

Aetna International How the Program Works

for The Church of Jesus Christ of Latter-day Saints

DMBA/Missionary Medical Program

Network Partner: **Healix – UK**

AP Companies – Republic of Ireland

Welcome to Aetna International!

Since medical expenses for Young Missionaries are fully paid for using The Church's tithing funds through the DMBA/Missionary Medical-Aetna International program, it is important to understand how the program is intended to work. This **"How the Program Works"** document is intended to provide you with a high-level overview regarding the basic function of the Aetna International plan for the Young Missionaries in your area. It will also serve as a reference guide to assist you with the answers to many of the questions or situations you may encounter while securing care for the Young Missionaries. Please take the time to become familiar with this document and should you ever have any questions regarding it or how the plan works in general, please feel free to reach out to your assigned Aetna International Account Manager.

Aetna International Team for the Church

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1-888-219-0477 International Toll-free

or +001-813-775-0451 (Call U.S. Direct)

With Aetna International coverage, the advantages for the Mission President and Young Missionaries will be:

- Simplify the administration of health care benefits for the Mission and the missionaries.
- Provide access to providers, clinics, and hospitals through a locally recognized Network Partner as well as offer quality, cost-effective care using their expertise with the local healthcare system(s).

Network Partner: Healix or AP Companies

It is important to understand that Aetna **is not** a recognized insurer in your area. To provide you with access to a network of providers and facilities, we have formed a network partnership with a local partner in your area that is well known and has an established network for you to utilize. For your area, the network partners are **Healix and AP Companies**.

A listing of participating facilities and providers within Healix and AP Companies' networks is available to you at any time on your Area/Location's page of the custom website Aetna has created for the Missions to use at <https://www.aetnainternational.com/en/site/lds.html>. However, the Mission is not restricted to only seeking care from those providers that are participating (more under *"How to Access Care"*)

Allianz

Allianz was hired by Aetna International to assist with the management of our network partner relationships outside of North and South America. Their role in your area is **ADMINISTRATIVE ONLY**. They are **not** the Network Partner or insurer for your area and should not be mentioned as such at any facilities/providers.

ID Cards

ID cards will be mailed directly to the Missions from Aetna and will be tri-branded with the Aetna, Healix and Allianz logo. When the ID cards are received, please hand them out to the missionaries along with “**Important – Missionary Instructions**” (the ID Card letter). The ID card letter is a DMBA/Missionary Medical document that iterates the responsibility of having an ID card as well as touches on how to access care.

IMPORTANT: The Aetna International coverage for a Young Missionary terminates on the day their mission assignment formally ends, as reported by the Missionary Department. The ID card should be collected and destroyed. Failure to collect cards from a Young Missionary that has returned home could result in that missionary inappropriately using their card after their plan has ended resulting in extra Church resources being used to compensate for the cost of the services.

If a Young Missionary loses their ID card or it has been stolen, please send an email to LDSIDCARDS@aetna.com to request a replacement. You will need to include the Young Missionary’s full name (first and last) and their Aetna W ID number.

How to Access Care

IMPORTANT: Whenever a Young Missionary needs medical attention, they must obtain approval from the Mission President, his wife, a Mission Health Advisor, or their appointed Mission Leader, who will need to contact Healix or AP Companies on their behalf. In the event of any emergent situation, the missionary should seek immediate care and the Mission Leaders (and in turn AP Companies) should be notified as soon as possible.

In-Network/Participating Facilities/Providers: When a direct payment arrangement is required.

If a Missionary requires medical care then the Mission can request that Healix or AP searches for a suitable provider, helps the Missionary make an appointment and then issues a Guarantee of Payment (GOP) email.

Alternatively, the Mission can identify a participating facility/provider using the provider listing found on the page for the Area/Location/Country that your Mission is located in, on the custom website that Aetna has created for the Missions at <https://www.aetnainternational.com/en/site/lds.html> and contact Healix or AP to authorize the care once an appointment is made.

NOTE: Please DO NOT use eMed to validate a facility/provider’s participation in the network. eMed is a DMBA/Missionary Medical website and the information it contains is managed by the Missions, not by Aetna.

Request a Guarantee of Payment (GOP) – AP Companies

Call: +497-1193-709-491

Email: agb@ap-companies.com

Request a Guarantee of Payment (GOP) – Healix

Call: +0203-640-6830

Email: aetna@healix.com or managedcare@healix.com

Be prepared to share/provide the information as outlined on the last page (“*Form to request a Guarantee of Payment (GOP) for care*”) of this document. You can copy and paste from that page into an email or print, fill out and email as an attachment.

- The Missionary should attend their appointment and be prepared to present his/her tri-branded ID card, copy of the GOP that was obtained (*if possible*), and another form of valid ID upon arrival.

