

Aetna HMO-EPO and Aetna PPO FAQ's

Anne Arundel County Government Health Benefits for Active Employees and Non-Medicare Eligible Retirees

What do I do if I do not receive my Aetna member ID card before January 1, 2022?

You may access your digital ID card through your Aetna member website and/or the Aetna Health app. Visit www.aetna.com to register. Once registered, you can access and print a copy of your digital ID card on the member website and/or access your digital ID card on the app.

How to register your account:

1. Go to www.aetna.com and click the **Login** button.
2. Click the **Register** button in the “Don’t have an account?” section.
3. Register using your SSN (since you have not yet received your Aetna ID card).

How to access and print your digital ID card via your Aetna member website:

1. Once you have registered your account, log into your Aetna member website.
2. On your personalized home page, click on the drop-down menu located at the top right-hand corner of the page under **your profile name**.
3. Select **ID Cards** from the drop-down menu.
4. Your digital ID card will be displayed.
5. Below your digital ID card, you may select the **printer icon** to print a copy of your card or select the **share icon** to save/email a copy of your card.

How to access your digital ID card via the Aetna Health app:

1. Once you have registered your account, open the Aetna Health app on your mobile device and log in.
2. On the home screen, scroll down and select **ID Cards**.
3. Your digital ID card will be displayed. (Note: If you are an iPhone user, you may add you card to your Apple Wallet by clicking the **Add to Apple Wallet** button located below your digital ID card on this screen).

Where can I look up providers and plan designs?

You can find provider lookup links and detailed plan designs for both of the medical plans that will be offered for the 2022 plan year at the Aetna Anne Arundel County Microsite at aacounty.aetna.com.

Who can I call if I have questions about the Aetna plans or providers?

Aetna has a toll-free customer service team available to answer your questions. They can be reached at **1-855-222-2774**, Monday through Friday, 8am – 6pm.

Are these plans only for active employees and pre-65 retirees (non-Medicare eligible)?

Yes, the Aetna HMO-EPO plan and Aetna PPO plan are for active employees and pre-65 retirees (non-Medicare eligible). Medicare eligible retirees should contact the benefits team for assistance with their plan options.

What are the premium rates for each plan?

Please refer to the Anne Arundel County benefits site for a side-by-side plan comparison, <https://www.aacounty.org/departments/personnel/employment-information/benefits/> for premium information for each plan.

Are the dental, vision, and pharmacy carriers changing?

No, there are no changes to the carriers for dental, vision, and pharmacy for 2022. The only carrier change for 2022 is the medical carrier.

What is the main difference between the HMO-EPO plan and the PPO plan?

The HMO-EPO plan only provides in-network coverage for services, except for urgent and emergent care which would be covered the same out-of-network as it would in-network. The PPO plan offers both in-network and out-of-network coverage.

Which Aetna plans mirror the current CareFirst plans?

The Aetna PPO plan is most similar to the CareFirst Triple Option plan. The Aetna HMO-EPO plan is most similar to both the CareFirst EPO plan as well as the CareFirst HMO plan. Both Aetna plans offer a nationwide network and there are no referral requirements. Please refer to the Anne Arundel County benefits site for a side-by-side plan comparison, <https://www.aacounty.org/departments/personnel/employment-information/benefits/>

What is the Deductible, Coinsurance and Out-of-Pocket Maximum and how do they work on the HMO-EPO plan versus the PPO plan?

Deductible – the amount you pay before insurance pays each plan year

Copay – a flat dollar amount you pay each time you visit a provider

Coinsurance – the percentage you pay after you have met your deductible (unless specifically stated that the deductible is waived for a service)

Out-of-Pocket Maximum – the annual limit on what you pay for medical expenses; once you meet this limit, insurance will pay the remainder of your claims for the plan year

For the following examples, please refer to each plan design (which may be downloaded at aacounty.aetna.com). Please note that these examples illustrate how the plans would function at the *in-network* benefit level.

Example Scenario:

January 20, 2022 – You go to your PCP for a non-preventive care visit.

May 10, 2022 – You go to the urgent care center.

July 1, 2022 – You are hospitalized.

