

Frequently Asked Questions Medical Benefits Program Administrator Transition

Updated May 13, 2018

Special Announcement

EyeMed Mailing

Part A: Transition basics

- A1. What is happening and when?
- A2. Why is IDB Group transitioning to new administrators?
- A3. Are my benefits changing?
- A4. Is my network changing?
- A5. Is my prescription drug coverage changing?
- A6. Will this transition cause my premiums to increase?
- A7. How does the transition affect me if I live or receive care outside the U.S. and Puerto Rico?
- A8. Will I receive new ID cards?
- A9. Are there any actions I need to take as a member?
- A10. How do I handle unresolved claims during the transition process?
- A11. Is my claims reimbursement process changing for care received outside the U.S. and Puerto Rico?
- A12. Do Aetna and Express Scripts offer online options to find providers and manage my account?
- A13. Do Aetna and Express Scripts have apps we can download?
- A14. Which apps do I need to download?

(back to top)

Part B: Using your medical, dental, and vision benefits

- B1. How do I use my medical benefits?
- B2. How do I use my dental benefits?
- B3. How do I use my vision benefits?
- B4. Will I be required to have a primary care provider manage all my medical care?
- B5. How can I check to see if my preferred provider or hospital is in the Aetna network?
- B6. Will there be charges if I use out-of-network providers?
- B7. Will there be multiple ID cards for Aetna or just one ID card?
- B8. How do I submit a medical, dental, or vision claim for reimbursement?

- B9. Will Aetna be taking over responsibility for claims for service that I started receiving while with Cigna?

(back to top)

Part C: Using your prescription drug benefits

- C1. If I am filling a prescription inside the U.S. and Puerto Rico, what should I do?
C2. If I am filling a prescription outside the U.S. and Puerto Rico, what should I do?
C3. Will I receive a separate ID card just for my prescription drug benefit?
C4. How can I check to see if my preferred pharmacy is in network?
C5. Are the co-pays changing for any of my medications?
C6. How can I check to see if my medications will still be covered at the same cost?
C7. Is there an option to receive my prescriptions by mail?
C8. How do I submit a prescription drug claim for reimbursement?
C9. Will my maintenance medications still be available?

(back to top)

Part D: Special care circumstances

- D1. Do I need to fill out a Transition of Care form with Aetna?
D2. I am pregnant or receiving treatments for a serious health condition – will my care be disrupted?
D3. I have a chronic health condition – will my care be disrupted?

(back to top)

Part E: Managing your benefit accounts online

- E1. If I used the myCigna website or app, how long will I still have access to my account?
E2. If I used the myCigna website, will I be able to download my Explanation of Benefits statements and other documents?
E3. Does Aetna offer online options to find providers and manage my Aetna account?
E4. Does Express Scripts offer online options to find pharmacies and manage my Express Scripts account?
E5. Will I be able to use the Express Scripts website or app to find the co-pay for my prescription at retail pharmacies or through home delivery?

(back to top)

Part F: More information

- F1. Is there a website with information on the transition?
F2. What information should I expect to receive by postal mail?
F3. Are there any in-person sessions or webinars I can attend to learn more about the transition?
F4. Who should I contact at IDB Group if I have questions about the transition?
F5. If I have questions about Aetna services, who should I contact and when is it ok to start contacting them?

- F6. If I have questions about Express Scripts services, who should I contact and when is it ok to start contacting them?
- F7. Who should I contact at Cigna if I have questions about claims for care received prior to July 1, 2018, or about my Cigna online account?

(back to top)

Special Announcement

Please note that some U.S. residents have already received an Aetna/EyeMed ID card on or about May 13th. This mailing was released in error by EyeMed, Aetna’s vision services partner. If you received this mailing, please discard it as you will receive the official mailing at a later date.

Part A: Transition Basics

A1. What is happening and when?

On July 1, 2018, the IDB Group Medical Benefits Program will move from our current benefits administrators, Cigna, and Cigna IGO, to new administrators for both medical (which includes dental and vision) and prescription drug benefits. Our new program administrators will be:

For members residing in the U.S. or Puerto Rico:

	Current		New
Medical, dental, & vision services	Cigna PPO	→	Aetna PPO
Prescription drugs	Cigna	→	Express Scripts (in the U.S. and Puerto Rico; Aetna everywhere else)

For members residing outside the U.S. or Puerto Rico:

	Current		New
Medical, dental, & vision services	Cigna IGO	→	Aetna
Prescription drugs	Cigna IGO	→	Aetna (outside the U.S. and Puerto Rico; Express Scripts inside the U.S. and Puerto Rico)

Benefits administrators play an important role – managing provider networks, negotiating discounts, and processing claims. Aetna and Express Scripts provide these services while offering many helpful features, including large provider networks, enhanced services, and low costs.

Although the program administrators will change, it is important to note that your plan and your benefits are not changing. You will continue to have the same broad range of top-tier health and wellness benefits you currently enjoy. The transition to new administrators will not affect program deductibles, coinsurance, or co-pays. The administrators only implement the IDB Group self-funded programs **as designed** by the IDB Group, providing efficient claims processing services and access to

networks for medical, dental, vision, and pharmacy preferred providers, where available. This creates a smooth experience when plan members use their health care benefits.

