Medical FAQ's

Diagnostic Testing Provider Update:

Under Aetna, members may use Quest Diagnostics or LabCorp.

Visit the **Quest Diagnostics** website to find a location near you or to make an appointment: http://www.questdiagnostics.com/

To find a **LabCorp** facility near you or to make an appointment: https://www.labcorp.com/

Why Are Additional Plans Being Offered?

Due to the mandated employee contribution for health benefits, some employees may be interested in lower cost options that would decrease their employee contribution amount. The premium rates are lower, but the benefits are not equal to or the same as your current plans. Please be sure to carefully review the following benefit summaries before making a change. Once you make a change, you will not be able to change again until the next open enrollment, unless you have a qualifying life event (marriage, birth of child, divorce, etc.).

How Does the Deductible Work?

The deductible is based on the Calendar Year and must be met prior to certain eligible medical expenses being covered. Once you have met your deductible, you are then responsible for your copay or coinsurance listed on the benefit summary. For many of the Preferred Care (in-network) services, the deductible is waived. Please see the benefit summaries for further detail. For Parent/Children and Family Coverage, all members of the family are able to contribute to meeting the family deductible but no one member will contribute more than the individual limit. So once a member of the family reaches the individual limit listed on the benefit summary, they will not pay any more toward the deductible and are just responsible for their copays or coinsurance. The other members of the family will continue to pay towards the deductible until the Family deductible listed is met. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year.

What Does the Deductible Apply to?

For the PPO Core and PPO Buy Up plans, the deductible is waived for many of the in-network services such as office visits to your Primary Care Physician and Specialists. The deductible is also waived for in-network services such as Preventive Care, Chiropractic Care, Inpatient Hospital Care, and Diagnostic Laboratory and X-Ray services. For other services, such as Outpatient Surgery, Ambulance, Home Health Care, Hospice, Durable Medical Equipment, Family Planning, etc. the deductible does apply. The

deductible also applies for all out of network services and all benefits under the High Deductible Health plan, except for in-network preventive care. If you are considering changing plans, it is important to review the complete benefit summaries and see which services you use the most to determine if one of these plans would be a better option for you.

Which of my out of pocket expenses go towards meeting the deductible and out of pocket maximum?

For the PPO Core and PPO Buy Up plans, any service where you have to pay coinsurance goes towards meeting your deductible and out of pocket maximum. Some in-network examples would be outpatient surgery, ambulance services, and home health care. For any out of network services, coinsurance applies to all benefits. Once your deductible is met, then you are only required to pay your coinsurance amount until you reach your out of pocket maximum. Then services are covered 100% for the remainder of the calendar year. Please note that medical and prescription copays do not apply to the deductible or out of pocket maximum. For the High Deductible Health Plan, both the medical coinsurance and the prescription coinsurance you incur for eligible expenses will apply to the out of pocket maximum.

How is Preventive Care Covered Under the New Plans?

Preventive Care is covered 100% when you visit an in-network (participating) provider. The deductible does not apply to Preventive Care.

Do I Need a Referral for Preferred Care?

With the new plan options (PPO Core, PPO Buy Up, and HDHP), the selection of a Primary Care Physician is optional; however members are still encouraged to pick a PCP. Referrals are not needed for Preferred Care but Precertification may be required for certain services and procedures.

Reimbursements: Medical and Prescription Copay Reimbursements and Vision Eye-wear

Please note that these benefits, Medical and Prescription Copay Reimbursement and Vision Eye-wear, do not apply to the new plans.

How Do I Search for a Participating Providers for the New Plans?

Go to www.aetna.com and click on **Find a Doctor.**

- Select a Plan: **Aetna Open Access® Plans**
- Select: **Aetna Choice® POS II (Open Access)**

What is Aetna Navigator?

The Aetna Navigator allows you to access your personal benefits information on-line. Once logged in, you will be able to:

• Check the status of a medical claim.

• Change your Primary Care Physician. (When selecting a Primary Care Physician, please make sure to select QPOS as your plan selection. Members who do not select QPOS will have the wrong Provider ID number and will not have the correct PCP listed on their ID card.)

• Request a new or additional ID card

• Review the Aetna Benefit Booklet specific to your group. It's easy to sign up. Log into www.aetna.com and click on register under Member Log-In.

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Are Preventative Care Services Covered?

Under the Affordable Care Act, certain preventive services for your group will be covered 100%, effective 7/1/2011. For these specified preventive services, you won't have to pay anything when:

• Services are received from a doctor or health care provider that is in network (out of network benefits remain the same)

• The main purpose of your visit is to get preventive care. For further details and a list of preventive services from Aetna, please click here. For more information, visit www.healthcare.gov.

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