

## FAQs for NYP Queens

### **ID Card and Eligibility:**

- Will I receive a new ID card?
  - When you enroll in your new Queens plans during open enrollment, you can expect to receive new member ID cards in late December for coverage effective January 1, 2023. If you do not receive your new ID card, please call Member Services at 1-866-267-1091, Monday – Friday, 8 a.m. to 6 p.m., local time.

**Note\*** You can also log in to your [member website](#) or Aetna Mobile App and access a digital ID card or print a paper copy.

- **New York Residents:** The New York State No Surprises Act, passed in December 2020, is intended to protect consumers from surprise medical bills related to certain out-of-network emergency care.
  - i. As required by the No Surprises Act, employees and their covered dependents age 18 and over who are currently enrolled in an Aetna medical plan and reside in New York State will be issued new medical ID cards in early November.
  - ii. There are minimal changes to the information displayed on the card. There is **no change** to your member ID or your plan benefits, and you do not need to present the new card to your current providers.
  - iii. If you are a registered user on the [Aetna](#) site (have a username and password), you will receive an email with instructions for accessing your new digital card in lieu of a physical card.
- Will my Aetna ID be the same?
  - Your Aetna ID, or W-ID, will be the same as your current number. The only change is the Group Number listed on your ID card. This will NOT impact your access to care.
- What happens to my dependents on my plan?
  - Your dependents will carry over with you onto your new plan when you enroll and elect dependent coverage.

### **Coordination of Care and Network Information:**

- What happens to my Transition of Care for in-network providers?
  - Your Transition of Care will be seamless, and no action is required by the member. Your plan information will carry over in the providers system automatically. Transition of Care is often considered for ongoing treatment of chemotherapy and maternity services.
- What happens to my Transition of Care for out-of-network providers?
  - If you are currently using an out-of-network provider and enrolled in the NYP Queens Core, Buy Up 1, or Buy Up 2 plan and during AE elect the NYP EPO plan. You do not have access to out-of-network providers. You may be eligible for Transition of Care for the for the ongoing treatment of chemotherapy and maternity services.

- What happens if I am receiving a service at the end of 2022 that continues through 2023?
  - On the POS plan there is no action required to continue the service.
  - On the EPO plan, if the provider is in-network, there is no action required. If the provider is out of network, please see Transition of Care section for details and fill out the appropriate form found [here](#).
  
- Will my doctors still be in my network?
  - The network is staying the same from the NYP Queens plans.
  - You will have two options for your medical plans:
    - i. POS which has in-network and out-of-network coverage
    - ii. EPO which is in-network only.
  - If your current provider is in-network and you make a switch during Annual Enrollment to the EPO option, your provider will remain in-network. If you choose the POS plan, they will also be in-network.
  - If your current provider is out-of-network and you make a switch during AE to the EPO plan you will have to pay 100% out of pocket for these services.
  - The POS plan has out of network coverage, please check your plan designs and fill out the linked [form](#) also located on the [plan offerings](#) tab for more information regarding out-of-network reimbursement.

**Note\*** You can confirm your provider's network status at this [link](#).
  
- I have a specific question regarding care.
  - You may email [nypaskaetna@aetna.com](mailto:nypaskaetna@aetna.com).

### Claim History:

- How long do I have to file claims from 2022?
  - In-network providers have 120 days or 4 months from the date of service to file a claim to be considered. If seeing a non-par provider NYP has agreed upon a timely filing deadline for out-of-network providers (or you the member filing the claim) of 18 months from the Date of service.
  
- Can I still use the same member website and app credentials to see my previous NYP Queens plans?
  - You will be able to use the same member website credentials to log in as your previous NYPQ plan. Your previous NYPQ plans claims will remain on the website and app for 24 months.

### Plan Details:

- Do I need to select Primary Care Physician for my Medical plans?
  - You are not required to select a Primary Care Physician on either the EPO or the POS plan.

- Where can I find plan information?
  - Please see [plan offerings](#) information on the NYP Aetna Microsite for details.
  - You can also access NYPQ plan details in the “NYP Queens: Changes for 2023” tab on the [NYP Aetna Microsite](#).
  - You will be able to see Medical, Dental, and Vision plans.
  
- What are my Acupuncture benefits?
  - As NYPQ members you will have now have Acupuncture benefits with the new plans offered in 2023. Please see [plan offerings](#) information on the NYP Aetna Microsite for details.
  
- What is my new ER copay?
  - The NYP Plans’ ER copay is \$150.
  
- What are my Habilitative Service Benefits?
  - Habilitative Services are defined as: Occupational therapy, physical therapy, speech therapy and other services prescribed by a Physician pursuant to a treatment plan to enhance the ability of a child to function with a congenital, genetic or early acquired disorder, including but not limited to health care services that help a person keep, learn, or improve skills and functioning for daily living.
  - Your Habilitative Service benefits follow the Primary Care copay of \$25.
  
- What are my Infertility Benefits?
  - The NYP Aetna Microsite has an [Infertility Benefits Tab](#) that provides all instructions and benefit details for the POS and EPO plan. You can also view your previous NYPQ plan details there also.

#### **Dental Information:**

- Do I need to select a Primary Care Dentist?
  - You are not required to select a Primary Care Dentist for the PPO plan.
  - The DMO plan you are required to have a Primary Care Dentist.
  
- Will I receive an ID card for Dental?
  - If you enrolled in or changed dental plans during open enrollment, you can expect to receive letter from Aetna. There are no member ID cards issued for the dental plans.

**Note** \*You can download a digital card on the [Aetna Member Website](#) or Aetna Mobile App when you log in or create an account.

#### **Vision Information:**

- Where is my ID card for Vision?
  - Vision cards are sent out by EyeMed and can be expected mid-late December.

- i. For a replacement ID card, members can log onto [aetnavision.com](http://aetnavision.com) and print a temporary ID card/request a card or call 877-973-3238, enter W#/SSN and DOB and the automated system will trigger a card.
  - ii. Two cards are mailed per family - all covered members can use the card
  - iii. The card is not needed to obtain services. Aetna Vision Preferred providers do a real time eligibility verification using Name and DOB.
- Where can I find a vision provider?
    - You can find a Vision Provider on the "[Check Your Doctor](#)" tab located on the [NYP Aetna Microsite](#).
  - Does vision have a separate member website?
    - Yes, Vision has a separate member website, and you can create a log in here: [Aetna Vision Preferred](#)
      - i. You can also download a digital ID card, search claim information, find participating providers, and Aetna discounts!
  - How often can I receive a covered Eye Exam through my new Vision plan?
    - You are covered for an Eye Exam every 2 calendar years.

**Note\*** You can receive coverage for an Eye Exam every calendar year by also using your medical benefits if you are enrolled in the NYP Medical Plans.