



**BUCKS AND MONTGOMERY COUNTY SCHOOLS
HEALTH CARE CONSORTIUM**

FREQUENTLY ASK QUESTIONS

As the July 1st transition to our new medical and prescription drug administrators approaches, we wanted to share frequently ask questions to ensure you have the information you need at your fingertips.

MEDICAL BENEFITS

Q: Who will be my new medical benefits administrator?

A: Effective July 1, 2016, the new medical benefits administrator will be Aetna.

Q: Will my medical benefits be impacted by the change to Aetna?

A: Generally speaking, there will be no changes to your medical insurance plan. The benefit levels, such as copayments, limitations and maximums, are the same (or in some cases enhancements) through Aetna's administration of the benefits. Medical necessity and place of service will continue to be the foremost factors in coverage determinations.

Q: What should occur if I or my family member(s) need to seek medical care in early July?

A: For any medical services needed on July 1, 2016 or after, you will need to use your Aetna coverage.

Q: Will I get a new medical ID card? Will my family get new medical ID cards?

A: Yes. You will receive a new medical ID card from Aetna on or before July 1, 2016. If you have a spouse or domestic partner on the plan, you will receive two medical ID cards from Aetna. Dependent children will not receive medical ID cards; however, the names of the covered dependent children will be on the ID cards that are distributed. In addition once you receive your ID cards, if you need additional cards, you can view and print copies of your medical ID card on Aetna Navigator®, Aetna's member portal. Aetna also has a Mobile App that allows members to view their ID cards on their smart phone.

Q: How can I download the Aetna Mobile App?

A: You may visit the iTunes App Store or Google Play, and search for Aetna Mobile. You may also text "Apps" to 23862 to download the Aetna App to your mobile device. **Note:** Under the Aetna Mobile title it will indicate [Aetna Life Insurance Company](#).

Q: Is there a website that I can use to get more information about my medical benefits and the programs Aetna offers?

A: Aetna has created a BMCS specific website (<https://www.bmshc.aetna.com>) which is currently available to members. The website allows you to obtain benefits information specific to your plan, find a provider using Aetna DocFind, view and get information on discounts available through Aetna, link to the BMCS website, and much more.



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Q: Where do I call if I have questions about my medical benefits?

A: BMCS members have a designated Aetna customer service team. You can call Aetna's BMCS dedicated number (1-800-293-3536) and a customer service representative will assist you.

Q: How can I find out if my current doctor(s) is a participating provider with Aetna?

A: You can search for your doctor(s) name by using Aetna's online provider directory search tool, DocFind. Aetna has created a BMCS specific site at www.aetna.com/dse/custom/bmcs. When asked to select a plan, you can select your plan from the list of BMCS specific plans:

First, choose an Aetna plan to find providers that accept it

You could end up paying a lot more if you use a provider that does not accept your plan or does not provide the highest level of coverage under your plan. We advise calling all doctors before you see them to find out if they accept your plan.

Select a Plan:

- Select
- BMCS Preferred Plans**
- BMCS Open Choice 1
- BMCS Open Choice 2
- BMCS POS
- All Other Plans**
- BMCS Open Choice 5
- BMCS Open Choice 10
- BMCS Open Choice 10/20
- BMCS Open Choice 20/30
- BMCS Open Choice 20/40
- BMCS Open Choice 215
- BMCS POS 10/15
- BMCS POS 10/20
- BMCS POS 20/40
- BMCS POS 15B
- BMCS HMO 2

Note: Your provider may be listed under their practice name or their individual name so please check both.

Q: What should I do if my current doctor is not a participating provider?

A: Please share the name, address, and phone number of the non-participating doctor with your school entity HR Department, or with your Labor Representative. They will then pass this information along to Aon Hewitt who is the Health and Benefits Consultant for the Consortium. Aon Hewitt will notify Aetna to attempt to recruit the provider into the Aetna network.

Q: What is the preferred lab site under Aetna?

A: Quest Diagnostics is Aetna's preferred lab. LabCorp is not participating in Aetna's network.

Q: How will my doctor(s) be notified of my change in medical administrator?

A: During the first medical appointment for yourself and for each covered family member, on or after July 1, 2016, you will simply present your provider with your Aetna ID card. It is important that you present your new ID card at your first visit or the doctor will not know of the administrator change and will continue to process your services through IBC causing the claim to be denied.



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Q: What impact will the change to Aetna have if I'm currently receiving ongoing medical care?

A: Given the size of Aetna's provider network, it is highly likely that your current medical doctor(s) accepts Aetna, so there should be little to no impact to your current course of treatment. If your current doctor(s) does not accept Aetna and you are in an active course of treatment to treat a diagnosed condition, you will have the opportunity to make a Transition of Care Coverage (TOC) request to Aetna. TOC requests are intended to allow for certain treatments to be covered for a period of time. Some examples are obstetrician care for pregnancy, chemotherapy, and physical therapy. If you have concerns about Transition of Care issues, please feel free to speak to your school entity's Benefits Coordinator and/or HR Department as they can help during this process.

