



# FAQs

## Open Enrollment Frequently Asked Questions 2020

[AetnaInternational.com](https://www.aetnainternational.com)

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# General questions about enrollment

## When is Open Enrollment?

- Open Enrollment begins on September 10 and runs through September 25, 2020.
- If you are bringing your completed form to your agency, you will need to drop it off before the close of business on September 25, 2020. However, if you are sending the completed form via email you have until 11:59 pm local time on September 25, 2020.

## Where Can I get my Enrollment Packet?

- If you are an active employee, the Enrollment Packets will be distributed to you by your agency. They will be sent to your work email.
- If you are a retiree, your Enrollment Packets will be mailed to you based on the address Aetna has listed for you.
- You can also obtain all Open Enrollment materials on our website at <https://www.AetnaInternational.com/en/government/govguam.html>

## Can I visit the office to receive or drop off my Enrollment materials?

We apologize, but you will not be able to receive or drop off forms at the office. Due to COVID-19, our office is closed to visitors. All forms will be distributed to you and collected by your agency.

## Will Aetna be having any in-person open enrollment meetings?

Due to COVID-19, Aetna will not be conducting an “in person” open enrollment meetings; however, our staff is available for your questions. You can contact them by calling Member Services at **671-472-3862** or emailing [GovGuamServices@AETNA.com](mailto:GovGuamServices@AETNA.com).

## Where do I send my Enrollment Change Form?

The forms need to be returned to the agencies via email, mail or by dropping them off at the agency in person.



### **What do I do if I need to make changes?**

- If you need to make changes, please fill out the enrollment form and return it to your agency.
- If you are not making any changes you do not need to take any action. Your current enrollment will roll over and your current ID card will remain the same.

### **What do I do if I am off-Island during Open Enrollment?**

Your enrollment packet and information will be emailed to your work email address. Please follow the instructions in this email to submit any changes. If you are not making any changes you do not need to do anything. Your coverage will roll over and your current ID is valid.

### **What if I miss Open Enrollment? Will there be any extensions?**

There are currently no plans to extend Open Enrollment. If you have any questions regarding eligibility, please reach out to your agency.

### **I made a mistake on my Enrollment Form. Can I submit a corrected form?**

If you made a mistake and need to submit a correction, please fill out a new form and be sure to write "Correction" at the top of the form.

### **Will I be receiving a new ID card?**

- If you are not making any changes, you will not receive a new ID card. The current ID card will remain valid for the new benefit year.
- If you are making changes, you may receive a new ID card. If this is the case, your ID card will arrive around 14 days from the completion of the transaction. This is contingent upon when your agency submits your transaction to Aetna.
- If you are a new member, you can expect to receive your new ID card around 14 days after enrollment. This is contingent upon when your agency submits your transaction to Aetna.

### **Will my domestic partner/common law spouse be covered?**

Yes, they can be covered. Please note that a notarized Aetna dependent affidavit will be required at the time of enrollment.

### **How do I add a dependent to my plan?**

Dependents eligibility must be submitted to Aetna during the Open Enrollment period by your agency. Only newborns or those dependents with a Qualifying Life Event (i.e marriage, adoption) will be covered after the Open Enrollment period ends. Please note that all necessary documentation must be provided in these situations as well.

### **If I am on a leave of absence and cancel my plan, can I re-enroll when I return to work?**

No, you will not be able to re-enroll until the next open enrollment period.

### **I am on leave without pay. Where do I pay my premiums?**

You are required to pay your premium directly to your agency prior to be out; please contact your payroll department.

### **What are the hours for the local office?**

Normal business hours for the local office are Monday through Friday, from 8 am to 5 pm local time.

During Open Enrollment The office hours at 8am-5pm Monday-Saturday, with the exception of 9/25 which will be 8am-8pm

# Benefit questions

## Who handles my HSA plan?

Your HSA plan is handled by ASC. They can be contacted as follows:

- Local phone: **671-477-2724**
- Toll free: **866-577-9049**
- Fax: 671-477-2729
- Website: [ASCTrust.com](https://asc-trust.com)

## I am a new member. When are my benefits effective or when can I start using my insurance?

If you meet the Open Enrollment requirements, your coverage will become effective Oct. 1, 2020. You can use your benefits as of Oct. 1, 2020.

## How do I access care without an ID card?

If you have not yet received an ID card and need to access care, please contact our Customer Service Center to obtain your ID number. Your provider can verify coverage using that number.

## Where can I obtain a full Summary of Benefits?

Summary of benefits and coverage is in the plan booklet which can be received by your employer.

## Do I need to select a primary care physician (PCP)?

Your plan does not require you to select a PCP.

