



## **Aetna Medicare Better Health (HMO D-SNP) Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs**

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare.

If you get extra help, your monthly plan premium will be \$0 for any of the plans below. (This does not include any Medicare Part B premium you may have to pay.) Our plans' premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call [1-877-486-2048](tel:1-877-486-2048) (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call [1-800-325-0778](tel:1-800-325-0778) between 8 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Services at 1-844-934-3324, (TTY/TDD users should call [711](tel:711)) from 8 AM to 8 PM, 7 days a week October 1 through March 31, Monday through Friday April 1 through September 30.

## Virginia

Contract-PBP	Plan Name	Plan Service Area
H1610-001	Aetna Medicare Better Health (HMO D-SNP)	<b>Virginia:</b> Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: [711](#)). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

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

## Multi-Language Insert Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-463-0933. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-463-0933. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-463-0933。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-463-0933。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-463-0933. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-463-0933. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-463-0933. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-463-0933. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-463-0933. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-463-0933. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-463-0933. سيقوم شخص ما بتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-463-0933 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-463-0933. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-463-0933. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-463-0933. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-463-0933. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-463-0933. にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Hawaiian:** He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-855-463-0933. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

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Form CMS-10802  
(Expires 12/31/25)

## Multi-Language Insert Multi-language Interpreter Services Additional Languages

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-463-0933. Someone who speaks English can help you. This is a free service.

**Amharic:** የጤና ወይም የመድኃኒት ዕቅዳችንን በሚመለከት ሊኖርዎ ስለሚችል ማንኛውም ጥያቄዎች መልስ ለመስጠት ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት፣ ይደውሉልን በ 1-855-463-0933 ። አማርኛ መናገር የምችል ሰው እርስዎን መርዳት ይችላል ይህ ነፃ አገልግሎት ነው።

**Urdu:** ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمان کی خدمات ہیں۔ یہ ایک مفت سروس ہے۔ حاصل کرنے کے لیے بس ہمیں کال کریں 1-855-463-0933۔ کوئی جو بولتا ہے اردو آپ کی مدد کر سکتے ہیں۔

**Farsi (Persian):** ما خدمات مترجم شفاهی رایگان داریم تا به هر سوالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید، پاسخ دهیم. برای دسترسی به مترجم شفاهی، فقط با شماره 1-855-463-0933 تماس بگیرید. کسی که حرف به زبان فارسی حرف میزند میتواند به شما کمک کند. این خدمات رایگان است.

**Dari:** ما خدمات رایگان ترجمان داریم تا به هر سوال که شما ممکن است در مورد طرح صحت یا دواي خود داشته باشید جواب دهیم. برای دریافت ترجمان صرف با شماره 1-855-463-0933 با ما تماس بگیرید. کسی که به دری صحبت میکند، میتواند به شما کمک کند. این یک خدمت رایگان است.

**Pashto:** مور د ژباړونکي وړيا خدمتونه لرو ترڅو زموږ د روغتيا يا درملو پلان په اړه هري پوښتنې ته ځواب ووايي. د ژباړونکي ترلاسه کولو لپاره مور ته په 1-855-463-0933 شمېرې زنگ ووهئ. هغه څوک چې په پښتو خبرې کوي کولای شي چې له تاسو سره مرسته وکړي. دا يو وړيا خدمت دی.

**Telugu:** మా ఆరోగ్యం మరియు ఔషధ ప్రణాళిక గురించి మీకు ఏవైనా ప్రశ్నలు ఉంటే సమాధానం ఇవ్వడానికి మా వద్ద ఉచిత వ్యాఖ్యాత సేవలు ఉన్నాయి. వ్యాఖ్యాతను పొందడానికి మాకు ఇక్కడ కాల్ చేయండి 1-855-463-0933. ఆ భాష మాట్లాడే ఎవరో ఒకరు మీకు సహాయం చేయవచ్చు. ఇది ఉచిత సేవ.

**Nepali:** हाम्रो स्वास्थ्य वा औषधि योजनाको बारेमा तपाईंमा हुन सक्ने कुनै पनि प्रश्नहरूको जवाफ दिन हामीसँग नि:शुल्क अनुवाद सेवाहरू छन्। दोभाषे प्राप्त गर्न केवल हामीलाई यहाँ फोन गर्नुहोस् 1-855-463-0933। नेपाली भाषा बोल्ने तपाईंलाई मद्दत गर्न सक्छ। यो नि:शुल्क सेवा हो।

**Bengali:** আমাদের স্বাস্থ্য কিংবা ঔষধের পরিকল্পনা সম্পর্কে আপনার যেকোনো প্রশ্নের উত্তর দেওয়ার জন্য আমরা বিনামূল্যে অনুবাদক পরিষেবা প্রদান করে থাকি। একজন অনুবাদক পাওয়ার জন্য কেবল 1-855-463-0933 নম্বরে ফোন করুন। বাংলা ভাষায় কথা বলে এমন কেউ আপনাকে সাহায্য করতে পারেন। এই পরিষেবার জন্য আপনাকে কোনো অর্থ প্রদান করতে হবে না।

**Igbo:** Anyị nwere ọrụ onye nsụgharị n'efu ga-aza ajujụ inwere ike inwe gbasara atụmatụ ahụike na ọgwụ anyị. Iji nweta onye nsụgharị naanị kpọọ anyị na 1-855-463-0933. Onye na-asụ Igbo ga-enyere gi aka. Nke a bụ ọrụ n'efu.