FREQUENTLY ASKED QUESTIONS REGARDING
THE AVMA GHLIT PPO NETWORK

1. Q: Is the Preferred Provider Organization (PPO) network for AVMA GHLIT changing?
A: Yes. On December 1, 2007, the Aetna Signature AdministratorsSM (ASA) PPO Network will be the PPO network for AVMA GHLIT, replacing First Health/Coventry.

2. Q: Can I continue to use my current medical ID card after December 1, 2007?
A: No. You will receive a new medical ID card(s) with the Aetna Signature AdministratorsSM (ASA) logo. You must show this new ID card to the participating ASA PPO provider to be able to obtain the negotiated discount and have the provider submit the claim for you. Make sure to ask your provider to photocopy your new ID card and remove any copies of your old ID card from your file. In some locations, participants will have the ASA network logo and a regional network logo on their ID card.

3. Q: Will I need to change physicians?
A: The ASA PPO network has an extensive list of participating providers and the Trust anticipates minimal disruption of care. During the Trust evaluation and review of the current PPO network and the ASA PPO network, the Trust with its advisors determined that the majority of participants will have access to their existing providers via the ASA PPO network. To find out if your provider is in the network, please refer to question 4.

As indicated in the answer to question 14, you may always choose a provider who is not in the ASA PPO network at any time. Although in this case you would be giving up the potentially richer PPO benefit advantages, you still would have the protection and provisions of the GHLIT major medical coverage.

4. Q: How can I find out if my provider is in the ASA PPO Network?
A: There are two ways you can find this information. You can visit www.avmaghlit.org or call 1-800-621-6360 (press Prompt 1; then follow the prompts).

If you use the AVMA GHLIT website, click on “Locate Providers” and then select Aetna Signature AdministratorsSM. This link will take you to the ASA PPO DocFind® site where you can search for your provider or a provider that is conveniently located for you.
Once you confirm that a provider participates in the ASA PPO Network, it is also important for you to check with the provider to be sure he/she is still a participating provider prior to receiving care, as there can be changes in a PPO network. In addition, it is important to confirm with your provider that he/she has hospital privileges with a hospital in your PPO network.

5. **Q:** How will this PPO network change affect me if I am in the middle of acute medical treatment that was started prior to December 1, 2007, and the First Health PPO provider I use does not participate in the new PPO network?

**A:** Your level of benefits will not be impacted during this transition period if you are receiving certain acute ongoing medical treatment that was started prior to December 1, 2007. “Acute medical treatment” is determined by New York Life Insurance Company and includes treatment for a condition that involves a sudden onset of symptoms due to an illness or injury that requires prompt medical attention and that has a limited duration. Here are a few examples of situations that could fall into this transition period and may qualify for in-network benefit levels for out-of-network providers:

- A covered person with ongoing inpatient care at a First Health PPO hospital initiated prior to December 1, 2007 will have the covered hospital charges considered at the current PPO benefit level.

- A covered person who is in a cycle of radiation therapy or chemotherapy.

- A woman using a First Health PPO physician, who is in her third trimester of pregnancy as of December 1, 2007 will continue to have covered pregnancy charges considered at the current PPO benefit level, even if the physician is not in the new network.

- To inquire about transition benefits for your situation, please complete and submit a Request for Transition of Care form, which is available for download at [www.avmaghlit.org](http://www.avmaghlit.org), by clicking on “Download Important Forms”.

6. **Q:** What if there is not a participating provider near where I live?

**A:** The GHLIT major medical policy currently takes that into consideration with the existing “30-mile” rule. If your plan has a PPO provider benefit, and the nearest PPO provider is more than 30 miles from where you live, charges by a non-participating provider will be considered at the PPO provider benefit level. However, the “30-mile” rule does not apply to the Gastric Bypass Surgery benefit.
It should be noted that if you currently receive benefits at the PPO benefit level because there is no PPO provider within the 30-mile limit, your benefit level could change due to the PPO network change. You may now be within 30 miles of an ASA network provider and as a result benefits would be paid at the out-of-network level if you do not utilize an ASA provider.