Failure to follow the process as outlined above may result in the participating facility/provider requiring payment at the time of service.

How to Access Care - *Continued*

IMPORTANT: If for any reason the participating facility/provider requires any form of payment at time of service despite the Mission/missionary presenting a valid ID card **AND** a GOP having been placed, please do not delay care. Please pay for the care and obtain a detailed receipt/invoice that will then need to be sent to Aetna for reimbursement back to the Church.

Afterwards be sure to notify your assigned Aetna Account Manager with details of the interaction as soon as possible, including: The missionary's full name, Aetna W ID Number, date of service, facility/provider name, facility/provider address, name of person at the facility/provider that interacted with (if possible), and (if available) a copy of the GOP that was placed.

This will allow your assigned Aetna Account Manager and Healix or AP Companies to investigate what went wrong.

Out-of-Network/Non-Participating Facilities/Providers:

Please know that in some of the Mission's areas there may not be any facilities/providers that are participating in the network, or the Network Partner's participating facilities/providers may not be the ones you prefer to direct the missionaries to. **For facilities/providers that are not participating in the network, you or Healix/AP may still choose to seek or direct those needing care there.**

Healix or AP may attempt to arrange a one-time direct payment and issue a **Guarantee of Payment (GOP) letter** to them. If you choose to direct care to an out of network provider please be prepared to provide the provider's information to AP Companies when requesting a GOP along with the usual information as outlined on the last page ("*Form to request a Guarantee of Payment (GOP) for care*") of this document.

Request a Guarantee of Payment (GOP) – Ap Companies

Call: **+497-1193-709-491**

Email: agb@ap-companies.com

Request a Guarantee of Payment (GOP) – Healix

Call: **+0203-640-6830**

Email: aetna@healix.com or managedcare@healix.com

However, if the placement of a GOP is refused by the non-participating provider, the Mission will need to be prepared to pay for the care up-front, obtain an itemized receipt/invoice, proof of payment and then submit a claim to Aetna for reimbursement.

Emergency Care:

Contact the Network Partner for your area as soon as possible, but please know that care should not be delayed. Once contacted, the network partner will coordinate with the facility/provider, participating or not, to attempt to avoid the missionary from having to make a payment to the provider at the time of service.

Non-Emergency Care:

A Guarantee of Payment (GOP) will be required and should be requested by calling/emailing the Network Partner for your area and be prepared with the information outlined on the last page of this document. The Network Partner will then work to place the requested GOP as soon as possible, but this could take several hours depending on the facility/provider's availability. If the request is made after the working business hours of the facility/provider's office, the Network Provider may have to wait until the office is open before confirming that the GOP has been successfully placed.

Reimbursement/Pay and Claim Process

If a Young Missionary uses personal funds to pay for medical expenses that are covered by the DMBA/Missionary Medical-Aetna International plan, the Mission office should reimburse that missionary. If the Mission office reimburses a missionary, or if the Mission office pays medical bills directly to a provider, the Mission Financial Secretary should code those expenses to Mission account code **#XXXX900-5949**. When using this account code the funds come from a headquarters Missionary Department medical budget and the local Mission's budget is not affected. The Mission office should then submit a reimbursement claim form to Aetna so that Aetna can reimburse the headquarters account from which the funds came. **Aetna does not send reimbursements to individual mission offices.**

Claim Forms

Three (3) claim forms have been customized for the Church that are located on www.missionarymedical.org or www.aetnainternational.com/en/site/lds.html. Please choose the appropriate claim form depending on the method of reimbursement being requested.

1. **Claim Form – Mission President** (*Reimburse President*): Reimburse Mission President if personal funds were used to pay provider directly.
2. **Claim Form – Reimburse Church** (*Reimburse Church*): Reimburse the Church if Mission funds were used. This is a per missionary standard claim form that can be used if missionary pays for a service.
3. **Claim Submission Spreadsheet – English** (*Reimburse Church-Preferred*): Reimburse the Church if Mission funds were used. This worksheet allows for multiple claims submissions for multiple Young Missionaries under on one form.

NOTE: Anytime a Young Missionary pays for care, they should obtain and turn in the receipt/invoice to the Mission so that they can be reimbursed using the process above. The claim can then be submitted to Aetna using forms 2 or 3.

