Hanover County Health and Wellness Benefits FAQ's

General Questions

Aetna Standard, Premium, and High Deductible Medical Plans

Is there a member website and mobile app? How can register?

Yes, there is a member website and mobile app. Members can register for the member website at **http://www.aetna.com** once they receive their Aetna ID number. Members can download the mobile app by searching "Aetna Health" in the app store or in Google play or they can text "AETNA" to 90156 to download the app.

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 **833-732-1971**, Monday through Friday, 8am – 6pm.

Where can I look up in-network providers?

Members can find in-network providers through the **Find Care & Pricing** tab of the member website. Members can also search for in-network providers via the two links below:

Medical: https://tinyurl.com/2p8um2yx

Dental: https://tinyurl.com/3knwh836

Is my ID number the same for medical, pharmacy, and dental coverage with Aetna?

Yes, your member number will begin with a "W" and is the same for all lines of coverage, but you will receive two member ID cards. One for your medical/Rx benefits and another for your dental benefits.

What do I do if I do not receive my Aetna member ID card?

Members can access their digital ID card through the Aetna website at **http://www.aetna.com.** Once registered, you can access and print a copy of your digital ID card

How to print a digital ID card from Aetna:

- Go to **http://www.aetna.com**
- Enter user name and password in the "Member Login" Section or Select "Don't have an Account" – Register
- Register using your SSN (since you do not have your id card) (Note: First-time users must sign-up for an account using your member ID number that starts with a "W" or your social security number)
- Once you complete the registration, on the personalized home page, on top right-hand side of the page under your profile name, click on the drop-down menu and select "ID Cards "
- Member identification will be displayed, then you may send your card via email or print it

Do the medical deductibles on ALL plans contribute to the medical out of pocket max?

Yes. For all three health plans, the plan deductible **DOES** contribute to the out of pocket max.

For those in the CDHP, once the deductible has been met, when is the out of pocket max applicable and the plan picks up 90%?

When you meet the applicable deductible on the CDHP, you will move into a tier copay structure for pharmacy benefits (your medical benefits will be covered at 90% once the deductible is met).

What is the difference between Teladoc telehealth benefits that has a $10.00 copay versus the PCP and/or Specialist Virtual visit that I am charged my normal co-pay?

- Teladoc is a Telehealth benefit that provides 24/7/365 low cost, convenient and quality alternative to Emergency Room and Urgent Care for non-emergency medical care. Teladoc physicians can diagnose, treat, and prescribe medication for a wide range of general health issues such as pink eye and sinusitis. Your Telehealth visit with your in-network PCP and/or Specialist will be a more in-depth visit with a physician that knows your medical history and can document your results in your medical record. Therefore, you will be charged the same in-network co-pay as if you had gone into the office.
- Standard Plan Telehealth: $10 copay for a general medical visit, $25 for a behavioral health visit and $75 for a dermatology visit. Premium Plan Telehealth: $10 copay for medical visit, $25 for behavioral health visit and $50 for dermatology visit. A copay does not apply to the CDHP plan for telehealth but typical cost is approximately $49 for general medical, $85 for non-initial behavioral health visits and $75 for dermatology visits.

If I am covered under the Premium or Standard plan and have lab work or x-rays taken at my doctor's office is this included under my copay or is there a separate bill?

Yes, the lab work or x-rays should be included in the copay unless the physician's office submits the lab out to an independent lab (such as LabCorp or Quest) and then that would be covered under the Laboratory benefit.

What are the premium rates for each plan?

Rates for all Hanover plans can be found here:
https://www.hanovercounty.gov/DocumentCenter/View/7837/2023-Rates

What is the main difference between the Standard/Premium plans versus the High Deductible Plan?

The Standard/Premium plans use copays to cover many services while the High Deductible plan covers services with deductible and coinsurance payments.

What do the terms Deductible, Copay, Coinsurance, and Out-of-Pocket Maximum mean?

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

Does Aetna cover incapacitated dependents over the age of 26?

Yes, Aetna will receive information on currently enrolled incapacitated dependents over the age of 26. The recertification process will take place after the 1st quarter of 2023.

What if I have children that live outside of Virginia?

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

Can someone on the consumer driven health plan get an eye exam for a $10.00 copay like the Standard and Plan participants?

Yes, all plans get a vision exam at $10.00 would be covered as long as you utilize a in network provider.

What is the advantage of being in the VSP option if I already get an eye exam covered under my medical plan?

If you wear contacts or glasses, you can get discounts on contacts, lenses and frames by having the buy up vision plan. If you don't have our medical insurance, the VSP also offers the $10.00 eye exam too.

