

APCN+ (Tier Specific)

1. HOW IS THE AETNA 3 TIER MODEL DIFFERENT THAN THE TRADITIONAL 2 TIER MODEL?

The Aetna plans use a 3-tier network rather than the traditional 2-tier network. The APCN+ network consists of two separate in-network tiers that provides you with a variety of network access, opportunities for savings, and higher quality of care.

- **Tier 1 – Maximum Savings**: Providers in the Tier 1 network will have the maximum savings. Look for these providers whenever possible. By utilizing the Tier 1 network, you will receive **higher quality care** and lower out of pocket costs.
- **Tier 2 – Standard Savings**: By accessing Providers in the Tier 2 broader network, you will receive **standard savings** on more providers. If you are enrolled today, this is the network you are utilizing. By utilizing the Tier 2 network, you will receive **lower discounts** while paying higher out of pocket costs compared to the Tier 1 network.
- **Tier 3 – Out-of-Network**: If you don't use a provider who resides in the Tier 1 or Tier 2 network, you will be using a provider who is out-of-network. You will not receive any discounts or savings and will pay higher out of pocket costs.

2. HOW CAN I DETERMINE IF MY PHYSICIANS ARE TIER 1, 2, OR 3?

You will want to utilize the APCN Plus Multi-Tier provider search link provided in your BAYADA Open Enrolment materials and below to determine which tier your provider aligns under in 2025. Providers in Tier 1 will be identified as “Maximum Savings”, Tier 2 as “Standard Savings” and Tier 3 as “Out-of-Network” <https://www.aetnadocfind.com/2025-apcn-plus-mt-cpii/>

3. WILL MY DOCTOR KNOW WHICH TIER THEY ARE IN? CAN PROVIDERS CHANGE TIERS WITHOUT NOTICE?

Typically, a provider will only know if they are contracted with Aetna, and not whether they are a Maximum Savings Tier 1 provider or Standard Savings Tier 2 provider. You will want to utilize the APCN Plus Multi-Tier provider search link provided in your BAYADA Open Enrolment materials and below to determine which tier your provider aligns under in 2025. <https://www.aetnadocfind.com/2025-apcn-plus-mt-cpii/>

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4. WILL MY PCP CHANGE BETWEEN TIERS? CAN I STILL KEEP THE SAME DOCTORS?

You may keep your same Primary Care physician you have today, and you may keep the same doctors you utilize today. You will want to utilize the APCN Plus Multi-Tier provider search link provided in your BAYADA Open Enrollment materials and below to determine which tier your provider aligns under in 2025 <https://www.aetnadocfind.com/2025-apcn-plus-mt-cpii/>

5. HOW ARE TIERS DETERMINED (ZIPCODE SPECIFIC)?

Tiers are determined based on your home zip code. You will want to utilize the APCN Plus Multi-Tier provider search link you will be provided in your BAYADA Open Enrollment materials to determine which tier your provider aligns under for 2025. The search tool will also allow you to search for providers outside your home zip code if you are traveling or have another covered member residing in a different area. <https://www.aetnadocfind.com/2025-apcn-plus-mt-cpii/>

6. IF WE DON'T SEE OUR DOCTORS AS IN-NETWORK, WHO DO WE CONTACT TO VERIFY THEIR STATUS?

We recommend reaching out to your Aetna Health Concierge Team as a first line of support at 1-800-922-5863. You can contact the Concierge Team for support Monday – Friday from 7am – 7pm EST.

7. WHAT IS THE “COST SAVINGS” FOR TIER 1 vs TIER 2

Once you receive your Benefits materials for Open Enrollment, you will want to review both plans carefully. The [ALEX](#) Benefits Advisor will also guide you along the way. For example, both the APCN Plus Multi-Tier Core & High Deductible Plans, have a 20% coinsurance after deductible for Maximum Savings Tier 1 providers. This provides you your highest level of coverage afforded under both plans.

8. IS THIS PLAN MORE RESTRICTIVE SINCE PROVIDERS ARE NOW BROKEN UP INTO TIERS?

APCN Plus Multi-Tier provides an additional in network option. You will always receive the highest benefit by utilizing Maximum Savings Tier 1 providers.

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9. IS TELADOC STILL PART OF OUR PLAN?

Yes, Teladoc is still in place for 2025.

10. I RESIDE IN MASSACHUSETTES / VERMONT. HOW CAN I GET HELP IN FINDING A DOCTOR OR PROVIDER?

You will want to utilize the APCN Plus Multi-Tier provider search link provided in your BAYADA Open Enrollment materials and below to determine which tier your provider aligns under in 2024. Providers in Tier 1 will be identified as “Maximum Savings”, Tier 2 as “Standard Savings” and Tier 3 as “Out-of-Network” <https://www.aetnadocfind.com/2025-apcn-plus-mt-cpii/>

11. IS THE MASS GENERAL HOSPITAL PROVIDER NOT IN THE APCN+ NETWORK?

Mass General Hospital provider remain in your network; however, it does not meet the qualifications for the APCN+ tiers. Instead of having the Tier 1, Tier 2, and Tier 3 benefits, Mass General will only qualify for the Tier 2 and Tier 3 benefits. You can still use Mass General, but you will not see be utilizing your benefit to the fullest and receiving the lowest cost in care.

12. ARE THERE APCN+ PROVIDER CHANGES FOR 2025?

Each year, the APCN+ network goes through a designation cycle, where each market re-evaluated the providers in the performance network. This means that Aetna will be adding new specialists and hospitals for 2025, and terminating some previously in the APCN+ network.

