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Q&A SUMMARY

Aetna Webinar – June 23

HIGHLIGHTS

- If you have specific questions related to your personal situation, please attend one of the many open enrollment office hours sessions over the next few weeks. Click here to view. Make sure to scroll down to the Office Hours section.

- You can review the plan design and benefits for the high-deductible and Open Access® Managed Choice® on the Benefits page under “Medical.”

- No other insurance provider changes are occurring this enrollment period except for our medical insurance – which will now be covered by Aetna.

- If you’re having difficulty finding an in-network doctor or prescription using the Aetna microsite, please attend one of the office hours sessions.

- Aetna’s microsite is available during open enrollment to help inform your medical benefit elections and help you confirm your in-network doctors and covered prescriptions.

- Employees cannot download the Aetna or Attain mobile app until August 1, 2022 – the date in which our new benefits go into effect.

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QUESTIONS

1. **Is acupuncture and chiropractic care going to continue to be covered with the change?**
    a. Yes, chiropractic and acupuncture are still included in our plan. Under OA MC plan you are entitled to 18 acupuncture visits per plan year with a $20 copay/visit and 20 chiropractic visits per plan year with a $40 copay. Under the HDHP, the same visit limitations apply, and you would pay out-of-pocket until your deductible is met, in which case these would then be covered at 100%.
2. **We will need to confirm with our Physicians that they are "in network" with the new insurance?**
    a. It is always good practice to check that your physicians are in network with any carrier change. We have included a link on the microsite that directs you to "find a doctor". You will need to select the Open Access Managed Choice plan and type your doctor's name. If you have any issues, please let the Benefits Team know.
3. **Is there anything for the HDHP besides prescription copays that goes towards the out-of-pocket maximum?**
    a. The deductible and prescription copays apply to the in-network payment limit. For the out-network payment limit, the deductible, prescription drug copays and coinsurance apply.
4. **While you're going over these terms, can you explain coinsurance too?**
    a. Coinsurance is the amount of medical cost that you pay; it is typically expressed as a percentage of total cost.
5. **How would someone hit the $6,450 payment limit for the High Ded. plan if the deductible is $2,000. Like in what circumstances would the individual pay over $2,000 out of pocket if they already hit the deductible?**
    a. In addition to the in-network deductible, prescription drug copays also accumulate towards the in-network payment limit.

6. **What are the limits for HSA employee contribution?**
    a. For an individual plan the 2022 IRS max amount is $3,650; an employee can contribute up to $2,750 and eMoney contributes $900. For a family plan the 2022 IRS max amount is $7,300; an employee can contribute $6,100 and eMoney contributes $1,200.
7. **Is our vision insurance through Aetna?**
    a. EyeMed is still our vision insurance provider – which offers routine eye exams every 12 months. However, you are able to get a routine eye exam through Aetna – every 24 months – as part of your preventative care.
8. **How does an HSA work at a high level? I have never used one. Does the contribution come out bi-weekly (with pay)? If so, when can you use the money?**
    a. The HSA account is available to anyone on the HDHP and who has opened up the account. The allocated funds you specify to be contributed to this account comes out of your pay (each pay period) and you receive a card you are able to use for any IRS defined medical expenses.
9. **If I have the Vision plan in addition to the Aetna Health plan, does the routine exam get covered under Aetna first? Then, the Vision plan picks up everything else?**
    a. This would be up to the member. Aetna covers routine eye exams once every 24 months, where EyeMed is on an annual basis. You could use Aetna to cover your routine eye exam once every 24 months and then use EyeMed to cover your frames/contact lenses.
10. **If I have a spouse on my benefits as dependent, is my HSA a family plan? How would I check that?**
    a. Yes, if your spouse is on your benefits that would put you in the family plan.
11. **With the OA MC plan, what is the co-pay for a tier 4 medication?**
    a. There are 3 tiers of medications on the eMoney plan. Tier 1 is generic; tier 2 is preferred brand and tier 3 is non-preferred generic and brand. All covered prescriptions fall to one of the three tiers.

12. Do in network and out of network deductibles accumulate separately or cumulatively?

a. These are accumulated separately.