7. **Q:** How does this network change affect the benefit for Gastric Bypass Surgery that requires a PPO Center of Excellence for Bariatric Surgery be used?
   **A:** Aetna has a network of Bariatric Centers for bariatric surgery. If you plan on being evaluated or having the bariatric surgery after December 1, 2007, you will need to use an Aetna PPO Bariatric Facility for bariatric surgery to be eligible for benefits.

   You can obtain more information on the Aetna Bariatric Facilities by going to [www.avmaghlit.org](http://www.avmaghlit.org) or calling 800-621-6360. If you use the AVMA GHLIT website, click on “Locate Providers” and then select Aetna Signature Administrators℠ (ASA). This link will take you to the ASA PPO DocFind® site where you can search for approved Aetna Bariatric Facilities.

8. **Q:** Will the PPO network change impact my major medical insurance coverage?
   **A:** No, the GHLIT plan benefits remain unchanged. Just remember to verify that the provider is an ASA PPO provider to be eligible for the richer PPO benefit that may be available.

9. **Q:** Are there any other changes occurring on December 1, 2007 that will affect me?
   **A:** At the same time the network changes, ActiveHealth Management, an Aetna company, will be responsible for the utilization review certification required for an inpatient stay. This does not require any different action on your part. The telephone number to request utilization review remains unchanged.

10. **Q:** What will happen to claims that are being processed with dates of service prior to December 1, 2007?
    **A:** There is no change in claims processing or the address to submit claims. Claims for dates of service prior to December 1, 2007 should be submitted according to the instructions on your new ID card.

11. **Q:** Where do I call if I have questions about my claims, the PPO network or utilization review?
    **A:** The phone number to call for any question on claims, PPO network, or utilization review remains unchanged: 1-800-621-6360. When you call the GHLIT, simply select the prompt that applies to your question and a representative will assist you.
12. Q: Who is Aetna Signature Administrators\textsuperscript{SM} (ASA)?
A: ASA is part of Aetna, one of the nation’s leading diversified health care benefits companies serving members with information and resources to help them make better informed decisions about their health care.

New York Life, AVMA GHLIT’s medical insurance carrier, has partnered with Aetna to make the ASA PPO network available to the AVMA GHLIT. Aetna’s national managed care program offers the GHLIT flexibility, network, programs and health care services that can help support the evolving needs of the GHLIT medical insureds. The Aetna Signature Administrators\textsuperscript{SM} network and medical management program provided by ActiveHealth, an Aetna company, are well suited to help meet GHLIT’s needs with over 783,000 health care professionals including nearly 4,700 PPO hospitals nationwide.

13. Q: Why are the Trustees making a change to the network?
A: The Trust periodically re-evaluates the PPO network and the managed care services provided to the GHLIT to ensure that Trust participants have access to high quality healthcare benefits while managing costs. The ASA PPO network is a national, comprehensive network that offers savings on healthcare costs to both GHLIT and its members. The Trust anticipates savings from the move to the ASA PPO network, which should positively impact future premium rate actions by the Trust.

14. Q: What is a PPO network?
A: A PPO (Preferred Provider Organization) is a network of doctors, hospitals and other health care providers that have been contracted by an insurance company or medical plan to provide care at a discount. PPO plan designs usually have two different benefit levels--one for In-Network expenses and another for Out-of-Network expenses. Richer benefit levels are usually paid for In-Network expenses.

To take advantage of the richer PPO benefit levels and discounted fees, members simply utilize a provider from the extensive ASA national PPO network. In addition, if you are covered under a PPO plan, referrals are not required for visits to specialists.

While there may be many reasons to choose a Preferred Provider, you may always choose a provider who is not in the ASA PPO network at any time. Although in this case you give up the PPO benefit advantages such as 80% co-insurance vs. 60% co-insurance on PPO Value Plans, you still would have the protection and provisions of the GHLIT major medical coverage. Members enrolled in any of the GHLIT medical plans, including the GHLIT traditional major medical plans may also benefit from using PPO network providers. These benefits include a lower out-of-pocket co-insurance payment when using network hospitals and reduced charges for other ASA network providers.