In October 2024, Aetna will be sending letters of notification to all impacted members advising them if any of these providers will no longer be part of the APCN+ network as of 1/1/2025. If you are in the middle of care, the standard Transition of Care protocols will apply.

It is important that you use the APCN+ provider finder to confirm if your provider is an in-network provider as the tool is updated every year. The new link for 2025 is <https://www.aetnadocfind.com/2025-apcn-plus-mt-cpii/>

Deductibles & Copays

1. IF YOU USE PROVIDERS IN TIER 1 AND TIER 2, HOW DOES THAT IMPACT YOUR DEDUCTIBLE?

Maximum Savings Tier 1 providers will always have the lowest deductible and will provide you with the Maximum Savings under your plan. All deductible and out-of-pocket expenses will cross apply to each deductible in Tier 1, Tier 2 and out of network. For example, if you incur \$500 in deductible expenses, that \$500 will reduce each deductible across all tiers.

2. DO COPAYMENTS AND/OR MEDICATIONS COUNTS TOWARDS THE OUT-OF-POCKET SPENDS OR IS THAT SEPARATE?

Yes, all expenses will count toward the out-of-pocket maximum.

3. WILL COPAYS AND COINSURANCE BE BETTER DEPENDING ON THE TIER? DOES THAT CHANGE BETWEEN PRIMARY CARE AND SPECIALIST?

Yes, you will always receive the highest benefit under the PPO and HDHP plans by using Maximum Savings Tier 1 providers. Your deductible, out-of-pocket, copay, and coinsurance amounts will be lower when using the Maximum Savings Tier 1, including costs for your primary and specialist care.

4. CORE PLAN: WHAT IS THE DIFFERENCE BETWEEN COPAYS FOR THE SAME PHYSICIAN LISTED ON DIFFERENT TIERS FOR DIFFERENT COSTS?

Once you receive your Benefits materials for Open Enrollment, you will want to review both plans carefully. They will outline your deductibles, copays (if applicable) coinsurance, and out-of-pocket maximum across each of the benefit tiers on both available plans. The ALEX Benefits Advisor will also guide you along the way.

- If I use the APCN+ provider finder and see my primary care doctor is listed as a Tier 1 provider: then my copay will be \$25.
- If I use the APCN+ provider finder and see my primary care doctor is listed as a Tier 2 provider, then my copay will be \$30.
- If I use the APCN+ provider finder and see my primary care doctor is listed as a Tier 3 provider, then I will have to pay the full cost up to the deductible, then 50% coinsurance.

Open Enrollment – Effective January 1, 2025

Frequently Asked Questions

CVS Pharmacy

1. IS MY PHARAMCY COVERAGE CHANGING?

Effective 1/1/2025, we have negotiated a new CVS contract that will now be carved out from the Medical. Since we will be remaining with CVS, there will be minimal impact to the employees; however, there will be a few changes.

Please read the FAQ for what will be changing and what will not be changing.

2. IS THE FORMUALRY CHANGING?

The formulary will be remaining as the Advanced Control Plan. However, there may be mandatory 4th quarter changes that will happen to all plans that use this formulary. You can access the formulary https://www.caremark.com/portal/asset/Advanced_Control_Formulary.pdf

3. IS MY NETWORK CHANGING? HOW DO I FIND AN IN-NETWORK PROVIDER?

Your network will not be changing from the APCN+. To find an in-network pharmacy provider, you will need to register an account on www.caremark.com, login to your account, and then you will be able to find a pharmacy provider near you.

4. IS THERE A CHANGE TO HOW MY SPECIALTY DRUGS ARE FILLED?

You will now need to fill your specialty drugs through CVS Specialty Pharmacies instead of the Aetna Specialty Performance Pharmacy Network.

BAYADA and CVS are partnering to ensure all specialty medication open refills are carried over to the new pharmacy plan. Employees will not experience an interruption.

5. IS THERE A CHANGE TO FILLING PRESCRIPTIONS VIA MAIL ORDERS?

Mail order will remain through CVS Caremark Mail Service or CVS Pharmacy.

6. HOW IS MY CURRENT PRIOR AUTHORIZATION AND SPECIALTY MEDICATIONS BEING MANAGED?

BAYADA and CVS are partnering to ensure all prior authorization and specialty medication open refills are carried over to the new pharmacy plan. Employees will not experience an interruption.

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7. WILL I BE RECEIVING A NEW ID CARD?

Yes, all members will be receiving a new ID card for 2025. New ID Cards should arrive on or around January 1st. You will have 1 ID card with the Aetna medical and CVS pharmacy information.

Mainland employees may also download or print copies of their cards from www.Aenta.com.

8. IS THERE GOING TO BE A NEW CUSTOMER CARE NUMBER TO CALL WITH QUESTIONS?

No, the customer care number will remain as 800-922-5863 and will be listed on the back of your ID card.

9. IS MY MEMBER PORTAL ACCESS CHANGING?

All members will need to re-register on www.Caremark.com due to Aetna carriers being blocked from accessing the website. You will still use the Aetna portal to log in for your medical benefits.

10. ARE WE REQUIRED TO USE CVS FOR ALL PRESCRIPTIONS OR JUST FOR SPECIALTY MEDICATIONS?

Specialty medications will need to be filled through CVS Specialty and Maintenance medications will need to be filled as a 90-day supply at CVS retail or mail order pharmacy after three, 30-day supplies are filled. Out-of-Network pharmacies are not covered.

11. WHAT HAPPENS IF THE SPECIALTY DRUG ISN'T AVAILABLE AT CVS OR IS ON BACKORDER?

If not available through CVS Specialty, you'll be able to fill at another pharmacy that has the medication available.