



aetna[®] ConnectedCare Frequently Asked Questions (FAQ)

GM | Aetna Medical Plan

Aetna is the GM Medical Plan administrator in [select zip codes](#) in the Austin, Atlanta and Phoenix areas. GM's goal in partnering with Aetna is to bring you a better health care experience with a focus on you. You have access to best-in-class customer service, improved care coordination and lower negotiated medical prices.

The *Basic* and *Standard* medical plan options include a broad network of providers available to you. Additionally, you have the choice of a third option, *ConnectedCare*, that puts a greater emphasis on patient-centered care. The Aetna network includes top-quality providers in your area, and to encourage you to use them, GM offers this option with lower monthly contributions.

Aetna and GM have created a comprehensive microsite to help GM employees and their families get to know Aetna. Click [here](#) to access the GM-Aetna Microsite. Employees can also call Aetna at 1-800-233-7686.

Is my medical plan different than in other regions?

No, employees in these zip codes are offered the same GM Salaried Medical Plan options with the same comprehensive coverage for medical and behavioral health services and prescription drugs.

What is GM's ConnectedCare medical plan option?

With the ConnectedCare medical plan option, services received from a specific health system or group of providers are covered at the Level 1 benefit for enrollees. The ConnectedCare option is available to GM salaried employees and their families living in the Atlanta, Austin, and Phoenix areas. ConnectedCare provides employees with a lower monthly contribution, lower out-of-pocket costs and more coordinated care.

How does ConnectedCare work?

When you enroll in ConnectedCare, you receive all your medical care through a local network of providers typically associated with the same health care system. The comprehensive health systems include primary care physicians, specialists, urgent care and walk-in facilities and hospitals located throughout the Atlanta, Austin, and Phoenix areas. If you were previously enrolled in either GM's Basic or Standard medical plan option, you may be familiar with the terms in-network and out-of-network. ConnectedCare plans use benefit levels:

- Level 1: When you use providers and facilities in the ConnectedCare network, your care is considered Level 1. Care from Level 1 providers can help reduce your out-of-pocket expenses and costs less than care from Level 2 providers
- Level 2: When you don't use providers and facilities in the ConnectedCare network,



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this care is considered Level 2. Care from Level 2 providers and facilities costs more than care from Level 1 providers.

Emergency care for qualified medical emergencies is covered at the Level 1 benefit, whether you're in either the Atlanta, Austin, or Phoenix area or traveling outside your area, even if the provider isn't a Level 1 provider. Once discharged from the emergency department, all follow-up care should be through Level 1 providers, otherwise those services will be covered at the Level 2 benefit.

What are the advantages of choosing the ConnectedCare option?

All GM Salaried Medical Plan options offer the same comprehensive coverage. However, with ConnectedCare you will also have:

- Lower monthly plan contributions than the Basic and Standard options
- Expanded list of no-cost preventive medications
- More personalized and coordinated care

Why should I choose the ConnectedCare option?

The ConnectedCare option offers a network of providers who work together to make sure you receive high-quality care. Focused on the patient-physician partnership, the providers in the ConnectedCare network help ensure:

- Your primary care doctor knows about other care you receive
- You get high-quality, coordinated care centered on evidence-based medicine and continued innovations in care management
- Lower costs and better care experiences because of fewer duplicative or unnecessary tests and procedures

Which providers are in the Atlanta, Austin, or Phoenix areas?

Aetna has many doctors and advanced practice providers across the Atlanta, Austin, and Phoenix areas. In addition to primary and specialty care, Aetna offers a wide range of services including 24-hour emergency care, outpatient surgery, ambulatory care, home health care, behavioral health, occupational health and much more. For employees who live in Atlanta, Austin, and Phoenix, visit aetnaresource.com/n/general-motors-microsite to search for a provider or contact an Aetna One Advocate.

How much will I pay if I enroll in ConnectedCare, and I go to a provider who is not Level 1?

The amount you will pay depends on your situation:

- If you require emergency care from any hospital emergency department for qualified medical emergencies, you'll pay 10% of the allowed amount for the service after you meet your Level 1 deductible.
- If the care you receive isn't for an emergency, you'll generally pay 30% of the



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allowed amount for the service after you meet your Level 2 deductible. This means higher out-of-pocket costs for you.

If my doctor refers me to a doctor or facility that is not Level 1, how will these services be paid?

Providers outside the ConnectedCare network are generally considered out-of-network/Level 2. The ConnectedCare network has many providers practicing in several specialties, so it's likely care will be

referred to a Level 1 provider. If a specialty care provider is not available in-network/Level 1, your provider will work with you to make sure that the care you need is available and covered in-network/Level 1.

Do I need a referral from my primary care physician to see a specialist?

You do not need a referral to see a specialist in-network or covered at the Level 1 benefit. If you can't find one, your primary care provider/physician will help you get the care you need.

However, we encourage all members to see their primary care physician for guidance on specialty referrals. This approach can save time and money since many health concerns can be addressed by a primary care physician.

