



Taking care



MyCareOhio
Connecting Medicare + Medicaid

AetnaBetterHealth.com/Ohio

Aetna Better Health® of Ohio | a MyCare Ohio plan

6 ways to head off falls.

Falls are the No. 1 cause of injury for older Americans. That doesn't mean falling is a normal part of growing old, though. Here are six things you can do to prevent falls.

1. **Work on your balance and lower body strength.** Tai chi is a good activity that combines those goals.
2. **Get your sight and hearing checked once a year.** New glasses or a hearing aid may improve your awareness of your surroundings.

3. **Review your medicines with your doctor.** Ask if any of them put you at risk for falls.
4. **Make your home safer.** Get rid of tripping hazards. If needed, install grab bars next to your toilet and outside your shower or tub. Non-slip mats may help too.

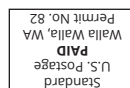
5. **Get a good grip.** Always hold onto handrails when using stairs.

6. **Talk to your doctor about your risk for falling.** Tell your doctor about any falls you've had — even if you weren't injured.

Sources: Centers for Disease Control and Prevention; National Council on Aging; National Institutes of Health

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Adult vaccines: 7 reasons to roll up your sleeve.

Still think shots are just for kids? Check out this list of reasons why you shouldn't skimp on adult vaccinations.

- 1. Your age or other factors could put you at risk for a preventable disease.** For example, shingles and pneumonia shots are recommended for older adults. You could be at risk for other diseases, too, because of your job or health conditions you may have, such as asthma or diabetes.
- 2. Vaccine protection fades over time.** Just because you had a shot years ago doesn't mean you're in the clear. For instance, adults need a booster against tetanus (lockjaw) every 10 years. And you need a new flu shot every year.
- 3. Your loved ones depend on you.** Vaccines don't just help protect you. Some also help protect the people around you. That's especially true if your loved ones include children or older adults — two groups particularly vulnerable to infectious diseases. They could get very sick from diseases (like whooping cough or the flu) that they catch from you.
- 4. You could get very sick yourself.** Every year, thousands of adults get sick from diseases that vaccines can prevent. And each year, some people are hospitalized or even die from those diseases.
- 5. You're a world traveler.** Are you heading overseas? Some vaccinations are recommended before traveling to certain countries.
- 6. Not getting your shots could cost you time and money.** You could miss work if you get sick from the flu or another illness that a vaccine could prevent. If you have to be hospitalized, that could cost you too. On the other hand, many shots are covered by health insurance plans.
- 7. Vaccines are safe.** Most side effects, if they happen at all, are mild and go away on their own. Vaccines won't give you the diseases they are designed to prevent.

Now that you know why you need to stay up-to-date on vaccines, be sure to ask your doctor which shots you might need.



Sources: Centers for Disease Control and Prevention; National Foundation for Infectious Diseases


Is it an emergency?

Imagine someone in your home is sick or hurt. They need care — but should you take them to your doctor or to the emergency room (ER)?

It's not always easy to know. But here's a good hint: If it's severe or could be life-threatening, call **911** or go to the ER. If it's not, your regular doctor or urgent care may be a better choice.

Think you've got it? Here's a game to test your knowledge. See if you can match the symptom to the right kind of care.

Bleeding that won't stop	 <p>Doctor</p>
Earache	
Low fever	
Chest pain	
Sore throat	
Trouble breathing	 <p>ER</p>
Twisted ankle	
Passing out	
Severe stomach pain	
Skin rash	
Sinus infection	
Sudden trouble speaking	

 If you're not sure, remember that you can call your doctor or **911** before going to the ER.

Doctor: earache; low fever; sore throat; twisted ankle;
 ER: bleeding that won't stop; chest pain; trouble breathing; passing out; severe stomach pain; sudden trouble speaking.

ANSWERS

Sources: American Academy of Pediatrics; American Academy of Urgent Care Medicine

What is a nurse practitioner?

When it comes to getting great primary care, doctors aren't the only option. In fact, at many medical offices, a nurse practitioner (NP) might be the one to take care of you.

So you might want to know a little about NPs and what they can do for you.

For starters, NPs are highly trained health care providers. They're registered nurses who have extra medical training and national certification. They also have either a master's or a doctoral degree.

Many NPs provide primary and specialty care. They work in a variety of settings, such as clinics, hospitals, urgent care sites and nursing homes. Like doctors, they can diagnose and treat many illnesses and injuries. And they consult with doctors when needed.

