

APRIL TRANSITION GROUPS BUSINESS - FAQ's Created on 12/9/2019

- 1. Why are members being transitioned to Aetna January 1st rather at the time of the renewal of April 1st?**

Members Health Plan NJ has made the decision to transition from QualCare as its Third-Party Administrator to Aetna. As of January 1, 2020, all MHPNJ members will be on the Aetna Platform and have access to Aetna One Advocate (A1A) and Aetna provider networks.
- 2. When will April transition information be sent to Brokers and Employers?**

Information related to the April group transition will begin mid-November and continue until the group transitions and then through renewal.
- 3. Who do brokers and employers call if they have questions regarding the transition process?**

We have a dedicated team ready to assist you during the transition. Please feel free to contact us at 1-833-MEWANOW (1-833-639-2669) or email mewaenrollment@concordmgt.com if you have any questions. Brokers can also call their dedicated Broker Relationship Manager.
- 4. Who do members call if they have questions about benefits, providers, authorizations or services?**

After December 1st, Members will have access to the Members Health Plan NJ dedicated Aetna One Advocate (A1A) team 24/7/365. The A1A team can assist with any member questions, check provider participation status, or answer health related items. The team can be reached by calling 833-982-7368 (TTY: 711).
- 5. If we are an April Renewal Group, will my new Renewal Date now change to January 1st?**

No, all April groups renewals will remain April 1st.
- 6. Will I need to submit paperwork for the transition?**

No, employers or members do not need to submit any paperwork related to the transition. Paperwork will not be required until renewal unless... (employer changes date of renewal, makes plan changes, etc....).
- 7. Will the transition impact my rates on January 1st?**

Outside of the standard renewal process, the transition will not cause a rate to increase, however the expectation is that Health Plan members will benefit by utilizing a comprehensive network, dedicated member advocate program, as well as other value-based programs.
- 8. Can an employer change their renewal date to January 1st instead of April 1st?**

Yes. However, paperwork will be required for termination and for reinstatement. An employer will need to terminate effective 12/31/2019 and obtain a new quote with an effective January 1st, 2020. The employer's new effective date will be 1/1/2020 through 12/31/2020. If an employer elects this option, all paperwork will be due back to the Plan no later than 12/19/2019.

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9. Are members able to make plan changes at the time of transition?

Yes. Only If the employer, at time of transition, would like to offer members one of the existing plans currently being offered by the employer. The employer and members will be required to complete the necessary paperwork to make the change. If an employer chooses to allow employees to make a plan change, all paperwork is due back to the Plan no later than 12/19/19. Please note, the employer will have the opportunity to add, change or remove plans at time of renewal.

10. Will employers and/or members experience any disruption during the transition?

We do not anticipate that members will have any disruption, however some benefits may change. Members are encouraged to review the Summary of Material Modification (SMM), SPD's and benefit summaries to have a better understanding of what may be changing. All information can be found on the plan's website at <https://membershealthplannj.com/benefits/medical-benefits/>. Please refer to the January 2020 materials at this time.

11. When will April Renewals be sent to Brokers and Employers?

We anticipate that all April renewal packets will be sent to brokers and employers within the first week of February.

12. What is the increase for the April renewal groups?

April renewals usually begin on or about February and at this time, the actuaries have not completed the renewal analysis. We will communicate the renewal rates towards the end of January beginning of February.

13. How long will members be able to access information (claims/EOB's) on the QualCare member portal?

Members will have access to the QualCare member portal through 12/31/2020.

14. Who will members contact for any claims processed with dates of service prior to 1/1/20?

Members would continue to contact QualCare for any claims or inquiries related to services received prior to January 1,2020.

15. I have a former employee who is on Cobra. How will their transition be handled?

OCA will continue to administer COBRA for the Health Plan. All COBRA members will not be impacted. In the event a member makes a plan change during the transition, Concord will send all plan changes to OCA.