We know that times of transition can be unsettling, and that there will be a period of adjustment. We are committed to making the transition as smooth as possible and are confident in a beneficial outcome for everyone – with enhanced services and lower costs for our members and for the Medical Benefits Program.

(back to top)

A2. Why is IDB Group transitioning to new administrators?

IDB Group management has a responsibility, as required by the IDB Corporate Procurement Policy, to review service providers periodically to achieve the best overall value for the IDB Group and its members. In conjunction with Corporate Procurement, an extensive selection process, supported by specialized consulting firms, was conducted. A dedicated Evaluation Panel analyzed proposals from several firms against established criteria, and the Review Committee of the Life and Medical Insurance Programs supported the Panel recommendations, which were cleared by the Corporate Procurement Committee. As a result of this evaluation process, Aetna International and Express Scripts were selected as the new partners to administer our Program.

Aetna is a well-respected administrator nationally and in the Washington, DC area in particular.

Express Scripts specializes in pharmacy benefits management, offering a broad network with better value for the Program than our current pharmacy benefit administrator.

(back to top)

A3. Are my benefits changing?

It is important to note that while the administrators are changing, your plan and your benefits are not changing. You will continue to have the same broad range of top-tier health and wellness benefits you currently enjoy. The transition to new administrators will not affect program deductibles, coinsurance, or co-pays. The administrators only implement the IDB Group self-funded programs as designed by the IDB Group, providing efficient claims processing services and access to networks for medical, dental, vision, and pharmacy preferred providers, where available. This creates a smooth experience when plan members use their health care benefits.

(back to top)

A4. Is my network changing?

Although nothing is changing with regard to covered benefits, the network membership of different administrators is not always exactly the same. While there is a large degree of overlap between the Cigna and Aetna networks in the U.S., it is possible that some providers who were in the Cigna network are not currently in the Aetna network. If this is the case with your provider, you may refer the provider for possible inclusion in the Aetna International network, and of course, you may continue to see your provider at the out-of-network co-insurance rate. Aetna has actively recruited non-network physicians who are important providers for the IDB Group in the Washington, D.C. metropolitan area in an effort to minimize disruption.

Your network of pharmacies in the U.S. and Puerto Rico will be administered by Express Scripts and will be similar to the large Cigna network you currently use. We have accommodated any potential change in prescription drugs that you could encounter by selecting an “open” formulary with Express Scripts, which means that all drugs are available. However, a limited number of prescription drugs may change co-pay tiers in January 2019, from preferred brand to non-preferred brand and vice versa. This may result in lower or higher co-pays. In the event the drug you take is among those with a higher co-pay, you will be notified by Express Scripts well in advance so you may consult your prescriber regarding an alternative medication, or you may continue to receive your medication at the new co-pay tier. If your medication moves to a tier with a lower co-pay, you will automatically receive the reduced co-pay amount when you fill your prescription.

(back to top)

A5. Is my prescription drug coverage changing?

For prescriptions filled inside the U.S. and Puerto Rico: Express Scripts will be the new administrator. Your plan has an open drug list (known as a “formulary”). This means all prescription drugs are included and fall within coverage levels, also known as “tiers”. The IDB Group prescription drug benefit has four (4) tiers, described in the Medical Benefits Program Handbook, and these tiers indicate the co-pay amount for the type of drugs within each tier.

See questions A4 and C5 (“Are the co-pays changing for any of my medications?”) for more information about coverage tiers and co-pays.

If you live outside the U.S. and Puerto Rico, you will use Express Scripts to fill prescriptions written in the U.S. or Puerto Rico at local network pharmacies when you visit or return to the U.S. and Puerto Rico.

For prescriptions obtained and filled outside the U.S. and Puerto Rico: Aetna will be the new administrator, however the process with which you are familiar does not change. You will pay for the prescription and file a claim with Aetna; you will be reimbursed for the cost of the prescription minus the standard \$5.00 co-pay.

If you live in the U.S. or Puerto Rico, and you must obtain a prescription while traveling overseas, you will pay for the prescription and file a claim with Aetna; you will be reimbursed for the cost of the prescription minus the \$5.00 co-pay that applies for all overseas prescriptions. (Note that in this case, you will not file a claim with Express Scripts).

(back to top)

A6. Will this transition cause my premiums to increase?

Changing administrators will not cause your premiums to increase. It is expected that the new administrators will help us to better manage costs, which may help minimize any future premium increases. However, premiums could increase in the future for other reasons, such as gaps in the funding requirements of our Program.

(back to top)

A7. How does the transition affect me if I live or receive care outside the U.S. and Puerto Rico?