How can I learn more about my benefits?

Visit the [Total Rewards Site](#) to review the Total Rewards Journal and other resources. When you enroll at NetBenefits, consider using GM's online benefit counselor, ALEX®, to see what the best benefit choices for you may be. When you connect with ALEX, you'll receive personalized benefits guidance, along with easy-to-understand explanations on how your benefits work.

If you need duplicate ID cards, have questions related to covered services or need information on how the plan pays for services received, call Aetna at 1-800-233-7686 for support.

If you have questions related to enrollment and eligibility, call the GM Benefits & Services Center at 1-800-489-4646.

What if I move from another region in the country to the Austin, Atlanta or Phoenix area?

The carrier that administers your medical plan is based on your residential zip code. If you move, you will be eligible for the medical plan options available in that zip code service area.

If your plan administration changes from BCBSM to Aetna, or Aetna to BCBSM, the deductible/out-of-pocket costs you have incurred **will transfer** to the new plan administrator for that calendar year.



What if I'm traveling outside of my home area, am I covered?

If it's not an emergency and you need care while traveling, use the Aetna provider lookup tool to find in-network/Level 1 providers in the area. Download the Aetna mobile app to make it easy to find a local provider.

What if I have an emergency?

Your plan will cover emergency care at an in-network/Level 1 benefit.

Will I have access to urgent care facilities?

For walk-in or urgent care services with a in-network/Level 1 provider you'll pay 10% of the allowable amount for the service after you meet your in-network/Level 1 deductible. With a, out-of-network/Level 2 provider you will pay 30% of the allowable amount for after you meet your out-of-network/Level 2 deductible.

Another option for in-network/Level 1 urgent care is Teladoc[®] general medicine services. Online visits let you meet with a U.S. board-certified doctor by phone or video 24 hours a day, seven days a week.

What if dependents are on my plan and live outside my area? Are they covered?

If a dependent on your plan lives outside your area, they will have coverage. If your dependent lives out of state, they should use the Aetna Broad PPO network for benefits to be paid in-network/Level 1. If your dependent lives in-state and sees a provider out of the network or a non-Broad PPO network provider, benefits will pay as out-of-network/Level 2. If you have questions, call the Customer Service number on the back of your Aetna member ID card before receiving care.

Emergency care for qualified medical emergencies is covered at any hospital emergency department at an in-network/Level 1 benefit. Once discharged from the emergency room or hospital following emergency care, all follow-up care should be received from in-network/Level 1 providers.

What if a participating provider isn't available to treat my condition?

Aetna's provider networks are comprehensive, including most recognized specialties. If the type of specialty you need is not in the network or covered at Level 1, you may be referred to a specialty doctor outside the network or covered at Level 2. In this case, your primary care physician would contact Aetna's patient management department to approve your referral.

How are my pharmacy benefits managed?

Aetna administers hospital, surgical, medical and behavioral health benefits. Your pharmacy benefits are administered by CVS Caremark.



Will I need to show my Aetna card at the pharmacy?

You may be asked for your Aetna card. Your Aetna ID card will contain your ID number that is valid for your medical and pharmacy benefits.

What is transition of care coverage?

If you are new to the GM Medical Plan or new to Aetna as the plan administrator and are undergoing care for a certain condition, you may wish to continue your care with your treating provider even if that provider is not an in-network/Level 1 provider with Aetna. Transition of care allows you to continue an active course of treatment with a provider who does not belong to the Aetna network and receive in-network/Level 1 benefits for a certain period. Contact Aetna Member Services at 1-800-233-7686 for additional information.

Does Aetna have an approved online doctor visit provider?

Yes. Aetna partners with Teladoc®. Click [here](#) for more information to Teladoc®. To download the app, open the app store on your phone and search for Teladoc or visit teladoc.com/mobile.

What is an Aetna One Advocate?

A dedicated resource who will stay with you throughout your health journey – helping with routine questions and ensuring you get the most from your benefits. Members can call an advocate 24/7 at 1-800-233-7686.

What is the 24/7 Nurse Line?

The 24/7 Nurse Line is staffed 24 hours a day, seven days a week. You can talk to a registered nurse for information about tests, procedures and treatment options. This is a free service.

While only your doctor can diagnose, prescribe or give medical advice, the 24/7 Nurse Line nurses can provide information on a variety of health topics. Visit Aetna.com and log in to your member website or call 1-800-556-1555 (TTY:711).



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The information presented in this document is intended only to briefly describe certain features and attributes of the referenced programs and benefits for U.S. salaried employees. This document does not establish your eligibility for any particular benefit or reflect all limitations with respect to the level or scope of any benefit that may apply to your situation. Your eligibility for any benefit described herein is determined exclusively by your personal circumstances and the terms of the applicable benefit or compensation plan or program as interpreted by the plan or program administrator. In the event of a conflict between the information provided in this document and the plan or program terms themselves, the plan or program terms control. GM reserves the right to amend, modify or terminate any benefit plan at any time and in its sole discretion without prior notice to participants.