Q: If I am enrolled in the HMO or Point-of-Service (POS) plan, will I still be required to select a dedicated Primary Care Physician (PCP) and obtain referrals for specialty care?

A: Yes. Similar to your current HMO and Point-of-Service (POS) plans, you will need to select a Primary Care Physician (PCP) and obtain referrals for care received by a specialty provider.

Q: After July 2016, how do I update my Primary Care Physician (PCP) with Aetna?

A: Once you are enrolled with Aetna, on or after July 1, 2016, you can change your Primary Care Physician (PCP) by registering online for the Aetna Navigator®, which is the Aetna member portal. You can also call an Aetna customer service representative at the number listed on the back of your Aetna card, once received.



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PRESCRIPTION DRUG BENEFITS

Q: Who will be my new prescription drug benefits administrator?

A: Effective July 1, 2016, the new prescription benefits administrator will be CVS Caremark®.

Q: Will my prescription drug benefits be impacted by the change to CVS Caremark?

A: No. Your prescription drug benefits will not change as a result of the change in the prescription drug administrator.

Q: What should occur if I or my family member(s) need to fill a prescription in early July?

A: For any prescription drug needs on July 1, 2016 or after, you will need to use your CVS Caremark coverage.

Q: Will I receive a separate ID card for the prescription drug program?

A: Yes. CVS Caremark will be providing a separate ID card for the prescription drug plan. The prescription drug ID cards will be included in the member Welcome Kit, which you will receive from CVS Caremark on or before July 1, 2016. If you have a spouse or domestic partner on the plan, you will receive two prescription ID cards from CVS Caremark. Dependent children will not receive prescription ID cards; however, the names of the covered dependent children will be on the ID cards that are distributed. In addition, after July 1, 2016, you can request additional prescription drug ID cards on www.caremark.com, or by calling CVS Caremark's BMCS dedicated customer care number (1-855-217-5433). CVS Caremark also has a Mobile App that allows members to view their ID cards on their smart phone.

Q: How can I download the CVS Caremark Mobile App?

A: You may visit the iTunes App Store or Google Play or go to www.caremark.com/mymobile, to download the CVS Caremark App to your mobile device.

Q: Where do I call if I have questions about my prescription drug benefits?

A: BMCS members will have a designated CVS Caremark customer care team. After July 1, 2016, you can call CVS Caremark's BMCS dedicated number (1-855-217-5433) and a customer care representative will assist you. If you have questions prior to July 1, please reach out to your HR department, who will work with CVS Caremark to answer your questions.

Q: Can I obtain my prescriptions at any pharmacy, or will I have to go to a CVS Pharmacy after July 1, 2016?

A: You are not required to use a CVS Pharmacy. Prescriptions up to a 30-day supply are able to be filled at any pharmacy in the CVS Caremark national network, including but not limited to, commonly used pharmacies such as CVS Pharmacy, Rite Aid, and Walgreens. You can also get your 30-day prescription filled at a participating local independent pharmacy.



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Q: Will my current prescriptions automatically carry over to my new prescription drug plan?

A: Yes, all open refills will be sent to CVS Caremark. You will need to present your new CVS Caremark ID card to the retail pharmacy when refilling any medication after July 1, 2016. To fill your first mail-order medications beginning July 1, 2016, you may fill out the mail-order form included in your CVS Caremark Welcome Kit or print one on Caremark.com, visit a CVS Pharmacy location, or call customer care (1-855-217-5433). For Specialty Medications please contact CVS Specialty at 1-800-237-2767 to order after July 1, 2016. You can also contact CVS Caremark if you would like to be enrolled in their auto refill program.

Q. How to I obtain a 90-day supply of my prescription?

A. You have two options for obtaining a 90-day supply of your long-term (maintenance) medications. Maintenance medications are medications you take for chronic conditions such as high blood pressure, asthma, diabetes, and high cholesterol.

Option 1: Mail-Order – Just as today, you can obtain your 90-day supply through your mail-order prescription drug benefit. CVS Caremark will now be the mail-order facility filling this prescription. You will be receiving more information about submitting a mail-order prescription request in the Welcome Kit you will be receiving from CVS Caremark. To receive more information, you can go to the CVS Caremark website (www.caremark.com) or call CVS Caremark customer service (1-855-217-5433), on or after July 1, 2016.

Option 2: Maintenance Choice® – This is a program that allows you to obtain your 90-day supply at a CVS Pharmacy retail location. Maintenance Choice® is not available at other retail pharmacies, only CVS Pharmacies.

Q. What is the ExtraCare Health Card?

A. The ExtraCare Health Card is a program from CVS Caremark and your employer that gives you 20% savings on thousands of regularly-priced CVS Pharmacy Brand health-related items. Your ExtraCare Health Card gives you all the benefits of a CVS ExtraCare Card, including special weekly savings and the opportunity to earn Extra Bucks® on purchases and prescriptions. You can also earn 2% in Extra Bucks on all purchases and one Extra Buck for every two prescriptions filled with your ExtraCare Health Card. This ExtraCare Health Card will replace your old CVS Extra Care Card. You should receive your ExtraCare Health Card in late August with instructions on how to transfer your current ExtraCare points.