

# Aetna International How the Program Works

for The Church of Jesus Christ of Latter-day Saints  
DMBA/Missionary Medical Program in the Philippines

Network Partner: **Avega**

Out-of-Network Solution: **Medicare Plus**

## 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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Aetna Customer Service Dedicated Team Available 24/7/365:

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: Avega

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 partner is **Avega**.

**IMPORTANT: When presenting the insurance to a provider, it is imperative that you mention it is through Avega and not Aetna. Since Aetna is not a recognized insurer in your area, mentioning Aetna as the insurer will almost always result in cash being demanded at time of service.**

A listing of participating facilities and providers within Avega's network is available to you at any time and can be found by using the Avega provider search tool at <https://avega.com.ph/providers.aspx>. However, the Mission is not restricted to only seeking care from those providers that are participating (more under "How to Access Care")

### Request a Guarantee of Payment (GOP) - Avega

Call: **(02) 8773-2063**

Email (Preferred): [LDS@avega.net.ph](mailto:LDS@avega.net.ph)

## 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 for your area and should not be mentioned as such at any facilities/providers.

## ID Cards - Avega

**Note: No ID cards will be mailed/provided for Young Missionaries at the Philippines MTC.**

ID cards will be mailed directly to the Missions from Avega and will be tri-branded with the Avega, Aetna, 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 DMBA/Missionary Medical-Aetna International coverage for a Young Missionary terminates on the day the mission assignment formally ends, as reported by the Missionary Department. All forms of the ID card (physical and digital) 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 Missionary loses their ID card or it has been stolen, **please send an email to AVEGA at [LDS@avega.net.ph](mailto:LDS@avega.net.ph)** to request a replacement. You will need to include the Missionary’s full name (first and last) and their Aetna W ID number.

## ID Cards – Medicare Plus

Since Medicare Plus is only intended as an out-of-network solution for the Philippines, **no ID cards will be issued to the Missions for this solution**. However, when a Letter of Authorization is needed from Medicare Plus, the Mission must submit the request using the Missionary’s 16-digit Medicare Plus ID number which will be a combination of a set identification number for the Church as well as their assigned Aetna W ID number.

It will look as follows:

200500W123456789

Medicare Plus Client ID-Aetna W ID# (the 9 numeric digits)

## 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 any aptly appointed Mission Leader, who will need to contact Avega and/or the facility/provider on their behalf. In the event of any emergent situation, the missionary should seek immediate care, and the Mission Leaders should be notified as soon as possible.**

## AVEGA

### In-Network/Participating Facilities/Providers:

**Avega will only issue a Guarantee of Payment (GOP) and pay for facilities AND providers that are part of their Accredited Network.** Just because an Avega Accredited Network facility is being utilized, there may be a financial responsibility to any Provider that is seen while there. **Providers that see patients at accredited facilities, may not themselves be “accredited” with Avega.** In these cases, payment will be expected for the services of the provider. The Mission/Missionary will need to be prepared to pay for these services “out-of-pocket” or may choose to access assistance through the out-of-network solution, Medicare Plus. Should the Mission end up paying at the time of service for any care, a detailed receipt should be obtained, and reimbursement sought from Aetna International (not Avega).

- Mission should identify a participating facility/provider using the Avega provider search tools at:  
Accredited Doctors: <https://www.avega.com.ph/agora/searchdoctors>  
Accredited Hospitals: <https://www.avega.com.ph/agora/agoramap>

If desired, you may also download the listings into an excel format at the following links:

- **Affiliated clinics:**  
<https://docs.google.com/spreadsheets/d/1yNOWJ4GhrXqwWnUI7dnIqjxM6xQBLHCH/edit#gid=270847979>
- **Affiliated doctors:**  
[https://docs.google.com/spreadsheets/d/16GHF3jn1XEkoxxn0N-dSyxjsFRQ\\_Pqyb/edit?fbclid=IwAR3dnDtJT7\\_L8uaTxn6xxGAMlpMTeoUpCHHjkB-xkl\\_ZNKulpbPksj506W4#gid=1727636416](https://docs.google.com/spreadsheets/d/16GHF3jn1XEkoxxn0N-dSyxjsFRQ_Pqyb/edit?fbclid=IwAR3dnDtJT7_L8uaTxn6xxGAMlpMTeoUpCHHjkB-xkl_ZNKulpbPksj506W4#gid=1727636416)
- **Affiliated hospitals:** <https://bit.ly/3QkQgkn>