## Do I need a referral to see a specialist?

No referrals are needed; however, please remember to see an in-network provider to ensure the lowest out of pocket cost.

## How do I obtain precertification for services?

- Guam providers should call **800-624-0756**
- Members can call or email Member Services. Please make sure to have the procedure code and diagnosis available





### **Does my deductible and coinsurance start over on October 1, 2020?**

Yes, your deductible and coinsurance will reset to \$0 starting on October 1, 2020.

### **I found out my provider is leaving the network, what do I do?**

If you are under an active course of treatment, the provider may be eligible for transition of care to continue treatment under the in-network benefit level.

### **Am I covered for COVID-19 related treatment?\***

Currently Aetna covers, without member cost share, diagnostic (molecular PCR or antigen) and serological (antibody) testing related to COVID-19 when ordered by an authorized health care professional. An order can take place as part of a COVID-19 drive-through test site or purchasing a direct-to-consumer/home-based test. Aetna's health plans do not cover testing that are for purposes of: return to work or school or for general health surveillance or self-surveillance or self-diagnosis, except as required by applicable law. Aetna is also waiving member cost-sharing for inpatient admissions for treatment of COVID-19 or health complications associated with COVID-19. This policy applies for any such admission through December 31, 2020.

### **Does Aetna cover telemedicine visits?\***

The use of telemedicine is encouraged as a first line of defense to limit potential COVID-19 exposure. If you receive care via telemedicine with an Aetna participating provider your applicable plan benefits apply to the service received. General Telemedicine where a positive diagnosis of COVID-19 is present is covered in and out-of-network with no cost share through December 31, 2020. Also, through December 31, 2020, Aetna has extended all member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services.

\*Please call our service center for specific details and updates to these policies. We can be reached at **671-472-3862**. We encourage all members to also refer to the many resources available to them at [Aetna.com](https://www.aetna.com) and [AetnaInternational.com](https://www.aetnainternational.com).

# Pharmacy questions

## Will there be any changes to prescription drug coverage?

- Any of the below changes may be applied:
  - Tier changes
  - Additions and removals to precertification, quantity limits, step therapy and specialty lists
  - Coverage changes to formulary exclusions
- For specific questions or more detailed information, please contact our Customer Service Center at **671-472-3862**.

## What pharmacies are in-network on the island?

An in-network pharmacy list can be found on the Government of Guam website at [www.AetnaInternational.com/guam](http://www.AetnaInternational.com/guam). You can also find in-network providers and pharmacies by registering and logging into your Health Hub, provided by Aetna at <https://www.aetna.com/individuals-families.html>.

## How does my provider request precertification for a medication?

Your provider can request precertification by using our website at <https://www.aetna.com/health-care-professionals.html>

## How do I obtain a copy of the medication formulary guide?

You can review the formulary guide at <https://www.aetna.com/individuals-families/find-a-medication.html>

## How can I or my provider know if a medication requires prior authorization before I go to the pharmacy?

- The prescriber can use e-prescribing
- Check online at <https://www.aetna.com/individuals-families/find-a-medication.html>
- Members can check online via their Health Hub, once registered
- Members and providers can call our Customer Service Center for assistance



## How do I know if my medication requires a prior authorization or step therapy?

- In some cases, step therapy requires that you first try certain medications on our formulary to treat your medical condition before we cover another drug for your condition. If your drug isn't covered on our formulary list, you have two options:
  - Try an alternative medication that's covered on the formulary. Talk to your doctor about the alternative medication. Or, ask him or her to prescribe a similar drug that your plan covers.
  - You can ask us to make an exception to cover your drug. Please ask your doctor to request an exception by either:
- By calling the precertification department at **800-624-0756**.

## How do I obtain a copy of the medication formulary guide?

- You can obtain a copy of the guide by logging in to your secure member website [www.Aetna.com](http://www.Aetna.com).
- Click on 'Pharmacy' at the top of the home page.
- Under 'Your Pharmacy Benefits' click on 'View Prescription Drug List (Formulary)'. Learn which drugs your plan covers and whether there are any rules for coverage.
- Scroll down, and choose the plan year and type of plan you want to see and click 'Continue'. You will need to click on "Search to see if a drug is covered" to get started.
- You can search by using the Brand or Generic name of the medication, the Therapeutic Class or alphabetically. Click on "Search".
- The results will display with possible available options for that medication such as dosage or strength and how you may take the medication (by mouth or injection).

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## Medicare questions

### **My medication is covered under Medicare – why is it not covered with Aetna?**

Member will need to call member services.

### **My medication is covered under Medicare part B. How does my pharmacy submit the claim to Aetna as secondary?**

If the pharmacy runs into issues they can contact our (PHL) Pharmacy Help Line **1-800-238-6279**. The member can also be able to submit a paper claim.

