



 **aetna**[™]
medicare solutions

Understanding Dual Eligible Special Needs Plans (D-SNP)

A guidebook for those who have
both Medicare and Medicaid

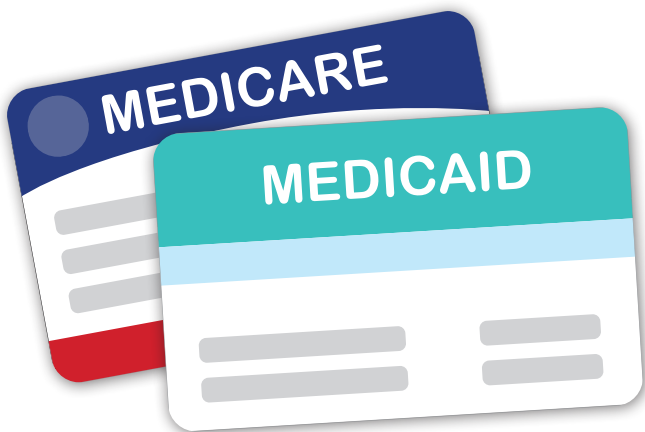
[AetnaMedicare.com/DualPlan](https://www.aetna.com/medicare/dualplan)

What does it mean to be dual eligible?



Dual eligible means you qualify for both Medicare and Medicaid.

- It includes low-income seniors who are 65 years or older, and people under 65 years with disabilities.
- You must qualify for Medicare and Medicaid separately.
- Most people qualify for Medicare once they reach 65. But some younger adults with disabilities also qualify.
- Your Medicaid eligibility is based on your income and other standards.
- If you meet the separate eligibility requirements for Medicare and Medicaid, you're dual eligible.



A quick way to determine if you are dual eligible is to verify that you have both of these cards*:

These are cards issued by your state and the federal government. They help prove you're enrolled in Medicaid and Original Medicare. Both cards will have your name and an ID number printed on them.








*Medicaid cards vary by state.



What is a D-SNP?

A D-SNP is a Dual Eligible Special Needs Plan. It gives you all the benefits of Original Medicare, plus much more. To qualify, you must be eligible for both Medicare and Medicaid.

Our D-SNPs offer more benefits than Original Medicare.

	What you may have	What you could have with an Aetna D-SNP
 Medicaid	✓	✓
 Coverage for hospital and outpatient care	✓	✓
 Coverage for doctor's visits	✓	✓
 Prescription drugs	✓	✓
 Personal care team		✓
 Extra dental, vision and hearing benefits		✓
 Many other benefits and features like transportation, OTC and more		✓

Our D-SNPs combine hospital, doctor and prescription drug coverage in one plan. They also offer extra benefits you don't get from Medicaid and Original Medicare.

D-SNPs offer extra support.



At Aetna®, we believe the path to better health is a team effort. That's why an Aetna D-SNP uniquely offers the support of a dedicated personal care team — ready to assist you with the right care, right when you need it.

As an Aetna D-SNP member, your personal care team will be at your side to help you make the most of your plan's benefits, feel your best and save money along the way. And that means easier care all around.

Your personal care team includes*:

- ♥ Care coordinator
- ♥ Nurse care manager
- ♥ Social worker
- ♥ Member advocate



*Care team titles may vary by market

And they can:

- ✔ Learn your individual needs
- ✔ Develop a care plan with your doctor
- ✔ Coordinate visits to doctors, dentists and other health care providers
- ✔ Set up transportation to and from appointments*
- ✔ Help you understand your medications
- ✔ Connect you with local and state programs to help with safe housing, healthy foods, utility bills and more
- ✔ Help you access your state Medicaid benefits

*Not available in New York



How do I qualify for a D-SNP?

Most people who are dual eligible qualify for a D-SNP. The type of plan you can enroll in depends on the Medicaid category you're in.** The chart below helps explain these categories.



You qualify for Medicare Part A and Part B.



You live in a D-SNP county or service area.



You meet the income and asset levels for state Medicaid help.



You're a U.S. citizen or a lawful, permanent resident.

As you can see, finding out if you qualify can be complicated. But that's why we have licensed agents who can help.

**There may be other requirements depending on the plan you choose. Talk with a trusted insurance advisor for more details.



Make an informed choice.

Need help understanding your plan options so you can make an informed choice? You can:



Make a call.

Most insurers have toll-free phone numbers. Simply give them a call if you have questions or to get plan details.



Talk to a licensed insurance advisor.

They can help you learn about plans from different insurers. And they can often meet with you over the phone or by video call.



Attend a seminar.

Many insurers offer local seminars. A seminar is like a class where you can learn about plans and ask questions, too. And many insurers now offer seminars online. That way you can join from the comfort and safety of home.



Learn more at

[AetnaMedicare.com/DualPlan](https://www.aetna.com/DualPlan)

Using local resources.

There are many local resources available in the community to support Medicare D-SNP members. But accessing them can sometimes be complex. That's why Aetna Medicare D-SNP members are given extra support here. They each have a social worker who is an expert in helping them get the services they need.

To help you learn more about these resources, we've created a list below. Note that some services and resources are not available in all areas.



Retirement communities

Apartments for those who can live independently with minimal support services.



Social support

Community programs such as Friendly Visitors or phone calls to keep in contact with those living at home.