For instance, an NP may:

- Perform your exam
- Diagnose and treat health conditions like diabetes or an infection
- Perform and order tests
- Prescribe medicines
- Teach you how to make healthy lifestyle choices to prevent or manage an illness

In fact, NPs tend to emphasize prevention, education, and the overall well-being and health of their patients. That makes them excellent partners in your care!

Sources: American Association of Nurse Practitioners; Bureau of Labor Statistics

3-D mammograms.

An updated view for breast cancer.

Mammograms give women a crucial head start on finding breast cancer early. That's when treatment often works best. They can detect tumors that are still too tiny to feel. They can even find cancers before symptoms start.

They've saved countless lives. But these breast x-rays aren't perfect.

Mammograms may miss about 20% of all breast cancers. They can also cause false alarms. That's when they pick up something abnormal that turns out not to be cancer. As a result, women may undergo unneeded tests, such as biopsies. And that can cause them a lot of needless worry.

A better breast x-ray

A newer type of mammogram may help overcome these flaws.

It's called three-dimensional, or 3-D, mammography. And it may improve the accuracy of breast cancer screening. Here's how it works:

During a 3-D mammogram, a woman's breast is compressed, just as it is for a standard mammogram. An x-ray machine moves over the breast, taking multiple pictures in thin slices. Special computer software then creates a detailed 3-D image of the breast.

Research suggests that 3-D mammograms have the potential to:

- Help doctors better diagnose breast cancer.
- Find small tumors that may have remained hidden on a conventional mammogram.
- Provide clearer images of dense breasts. (Women who have dense breast tissue have a slightly higher risk of breast cancer.)
- Greatly reduce the number of women called back for



further testing because of false alarms.

Get tested

The American Cancer Society recommends that women at average risk of breast cancer start yearly mammograms at age 45. (Women can start at 40 if they prefer.) At 55, you can switch to getting a mammogram every other year or continue with yearly mammograms. Talk with your doctor about what's right for you.

Additional sources: National Cancer Institute; Radiological Society of North America

List of Covered Drugs.

Our List of Covered Drugs (or "Drug List" for short) tells you which prescription drugs are covered by Aetna Better Health of Ohio.

The Drug List also tells you if there are any rules or restrictions on any drugs, such as a limit on the amount you can get. See Chapter 5 of your Member Handbook for more information on these rules and restrictions.

Each year, we will send you a copy of the Drug List, but some changes may occur during the

year. To get the most up-to-date information about which drugs are covered, you can visit the plan's website at **AetnaBetterHealth.com/Ohio** or call Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. You will also find information about:

- Covered drugs
- Copayment information, including tiers
- Drugs that require prior authorization
- Limits on refills, doses or prescriptions
- Use of generic substitution, therapeutic interchange or step-therapy processes

Called back after a mammogram?

Here's what to know.

It's not unusual for women who've had a mammogram to be called back for a repeat test because of a suspicious result.

You may be understandably frightened if this happens to you. But know this important fact: Most callbacks do not result in a breast cancer diagnosis.

Often, abnormal areas on a mammogram turn out to be a noncancerous cyst or tumor. Also, many women have dense breast tissue, which might make a mammogram initially hard to read.

To help make sure a suspicious finding on a mammogram is not cancer, your doctor may want you to come back and have more tests, such as:

Another mammogram. A diagnostic mammogram is just like a screening mammogram, except that it may focus just on the suspicious area.

An ultrasound test. This test, which uses sound waves instead of x-rays to examine the breast, can help distinguish a harmless fluid-filled cyst from a solid mass, which may be cancer.

An MRI scan. This test takes highly detailed pictures of the breast.



A biopsy. After having one or more of the other follow-up imaging tests, the doctor may order a biopsy if there's still a chance the abnormal area could be cancer. For a biopsy, a tissue sample from the breast is examined under a microscope.

It can take a few days or longer to learn the results of a biopsy. This can be an anxious time. Try not to worry too much. Most women who have a breast biopsy turn out not to have cancer. You and your doctor are doing the right thing by making sure all is OK.

Sources: American Cancer Society; National Cancer Institute; Office on Women's Health

Get your medications your way.

Did you know that Aetna Better Health of Ohio offers different ways for you to get your medication? Your benefits allow you to receive your medications in several ways:

- 30-day supply
- 90-day supply
- Daily pill packs — all of your medications presorted for you into daily doses

You may also be interested in receiving your medications via mail. If you are interested in any of these options, please discuss them with your doctor and/or pharmacist.

Member rights and responsibilities.