### **How do I obtain a Credible Coverage Letter to enroll in Medicare after my initial entitlement date?**

Request can be made via contact us feature on Aetna Health or email [GovGuamServices@aetna.com](mailto:GovGuamServices@aetna.com).

### **What is Medicare Direct?**

Medicare Direct program allows Medicare to forward your claim and payment information directly to us.

### **How do I sign up for Medicare Direct?**

- If you want to enroll to Medicare Direct, all you need to do is send us:
- The name of the member you'd like to enroll, and their Medicare Health Identification Claim Number (HICN). Once enrolled, it could take 6 – 8 weeks for claims to cross over from Medicare to Aetna.

# Claim questions

## How do I submit a claim to Aetna?

- Online by logging into [www.AetnaInternational.com](http://www.AetnaInternational.com)
- Submit the claim via email to [aiservice@aetna.com](mailto:aiservice@aetna.com)
- Mail to: Aetna International, P.O. Box 981543, El Paso, TX 79998-1543
  - Fax to: 859-425-3363 or 1-800-475-8751
  - Overnight mail to: ACS, Attention Aetna International, 7777 Market Center Avenue, Suite E, El Paso, TX 79912-8411

## How do I file an appeal if I disagree with a claim payment?

- Call the Member Services number on your ID card
- Fax your appeal to: 1-859-425-3363 (outside of the U.S.) or 1-800-475-8751 (inside of the U.S.)
- Use the “Contact Us” link in the Health Hub or email us at [aiservice@aetna.com](mailto:aiservice@aetna.com) and let us know that you want to appeal the decision.
- Write a letter and send to: Aetna International, Attention Clinical Claims Review, P.O. Box 981543, El Paso, TX 79998-1543

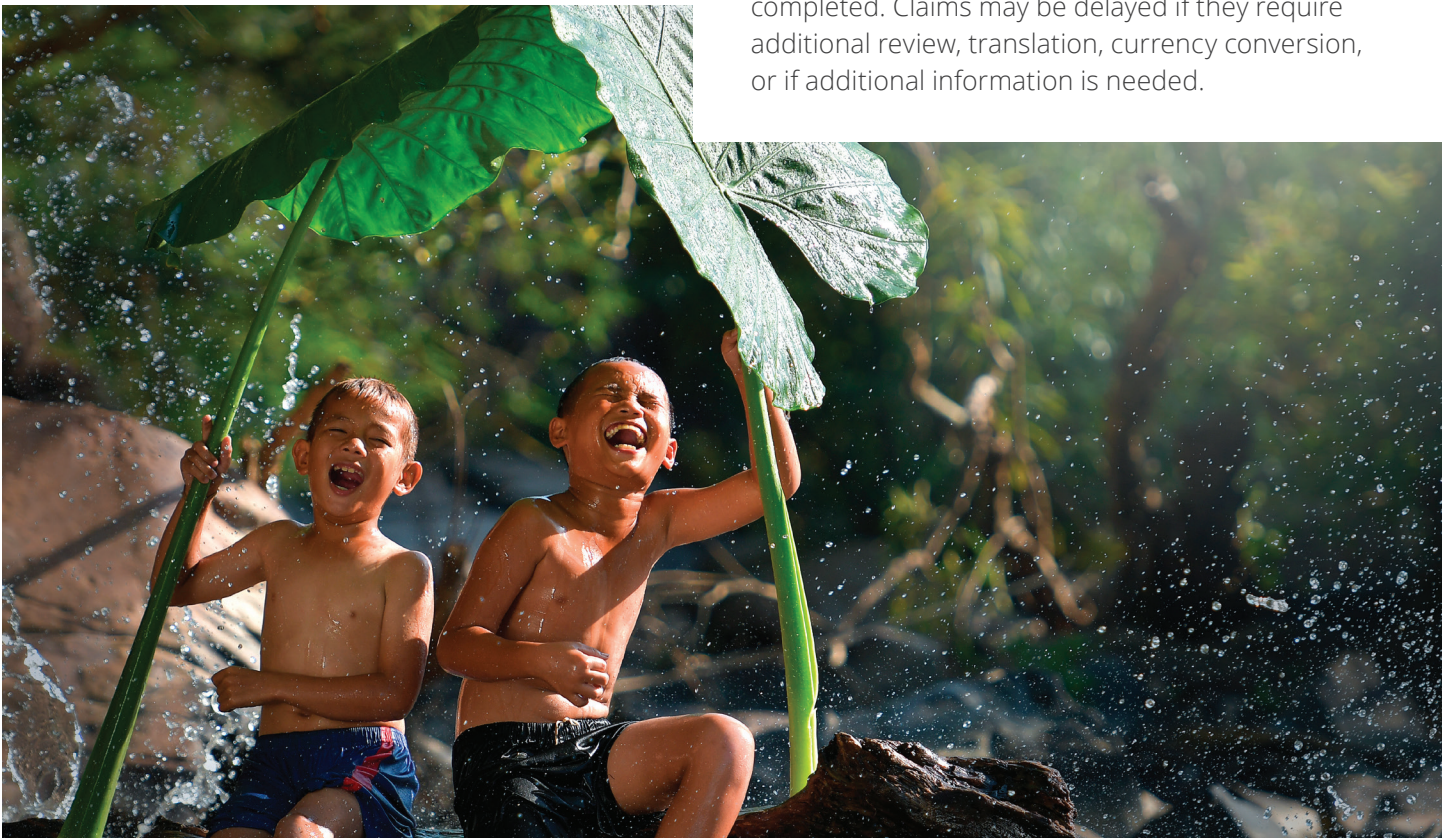
## How do I check status of a claim?