Aetna offers a single technology platform across all regions, which will streamline many processes and enhance the benefits experience for non-U.S. members. For example, Aetna has developed national and regional networks outside of the U.S., which means broader access to in-network health care for members in Brazil (hospital only), Argentina, Chile, Colombia, Peru, Guatemala, and Mexico (hospital only). These national and regional networks also reduce the need for members to request payment guarantees to obtain health care services. You will receive information on how to locate providers in your country of residence in your welcome kit and in communications specific to the networks in these countries:

- Brazil – Gama Saude (hospital only)
- Mexico – Sinergia Médica (hospital only)
- Guatemala – Universales
- Argentina, Chile, Colombia, and Peru – MDabroad

When you receive care outside the U.S., you will use Aetna for all medical, dental, vision, and prescription drug services. Outside the U.S., you will pay for dental and vision services and file claims for reimbursement with Aetna, as there are no networks for these types of services overseas. If you visit a provider that is not in an Aetna or Aetna partner network, you will also pay for services and file claims

for reimbursement. In the countries listed above, members may receive additional ID cards that give them access to the national or regional network of physicians and/or hospitals in their country. See question A8 (“Will I receive new ID cards?”) for more information about the cards you can expect to receive.

(back to top)

A8. Will I receive new ID cards?

All members – no matter where you live – will receive the following new ID cards:

- Aetna ID card – Inside the U.S.: For medical and dental services
Outside the U.S.: For medical services
- Aetna Vision Preferred card – For vision services received inside the U.S. (Please note that some U.S. residents have already received an Aetna/EyeMed ID card on or about May 13th. This mailing was released in error by EyeMed, Aetna’s vision services partner. If you received this mailing, please discard it as you will receive the official mailing at a later date).
- Express Scripts card – For filling prescriptions inside the U.S. and Puerto Rico

In some countries, members may receive an additional ID card to admit them into the national or regional network in their country. Details about the cards and when they will be distributed will be provided in a future communication.

(back to top)

A9. Are there any actions I need to take as a member?

The transition does not require direct action from most members. However, if you’ve recently moved, and you are an active employee please go to the Eportal -> Tools → Employee Self Service to update your mailing address. If you are retiree, you should send your updated mailing address to vpf/srp@iadb.org. We want to make sure everyone receives the important information to come.

There are a few special circumstances where members receiving care in the U.S. and Puerto Rico must take action:

- You are receiving treatment that is in-network with Cigna but will be out-of-network with Aetna: If your treatment program began with an in-network Cigna provider in the U.S. before July 1, 2018 and that provider will be out-of-network with Aetna, you must submit an Aetna Transition of Care form so your care will continue to be covered at the in-network level. The form will be included in your Aetna welcome kit if you reside in the U.S. Any member who is concerned about transition of his or her current care may submit this form, but common examples of treatment programs where transition of care is important include:
 - Chemotherapy or radiation therapy treatment plans
 - Outpatient mental illness or substance abuse care

- Pregnancy
- Surgeries
- Terminal illness

Important! You must submit your Transition of Care form to Aetna within 90 days following July 1, 2018.

- Your medication's co-pay tier is changing: A limited number of prescription drugs may change co-pay tiers in January 2019, from preferred brand to non-preferred brand and vice versa. This may result in lower or higher co-pays. In the event the drug you take is among those with a higher co-pay, you will be notified well in advance by Express Scripts so you may consult your prescriber regarding an alternative medication. If your doctor agrees that an alternative medication would work for you, he or she should write you a new prescription for that medication. If your doctor determines that an alternative medication is not appropriate due to a medical issue such as allergy or interaction with another drug you take, you may continue to receive the drug at the new co-pay level. If the drug you take moves to a tier with a lower co-pay, you will automatically receive the reduced co-pay amount when you fill your prescription.

(back to top)

A10. How do I handle unresolved claims during the transition process?

For any care received prior to July 1, 2018, you will file claims with Cigna or Cigna IGO as applicable, and you will continue to work with Cigna to resolve any questions or issues care received prior to July 1, 2018, even after the transition to the new administrators occurs. Any claims incurred after July 1, 2018, will be handled by Aetna, for both U.S. based and overseas plan members. Please note that in this transition year **ONLY**, you must file all claims incurred prior to July 1, 2018 with Cigna **no later than December 31, 2018**. From July 1, 2018 going forward, you will continue to have until June 30 of the following year to file any claims with Aetna, as prescribed in the Medical Benefits Program Handbook.

(back to top)

A11. Is my claims reimbursement process changing for care received outside the U.S. and Puerto Rico?

The process will be similar to the claims reimbursement process that is currently in place, however, Aetna uses a single claim form for all types of services – medical, dental, vision, and pharmacy.

Aetna has many providers either in-network or with direct payment arrangements overseas, but where this is not the case, you will pay for the services received up front and file a claim with Aetna for reimbursement. You will receive an Aetna welcome kit via mail that will provide specific instructions for submitting claims and receiving reimbursement.

When filing a claim outside of Aetna's direct settlement arrangements, you should be sure to submit a fully itemized bill or receipt. This bill/receipt must include the patient's name, the provider's name/address/phone number, date of service, amount charged, diagnosis/nature of illness, and procedures performed (office visit, lab, surgery, etc.). This bill or receipt should be submitted with an Aetna International Claim Form (available at www.aetnainternational.com).