13. Is the family deductible an embedded deductible?

a. Yes, on the High Deductible Family Plan everyone on the plan's payments go towards the $4,000 deductible.

14. With the High Deductible plan, once you meet the deductible (ie. $2000 for individual), are all services after that covered 100%?

a. Yes, outside of the cost of prescriptions and out of-network services, all other services would be covered at 100%.

15. For the High Deductible Plan, it looks like most in-network services are covered at 100% after the deductible. Does that mean that after the deductible has been reached, the only expense we'd be responsible for would be prescription costs and any services not covered at 100%?

a. Yes, once you have met the deductible you would only be responsible for the cost of prescriptions and out-of-network services.

16. Does this HDHP plan offer pre-deductible coverage for certain medications (certain cholesterol medication, insulin, etc.), as is allowed optionally by the IRS notice (2019-45) under the "Preventative Care" policy?

a. While this type of coverage is allowed on a qualified high deductible health plan, the eMoney benefit plan does not offer the "waive of deductible" on these types of medications.

17. Is our HSA changing from Fidelity to something else?

a. No, our HSA will still be managed through Fidelity.

18. What additional services will now be covered for mental health?

a. In addition to what the Aetna plan covers for mental health, we can now use Teladoc for mental and behavioral health services.

19. Will physical cards be provided for the OAMC AND high-deductible plans?

a. Physical cards are family cards (each covered individual on the plan will be listed on ONE card) and will be mailed out. In addition to physical cards, you can also access your ID card through the Aetna Health app or member website on August 1, 2022.

20. Do you know what the co-pay is for preferred specialty drugs?

a. Specialty medications are available up to a 30-day supply and must be filled through our preferred specialty pharmacy network.

HDHP: After your deductible is satisfied, the Copay/prescription: $40 for 30-day supply at a participating pharmacy

OAMC: $20 for 30-day supply at a participating pharmacy

21. With our current high deductible plan if you have a secondary insurance for a child for example the deductible still gets hit even if secondary is paying is this the same for new high deductible?

a. Yes, the provider will submit the claim to the primary insurance coverage, the primary insurance will send the provider an explanation of benefits (EOB) with payment details. If there is secondary insurance, the in-network provider will submit the claim to the secondary insurance. The secondary insurance will process the claim and ultimately decide the member responsibility.

22. How many physical therapy visits are allowed per year?

a. The plan allows for 30 visits/plan year.

23. Who/what is the mail order pharmacy what Aetna partners with?

a. CVS Caremark Mail Service Pharmacy

24. Are nutritionist visits covered?

a. Nutrition visits are available with a medically stated reason from a provider.

25. I have a procedure scheduled for mid-August. Will I use AETNA or IBX for coverage?

a. Starting August 1, 2022, all insurance coverage will fall under Aetna. August 1 also begins a new plan year, which resets deductibles.

26. If you are on the high deductible plan, and you have hit your deductible, and your mail order prescription for a 90-day supply is normally less than the $40 copay, how much do you pay?

a. If you have satisfied your in-network deductible, you will pay the cost of the prescription or the copay, whichever is less at any participating pharmacy.

27. Once the change to Aetna is made, will our yearly annual be the same as it was with IBX? For example, I can only get my physical in July as that's when I got my first one under IBX insurance.

a. Though we're switching providers, the benefit year remains the same so this change should not impact when your annual visit schedule.

28. Are there any type of gym reimbursement programs?

a. There isn't a reimbursement program but there are discounts available once we are active under the Aetna network. More information can be found on the Aetna microsite under Additional Information > Discounts.

29. What if you're already enrolled with Aetna through your previous employer and already have a card with subscriber number?

a. You will receive a new card and subscriber number under the eMoney Aetna plan.

30. Will any medical history be ported over to Aetna from current insurance company?

a. No, no medical history will be ported over to Aetna from Independence Blue Cross.

31. Are refill prescriptions required to be done via mail order or can they always be filled at the regular pharmacy if we choose?

a. It is not required to use mail order for prescriptions, you are still able to go into a retail pharmacy to obtain your prescriptions.

32. On the high deductible plan, the co-pay for medications after you hit the deductible is doubling compared to our current plan, is that correct?

a. No, the co-pay amounts are remaining the same as our current plan design.

