



2021 Benefits Frequently Asked Questions

1. I do not understand the difference between WebTPA and Aetna. How does this work?

WebTPA is the claims administrator and they handle matters such as eligibility, processing and paying claims on the City's behalf, determining plan coverage, etc. WebTPA is the number on your insurance card that you will call for benefit questions.

Aetna provides the medical network which means that Aetna enters into contracts with providers to agree upon amounts paid for medical services. The contracted rate allows the services to be paid for at discounted rate over the billed charges.

Our plan is an in-network only plan, so you will need to ensure that your provider is in network with Aetna. You can check this by going to www.aetna.com/asa. If you cannot find your provider, please reach out to HRBenefits@plano.gov as sometimes providers may bill under a different name and we can confirm that for you.

2. I cannot find my doctors when searching to see if in network.

- a. For Aetna (www.aetna.com/asa)
- b. For MetLife Dental (metlife.com > Find a Dentist > PDP Plus Network)
- c. For MetLife Vision (metlife.com > Find a Vision Provider > MetLife Vision PPO)

When you do your search, please be sure to expand the mileage radius to 100 miles to ensure that the search is not failing to capture a provider due to distance.

If you still cannot find your provider, please reach out to HRBenefits@plano.gov so we may confirm this on your behalf. Some providers are not showing up in the search function for a variety of reasons, so please allow us to verify for you.

3. I have long-standing relationships with my physicians that are not in-network with Aetna. Why are we moving to a lesser company? Why don't we have out of network coverage? What would you be doing if your long-time physician was not in-network with Aetna?

We would kindly ask that you work with your HR Benefits team to ensure that the provider is actually out of network. We have received numerous questions so far on this matter, and on the vast majority of providers, we have confirmed that they are in-network.

During the Request for Proposal/Due Diligence process, we confirmed that 97% of the providers that are in-network with UnitedHealthcare are also in-network with Aetna. We can assure that every effort possible was made to ensure minimal disruption in providers, however, with any citywide change; there may be a small amount of disruption.

Please keep in mind, you still have a couple of avenues if your provider is confirmed (through HR) to actually be out of network.

- For those with a serious health condition in the middle of treatment or are pregnant, you may seek a transition of care form to allow you to continue with your treatment and physician if out of network. Please email HRBenefits@plano.gov.
- Reach out to the office manager at your physician's office to see if they are open to becoming in-network with Aetna Signature Administrators. Networks are fluid and contracts are constantly being renewed and evaluated. In fact, we were just notified that many of the providers that were in-network with UnitedHealthcare were recently dropped from their network.

4. Is Village Health Partners in-network?

Yes, the providers under Village Health Partners bill under the provider name, not Village Health Partners.

5. Are we still using Jordan White with alight?

Yes, you will still have access to the healthcare concierge services through alight in 2021.

6. I have remaining funds in my FSA Health account. Will these automatically roll over?

Under our current plan, you must first use your current year FSA funds prior to using your rollover funds. For example, if you elected \$2,000 for 2020 and had \$500 that came forward from 2019, you would need to spend the \$2,000 first before you can utilize the \$500.

If you pledged \$2,000 in 2020 and only spent \$1,500 (and did not have rollover funds from 2019), you would have \$500 roll forward into 2021. You must enroll in FSA Health Benefits (minimum contribution is \$100) in order for the funds to roll forward.

This will be transferred via file after we close out with UHC in March and sent to Diversified Benefits, the new FSA provider, sometime around April/May 2021.

7. I am 64 years old, but my hospital GAP rate is showing under the age range of 18-54. Do I need to change my selection due to my current age?

No, your rate is determined based upon the initial age in which you enrolled.

8. How does the allowance for Frames and Contact Lenses work for MetLife?

Under the new vision plan, you will receive a \$150 allowance to apply towards glasses AND a \$150 allowance to go towards contact lenses. If you prefer, you can have \$300 towards two pairs of glasses or \$300 toward contact lenses to best meet your needs.

9. If I have already enrolled in supplemental life insurance, do I need to complete an Evidence of Insurability again?

No, you only have to complete the Evidence of Insurability if you are enrolling in supplemental life for the first time.

10. Does the supplemental life insurance policy of 1 times your salary count towards the total of \$510,000 maximum (4 times your salary) provided by the City?

No, this is a separate policy, so if you made \$150,000 and are under 65, your beneficiary would be eligible for up to \$510,000 and if you purchased supplemental life, your beneficiary would receive an additional \$150,000.