**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 in it is managed by the Missions, not by Aetna or any network partners. Neither Aetna nor any network partners have access to eMed.**

- Once a participating facility/provider is identified, the Mission or the missionary should make appointment directly with the facility or medical provider.
- **As soon as an appointment is made or as soon as a missionary is in-route to a network facility/provider, the authorizing Mission Leader should call or email a request directly to the network partner for your area to obtain a Guarantee of Payment (GOP) letter.**

### Request a Guarantee of Payment (GOP) - Avega

Call: (02)8773-2063

Email (Preferred): [LDS@avega.net.ph](mailto:LDS@avega.net.ph)

Be prepared to share/provide the information as outlined on the **page 13** (“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.

**IMPORTANT:** It is imperative that it be indicated whether the request is for a Young Missionary and whether the Young Missionary is at a Mission or the Philippines MTC. **Since the Philippines MTC does not receive ID cards, Avega needs the GOP request to CLEARLY identify that it is for a Young Missionary at the “Philippines MTC” in order to be able validate enrollment and process the GOP needed.**

## How to Access Care - Continued

- The Mission should direct the missionary to go to the Avega in-network facility/provider and **be prepared to present** his/her tri-branded ID card (*Missionaries at assigned Missions only*), a copy of the GOP that was obtained (*"If possible" for Missionaries at assigned Missions; REQUIRED for Young Missionaries at the MTC*), and another form of valid ID (*Government issued ID/Passport or Missionary Name Tag*) upon arrival.

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

**IMPORTANT:** If for any reason the participating facility/provider (*as found on the Avega provider search tools for Accredited Doctors at <https://www.avega.com.ph/agora/searchdoctors> or Accredited Hospitals at <https://www.avega.com.ph/agora/agoramap>*) 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, please be sure to notify your assigned Aetna Account Manager with details of the interaction as soon as possible. Be sure to include the missionary's full name, Aetna W ID Number, date of service, facility/provider name, facility/provider address, facility/provider phone number, name of person at the facility/provider that interacted with, and (if possible) a copy of the GOP that was placed.

Doing this will allow your assigned Aetna Account Manager to be able to advise the Network Partner who will then make an outreach to the provider to identify why they did not honor their network agreement and resolve.

## PHARMACY PROGRAM: Mercury Drug

Though the Network Partnership with Avega, the Missions/Missionaries will also be able to access pharmacy services at many Mercury Drug locations throughout the Philippines.

**NOTE:** Locations in underutilized or more rural areas may not be aware of or accept this program. If a missionary does come across one of these locations, please do not delay obtaining any needed medications. Pay for the medications however necessary, obtain the detailed receipt (that includes all medication names) and then ensure that it is submitted to Aetna for reimbursement.

This program can be accessed as follows:

- **Young Missionaries/Mission or Area President and Family with Avega ID card**
  - Locate a participating Mercury Drug location at <https://www.mercurydrug.com/store-locator.html>
  - Once at the selected location, present:
    - **Avega ID card**
    - **Valid ID** (*Government issued ID/Passport or Missionary Name Tag*)
    - **Hard/written copy of the prescription** (*requires a doctor's signature be affixed*) **or a digital prescription.**
      - *Prescription can be shared as a photo on a cell phone.*
    - Avega Guarantee of Payment Letter (**page 13 of this document** - *Will only be needed in the event the medications are being picked up by anyone other than who they are prescribed to.*)
  - Pharmacist will check and verify the medicines indicated in the prescription and the total cost of the medicines. Once completed, the pharmacist will dispense the medications.

**NOTE:** The Young Missionary will need to affix his/her signature over his/her printed name on the charge invoice evidencing the purchase/s and acknowledgment of completeness and correctness of the medications provided by the pharmacist.

