385-4104 (TTY: 711). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-385-4104 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-800-385-4104 (TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

Ուշադրություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-385-4104 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-385-4104 (TTY: 711): Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-385-4104 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-385-4104 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-385-4104 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电1-800-385-4104 (TTY: 711)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-385-4104 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-385-4104 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

Send with all notices

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-385-4104 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-385-4104 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nge Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-385-4104 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-385-4104 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-800-385-4104 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-385-4104 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-385-4104 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-385-4104 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-385-4104 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ແລະອອກສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-385-4104 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-385-4104 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-385-4104 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-385-4104 (TTY: 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-385-4104 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Send with all notices

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-385-4104 (линия ТТТ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-385-4104 (линия ТТТ: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-385-4104 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-385-4104 (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-385-4104 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-385-4104 (TTY: 711). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-385-4104 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-385-4104 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-385-4104 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-385-4104 (TTY: 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-385-4104 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-385-4104 (TTY: 711). Các dịch vụ này đều miễn phí.