Claims can be submitted by fax, online through www.aetnainternational.com, and through the Aetna International Mobile Assistant app.

(back to top)

A12. Do Aetna and Express Scripts offer online options to find providers and manage my account?

Yes, both Aetna and Express Scripts offer online options to find providers and manage your accounts. These features will be available starting on July 1, 2018.

Aetna: Starting July 1, 2018 you can manage your Aetna account and services using the Health Hub member website, Aetna International Mobile Assistant app, or Mobile Provider Directory app:

- Find nearby in-network doctors and hospitals
- Access your member ID card
- View your coverage and benefits
- Estimate costs
- Submit and track claims
- Browse health topics

Starting July 1, 2018, to activate your online Health Hub account, visit www.aetnainternational.com and use the ID number listed on your Aetna ID card to register. To use the mobile apps, search the app store on your mobile device for the Aetna International Mobile Assistant app or the Mobile Provider Directory app and use the ID number on your Aetna ID card to register or sign in.

Express Scripts: Starting July 1, 2018, you can manage your Express Scripts account and services using the Express Scripts website or mobile app:

- Find an in-network retail pharmacy
- Transfer a retail prescription to home delivery
- Refill home delivery orders
- View your prescription coverage and check applicable co-pays
- Check the cost of your medication
- Print a copy of your ID card
- Enable automatic health and safety alerts

Starting July 1, 2018, to activate your online Express Scripts account, visit **express-scripts.com/welcome** and use the ID number on your Express Scripts ID card to register. To use the mobile app, search the app store on your mobile device for the Express Scripts app and use the ID number on your Express Scripts ID card to register or sign in.

(back to top)

A13. Do Aetna and Express Scripts have apps we can download?

Yes. Both Aetna and Express Scripts have apps for you to download so you have access to your medical information whenever you need it.

Aetna's apps:

- Aetna Mobile Assistant app: inside the U.S.
- Aetna Vision Preferred Mobile app: inside the U.S.
- Aetna International Mobile Assistant app: outside the U.S.

Express Scripts

- Express Scripts mobile app: inside the U.S.

(back to top)

A14. Which apps do I need to download?

It will depend on where you are living. If you live within the U.S. and Puerto Rico, you will download the Aetna Mobile Assistant app, the Aetna Vision Preferred Mobile app, and the Express Scripts app. If you live outside the U.S., you will download the Aetna International Mobile Assistant app. However, if you live outside the U.S. but plan to refill a prescription or receive vision services while you are in the United States, you can also use the Express Scripts app and the Aetna Vision Preferred Mobile app, respectively.

(back to top)

Part B: Using your medical, dental, and vision benefits

B1. How do I use my medical benefits?

Inside the U.S.: Check to be sure your provider is in-network by calling the number on your Aetna ID card or using the Aetna Health Hub website at **www.aetnainternational.com**. Show your Aetna ID card prior to receiving care. For more information on registering for Aetna Health Hub, see question E3 (“Does Aetna offer online options to find providers and manage my Aetna account?”).

If you prefer to see an out-of-network provider, the process will be similar to what would occur today with Cigna. You will be responsible for paying for your services up front and then submitting a claim to

Aetna for reimbursement less the 20% coinsurance amount, any unmet deductible, and any member responsibility for the difference between the established reasonable and customary rate for the zip code in which you received the service. For an additional explanation of the reasonable and customary rates, see question B6 (“Will there be charges if I use out-of-network providers?”).

Outside the U.S.: Show your Aetna ID card, or your national or regional network ID card, prior to receiving care.

You can locate a doctor or hospital outside the United States via the Aetna International website at **www.aetnainternational.com**. Aetna International has direct settlement (meaning Aetna International pays the provider directly) in more than 200 countries currently contracted for ongoing direct settlements.

In an emergency situation, you should go directly to the most appropriate physician and/or hospital and contact Aetna International as soon as possible. If applicable, a family member may contact Aetna on your behalf.

In non-emergency situations, if the provider you wish to visit does not appear to have direct settlement arrangements, you may contact Aetna to request a Letter of Authorization (LOA) prior to seeking services by calling the number on your ID card, logging into the Aetna International Health Hub, or using your Aetna International Assistant Mobile app. Aetna will place the LOA with the provider and will pay the provider directly after you receive treatment.

If you choose to visit a provider that is not an Aetna regional network provider or that does not have a direct settlement arrangement with Aetna International, you will pay for the services when you receive care and then file for reimbursement using the claims reimbursement process detailed in your Aetna welcome kit.

(back to top)

B2. How do I use my dental benefits?

Inside the U.S.: Check to be sure your provider is in-network by calling the number on your Aetna ID card or using the Aetna Health Hub website at **www.aetnainternational.com**. Show your Aetna ID card or provide your Aetna member ID number prior to receiving care. For more information on registering for Aetna Health Hub, see question E3 (“Does Aetna offer online options to find providers and manage my Aetna account?”).

