Quality health plans & benefits Healthier living Financial well-being Intelligent solutions



## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS Health Benefits Program

## Aetna International Enrollment Period Beginning July 16, 2018



## 2018 Special Enrollment Period

**Begins**: July 16, 2018

**Closes**: August 16, 2018

Effective : August 15, 2018

This is an opportunity permitting government retirees, active government employees and their eligible dependents who not currently enrolled, to enroll.

If you do not enroll now ,you must wait until the January 1, 2019 Open Enrollment.

## **MEMBER TOOLS**

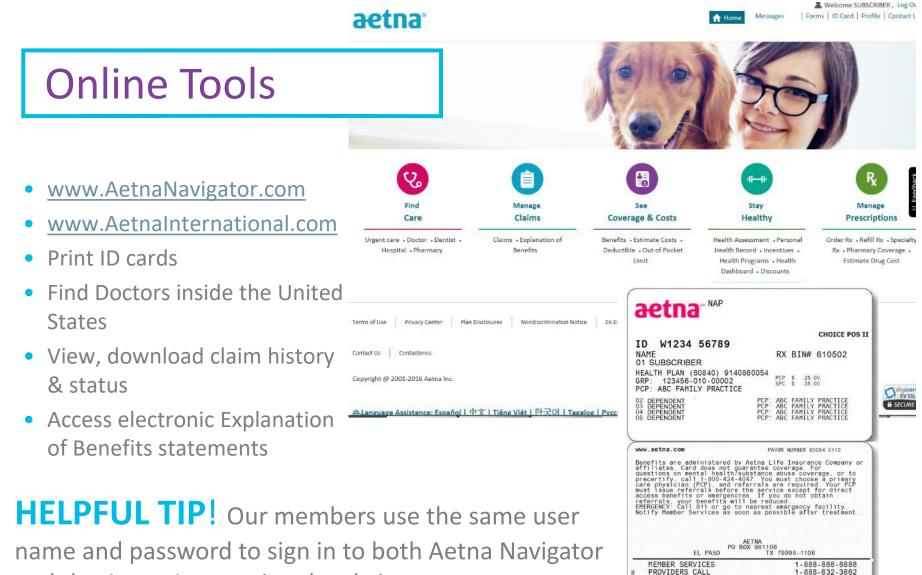
#### Customer Service Representatives 1-800-231-7729



Aetna International Member Service Center: Always here to help

- ✓ Available 24 hours a day, 7 days a week, 365 days a year
- ✓ Assistance with locating care, claims and more
- Access to speak with a live person every time—no recordings
- ✓ Access Nurse Line
- ✓ Translation Services Available

	CUSTOMER SERVICE		
	WEBSITE		
er:	VIRTUAL ASSISTANCE		
year	MOBILE		



and the Aetna International website.

1-888-888-8888

RX MEMBER SERVICES



## HOW TO FIND A DOCTOR OR FACILITY?

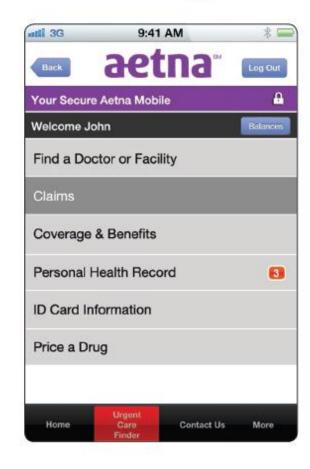
## **Use our online directories**

To find in-network providers visit:

- www.AetnaInternational.com
  - Northern Mariana Islands NetCare
  - Guam NetCare
  - Philippines Maxicare
  - Rest of World
- <u>www.AetnaNavigator.com</u>
  - USA
  - Aetna Mobile App
  - Customer Service

You can also find a doctor by calling us at the number on your member ID card. Once you've found the right provider for you, here's how to access care:

#### Aetna Mobile App





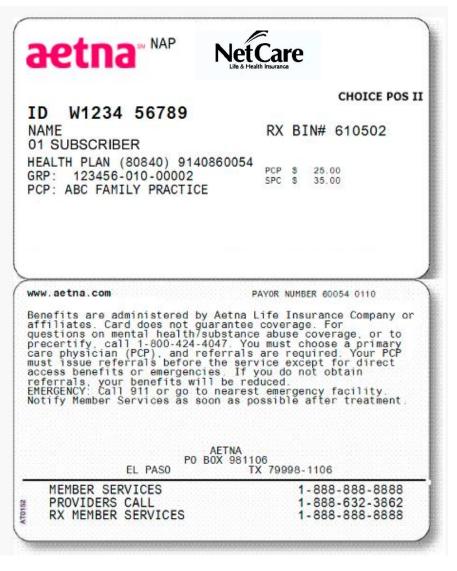
## Aetna International ID Card

## Do you have an old ID Card?

The ID Card displayed is a sample ID Card. However, please review the following:

Logo includes Aetna & NetCare

Group # Displays: 0840366



## **Benefit Highlights**

- Basic Option (CNMI, Guam and Rest of World)
  - Excludes USA Mainland and Hawaii
  - Higher deductible and Individual/Family Payment Limits.
  - No Pre-existing limitations/exclusions (applies to all plans)
  - No Lifetime Maximums (applies to all plans)
  - No Calendar Year Maximums (applies to all plans)
- Low Option (CNMI, Guam and Rest of World)
  - Excludes USA Mainland and Hawaii
  - Similar to the Basic Option, however, less of a deductible and payment limits
- High Option (USA, Hawaii, CNMI, Guam and Rest of World)
  - Access Aetna's Network in the continental United States, Hawaii, the CNMI and Guam.
    Out of Network Coverage within the United States is included.\
  - Lower Deductible Option

## Health Plan: Basic Plan

#### **In-Network** International **CNMI/GUAM ONLY Example: Philippines, Taiwan & S. Korea** VS Member Obtains Letter of Authorization No Letter of Authorization Required **Provider Files Claims to Aetna** Member may be required to pay & submit claim to Aetna **Deductible** \$1,500 Ind **Deductible:** None \$4.500 Family Lifetime Maximum Unlimited Lifetime Maximum Unlimited **Individual Payment Limit** \$6.500 Ind **Individual Payment Limit** \$6,500 Ind \$13,000 Family \$13,000 Family **Preventive Care: Preventive Care:** 100% No Ded. 100% **Office Visits:** Ded. then 20% **Office Visits:** 20% Ded. then 20% **Specialist Visits: Specialist Visits:** 20% Ded. then 20% Inpatient/Outpatient Hospital: 20% Inpatient/Outpatient Hospital: Ded. then 20% **Emergency Room: Emergency Room:** 20%

\*Services incurred out of network are not covered \*Services incurred in the USA and Hawaii are not covered

## Health Plan: Low Plan

#### **In-Network** International **CNMI/GUAM ONLY Example: Philippines, Taiwan & S. Korea** VS Member Obtains Letter of Authorization No Letter of Authorization Required **Provider Files Claims to Aetna** Member may be required to pay & submit claim to Aetna **Deductible** \$500 Ind **Deductible:** None \$1.500 Family Lifetime Maximum Unlimited Lifetime Maximum Unlimited **Individual Payment Limit** \$5.000 Ind **Individual Payment Limit** \$5,000 Ind \$10,000 Family \$10,000 Family **Preventive Care: Preventive Care:** 100% No Ded. 100% **Office Visits:** Ded. then 20% **Office Visits:** 20% Ded. then 20% **Specialist Visits: Specialist Visits:** 20% Ded. then 20% Inpatient/Outpatient Hospital: 20% Inpatient/Outpatient Hospital: Ded. then 20% **Emergency Room: Emergency Room:** 20%

\*Services incurred out of network are not covered \*Services incurred in the USA and Hawaii are not covered

