

## Background

### 1. What is changing?

Effective January 1, 2022, the District's PPO plans will use the Aetna nationwide Choice POS II Network for in-network medical services - allowing you more choice and broader access. As part of the network change, Aetna will also take over responsibility for precertification of hospital stays and specified medical services. This change does not affect your prescription drug services, as Elixir will continue to provide prescription drug services for the PPO plans. It also does not affect any of your other benefits - such as acupuncture, chiropractic, dental, vision, mental health and substance abuse. In addition, Delta Health Systems will continue to be your primary contact for PPO plan member services and claims.

In 2022, there will also be a reduction in your co-insurance for the PPO Plans. Plan Option A participants will see their co-insurance for in-network services drop from 10% to 5% and Plan Option B will drop from 30% to 25%. These reductions are consistent with the JHMB's efforts to maintain the most affordable and highest quality benefits available for both the District and its employees and retirees.

### 2. How does the Aetna Choice POS II network compare to our previous Anthem network?

The majority of providers seen by our PPO plan participants in Anthem's California network are also in Aetna's national network.\* The JHMB expects minimal disruption for our plan participants as a result of this change. In addition, the Aetna Choice POS II network provides broader access to in-network medical providers when you are traveling or living outside of California. The PPO Plans will now provide access to in-network providers in all 50 states.

The new Aetna PPO network also includes two new programs. The Aetna Institutes of Excellence (IOE) is a resource network for members needing an organ transplant. IOE providers have met enhanced quality standards as part of their selection and the network is made up of a select group of hospitals and transplant centers. The Aetna Institutes of Quality (IOQ) is a national network of health care facilities focusing on orthopedic, cardiac and bariatric surgery. Both networks provide additional resources for members, although you are not required to use these facilities.

*\* Please note this data is based on information provided during the JHMB's earlier analysis and is subject to change.*

## Finding A Provider

### 3. How can I see if my health care provider is in the Aetna Choice POS II network?

We recommend that you review the Aetna provider network to see if all of your existing providers are within the Aetna network. If they are not within the Aetna provider network, we recommend that you begin to identify in-network providers for medical services required on or after January 1, 2022, and schedule any necessary appointments.

It is important to use Aetna's dedicated microsite for the District's plan available at [www.AetnaResource.com/p/FresnoUSD](http://www.AetnaResource.com/p/FresnoUSD) when searching for medical providers or contact Delta Health Systems at **1-800-807-0820**. The use of any other site, including Aetna.com, will provide inaccurate search results based on our plan structure. In addition, please note that the following services and providers are not part of the Aetna network through the District's PPO plans, even though you may see them listed in the online directory:

- Acupuncture
- Chiropractic
- Dental
- Mental health
- Pharmacy
- Substance abuse
- Sutter Health Systems providers
- Vision

For details on finding providers for these specific services available under the District's PPO plans, please visit [www.JHMBHealthConnect.com/locating-network-providers](http://www.JHMBHealthConnect.com/locating-network-providers).

#### **4. What if my current provider is not in the Aetna Choice POS II network?**

The District's PPO Plan Options A and B will pay a benefit for out-of-network providers; however, your out-of-pocket costs are greater in these cases. We invite you to review the Summary of Benefits and Coverage (SBC) available at [www.JHMBHealthConnect.com/using-plans](http://www.JHMBHealthConnect.com/using-plans) for specific details regarding out-of-pocket costs for out-of-network services. If you would like your provider to join the Aetna Choice POS II network, please ask your provider to contact Aetna to start the process.

#### **5. Do I need to choose a Primary Care Physician (PCP) or get a referral to see a specialist for this network?**

No. The Aetna Choice POS II network provides you with broad access to a wide range of medical providers, including medical doctors and specialists (i.e., primary care providers, pediatricians, cardiologists, and OB/GYNs), as well as hospitals, physical therapy centers, nursing facilities and more. You can make the decision at the time of care to select the best provider for your situation. You'll pay less out of pocket when you get care from in-network providers. You may also visit providers who aren't part of the Aetna network. You'll likely pay more out of pocket and have to file your own claims when you use out-of-network providers.

## **Treatments & Procedures**

#### **6. I am currently undergoing a significant health treatment with an Anthem PPO provider, but my provider is not an Aetna provider. What do I need to do?**

If you're receiving ongoing treatment from a provider who is currently in network for Anthem but is not in the Aetna network, you can apply for transition-of-care benefits. If approved, benefits will be paid based on in-network coverage for a short period of time, usually 90 days. The following situations may qualify for transition-of-care benefits:

- Acute or serious, chronic health conditions

- Chemotherapy or radiation therapy
- Organ or bone marrow transplants
- Pregnancy
- Physical, occupational or speech therapy
- Recent surgeries
- Terminal illness

To apply for this benefit, visit [www.AetnaResource.com/p/FresnoUSD](http://www.AetnaResource.com/p/FresnoUSD) to download the Transition Coverage Request form. You may also call Delta Health Systems at **1-800-807-0820** to request the form. The form will provide further instructions.