If you prefer to see an out-of-network provider, the process will be similar to what would occur today with Cigna. You will be responsible for paying for your services up front and then submitting a claim to Aetna for reimbursement less any coinsurance amount.

Outside the U.S.: You will pay for dental services and file a claim for reimbursement using the Aetna claims reimbursement process detailed in your Aetna welcome kit.

(back to top)

B3. How do I use my vision benefits?

Inside the U.S.: Check to be sure your provider is in-network by calling the number on your Aetna Vision Preferred ID card or using the Aetna Health Hub website at **www.aetnainternational.com**. Show your Aetna Vision Preferred ID card prior to receiving care. (Note: Aetna works with EyeMed to provide your national vision services network. You may notice the EyeMed name or logo on your ID card or other correspondence for vision services obtained in the U.S.) For more information on registering for Aetna Health Hub, see question E3 (“Does Aetna offer online options to find providers and manage my Aetna account?”).

(Please note that some U.S. residents have already received an Aetna/EyeMed ID card on or about May 13th. This mailing was released in error by EyeMed, Aetna’s vision services partner. If you received this mailing, please discard it as you will receive the official mailing at a later date).

If you prefer to see an out-of-network provider, the process will be similar to what would occur today with Cigna. You will be responsible for paying for your services up front and then submitting a claim to Aetna for reimbursement less any member responsibility.

Outside the U.S.: You will pay for vision services and file a claim for reimbursement using the Aetna claims reimbursement process detailed in your Aetna welcome kit.

(back to top)

B4. Will I be required to have a primary care provider manage all my medical care?

No. Your plan still uses a preferred provider organization (PPO) network, giving you the freedom to choose your own providers without a referral from a primary care provider. Aetna has many in-network providers to choose from, offering convenience and low out-of-pocket costs by reducing the need to seek out-of-network care. As always, you and the Program pay less when you stay in network because the administrator negotiates lower fees with in-network providers.

(back to top)

B5. How can I check to see if my preferred provider or hospital is in the Aetna network?

After you receive your Aetna member ID card in the mail, as of July 1, 2018, you will have three ways to search for an in-network provider:

1. Search for providers online by registering on Health Hub. Visit **www.aetnainternational.com** and use your ID number (listed on your member ID card) to activate your account.

2. Download the Aetna International Mobile Assistant app or Mobile Provider Directory app from the app store on your mobile device to search for your doctor. Use the ID number on your member ID card to register and sign in.
3. Call the number on the back of your new Aetna member ID card to speak with a member of Aetna's CARE team.

While there is a large degree of overlap between the Cigna and Aetna networks, they are not exactly the same. Many out-of-network Cigna providers will be in-network with Aetna, but in some cases the opposite may be true. Aetna is working to recruit any out-of-network providers that are important to IDB members in an effort to minimize disruption.

Outside of the U.S., if your doctor or hospital isn't in one of the Aetna networks, notify Aetna before your service. They can often negotiate a one-time discounted fee (or direct settlement) on your behalf. If approved, the provider will submit your bill directly to Aetna, and you won't need to pay the full amount up front.

(back to top)

B6. Will there be charges if I use out-of-network providers?

In some cases, an out-of-network physician in the U.S. may not accept the established market rate (also known as the "reasonable and customary" rate, which is determined by the zip code in which the physician's office is located). This means that the physician may bill you for the difference between the stated amount your plan covers at 80% of the reasonable and customary rate, and the total amount of the bill. In addition, some out-of-network facilities such as outpatient facilities, specialized surgery centers, infusion centers, and imaging centers may not accept the reasonable and customary rate for the services they provide, which is defined as 300% of the established Medicare rate. In these cases, you may be billed for the difference between the reasonable and customary charge (at 300% of the Medicare rate) covered by the plan and the provider's total bill. This amount is in addition to your 20% out-of-network co-insurance amount and any unmet deductible. In addition, these amounts do not count toward your out-of-pocket maximum expenditure under the plan. To avoid unexpected charges, it is important that you check with any out-of-network provider regarding the price the provider will charge for all of the services to be rendered, the amount your plan will cover, and whether the provider will charge you a "balance bill" for the difference before you commit to receiving care. Alternatively, by using an in-network provider, you will never be at risk for "balance billing."

To receive reimbursement for out-of-network care, use the Aetna claims reimbursement process detailed in your Aetna welcome kit. All members will be able to receive reimbursement payments for their out-of-network claims directly into their bank accounts through electronic transfers of funds.

(back to top)

B7. Will there be multiple ID cards for Aetna or just one ID card?

All members – no matter where you live – will receive at least two Aetna ID cards:

- Aetna ID card – Inside the U.S.: For medical and dental services
Outside the U.S.: For medical services

Aetna Vision Preferred card – For vision services received inside the U.S. (Please note that some U.S. residents have already received an Aetna/EyeMed ID card on or about May 13th. This mailing was released in error by EyeMed, Aetna’s vision services partner. If you received this mailing, please discard it as you will receive the official mailing at a later date).

In some countries, members may receive an additional ID card to admit them into the national or regional network in their country. Details about the cards and when they will be distributed will be provided in a future communication.