Does our plan cover appointment with a dietician or a nutritionist?

Yes, the plans will cover 3 routine nutritional evaluations per calendar year if needed to manage chronic health conditions when prescribed by a doctor.

Your Medical Benefits

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

Your medical coverage will begin with Aetna on January 1, 2023. There is no waiting period or exclusions for pre-existing conditions.

Are there telemedicine services available through Aetna?

Yes, Aetna offers telemedicine services through their vendor partner Teladoc. Teladoc provides 24/7 access to licensed physicians via phone calls and video chats. Member cost sharing can be found on your respective plan design.

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. Member cost sharing will follow the urgent care benefit that is shown on your plan design. There will be a lower out-of-pocket cost if you use an in-network urgent care center.

What is a CVS MinuteClinic?

A MinuteClinic is a walk-in medical clinic offering convenient high-quality care for common family illnesses to adults and children 18 months and older. MinuteClinics offer expanded services where clinicians can screen, diagnose, and treat customers. Clinicians can also provide follow up care for chronic conditions and provide services for minor injuries and illnesses as well as immunizations.

What if I am out of town and need emergent or urgent care?

Aetna's plans have 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 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. If you need urgent care from an out-of-network provider, it would be covered with 40% coinsurance after the deductible

Are routine eye exams covered under the Aetna plans?

Routine eye exams are covered as part of the Aetna medical plans. There is a $10 copay when you visit an in-network providers and Aetna will reimburse members up to $45 when they visit an out-of-network provider.

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 hearing exams covered?

Yes, hearing exams are covered under both the Standard/Premium plans and the High Deductible plan. The member cost sharing mirrors your specialist office visit cost share. Each plan covers one hearing exam every 24 months.

Are hearing aids covered?

Yes, hearing aids are covered under both the Standard/Premium plans and the High Deductible plan. All three plans cover two (2) hearing aids per lifetime.

How are colonoscopies covered?

Colonoscopies are covered at 100% and are considered preventive services on each Aetna plan.

Are colonoscopies covered before age 45?

If you and your doctor determine a colonoscopy is necessary based on family history and the physician codes/bills the procedure as preventive, then the claim will process at 100% at any age.

If a polyp is removed during a preventative colonoscopy, how will I be charged?

Under Aetna, if they find a polyp during the colonoscopy the procedure will be covered at 100%.

Are there any limits for physical therapy?

Aetna covers physical therapy, speech therapy and occupational therapy under each plan, so long that it is medically necessary. There is no limit to the number of days members can receive Physical Therapy.

What does it cost for mental health office visits?

In network, Mental Health office visits are covered with a $25 copay under the Premium and Standard plans. The High Deductible plan covers Mental Health office visits at 10% after the deductible.

Your Pharmacy Benefits

What is the name of my Aetna formulary?

Hanover County's formulary is the Aetna Standard Plan Formulary. Members can search for covered drugs by going to https://www.aetna.com/individuals-families/find-a-medication.html, choosing plan year 2023 and "Aetna Standard Plans."

Will I get a separate pharmacy ID card?

No, the same card that you use for medical services will also be used for prescriptions. Simply show your member ID card at the pharmacy when you go to pick up your order

Will we still have the $50.00 individual/$100.00 family deductible for the CVS Pharmacy benefit?

Yes, employees on the Premium and Standard plans will have to meet an annual pharmacy deductible of $50 individual/$100 family first before you start the tier co-pays. If you are on the CDHP, you must first meet your annual deductible of $3000 individual/$6000 family, and then you will move into the tier co-pays.

Does the deductible and the out of pocket maximum on the CDHP include expenses from the pharmacy benefits?

Yes, the cost you pay in pharmacy DOES contribute to the annual deductible of the medical plan and out of pocket maximum.

Does the deductible and the out of pocket maximum on the Premium and Standard medical plan include expenses from the pharmacy benefits?

No- it does not contribute to the annual deductible and out of pocket maximum. Standard and Premium have a separate deductible and out of pocket maximum for pharmacy benefits.

If I am on the CDHP, when do I move to the co-pay tier structure for pharmacy benefits?

You move to the co-pay tier structure when you meet your medical deductible of $3,000 individual and $6,000 family.

Your Dental Benefits

Is there a dental waiting period?

No, there is no waiting period. This includes major dental and orthodontia.

Do Aetna's dental plans offer orthodontia coverage?