### **7. I have a surgery scheduled. What do I need to do?**

If your surgery will take place prior to January 1, 2022, Anthem will continue be responsible for precertification and case management (if applicable). If your surgery is scheduled to occur after January 1, 2022, Aetna will be the PPO network and will be responsible for precertification and case management. However, remember that your out-of-pocket costs are lower when using an in-network provider. Please review Question 6 to see if you will need to apply for transition-of-care benefits.

### **8. What happens if I end up in the hospital on December 31, 2021, and the hospital is not in the Aetna Choice POS II network?**

If by chance you are receiving in-patient care for covered services at 11:59 PM on December 31, 2021, in a facility that is not affiliated with the Aetna PPO Network, then you will continue to receive uninterrupted care until you are discharged. Your in-network benefits will apply for your entire in-patient stay, so long as the in-patient facility is an Anthem network provider. Otherwise, out-of-network benefits apply.

## **Aetna Member Portal & Other Services**

### **9. How do I sign up with Aetna?**

There is no need to enroll with Aetna. Effective January 1, 2022, the District's PPO Plans will begin using the Aetna network. However, if you wish to register on Aetna's Member Portal you may do so **only after** you receive your new Member ID card from Delta Health Systems.

While the physical cards are scheduled to arrive prior to January 1, 2022, you may have access to download and print an electronic version before that time. We invite you to log on to the Delta Health Systems member portal ([www.deltahealthsystems.com](http://www.deltahealthsystems.com)) after December 15, to check and see if your new card is available for download.

### **10. Does Aetna offer a Nurse Line?**

Yes! Aetna offers a 24-hour Nurse Line to provide information on a variety of health topics. While the nurses cannot diagnose, prescribe, or give medical advice, they can answer your questions and provide you information to help you make health decisions. The Nurse Line is available anytime - day or night -

at **1-800-556-1555 (TTY: 711)**. In addition, as part of Aetna's Case Management program, some plan participants may receive outreach calls from Aetna regarding their care. These calls are designed to help you and your doctor close gaps in your care, improve clinical outcomes, and help you maximize your health plan benefits. Aetna's Case Management programs are 100% voluntary, but the JHMB encourages you to participate if you receive a call.

### **11. What is CVS CarePass and how it is helpful to me?**

CVS CarePass is a special program offered by Aetna that provides CVS in-store, online, and no-cost shipping perks that make healthier easier — from monthly rewards to discounts on thousands of your favorite CVS Health® brand products. Access to the CarePass program begins on January 1, 2022. You can register for a CarePass membership online starting January 1, 2022, as part of your Aetna network benefits via the Aetna Member Portal. As an added perk, you'll get receive a monthly \$10 promo reward, which will be automatically added to your ExtraCare card each month.

## **Medical ID Cards & Group Number**

### **12. Will I receive a new Member ID card?**

Prior to the network change on January 1, 2022, you'll receive new Member ID cards from Delta Health Systems. While the physical cards are scheduled to arrive prior to January 1, 2022, you may have access to download and print an electronic version before that time. We invite you to log on to the Delta Health Systems member portal ([www.deltahealthsystems.com](http://www.deltahealthsystems.com)) after December 15, to check and see if your new card is available for download. At that time, you will also be provided the District's group number for the Aetna plan.

Once you receive your new Member ID card, be sure to present your new card to medical providers on your next visit to ensure your claims are processed accurately and timely. You will also be able to share the District's group number with your Aetna provider if they wish to verify their participation in the Aetna Choice POS II network. In addition, should you wish to create an account on the Aetna Member Portal, you may do so **only after** you receive your new Member ID card number.

## **For More Information**

### **13. I still have questions. Who can I contact to help me?**

You may contact Delta Health Systems at **1-800-807-0820** for additional support or email the JHMB at [jhmbhealthconnect@yahoo.com](mailto:jhmbhealthconnect@yahoo.com).

**NOTE:** The contact email address of JHMBHealthConnect.com is not a secure email address. For your safety and privacy, you should not include any information in your emails to this address that contain confidential information, such as patient medical information. Should we require this information to respond to your request, we will follow up with you directly.