- Brazil – Gama Saude (hospital only): cobranded Aetna card
- Mexico – Sinergia Médica (hospital only): cobranded Aetna card
- Guatemala – Universales: separate Universales card
- Argentina, Chile, Colombia, and Peru – MDabroad: cobranded Aetna card

(back to top)

B8. How do I submit a medical, dental, or vision claim for reimbursement?

To receive reimbursement for out-of-network care, use the Aetna claims reimbursement process detailed in your Aetna welcome kit. All members will be able to receive the reimbursement payments for their out-of-network claims directly into their bank accounts through electronic transfers of funds. Aetna uses a single claim form for all types of services – medical, dental, vision, and pharmacy. The claim form is used for pharmacy services only outside the U.S. and Puerto Rico.

(back to top)

B9. Will Aetna be taking over responsibility for claims for service that I started receiving while with Cigna?

No. For any care received prior to July 1, 2018, continue to work with Cigna to resolve claims, even after the transition to the new administrators occurs. For any services received after July 1, 2018, please contact Aetna. Please note that in this transition year **ONLY**, you must file all claims incurred prior to July 1, 2018 with Cigna **no later than December 31, 2018**. From July 1, 2018 going forward, you will continue to have until June 30 of the following year to file any claims with Aetna, as prescribed in the Medical Benefits Program Handbook.

(back to top)

Part C: Using your prescription drug benefits

C1. If I am filling a prescription inside the U.S. and Puerto Rico, what should I do?

Beginning July 1, 2018, present your Express Scripts ID card at an in-network pharmacy when filling prescriptions in the U.S. and Puerto Rico. See question C4 (“How can I check to see if my preferred pharmacy is in network?”) for more information.

If you prefer to receive your prescriptions via home delivery, you may call the Express Scripts customer service number, or you may complete and submit the home delivery form in your Express Scripts welcome kit either by mail or through your Express Scripts online account. Check with your doctor if you are not sure if your prescription is written for a 90-day home delivery supply. For more information on registering for an Express Scripts online account, see question E4 (“Does Express Scripts offer online options to find pharmacies and manage my Express Scripts account?”).

Please note that expired prescriptions, prescriptions with no available refills left, and prescriptions for controlled substances that cannot legally be transferred will not be transferred from Cigna to Express Scripts. In these cases, you must obtain a new prescription from your provider. Express Scripts customer service team can assist in expediting these prescriptions.

You should plan to have your current prescriptions filled prior to July 1, 2018 to ensure that you have the medications you need on hand during the transition.

(back to top)

C2. If I am filling a prescription outside the U.S. and Puerto Rico, what should I do?

Beginning July 1, 2018, if you live outside of the U.S. or Puerto Rico, you will pay for the prescription and file a claim for reimbursement with Aetna. If you live in the U.S. and need a prescription while traveling overseas, you will pay for the prescription and file a claim for reimbursement with Aetna, not with Express Scripts. In either case, you will be reimbursed for the cost of the prescription minus the \$5.00 co-pay applicable to overseas prescriptions.

(back to top)

C3. Will I receive a separate ID card just for my prescription drug benefit?

All members will receive an Express Scripts ID card to use when filling prescriptions in the U.S. and Puerto Rico. Outside the U.S. and Puerto Rico, no card is needed, as there are no pharmacy networks overseas. When you fill a prescription outside the U.S. or Puerto Rico, you will use the Aetna claims reimbursement process detailed in your welcome kit and you will be reimbursed for the cost of the prescription minus the applicable \$5.00 co-pay.

(back to top)

C4. How can I check to see if my preferred pharmacy is in network?

Inside the U.S. and Puerto Rico: Express Scripts has a large pharmacy network – including major retail pharmacies like CVS, Rite Aid, and Walgreens – so it is likely your preferred pharmacy is included. To be certain, you can call the number on your Express Scripts ID card or go to **express-scripts.com** or use the mobile app to locate an in-network pharmacy. For more information on registering for an Express Scripts online account as of July 1, 2018, see question E4 (“Does Express Scripts offer online options to find pharmacies and manage my Express Scripts account?”).

Outside the U.S. and Puerto Rico: You can fill your prescriptions with any pharmacy you choose because there are no pharmacy networks overseas. Then submit a claim to request reimbursement for the cost of the drug minus your \$5.00 co-pay.

(back to top)

C5. Are the co-pays changing for any of my medications?

Inside the U.S. and Puerto Rico: Coverage levels (known as “tiers”) apply as indicated in the table below and the co-pays for each tier will be the same as your current co-pays through Cigna.