Aetna offers two dental plans, a High plan and a Low plan. The High plan offers orthodontia coverage with a lifetime maximum of $1,500. The Low plan does not include orthodontia coverage. If you are currently

undergoing orthodontia treatment, the amount spent towards your lifetime maximum will be transferred to Aetna.

How can I find an in-network dentist?

Members can search for in-network dentists via the link below:

Dental: https://tinyurl.com/3knwh836

What happens when the insurance changes and I am in the middle of treatment?

Aetna administers work-in-progress take overs for individuals who were covered under Hanover County's prior plan on the day before their effective date with Aetna. If a member was not on Hanover County's dental plan prior to joining Aetna, we won't take over the member's work-in-progress. Please refer to the orthodontia transition of care flyer in the dental folder under open enrollment documents for more information.

What does freedom of choice mean under Aetna?

It means you can go in or out of network, it's your choice, but keep in mind:

- Network dentists offer special rates for covered service. So, your cost share is usually lower and network dentists file claims for you.
- If you go out of network, you may pay more than if you get care from dentists who are in the network. You may have to file your own claims.

Flexible Spending Accounts (FSA)

Can I contribute to the Flexible Spending Accounts if I am enrolled in Medicare Part A?

Yes, you can participate in a medical flexible spending account while enrolled in Medicare Part A

Can I use Flexible Spending Accounts for my child that I do not claim on taxes?

No, you can't use FSA medical or dependent care funds on a child you do not claim on taxes.

Health Savings Accounts (HSA)

An employee is over 55 and would like to contribute the extra $1,000.00 catch up amount. Their dependent is also over 55. Can he/she contribute the extra $1,000.00 in their Avidia HSA account and not be fined for going over the IRS limit?

If the spouse is covered under the CDHP, then the spouse could open his/her own account and deposit the $1000.00 catch up amount if they are over 55. The employee would not be eligible to deposit the $1000.00 for their spouse into their joint Hanover County account. Local banks also offer HSA accounts.

An employee is carrying their child on health insurance until age 26 but the child files his own taxes. Can the employee use HSA money to cover the child's medical expenses as they are on the medical plan, even though the child files their own tax return?

If the adult child files their own taxes then the employee is not eligible to pay the child's qualified medical expenses through their HSA. If the adult child is covered under the parent's plan, they can however open their own HSA account, contribute up to family maximum and pay for their own out of pocket medical expense from their HSA account.

According to the Internal Revenue Service (IRS) definition, a dependent is a qualifying child (daughter, son, stepchild, sibling or step sibling, or any descendant of these) who meet these three criteria:

- Has the same principal place of abode as the covered employee for more than one-half of the taxable year, and
- Has not provided more than one-half of his or her own support during the taxable year, and
- Is not yet 19 (or, if a student, not yet 24) at the end of the tax year, or is permanently and totally disabled.

Miscellaneous

Can you give me some tips on how to help keep costs down?

- Once you receive your member ID card, the first thing you should do is download the Aetna app, or go to MyAetnaWebsite.com to set up your Aetna member account. This website has numerous tools available such as the cost of a procedure at all local/regional facilities, the number of procedures a physician has completed, and the average outcomes. Most of us just go where our doctor tells us, however your doctor is not paying your bills, and many times they don't know the cost of the procedure. Research the best place for a procedure, and request to go there. You'd be surprised the cost difference of an x-ray, MRI, or knee replacement (as examples) at facilities within a few miles of each other.
- Schedule and attend all preventive appointments. These are free to you and your covered dependents, and provide valuable information to your physician to help you maintain good health. If you participate in the Wellness Incentive Program, you receive points toward your Step 2 goal.
- If you or a dependent aren't feeling well, visit the Hanover County Bon Secours Good Health Clinic or Good Health Express. The visit is free to you and low cost to the County, with little to no wait times to be seen. If the clinic is closed, consider an urgent care center or even better, Telemedicine. An emergency room visit should only be used for a true emergency.
- Use a Minute Clinic, if you are on the Standard or Premium there is no cost and low cost for CDHP plan members.
- Use Telemedicine services, the cost is low to you and the County and you don't have to leave your home or office!
- Locate a convenience care clinic that is in-network near you, before you need it so that when you have to go, you already know where to go.
- Enroll and complete the Teladoc health questions before you need to use services making your first "visit" easier and timelier.

- Use Aetna's 24/7 Nurse Line- You can talk to a nurse 24/7 at no additional cost to you by calling 1-800-556-1555.
- Participate in Hanover County's Wellness Incentive Program. New this year Employee Only: $150 per step ($300 per year); Employee Plus Spouse: $300 per step ($600 per year)