- You can check the status of your claim online.
- To check the status of your claims online, you need to log in first on the Health Hub.
- Once you are logged in, click on “Claims” under “Manage Claims”.
  - Select your desired options under the “Member”, “Claim Type” and “Dates” selection boxes to give you the most appropriate results then click on “Apply”. You will see all claims submitted for the selected patient/s for the respective dates.

Note: The claim status is under “Plan Paid” column. The claim is completed if you can see a paid amount, “In progress” means that we are still processing the claim, “Not Approved” means the claim was denied and “Additional Information” means the claim is pending for additional details.

## Once I have submitted a claim how long does it take to receive reimbursement?

Claims take 10 to 14 days from receipt to be processed and payment is issued shortly after processing is completed. Claims may be delayed if they require additional review, translation, currency conversion, or if additional information is needed.



## Can I sign up for reimbursement by Electronic Funds Transfers?

- You can set up a Recurring Reimbursement Election online. To add, change or remove your RRE online:
- Log on to [www.AetnaInternational.com](http://www.AetnaInternational.com)
- Click on "I'd Like to see my plan details or documents"
- Select "Repeat repayment details". This is also known as Recurring Reimbursement Election or RRE. Set up your preferred method of repayment for regular, eligible treatment or service claims.
- If you prefer to give us this information over the phone, please call us at **1-877-248-3610**.

## How do I request a Direct Settlement for a provider outside of Guam?

- Go to [www.AetnaInternational.com](http://www.AetnaInternational.com)
- Click on "Find Health Care"
- Click on "International Direct-Settlement Hospitals"
- Select your country.
- If your hospital or facility is listed, click the highlighted link that says "Send Request" and complete the form.
- If your hospital or facility is not listed, you will not be authorized to have services rendered there.

## Why does Aetna need to verify if I have other insurance coverage?

We need to know if there is more than one plan to provide benefits for a patient. It is necessary for us to identify which plan provides primary plan benefits and which plan provides secondary plan benefits.

## How often do I need to verify my other insurance coverage information?

You need to update your COB information every time there is a change in your other insurance information such as plan termination, additional dependent and/or if you change your insurance carrier. You can update other insurance information by notifying us of changes or updates online, by mail or by phone.





## Off-island care questions

### **Has the process for authorizing off-island care changed?**

No, the process has not changed for the new benefit year. The policy for off-island airfare will also remain the same.

### **What steps do I need to take to receive Care Off Island?**

Services must be authorized by the local Guam Team. Please contact our Member Services Team at **671-472-3862** or email us at [GovGuamServices@aetna.com](mailto:GovGuamServices@aetna.com).

### **How do I locate a participating provider outside of Guam?**

Members can call Member Services at **671-472-3862** or through [aetnainternational.com](http://aetnainternational.com) by clicking on the "Find Provider" feature.

### **What number do I call if I am outside of Guam and unable to call the local Guam number?**

Please call our Customer Service Center at **1-877-248-3610**.

### **I have to travel to the Philippines for care and medication fill. Is there an option for me that will require less travel to pick up medications?**

This process will work the same as all other Off Island Care. You will get a referral from your provider for the care and come to the local office for care coordination. If the medication is something that you self administer than you can obtain a written prescription from your provider. When you return to Guam you should visit our local office and we will assist you with getting your prescription filled through IPO. IPO is a off island pharmacy that is able to fill specialty and injectable medications. IPO will send the medication directly to you at your home address and will work with you to ensure that you have the necessary refills when you need them.

Do you still have questions relating to Open Enrollment? **Please contact our office at 671-472-3862. We are happy to assist you!**

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