Tier	Retail Co-pay 30-day supply	Home Delivery Co-pay 90-day supply
Generic	\$5	\$10
Formulary (Preferred) Brand	\$15	\$30
Non-Formulary Brand	\$30	\$60
Specialty	\$40	\$80

A limited number of prescription drugs may change co-pay tiers in January 2019, from preferred brand to non-preferred brand and vice versa. This may result in lower or higher co-pays. In the event the drug you take is among those with a higher co-pay, you will be notified well in advance by Express Scripts so you may consult your prescriber regarding an alternative medication. If your doctor agrees that an alternative medication would work for you, he or she should write you a new prescription for that medication. If your doctor determines that an alternative medication is not appropriate due to a medical issue such as allergy or interaction with another drug you take, you may continue to receive the drug at the new co-pay level. If the drug you take moves to a tier with a lower co-pay, you will automatically receive the reduced co-pay amount when you fill your prescription.

Outside the U.S. and Puerto Rico: Your co-pay will be the same as your current co-pay through Cigna. You pay the full cost of your medication up front and then file a claim with Aetna for reimbursement. Aetna will reimburse you for the cost of your medication minus your \$5.00 co-pay. If you fill a prescription while in the U.S., using your Express Scripts ID card, you will pay the established co-pay for the drug prescribed.

(back to top)

C6. How can I check to see if my medications will still be covered at the same cost?

Inside the U.S. and Puerto Rico: You can call the number on your Express Scripts ID card or use the Express Scripts website or mobile app to check your medication's tier. For more information on registering for an Express Scripts online account, see question E4 ("Does Express Scripts offer online options to find pharmacies and manage my Express Scripts account?").

Outside the U.S. and Puerto Rico: Your co-pay will be the same as your current co-pay through Cigna. You pay the full cost of your medication up front and then file a claim with Aetna for reimbursement. Aetna will reimburse you for the cost of your medication less your \$5.00 co-pay.

(back to top)

C7. Is there an option to receive my prescriptions by mail?

Inside the U.S. and Puerto Rico: Express Scripts offers a home delivery service. In most cases, utilizing home delivery for medications you take regularly will cost you less than filling a prescription at a retail pharmacy. To sign up for home delivery, complete and submit the home delivery form in your Express Scripts welcome kit or through the Express Scripts website. You may also call the Express Scripts Customer Service team for assistance in starting your home delivery service. For more information on registering for an Express Scripts online account, see question E4 ("Does Express Scripts offer online options to find pharmacies and manage my Express Scripts account?").

Outside the U.S. and Puerto Rico: There are no home delivery services available for prescription drugs. You may fill your prescription through any provider you choose, and request reimbursement through Aetna.

(back to top)

C8. How do I submit a prescription drug claim for reimbursement?

For prescriptions filled inside the U.S. and Puerto Rico: You only have to submit a claim if you did not present your Express Scripts ID card or provide your member number when you filled your prescription and you paid the full price for the prescription, or if you had to use an out-of-network pharmacy. To submit a claim online, follow the instructions on your Express Scripts member portal. You can also call the number on your Express Scripts ID card for assistance with filing a claim. For more information on registering for an Express Scripts online account, see question E4 ("Does Express Scripts offer online options to find pharmacies and manage my Express Scripts account?").

For prescriptions filled outside the U.S. and Puerto Rico: Use the Aetna claims reimbursement process detailed in your Aetna welcome kit.

(back to top)

C9. Will my maintenance medications still be available?

Yes. You'll continue to have a large pharmacy network and access to the medications you need to manage your health.

Inside the U.S. and Puerto Rico: You can fill your maintenance medication at any in-network retail pharmacy, through home delivery using the forms provided on the Express Scripts website, or through a specialty pharmacy. There is an open list of drugs (known as a "formulary"), so all prescription drugs are covered, but co-pays apply. See question C5 ("Are the co-pays changing for any of my medications?") for more information on coverage tiers and co-pays.

Outside the U.S. and Puerto Rico: There is no drug list (or "formulary"). All prescription drugs require a \$5.00 co-pay.

(back to top)

Part D: Special care circumstances

D1. Do I need to fill out a Transition of Care form with Aetna?

If you are in a treatment program that began with an in-network Cigna provider in the U.S. before July 1, 2018 and your provider will be out-of-network with Aetna, you must submit an Aetna Transition of Care form so your care will continue to be covered at the in-network level. This form is included in the Aetna welcome kit for U.S. members. Any member who is concerned about transition of his or her current care may submit this form, but common examples of treatment programs where transition of care is important include:

- Chemotherapy or radiation therapy treatment plans
- Outpatient mental illness or substance abuse care
- Pregnancy
- Surgeries
- Terminal illness

Important! You must submit your Transition of Care form to Aetna within 90 days following July 1, 2018.

(back to top)

D2. I am pregnant or receiving treatments for a serious health condition – will my care be disrupted?

No. Your care will continue. However, first make sure your preferred provider is in Aetna's network. You can call the number on your Aetna ID card to check.

If your doctor is out of network and you are receiving care in the U.S., submit a Transition of Care form (included in your Aetna welcome kit) within 90 days following July 1, 2018.

(back to top)

D3. I have a chronic health condition – will my care be disrupted?

No. Your care will continue. However, first make sure your preferred provider is in Aetna's network. You can call the number on your Aetna ID card to check. Any medications you need for your chronic health condition will still be covered regardless of where you live. Aetna offers the voluntary opportunity for you to work with a nurse case manager who can guide you through your health condition and offer ways to manage it effectively. You can call the number on your ID card and request to speak with a CARE team member.