Adult day care

Transportation to a supervised care facility for activities during the day for those that need constant monitoring. Many programs offer Alzheimer's care, for instance.



Skilled nursing facility

Provides 24-hour nursing care for those with a serious condition who have been released from the hospital.



Senior centers

Places to socialize, take part in activities or classes, and perhaps share a meal.



Meal services

Home-delivered meals for those that can't cook or shop on their own. This is often called Meals on Wheels.



Hospice care

Your social worker, with the assistance of the care manager, can help with end-of-life care for those with less than six months to live. The goal is to make them comfortable and ease their passing at home or at a residential facility.



Area Agency on Aging (AAA)

Find help in your local area. The AAA's mission is to help older adults and people with disabilities live with dignity and find care choices in their homes and communities. Visit n4a.org to find an AAA near you.

How and when to enroll.



It's fairly easy to enroll in a D-SNP. But **when** you can enroll depends on if:

- **You're newly eligible for Medicare and Medicaid:** You can enroll any time of the year, with no restrictions.
- **You already have both Medicare and Medicaid, or you already have a D-SNP:** You can switch plans once during a Special Enrollment Period (SEP) or during the Annual Enrollment Period (AEP). See the chart below.

Special Enrollment Period 1: (January 1–March 31)



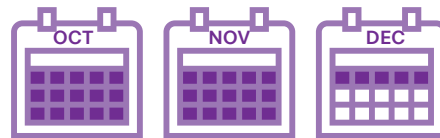
Special Enrollment Period 2: (April 1–June 30)



Special Enrollment Period 3: (July 1–September 30)



Annual Enrollment Period: (October 15–December 7)



If you plan to switch to a D-SNP during the AEP, keep in mind these important dates:



October 1:

You can see information online about new plans available during the AEP. See [AetnaMedicare.com](https://www.aetna.com) for Aetna® D-SNPs in your area.



December 7:

Last day of the AEP and last day you can switch plans.



October 15:

First day of the AEP and first day you can switch plans.



January 1:

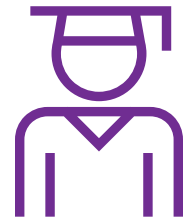
If you switched your plan during the AEP, this is the day your new plan becomes active.

Tips for comparing plans.

Many things can differ from plan to plan. So it's important to ask yourself these questions before choosing a plan:

1. What benefits are best for my physical, emotional and social health?
2. What are the plan's out-of-pocket costs?
3. Are my prescription drugs covered?
4. Are my doctors and hospitals in the plan's network?
5. Could I use a team to help manage my care?
6. Do I need my care to be flexible so that I'm covered when I travel?

Here are some helpful terms.



Claim

This is a request to be paid for health services you've received. For example, your doctor sends a claim to your plan for an office visit.

Coinsurance

Amount you may have to pay for your share of services. Coinsurance is usually a percentage (for example, 20 percent).

Copay / Copayment

Amount you may have to pay for your share of services. Copays are usually a set amount (for example, \$10 for a prescription drug or \$20 for a doctor's visit).

Coverage gap

Also called the "donut hole." The coverage gap is the period that begins after you and your drug plan together have spent a certain amount for covered drugs and have reached the initial coverage limit. When you're in the coverage gap, you will pay no more than 25% of the cost for your plan's covered prescription drugs, which may be more than your usual copay or coinsurance. The coverage gap ends when you have spent enough to qualify for catastrophic coverage.

Deductible

This is the amount some plans require you to pay for covered services before the plan starts to pay.

Enrollment period

The time when you can sign up for a Medicare plan.

Explanation of Benefits (EOB)

A statement from your plan that shows charges, payments and any balance you owe for medical services. It may be sent by mail or email.

Formulary

This is a list of prescription drugs covered by a plan. It's also called a drug list.

Network

This is a group of health care providers. It includes doctors, dentists and hospitals. A health care provider in a network signs a contract with a health plan to provide services. Usually, a network provider provides these services at a special rate. With some health plans, you get more coverage when you get care from network providers.

Out-of-pocket costs

The amount you must pay on your own for medical services or prescription drugs (for example, copays and deductibles).

Premium

This is the amount you pay for coverage. If you get coverage from an employer or group health plan, the costs might be shared between you and the employer.

Primary Care Physician (PCP) or Primary Care Doctor

A PCP is a doctor who is part of a health plan's network. Your PCP is your main contact for care. A PCP gives you referrals for other care. They coordinate the care you get from specialists or other care facilities. Some health plans require you to choose a PCP.

Referral

A referral is a type of preapproval from your primary care doctor to see a specialist. When your doctor issues a referral, they share the reason for the recommendation with the specialist. They also help coordinate your visit so you get the proper care.

Specialist

This is a doctor trained to give care in a specific medical area. The doctor's focus could be on a disease, part of the body or age group.

Step therapy

Step therapy requires you to try another drug to treat your medical condition. We see if it works before we cover the drug that your doctor may have originally prescribed.

Tiers

Drugs in a formulary are placed on tiers. Generally, the lower the tier, the less you'll pay for your medicine. Some costlier generics will appear with brand-name drugs on higher tiers.

Heidi Peborde

(631) 553 - 8776 (TTY: 711)

8:00 AM - 8:00 PM ET, 7 days a week

A licensed agent will answer your call.

HPSeniorInsurance@gmail.com



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