Submitting the Claim

1. Complete the appropriate claim form.
2. Copy all receipts on a single piece of paper (or as many as necessary). Be certain that all receipts are legible. Receipts must be fully itemized bills and/or detailed receipts that include diagnosis (nature of illness) and the procedures/services performed as well as the name of any medications obtained.
3. Write the missionary's full name (first, last) and their Aetna Member identification number (starts with a "W") on each document submitted with the Claim form (*refer to the Aetna International ID Card or the monthly enrollment listing sent to the Mission to obtain this information*).
4. Include contact information (phone and email address) where the Mission office can be reached in case Aetna has any questions about the Claim.
5. Submit the completed the Claim form with all associated receipts:
 - a. **via FAX to:**
Direct: 859-425-3363
 - b. **by mail to:**
Aetna; P.O. Box 981543
El Paso, TX 79998-1543 USA
 - c. **In an Email (PREFERRED) to:**
aiservice@aetna.com

Pre-Authorization of Specific Care for Young Missionaries by DMBA/Missionary Medical

This is a REQUIRED process in your area. It requires that the Mission President, Area Medical Advisor, or whomever at the Mission is responsible for the care of the Young Missionaries to request pre-authorization from DMBA/Missionary Medical for certain care. Following this process is vital as it ultimately provides DMBA/Missionary Medical the opportunity to review potentially complex medical cases for any impacted Young Missionaries and assist with finding and providing the best options for care.

This process **does not apply** to the Mission President, his family or to any Senior Missionaries.

Also, please note that this pre-authorization requirement does not apply to life-threatening emergency situations or procedures not identified below.

Pre-authorization should be requested from DMBA/Missionary Medical for the following treatments:

1. MRI of head or spine
2. Colonoscopy or Endoscopy
3. Scheduled, non-emergency surgery (**Inpatient and Outpatient**)
4. Requests for **more than** 10 physical therapy visits
5. Requests for **more than** 9 mental health counseling visits
6. Cancer treatment or cancer diagnostics (PET scan, biopsy, mass removal)
7. Biologics

When any of these treatments are needed, the process will be for the Mission President, Mission President's Wife, Mission Health Advisor, the Area Medical Advisor or whomever has been authorized by the Mission President to complete an online template at:

www.dmba.com/mmprecert

Once the request is submitted, DMBA/Missionary Medical will coordinate appropriate review and approvals with the Missionary Department.

DMBA/Missionary Medical monitors these notifications and anticipates providing a response within 24 hours of receipt of your communication.

Pre-authorization for these specific treatments is required the following reasons:

1. To promote global consistency in the preauthorization of care.
2. Reduce the amount of extensive in-field care provided in the mission. If a missionary's health is insufficient to serve, Missionary Department policy is that they should return home.
3. To protect missionaries, their companions and mission leaders from managing complex treatments which are better addressed by the missionary's family at home.
4. To identify pre-existing conditions that should not be treated using tithing funds.

If you have any questions, please contact DMBA/Missionary Medical by email at MMInternationalTeam@dmba.com or by telephone at 801-578-5650 after dialing the appropriate country code(s).

Resource Quick List for Mission Leaders

- **Aetna International How the Program Works (this document):** CRITICAL INFORMATION FOR UNDERSTANDING THE PROCESS
- **Young Missionary Plan Coverage Basics:** **Simplified details regarding services that are limited or NOT covered under the plan as instructed and directed by DMBA/Missionary Medical.** This document can be found on the “Home” page of the custom website that Aetna has created for the Missions at <https://www.aetnainternational.com/en/site/lds.html>
- **MissionaryMedical.org:** The DMBA/Missionary Medical website has set up a section focused entirely on the Aetna International program, with training, information materials, claim forms, contact information, FAQs, and a link to the Aetna International website. The Aetna International reimbursement forms (*claim forms*) can be found on the www.missionarymedical.org website. On the site’s home page, click on “**Provider Information and Mission Office Materials.**” At the bottom of the page under “**Aetna International Forms and Materials,**” click on any of the three separate links to access the appropriate reimbursement form outlined above.
- **eMed:** eMed is a DMBA/Missionary Medical website. No access to that site is given to anyone at Aetna International or to any Network Partner. The information found in eMed is maintained by DMBA/Missionary Medical and the Missions only. **Any provider listing that exists in eMed was created by those serving at the Mission, are not maintained by Aetna or their network partners, and may not reflect current participation with the DMBA/Missionary Medical-Aetna International program.** See “*In-Network/Participating Provider Listing*” below for how to locate an in-network/participating provider.
- **ID Card Letter:** Outlines the DMBA/Missionary Medical process for the missionary on how and when to seek medical care. This letter is found under the “**Important – Missionary Instructions**” link on the page for your Mission’s Area/Region and Location/Country on the custom website that Aetna has created for the Missions at <https://www.aetnainternational.com/en/site/lds.html>
- **Benefit Principles:** Benefit principles set forth by DMBA/Missionary Medical to guide your medical care decisions. This letter is found under the “**Benefit Principles – A guide for Mission Presidents**” link on the page for your Mission’s Area/Region and Location/Country on the custom website that Aetna has created for the Missions at <https://www.aetnainternational.com/en/site/lds.html>
- **Three (3) claim forms:** The forms are housed on the page for your Mission’s Area/Region and Location/Country on the custom website that Aetna has created for the Missions at <https://www.aetnainternational.com/en/site/lds.html> or can also be found at www.missionarymedical.org.
- **Young Missionary Listing in Excel format:** For your convenience, a monthly listing is sent to the main Mission email address, with missionary name (as enrolled with Aetna), date of birth, Aetna ID#, and Aetna-assigned account number.