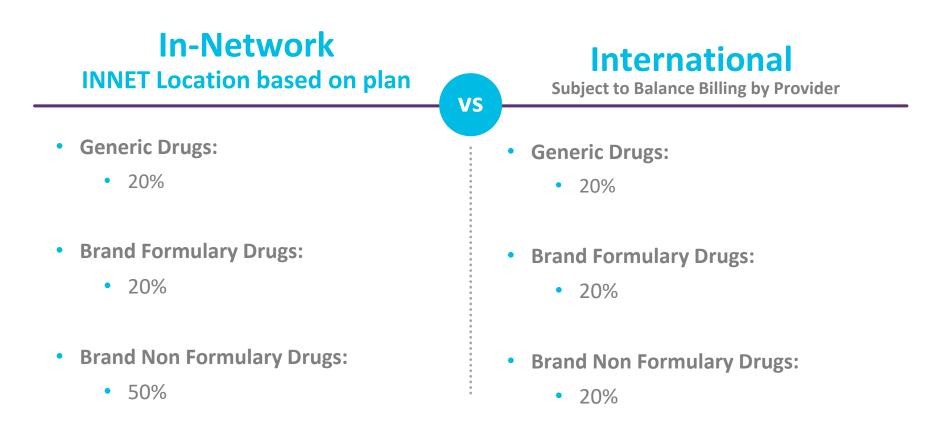
## Health Plan: High Plan

In-Network <u>USA</u> , CNMI, GUAM		<b>International</b> Example: Philippines, Taiwan & S. Korea		
No Letter of Authorization Requi	red	Member Obtains Letter of Autho	rization	
Provider Files Claims to Aetna		Member may be required to pay	& submit claim	
Deductible	\$500 Ind \$1,500 Family	<u>to Aetna</u> Deductible:	None	
Lifetime Maximum	Unlimited	Lifetime Maximum	Unlimited	
Individual Payment Limit	\$6,350 Ind \$12,700 Family	Individual Payment Limit	\$6,350 Ind \$12,700 Family	
Preventive Care:	100% No Ded.	Preventive Care:	100%	
Office Visits:	Ded. then 20%	Office Visits:	20%	
Specialist Visits:	Ded. then 20%	Specialist Visits:	20%	
Inpatient/Outpatient Hospital:	Ded. then 20%	Inpatient/Outpatient Hospital:	20%	
Emergency Room:	Ded. then 20%	Emergency Room:	20%	

\*Services incurred in the USA & Hawaii are covered \*Out of Network Services are Covered. \$1,500 Ind Deductible x 3 Family. 50% Coinsurance



## PHARMACY – Applicable to each plan



\*Out of Network is only covered under the High Plan. RX Benefit is Deductible then 50% \* Over the counter medications are not included in the pharmacy benefit.

## **Claim Examples**

#### **CNMI IN-NETWORK EXAMPLE**

				1
Treatment		High	Low	Basic
Preventative Care	Billed: \$150	100%	100%	100%
	Patient Balance	\$0	\$0	\$0
	-			
Hospital Outpatient	Billed: \$2,000	80% after deductible	80% after deductible	80% after deductible
	Individual Deductible	\$500	\$500	\$1,500
	Amount Remaining	\$1,500	\$1,500	\$500
	% covered by Plan	80% of \$1,500 = \$1,200	80% of \$1,500 = \$1,200	80% of \$500 = \$400
	Patient Balance	20% of \$1,500 = \$300	20% of \$1,500 = \$300	20% of \$500 = \$100
Urgent Care	Billed: \$1,000	80% after deductible	80% after deductible	80% after deductible
	Individual Deductible	\$0 Remaining	\$0 Remaining	\$0 Remaining
	Amount Remaining	\$1,000	\$1,000	\$1,000
	% covered by Plan	80% of \$1,000 = \$800	80% of \$1,000 = \$800	80% of \$1,000 = \$800
	Patient Balance	20% of \$1,000 = \$200	20% of \$1,000 = \$200	20% of \$1,000 = \$200
Member Payment Responsibility, YTD				
	Deductible	\$500	\$500	\$1,500
	Coinsurance	\$500	\$500	\$300
	Total	\$1,000	\$1,000	\$1,800

This example is for illustration purposes only. Please refer to the Certificate of Coverage for specific plan coverages.

