

# **Aetna HMO-EPO and Aetna PPO FAQ's**

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

### **Where can I look up providers and plan designs?**

You can find provider lookup links and detailed plan designs Aetna Anne Arundel County Microsite at [aacounty.aetna.com](http://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.

### **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.

### **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](http://aacounty.aetna.com)). Please note that these examples illustrate how the plans would function at the *in-network* benefit level.

**Example Scenario:**

January 20, 2023 – You go to your PCP for a non-preventive care visit.

May 10, 2023 – You go to the urgent care center.

July 1, 2023 – You are hospitalized.

October 15, 2023 – You receive inpatient mental health services.

- **On the HMO-EPO Plan:**

- You would pay a **\$15 copay** (deductible waived) for your January 20<sup>th</sup> office visit.
- You would pay a **\$35 copay** (deductible waived) for your visit to the urgent care center on May 10<sup>th</sup>.
- 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 1<sup>st</sup>.
- Since you have already met your \$100 deductible from your hospitalization in July, you pay **\$0** for your inpatient mental health service on October 15<sup>th</sup>.
- All out-of-pocket expenses paid in 2023 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 20<sup>th</sup> office visit.
- You would pay **\$35 copay** (deductible waived) for your visit to the urgent care center on May 10<sup>th</sup>.
- On July 1<sup>st</sup>, 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 15<sup>th</sup>, 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 2023 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 2023.

### **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 covers incapacitated dependents who have been approved for coverage. Please note that any members that need to complete recertification will receive a letter from Aetna with the form and steps for completion.

### **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.