16. When can members expect to receive ID cards?

Members will receive their new medical and prescription ID cards towards the end of December. The new benefits under the Aetna platform will be effective January 1st, 2020. Members will receive a medical ID card and a separate prescription ID card if prescription coverage was obtained. Members will have access to temporary ID cards on both the Aetna and Express Scripts website by December 15th. Please note, benefit and temporary ID card information may be limited on the member portal until the member's January 1st, 2020 effective date.

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17. If an employee selects the same plan at time of renewal, will new ID cards be sent?

No, if a member maintains the same plan from transition to renewal, they will not receive a new ID card. New ID cards will only be sent to members that have made medical and/or Rx changes.

18. What are the changes from the plans I currently have compared to the new plans on Aetna?

There have been minimal benefit plan changes with some benefit enhancements. To ensure you understand your benefits under the new Aetna platform, we encourage all brokers, employers and employees to review the Summary of Material Modification (SMM) or download a copy of January 2020 Summary Plan Document (SPD), SBC's, Benefit Summaries which will outline your new benefits. To obtain a copy, please go to the Plans website at <https://membershealthplannj.com/benefits/medical-benefits>. Please reference the January 2020 materials at this time.

19. Where can members/employers/brokers view new Summary Plan Document (SPD), Benefit Summary, Summary of Benefit Coverage (SBC)?

All current Health Plan documents and information can be found on the Members Health Plan NJ website <https://membershealthplannj.com/benefits/medical-benefits/>. Please reference the January 2020 materials at this time.

20. What Aetna services will Employers/Members have access to under the Aetna Platform?

Members will have access to Aetna's suite of programs and tools offered to the Plan. Some of these tools include but are not limited to the following:

- + Aetna One Advocate (A1A)
- + Member Engagement Platform
- + Teladoc – Telemedicine
- + Informed Health Line
- + Member website
- + Member mobile experience

21. How do I know what Aetna network is associated with my Benefit Plan(s)?

- + AetnaSM Open Access Select Plans F, H, J, K, O, S, T, U, V, W
- + Aetna Choice[®] POS II Open Access Plans A, B, D, G, L, P, R
- + (NJ) Aetna Whole HealthSM- New Jersey- Aetna Select Multi-Tier Plans M, N, X, Y, Z

22. How do I find out if my Provider/Hospital or Facility participates in the New Network?

Visit www.MembersHealthPlanNJ.com website and click on either "Employees", "Employers" or "Brokers" Section then select "Provider Search" Tab which will direct you to the Aetna landing page. You can also contact an Aetna Care Advocate team member at 1-833-982-7368 (TTY: 711) for participating providers.

23. Do members have coverage outside of New Jersey?

The Aetna networks offer coverage outside of New Jersey at no additional cost. It is the members responsibility to verify if a provider is in or out of network.

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24. My physician is not participating with Aetna? What can I do?

The Aetna Care Management Team in collaboration with the provider will develop a transition plan, if applicable to provide the best quality of care and continuity of treatment. Members have access to the MHPNJ's dedicated Aetna One Advocate (A1A) team 24/7/365. The A1A team can be reached by calling 833-982-7368 (TTY: 711).

25. What does a member need to do if they currently have a prior authorization completed with QualCare? Will they have to obtain a new authorization with Aetna?

A member will not have to authorize services again. During the month of December through mid-January, if authorization was already completed with QualCare, the information will be passed onto the Aetna Care Management team for continuity of care. To confirm that an authorization is on file, members can call the Aetna One Advocate (A1A) team to obtain the information. The A1A team can be reached by calling 833-982-7368 (TTY: 711) Members will have access to the A1A team pre-enrollment.

26. What happens if a member is currently in an Appeal stage with QualCare?

All Appeals will be handled in their entirety by the QualCare team until all levels of appeal are completed. Please contact QualCare if you have questions related to your Appeal. QualCare team can be reached by calling (888) 670-8135.

27. What happens if a member is currently inpatient in the Hospital during the transition?

There will be no impact to a member's coverage. A member's inpatient admission will be handled according to your plan benefits. The QualCare team will handle the admission and continued stay until discharge. All information will be handed off to Aetna Care Management team.