## **Claim Examples**

<b>OUTSIDE THE U.S (INTERNATIONAL) EXAMPLE</b>					
,	Treatment	High	Low	Basic	
Preventive	Billed : \$150	100%	100%	100%	
Care	Patient Balance	\$0	\$0	\$0	
Hospital	Billed : \$2,000	\$0	\$0	\$0	
Outpatient	Individual Deductible	φU	φυ	φU	
	% Covered by Plan	80% of \$2,000 =	80% of \$2,000 =	80% of \$2,000 =	
	% Covered by Plan	\$1,600	\$1,600	\$1,600	
	Patient Balance	20% of \$2,000 =	20% of \$2,000 =	20% of \$2,000 =	
Patient Balance	\$400	\$400	\$400		
	· · ·				
Urgent Care	Billed : \$1,000	¢O	<b>4</b> 0	¢A	
	Individual Deductible	\$0	\$0	\$0	
		80% of \$1,000 =	80% of \$1,000 =	80% of \$1,000 =	

\$800

20% of \$1,000 =

\$200

\$800

20% of \$1,000 =

\$200

% Covered by Plan

Patient Balance

\$800

20% of \$1,000 =

\$200

## PREMIUM SUMMARY

	HIGH	LOW	BASIC	
Current Active	Employee	Employee	Employee	
Employee	\$ 77.68	\$ 23.86	\$ 0.00	
Employee + Spouse/Dependent	\$ 159.22	\$ 48.90	\$ 0.00	
Employee + Dependents	\$ 248.53	\$ 76.32	\$ 0.00	
Retiree				
Employee	\$ 84.15	\$ 25.85	\$ 0.00	
Employee + Spouse/Dependent	\$ 172.49	\$ 52.98	\$ 0.00	
Employee + Dependents	\$ 269.25	\$ 82.69	\$ 0.00	

\*Retirees' premium appear higher than active employees' premium due to fewer pay periods (24 pay periods for retirees vs. 26 pay periods for active employees)



## Network/Access Summary

#### **CNMI: NetCare**

No Letter of Authorization Required. Present ID Card

### **Philippines: Maxicare**

Letter of Authorization Required

Submit request to: aetnasupport@maxicare.com.ph

### Taiwan

Letter of Authorization Required

Submit request to: InternationalProviderServices@aetna.com

Or by logging into www.AetnaInternational.com

#### South Korea

Letter of Authorization Required

Submit request to: InternationalProviderServices@aetna.com

Or by logging into www.AetnaInternational.com



## **INFORMED HEALTH**<sup>?</sup> LINE

As a part of your Aetna plan, you have access to Informed Health Line. This 24 hour phone line is staffed by U.S.-based registered nurses who can help you with just about any health related issue. You'll also have access to a variety of useful health reference materials in both English and Arabic.

#### When you call the Informed Health Line, you have two ways to get the information you need:

#### **1.** Speak with an Informed Health Line nurse:

- Answer your questions about health concerns
- Provide current information regarding a wide-range of health issues
- Discuss options for seeking medical attention
- Help you prepare for appointments with your health care providers
- 2. Access our toll-free Audio Health Library:
  - Members who call the Informed Health Line can also choose to listen to health topics of interest through our audio health library.

#### Contact the Informed Health Line at 1-800-556-1555



## **Coordination of Benefits**

## **Medicare vs Aetna International**

**Important:** If you are enrolled in Medicare, contact Customer Service or Pacifica to provide your Medicare ID Number. This will improve your experience.

**Active Employee – Enrolled in Medicare – Aetna is Primary** 

#### **Retired Employee – Enrolled in Medicare – Medicare is Primary**

 If Medicare is Primary, you MUST present your Medicare ID Card to the provider/facility. Not doing so may result in claim processing delays.

## **Contact Summary and Support**

Visit Pacifica Insurance Underwriters for support with enrollment, claims and benefit questions. Please also reach out to Aetna customer service - We are here for you!



**Customer Service 24/7/365** 1-800-231-7729 Translation service available

Informed Health Line 24/7/365 1-800-556-1555 Translation service available



www.AetnaNavigator.com www.Aetnainternational.com

Located at Joeten Center, Susupe, 2nd Fl.

Tel: (670) 234-6266/67/68 Fax: (670) 234-5880 www.pacificains.com



Through **our International Mobile Assistant App** available in the App store and Google Play



Department of Finance Tel: (670) 664-1100/1122 Email: v.palacios@cnmidof.net

# Next Steps

## **Complete Enrollment Form by August 15, 2018**

Enrollment elections made using the GGHI Enrollment forms, which are available at the NMI Retirement Fund offices, or online at <u>www.nmisf.com</u>.

Include your Medicare ID Number in your Submission

Submit your elections to Pacifica Insurance Underwriters, Inc.



# Thank you!

