

The Health and Benefit Trust Fund of the International Union of Operating Engineers Local 94-94A-94B, AFL-CIO (“Fund”)

Aetna and Caremark FAQs – Effective January 1, 2025

General Question

Why did the Fund make these changes?

- The Trustees of the Fund conducted a comprehensive review of the Medical & Hospital coverage provided to participants to secure the most competitive financial terms and an expansive network while maintaining a high-level quality of coverage. Aetna’s proposal was the most competitive and robust solution.
- Concurrent to the Medical & Hospital coverage review, the Fund evaluated its Prescription coverage for participants. The Fund participates in a coalition with other Operating Engineers throughout the country to negotiate prescription benefit management contracts. With almost 400,000 lives in the coalition, our strength as a group allows us to negotiate market leading contracts. Caremark provides the highest level of service and most competitive pricing for our participants.

Aetna – Medical and Hospital Coverage

What is my new plan called?

- The plan for eligible Active participants (Commercial and School) and eligible Retiree participants under age 65 (Commercial and School) will be the Aetna Choice POS II (or “Aetna CPOS II”), and each participant will receive a new ID card with an ID number beginning with a “W”.
- The plan for eligible Commercial Medicare Retiree participants will be an Aetna Medicare-Related plan, similar to what eligible participants have now through Anthem.

Which doctors, providers and hospitals are in the new plan's network? OR

Can I still see my current doctor/provider under the new plan?

- Aetna was selected for its comprehensive coverage and strong network. You and your dependents will be able to access one of the largest nationwide networks of doctors and hospitals. We expect there to be little to no disruption with your healthcare provider(s).
- You can view Aetna’s website for providers in the network.
 - Eligible Active participants (Commercial and School) and eligible Retiree participants under age 65 (Commercial and School):
 - https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site_id=DirectLink&planValue=ACPMC%7CAetna_Choice_POS_Open_Access
 - Eligible Commercial Medicare Retirees:
 - Retirees eligible for Medicare benefits have their benefits coordinated with the Health and Benefit Trust Fund. That means that Medicare acts as

- the primary insurer of medical and hospital benefits, and the Health and Benefit Trust Fund Retiree Plan acts as the secondary insurer.
- If you find that your provider is currently not in the Aetna network, please contact the Fund Office at (212) 331-1800 so that we can have Aetna invite them to join the network.

Will my prior authorizations for a scheduled service (surgery, MRI etc.) in 2025 be carried over to Aetna?

- No, your provider will have to request a new prior authorization through Aetna. Providers can call Aetna Provider Services at (888) 632-3862 after December 18th to request a Prior Authorization.

How do I handle any outstanding claims or medical bills under Anthem?

- All claims prior to 1/1/25, should be submitted to Anthem.
 - In-Network providers are responsible for submitting claims to Anthem.
 - Out-of-Network providers – you are responsible for submitting claims to Anthem within 12 months of the date of service.

Will my pre-existing conditions be covered under the new plan?

- Yes, if it is a covered service.

Are there any waiting periods for coverage of my pre-existing conditions?

- There is no waiting period for pre-existing conditions.

Will my new plan have the same cost sharing as our current plan?

- Yes, your copay, deductible and coinsurance have not changed.

Will new ID cards be mailed out and when?

- Eligible Active participants (Commercial and School) and eligible Retiree participants under age 65 (Commercial and School) will receive one (1) combined ID card for Aetna (hospital & medical) and Caremark (pharmacy). The ID number will begin with a “W”.
- Eligible Commercial Medicare Retiree participants will receive one (1) ID card from Aetna for the Medicare-Related plan; eligible Commercial Medicare Retirees will continue to use the United HealthCare card for their prescriptions.
- Aetna will begin mailing ID cards in mid-to-late December. If you have not received a new card by 1/1/25, please contact the Fund Office at (212) 331-1800.
- Each member and spouse will be sent an ID card that will hold up to 5 names on a card. If your family has more than 5 names, an additional card will be sent.

Will a benefit summary be available?

- Yes, additional information will be mailed in mid-December, but there are no changes to your copay, deductible or coinsurance.

Caremark – Prescription Coverage

Will new ID cards be mailed out and when?

- Eligible Active participants (Commercial and School) and eligible Retirees under age 65 (Commercial and School) will receive one (1) combined ID card for Aetna (hospital & medical) and Caremark (pharmacy). The ID number will begin with a “W”.
- Eligible Commercial Medicare Retirees will receive one (1) ID card from Aetna for the Medicare-Related plan; Eligible Commercial Medicare Retirees will continue to use the United HealthCare card for their prescriptions.
- Aetna will begin mailing ID cards in mid-to-late December. If you have not received a new card by 1/1/25, please contact the Fund Office at (212) 331-1800.
- Each member and spouse will be sent an ID card that will hold up to 5 names on a card. If your family has more than 5 names, an additional card will be sent.
- Information needed for pharmacy to process a prescription:
 - RXBIN: 004336
 - RXPCN: ADV
 - RXGRP: RX24GF
 - ID Number: If unknown, the Pharmacy calls the Pharmacy Help Desk (800-364-6331) OR participant calls Customer Care (833-269-9417) and that representative will contact the pharmacy on behalf of the participant. Customer Care will not share the ID number with the participant.

What do I need to do?

- Participants can expect minimal changes to formulary coverage, network coverage, and utilization management edits. If you are impacted by any of these changes, you will receive a letter with more direction on next steps. Letters will be mailed at the end of November.

Will my prior authorization for medication be carried over to Caremark?

- CVS Caremark will receive a transfer file of existing prior authorizations and will use existing prior authorizations until their expiration date.

What will happen with my Specialty Pharmacy Medications?

- Specialty medications will be filled by CVS Specialty. CVS Specialty provides specialty medications and some clinical support for complex conditions, including cancer, arthritis, and others. If you are currently taking a specialty medication, additional information about CVS Specialty Pharmacy will be mailed to you prior to January 1, 2025, to assist you with the transition.

What happens if my medication was covered under OptumRx, is not covered under Caremark, and I cannot take an alternative?

- A medical exception request can be initiated by your physician beginning January 1, 2025. Talk to your physician about your options.

What medications are covered under the Caremark plan?

- The Formulary will be accessible at www.Caremark.com/acsdruglist. If you are looking in December, please reference the future formulary (January 2025) when your coverage begins with Caremark.

Will I have to change my mail order from OptumRx to Caremark?

- Most mail order prescriptions will automatically transfer to Caremark. You will have to contact the home delivery pharmacy to set up payment information by calling CVS Customer Care at (833) 269-9417 after December 18th.
- Mail order prescriptions that will NOT transfer are those medications considered to be controlled substances, such as medication for pain, attention deficit, anxiety/depression and more. Your doctor must provide a new prescription for these medications for use on or after January 1, 2025. Other prescriptions that will not transfer are compound medications, prescriptions that have expired or prescriptions with no refills.
- Most current prescriptions at retail for maintenance medications will also transfer to Caremark. You will need to provide the retail pharmacy your new identification card effective January 1, 2025.

Do I still have to get a 90-day refill for maintenance medications?

- Yes, currently, you have the convenience to fill your maintenance prescriptions (prescriptions needed for 90 or more days) at a CVS Pharmacy or through Mail Service. Effective January 1, 2025, you will continue to have the flexibility of filling maintenance prescriptions at a CVS Pharmacy, Costco Pharmacy, Kroger Pharmacy or through CVS mail order.