As an Aetna Better Health of Ohio member, you have these rights:

- A right to receive information about Aetna, our services, our practitioners and providers, and member rights and responsibilities
- A right to be treated with respect and recognition of your dignity and your right to privacy
- A right to participate with practitioners in making decisions about your health care
- A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- A right to voice complaints or appeals about Aetna or the care we provide
- A right to make recommendations regarding Aetna's member rights and responsibilities policy

You also have responsibilities:

- A responsibility to supply information (to the extent possible) that Aetna and our practitioners and providers need in order to provide care
- A responsibility to follow plans and instructions for care that you have agreed to with your practitioners
- A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible



Your Member Handbook has answers.

Check out the following information in your Member Handbook and on our website at **AetnaBetterHealth.com/Ohio**:

- Benefits and services included in your health plan as well as those not covered
- Pharmaceutical management procedures
- Copayments
- Benefit restrictions outside Aetna's service area
- How to get language assistance
- How to submit a claim
- How to get information about doctors in Aetna's network
- How to get primary care services
- How to get specialty care and behavioral health care services
- How to get emergency care
- How to get care and coverage outside of Aetna's service area
- How to submit a complaint
- How to appeal a decision
- How Aetna evaluates new technology to include in coverage
- How to obtain care after normal business hours
- How to obtain an independent, external review of internal Utilization Management final determinations

Men: Get the lowdown on prostate cancer.

About 1 in 9 men will be diagnosed with prostate cancer during their lifetime. For Black men, the number is even higher: 1 in 7.

Still, most men diagnosed with prostate cancer won't die from it. That's because it is often very slow-growing, and men who get it are more likely to die of something else.

Finding prostate cancer

Prostate cancer usually doesn't cause symptoms in its early stages. Most prostate cancers are diagnosed as a result of screening with either:

- A digital rectal exam
- A prostate-specific antigen (PSA) blood test

If your doctor suspects prostate cancer, the most likely next step is a biopsy. That's where small samples of prostate tissue are removed and sent to a lab for analysis. If the biopsy results don't show cancer, you may not need any more tests for now.

Treating prostate cancer

If your tests do show prostate cancer, it might not need to be treated right away. If it's small, for instance, a doctor might suggest actively monitoring it to see if it grows.

Otherwise, treatment options include:

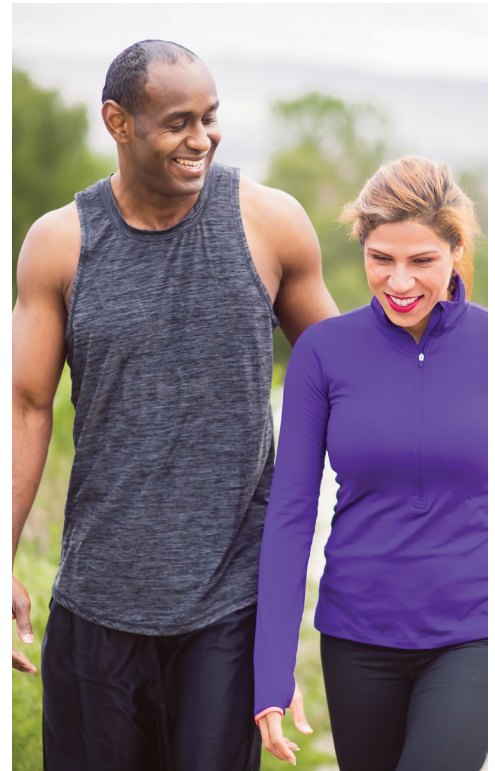
- Surgery
- Radiation therapy
- Chemotherapy
- Hormone therapy
- A combination of the above

It's important to thoroughly review all your treatment options with your doctor.

When to be screened

The American Cancer Society recommends that men work with their doctors to make an informed choice about getting screened with a PSA test. This discussion should occur at:

- Age 50 for men at average risk for prostate cancer who are expected to live at least 10 more years.



- Age 45 for men at high risk. This includes Black men and men with a father or brother diagnosed with prostate cancer before age 65.
- Age 40 for men at higher risk. This includes men with more than one first-degree relative who was diagnosed with prostate cancer at an early age.

Contact us Aetna Better Health® of Ohio
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AetnaBetterHealth.com/Ohio

Aetna Better Health® of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. For more information, call Aetna Better Health® of Ohio Member Services at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week, or read the Aetna Better Health® of Ohio Member Handbook. This newsletter contains general health information that should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs. Models may be used in photos and illustrations.

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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 at or call the phone number listed in this material.

In addition, your 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. Your health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, call Customer Service at the phone number on your benefit ID card.

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

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

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

繁體中文 (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。