October 15, 2022 – You receive inpatient mental health services.

- On the HMO-EPO Plan:

- You would pay a **\$15 copay** (deductible waived) for your January 20th office visit.
- You would pay a **\$35 copay** (deductible waived) for your visit to the urgent care center on May 10th.
- Since you have not yet met your deductible so far during the plan year, you would pay the full **\$100 towards your deductible** for your hospitalization on July 1st.
- Since you have already met your \$100 deductible from your hospitalization in July, you pay **\$0** for your inpatient mental health service on October 15th.
- All out-of-pocket expenses paid in 2022 would apply to your Out-of-Pocket Maximum (OOP) for that same year. **For this example, your total out of pocket expenses would be \$150.**

- On the PPO Plan:

- You would pay a **\$15 copay** (deductible waived) for your January 20th office visit.
- You would pay **\$35 copay** (deductible waived) for your visit to the urgent care center on May 10th.
- On July 1st, the total hospital allowed amount is \$5,000. Since you have not yet met your deductible so far during the plan year, you would pay the full **\$125 towards your deductible** first, then a 5% coinsurance of the remaining amount. In this case, it would be 5% of \$4,875, which is **\$243.75**. The total amount you pay for this hospital visit is **\$368.75**.
- On October 15th, the total allowable charge at the inpatient mental health facility is \$2,000. Since you have already met your \$125 deductible, you only need to pay the 5% coinsurance, which would total **\$100**.
- All out of pocket expenses paid in 2022 would apply to your Out-of-Pocket Maximum (OOP). **For this example, your total out of pocket expenses would be \$518.75** (\$15 copay + \$35 copay + \$125 deductible + 5% hospital coinsurance (\$243.75) + 5% inpatient mental health coinsurance (\$100)).

Where can I go for lab work?

You may go to any in-network provider for lab services, but your out-of-pocket expenses will be much less if you use an in-network independent lab. Labcorp and Quest are both in-network lab providers with Aetna.

Where can I go for urgent care?

You may go to any urgent care facility for urgent care services (non-routine/preventive visits) for a \$35 copay on either plan. Alternatively, you may also visit a CVS MinuteClinic for urgent care for \$0.

What if I have the HMO-EPO plan and am out of town and need emergent or urgent care?

Aetna's HMO-EPO plan has a nationwide network, so you may very likely be able to find in-network providers while you are out of town. However, if you need emergent or urgent care from an out-of-network provider, it would still be covered the same as if you had accessed care from an in-network provider.

Are routine eye exams covered under the Aetna plans?

Routine eye exams are not part of either Aetna medical plan. Your EyeMed vision plan remains the same for 2022.

How are mammograms covered?

Aetna covers routine mammograms as well as diagnostic mammograms, including 3D mammograms. Routine mammograms are covered at 100% and diagnostic mammograms would fall under the diagnostic X-ray benefit.

Are there any limits for physical therapy?

Aetna covers physical therapy, speech therapy and occupational therapy under both plans. For in-network benefits, the PPO plan has an annual limit of 300 visits and the HMO-EPO plan has an annual limit of 150 visits.

What does it cost for mental health office visits?

In network, Mental Health office visits are covered with a \$15 copay under both the PPO and HMO-EPO plan. The PPO plan has an Out of Network benefit, you would be responsible for the out-of-network deductible then 30% coinsurance of the allowable charge.

What if I have children that live outside of Maryland?

Both Aetna plans have a nationwide network, so dependents living outside of Maryland can utilize in-network providers in their area.

Does Aetna cover incapacitated dependents over the age of 26?

Aetna will receive information on currently enrolled incapacitated dependents over the age of 26. Recertification of those dependents will be done later in 2022. Members that need to complete recertification will receive a letter from Aetna with the form and steps for completion.

Is there a required waiting period for pre-existing conditions?

Your medical coverage will begin with Aetna on January 1, 2022. There is no waiting period or exclusions for pre-existing conditions.

Are hearing aids covered?

Yes, hearing aids are covered under both the Aetna HMO-EPO plan and the Aetna PPO plan. Both plans cover two (2) hearing aids every 36 months, \$1,400 maximum per hearing aid.