(back to top)

Part E: Managing your benefit accounts online

E1. If I used the myCigna website or app, how long will I still have access to my account?

If you have used the myCigna website or app to store and/or track your Cigna claims, you will continue to have access to your account for one (1) year following the transition to Aetna. You can either download any Explanation of Benefits (EOB) documents or other stored information to your computer or print it.

(back to top)

E2. If I used the myCigna website, will I be able to download my Explanation of Benefits statements and other documents?

Yes, you will be able to download your Explanation of Benefits statements and other documents for one year after the July 1, 2018 transition.

(back to top)

E3. Does Aetna offer online options to find providers and manage my Aetna account?

Yes. As of July 1, 2018, you can manage your Aetna account and services using the Health Hub member website, Aetna International Mobile Assistant app, or Mobile Provider Directory app:

- Find nearby in-network doctors and hospitals
- Access your member ID card
- View your coverage and benefits

- Estimate costs
- Submit and track claims
- Browse health topics

Starting July 1, 2018, to activate your online Health Hub account, visit www.aetnainternational.com and use the ID number listed on your Aetna ID card to register. To use the mobile apps, search the app store on your mobile device for the Aetna International Mobile Assistant app or the Mobile Provider Directory app and use the ID number on your Aetna ID card to register or sign in.

(back to top)

E4. Does Express Scripts offer online options to find pharmacies and manage my Express Scripts account?

Yes. Starting July 1, 2018, you can manage your Express Scripts account and services using the Express Scripts website or mobile app:

- Find an in-network retail pharmacy
- Transfer a retail prescription to home delivery
- Refill home delivery orders
- View your prescription coverage and check applicable co-pays
- Check the cost of your medication
- Print a copy of your ID card
- Enable automatic health and safety alerts

Starting July 1, 2018, to activate your online Express Scripts account, visit express-scripts.com/welcome and use the ID number on your Express Scripts ID card to register. To use the mobile app, search the app store on your mobile device for the Express Scripts app and use the ID number on your Express Scripts ID card to register or sign in.

(back to top)

E5. Will I be able to use the Express Scripts website or app to find the co-pay for my prescription at retail pharmacies or through home delivery?

Yes. You can use the Express Scripts website or mobile app to find the co-pay for your prescription at retail pharmacies or through home delivery. For information on registering for the Express Scripts site, see question E4 (“Does Express Scripts offer online options to find pharmacies and manage Express Scripts account?”).

(back to top)

Part F: More information

F1. Is there a website with information on the transition?

Yes. You can view transition information on the following sites:

- HRD Intranet for staff (English):
<https://idbg.sharepoint.com/sites/HRD/en/Pages/compensation/Medical%20Benefits%20Program.aspx>
- HRD Intranet for staff (Spanish):
<https://idbg.sharepoint.com/sites/HRD/es/Pages/compensation/Medical%20Benefits%20Program.aspx> (in preparation)
- IDB Group Family Association (English): **<http://iadbfamilyassociation.org/en>** (in preparation)
- IDB Group Family Association (Spanish): **<http://iadbfamilyassociation.org>** (in preparation)
- IDB Group Retiree Portal (English): **<https://www.iadb.org/en/retirees>**
- IDB Group Retiree Portal (Spanish):
<https://www.iadb.org/es/retirees/home%2C17924.html> (in preparation)

(back to top)

F2. What information should I expect to receive by postal mail?

You should expect to receive the following information by mail directly from our new administrators:

- Aetna welcome kit – Contains welcome letter, sample claim form and transition of care form (transition of care form for U.S. members only)
- Aetna ID card – Mailed separately from the welcome kit
- Aetna Vision Preferred welcome letter with attached ID card. (Please note that some U.S. residents have already received an Aetna/EyeMed ID card on or about May 13th. This mailing was released in error by EyeMed, Aetna's vision services partner. If you received this mailing, please discard it as you will receive the official mailing at a later date).
- Express Scripts welcome kit – Contains introduction to Express Scripts services, ID card, and home delivery form

In some countries where Aetna has established strategic partnerships with national and regional networks, members may receive an additional ID card to admit them into the national or regional network in their country. Details about the cards, their intended use, and when they will be distributed will be provided in a future communication.

(back to top)

F3. Are there any in-person sessions or webinars I can attend to learn more about the transition?

Yes. Information sessions will be scheduled starting in mid-May for staff at Headquarters and Country Offices. Retirees may attend any of these sessions.

(back to top)

F4. Who should I contact at IDB Group if I have questions about the transition?

Contact the Medical and Life Insurance Group at IDB Group's Human Resources Department:

Phone: +1 (202) 623-3090

Email: hrd/ins@iadb.org

(back to top)

F5. Who should I contact at Cigna if I have questions about claims for care received prior to July 1, 2018, or about my Cigna online account?

For any questions about claims through Cigna or other Cigna services, contact them at the number on your Cigna ID card.

(back to top)