33. Are we losing our free access to Teladoc? Previously it was $0.

a. Teladoc will now be under our Aetna plan and our existing Teladoc plan will end.

34. Does the cost of Teladoc go toward your deductible?

a. Yes

35. Will I be connected with my primary physician or a random doctor if using Teladoc?

a. Teladoc would not be directed to your primary physician, this would be a doctor associated with Teladoc.

36. Can Teladoc be used when traveling internationally?

a. No, Teladoc is only available in the U.S.

37. Does each member of the family need to have their own Teladoc account?

a. Each adult on the plan needs to have their own account. Dependents are included on the primary member's account.

38. Currently our use of Teladoc is covered under our plan with no out of pocket cost to us. Is that benefit changing now seeing as it was mentioned the $49 or less per visit number?

a. Yes, with Teladoc being under Aetna there may be a cost associated with it depending on which plan you are enrolled in.

39. If we are high deductible and hit the deductible, is Teladoc then $0?

a. Yes

40. When does the deductible reset? August 1 or January 1?

a. The deductible for the High Deductible Health Plan resets every August 1st.

41. What fitness watches are compatible/can be used with Attain?

a. Attain only works with Fitbit or Apple watches.

42. If I already have an apple watch, can I start earning rewards for gifts cards right away?

a. Yes, once you enroll in the Attain program you can start earning rewards.

43. If we opt-in to use Attain, do we have to declare gift card or Apple Watch immediately?

a. Yes, you'll need to decide if you want to earn an Apple Watch or earn gift cards up front.

44. **Do we have to utilize a particular collection center for blood tests and other labs (e.g. Quest or Lab Corp)? Or are we able to go wherever we want?**
    a. We have contracted with several labs nationwide. You can verify participating lab providers by searching the “find a doctor” link on the microsite. Quest, Lab Corp and Sonoran, are a few that are currently contracted with Aetna.
45. **Does the Minute Clinic replace our current coverage for Urgent Care?**
    a. No, we still are able to go to Urgent Care Centers. Under the OA MC plan Urgent Care visits are covered 100%; under the HDHP covered 100% after deductible is met.
46. **Since Aetna is paired with CVS, is CVS the preferred in-person pharmacy?**
    a. No, you are still able to go to different retail pharmacies.
47. **Will we get Aetna ID cards for each family member?**
    a. No, Aetna offers a family card. If needed, you can order additional ID cards.
        a. If a plan participant is over 18 years old, they can download the Aetna app and have the digital card on their phone. Additionally, you will be able to request additional cards from the concierge if you prefer a printed version.
48. **I remember at least one year we had a Walgreen discount card for Walgreens health products through the old plan, by any chance is there something similar for CVS through Aetna?**
    a. This is not part of the eMoney benefit plan.
49. **Who/what is the specialty pharmacy for Aetna? Is it through Aetna or CVS?**
    a. Aetna Specialty Pharmacy
50. **What are considered specialty medications?**
    a. A specialty medication is a prescription drug that is either a self-administered (non-diabetic) injectable medication; a medication that requires special handling, special administration, or monitoring; or is a high-cost oral medication.

51. Is there a way to get the pre-certification process started before August 1 so we're not stuck racing against the clock?

a. Unfortunately, pre-certification process cannot be initiated until you are effective with the Aetna plan, on 8/1/22.

52. An employee uses eMoney's medical insurance as their primary insurance and their spouse's insurance as their secondary. Is it an issue if the secondary insurance is also Aetna? Any limitations to be made aware of?

a. No, there is no issue with this. We have seen confusion with provider billing where they may bill only one or bill in the wrong order. If this occurs, the member can call Concierge services and they can reach out to the provider and have this corrected.

53. Is abortion covered under the plan?

a. Currently, on fully insured plans, voluntary abortions are covered with member cost share. Travel and lodging are not included in coverage for Fully Insured plans. We are assessing a travel and lodging solution for fully insured customers based on the recent Supreme Court ruling. The laws of each state will set forth the scope of legal abortion services in that state. Aetna will cover lawfully provided abortion services where such services are covered under a member's plan. Aetna will not cover abortion services that are prohibited by state law.