28. What if a member is currently under the care of a provider that does not take Aetna?

The Aetna Care Management Team in collaboration with the provider will develop a transition plan, if applicable, to provide the best quality of care and continuity of treatments.

29. I am expecting a baby; how will the transition affect my benefits?

If you are expecting a baby, your care and benefits will continue for continuity of care with no disruption of services or providers. However, members will be required to complete a transition of care form only if your provider is out of network with Aetna.

30. Will the prescription plan or coverage be affected when employers transition to the Aetna platform?

No. The prescription benefits will remain the same as Express Scripts will continue to be the Pharmacy Vendor. However, members will receive a new prescription ID card at time of transition.

Express Scripts (ESI) will remain as the pharmacy vendor for prescription coverage. To provide the Health Plan and its members better savings, the Health Plan has various cost saving programs in place including

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Walgreens Smart90 Program, SaveonSP Program and Save by using Generics (DAW - effective 7/1/2019). For additional information on the Cost Saving prescription programs, please go to the plan website at <https://membershealthplannj.com/benefits/pharmacy/pharmacy-documents/>

31. If members have prescriptions and/or authorizations on file with Express Scripts, will members need to contact their provider or Express Scripts?

A member will not have to authorize prescriptions again as the pharmacy vendor will be completing a patient profile transfer. This means that your current information will be transferred under the new group number under Aetna platform. We anticipate the information to be transferred in mid-December and available under the Aetna platform no later than your transition date of 1/1/2020.

32. Will the dental options change for the Health Plan?

No. The Health Plan will continue to offer dental benefit through Delta Dental and Guardian. Members will receive new dental ID cards if they are currently enrolled in a Dental Program.

33. Will OCA continue as the COBRA/HRA/FSA vendor for the Health Plan?

Yes. OCA will continue to be the vendor that will provide HRA/FSA administration for Employer groups. Employers that have an existing HRA/FSA will pay OCA a fee of \$250 at time of renewal.

34. Will the Health Plan continue to offer Telemedicine program?

Yes, The Health Plan will offer Telemedicine services through Teladoc. You can find additional information on the Teladoc services by going to the Members Health Plan NJ website <https://membershealthplannj.com/member-benefits/aetna-documents/>.

35. Is Quest still the exclusive lab for the Health Plan?

No. The Health Plan will no longer have an Exclusive Lab arrangement. Members now can utilize any lab that participates within the Aetna network. Please refer to the Summary Plan Document (SPD) for all benefit information and changes and Aetna's provider search for a participating laboratory

36. Do employers need to renew their membership with one of the sponsoring Associations to access the Health Plan?

Yes, an employer will need to renew their membership with a sponsoring association (EANJ/MSNJ/BioNJ etc.) at or around your April renewal. Membership with a sponsoring association is a requirement of the Plans underwriting guidelines. Employers will receive renewal notifications from their sponsoring association at time of their sponsorship renewal.

37. Will members be able to receive deductible credits?

No, as the Plan's deductibles are based on the calendar year and will reset as of 1/1/2020. All Deductibles will start to accumulate effective 1/1/2020 under the Aetna Platform. At time of renewal in April 2020,

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deductibles met since January 1, will stay with the employee, even if they change plans at the time of renewal.

38. Will the Health Plan continue to offer Value Based Network Plans utilizing the Community Care Network?

The Health Plan will continue to offer Valued Based Network Plans, however the Community Care Network offered through QualCare will be replaced with the Aetna Whole HealthSM- New Jersey- Aetna Select Multi-Tier Plans. The Aetna Whole Health network includes 27 Hospitals, more than 3,400 primary care physicians, more than 21,000 specialists and more than 175 urgent care centers, wrapped by the Aetna Select Open Access Network. The Plans offered are Plans, M, N, X, Y and Z.

39. Will the Value Based Network Plans under Aetna have National Access?

Yes. All Value Based Network Plan Options will have access to the Aetna National Network.