| Mission Name | Mission Area | Aetna Account # | Mission Name | Mission Area | Aetna Account # |
|-----------------------------------|--------------|-----------------|-----------------------------------|--------------|-----------------|
| United Kingdom Birmingham Mission | Europe North | 540033-10-012 | United Kingdom Leeds Mission | Europe North | 540033-10-013 |
| United Kingdom London Mission | Europe North | 540033-10-014 | United Kingdom Manchester Mission | Europe North | 540033-10-016 |
| United Kingdom MTC | Europe North | 540033-10-028 | Scotland/Ireland Misson | Europe North | 540033-10-026 |
| United Kingdom Bristol Mission | Europe North | 540033-10-031 | | | |

Resource Quick List for Mission Leaders - *Continued*

- **In-Network/Participating Provider Listing:** The most current version of this listing, as provided by the Network partner for your area, can be found on the page for the Area/Region and Location/Country that your Mission is located in, on the custom website that Aetna has created for the Missions at <https://www.aetnainternational.com/en/site/lds.html>

- **Medical Assistance:** When a missionary is to be given an early medical or emotional release to return home in order to receive treatment associated with an injury or illness that occurs during missionary service outside of the United States, the Mission President contacts the IFR (In Field Representative) at the Church's Missionary Department. A Missionary Change Form is sent to DMBA/Missionary Medical.

If post-Mission Medical Assistance is needed, the IFR will contact the DMBA/Missionary Medical Nurse Team by phone (801-578-5775 or 801-578-5767) or e-mail (MissionaryMa@dmba.com) to formally request medical assistance. The nurse team will retrieve all needed information from the Missionary Inquiry system. If approved, post-Mission Medical Assistance covers the specific injury or illness that began during the missionary's service.

Additional information and resources regarding Medical Assistance can be found on the Medical Assistance pages (available in English, Spanish, French and Portuguese) of custom website that Aetna has created for the Missions at <https://www.aetnainternational.com/en/site/lds.html>

- **Senior Missionaries enrolled on the Senior Service Medical Plan (SSMP):** Senior Missionaries are responsible to purchase their own medical insurance. Many Senior Missionaries will purchase the Aetna SSMP insurance. Senior Missionaries should understand their personal medical insurance plans, and they should coordinate their personal medical needs with their specific insurance companies.

The Aetna SSMP plan, and those Senior Missionaries who have elected to purchase it, are not the responsibility of the Mission. No reporting will be sent to the Mission for them. Any Senior Missionary enrolled on the SSMP should not be using Mission funds to pay for their care. It is the expectation of the Church that these individuals will handle the coordination of services needed and any payment needed for their own care as well as seeking reimbursement from Aetna when their personal funds are used. A claim form and other helpful information for all enrolled on the SSMP can be found on the "Senior Missionaries" page of the custom website that Aetna has created for the Missions at <https://www.aetnainternational.com/en/site/lds.html>

For any inquiries regarding coverage under the SSMP or those related to Medicare upon return to the states, please refer then to:

DMBA/Missionary Medical Senior Missionary Assistance:

Toll free phone: 1-800-777-1647

Local/International phone: 801-578-5650

Fax: 801-578-5907

Email: srmiss@dmba.com

Healix/AP Companies
Form to Request a Guarantee of Payment (GOP) for Care.
Information needed whether request is made via Email or Phone

Instructions: Complete below or be prepared to provide this information when emailing or placing a phone call **before** each missionary goes to seek care.

Request a Guarantee of Payment (GOP) – Ap Companies

Call: +497-1193-709-491

Email: agb@ap-companies.com

Request a Guarantee of Payment (GOP) – Healix

Call: +0203-640-6830

Email: aetna@healix.com or managedcare@healix.com

For Urgent requests (care needed in 24 hours or less), please call and be prepared to provide the following information:

| |
|--|
| Caller's Name & Relationship to the Mission (position/role): |
| Caller's email and Phone Number and email (including Country & City Code): |
| Caller's Location (City/Country): |
| Patient Name *: |
| Patient's Aetna ID *: |
| Patient Date of Birth * (mm/dd/yyyy): |
| What is the nature of the illness/injury? (brief explanation <i>necessary</i>): |
| Requested Place of Service (if applicable): |
| Provider name: |
| Provider address: |
| Provider phone number: |
| Planned Date of Service/Admission *: |
| Type of service requested: |