## How to Access Care - Continued

### • Philippines MTC (Young Missionaries) without Avega ID card

- Locate a participating Mercury Drug location at <https://www.mercurydrug.com/store-locator.html>
- Contact Avega to obtain a Guarantee of Payment letter (**page 13 of this document**). Be sure to provide Avega copies of:
  - Doctor issued prescription (*hard/written with a doctor's signature or digital*)

Avega will work with the pharmacist to check and verify the medicines indicated in the prescription and the total cost of the medicines. Once completed, Avega will issue the GOP requested.

- Once GOP is received from Avega, proceed to the selected Mercury Drug location
- At the selected location, present:
  - **Valid ID** (*Government issued ID/Passport or Missionary Name Tag*)
  - **Hard/written copy of the prescription** (*requires a doctor's signature be affixed*) **or a digital prescription.**
    - *Prescription can be shared as a photo on a cell phone.*
  - **Avega Guarantee of Payment Letter**
- As soon as pharmacist has validated the documents presented, they will dispense the medications.

**NOTE:** The Young Missionary will need to affix his/her signature over his/her printed name on the charge invoice evidencing the purchase/s and acknowledgment of completeness and correctness of the medications provided by the pharmacist.

### • ALL Senior Missionaries

**NOTE:** Prescription coverage for Senior Missionaries is only covered at 70%. All Seniors will be expected to pay 30% of the cost of the medications at the time of pick-up. **This 30% is NOT REIMBURSABLE under the plan.**

- Locate a participating Mercury Drug location at <https://www.mercurydrug.com/store-locator.html>
- Contact Avega to obtain a Guarantee of Payment letter (**page 13 of this document**). Be sure to provide Avega a copy of:
  - Doctor issued prescription (*hard/written with a doctor's signature or digital*)

Avega will work with the pharmacist to check and verify the medicines indicated in the prescription and the total cost of the medicines. Once completed, Avega will issue the GOP requested.

- Once GOP is received from Avega, proceed to the selected Mercury Drug location
- At the selected location, present:
  - **Valid ID** (*Government issued ID/Passport or Missionary Name Tag*)
  - **Hard/written copy of the prescription** (*requires a doctor's signature be affixed*) **or a digital prescription.**
    - *Prescription can be shared as a photo on a cell phone.*
  - **Avega Guarantee of Payment Letter**
- As soon as pharmacist has validated the documents presented, **they will collect the 30% coinsurance payment** from the Senior Missionary and dispense the medications.

**NOTE:** The Senior Missionary will need to affix his/her signature over his/her printed name on the charge invoice evidencing the purchase/s and acknowledgment of completeness and correctness of the medications provided by the pharmacist.

## How to Access Care – Continued

### **MEDICARE PLUS**

#### **Out-of-Network/Non-Participating Facilities and Providers/Discharge Balance Invoices:**

Please know that in some of the Mission's areas there may not be any facilities/providers that are participating in the Avega network, Avega's participating facilities/providers may not be the ones you prefer to direct the missionaries to, or services may have been received from a non-participating provider while at an Avega facility and a bill for those balances is presented at discharge. **You may send your Missionaries to providers/facilities outside of the Avega network as well as arrange for payment of any discharge invoices through Medicare Plus using either of the following scenarios:**

#### **1. MEDICARE PLUS NETWORK OF ACCREDITED FACILITIES AND PROVIDERS:**

- Mission identifies a Medicare Plus participating facility/provider using the provider listing for Medicare Plus 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>.

**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 in it is managed by the Missions, not by Aetna or any network partners. Neither Aetna nor any network partners have access to eMed.**

- Once a Medicare Plus participating facility/provider is identified, the Mission or the missionary should make appointment directly with the facility or medical provider.
- **As soon as an appointment is made or as soon as a missionary is in-route to a Medicare Plus network facility/provider, the authorizing Mission Leader should call or email a request directly to MEDICARE PLUS to obtain a Letter of Authorization (LOA).** When contacting the Medicare Plus for a LOA, please be prepared to share/provide the information as outlined on **page 14** ("*Form to request a Letter of Authorization (LOA) 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.

**PLEASE NOTE: If for any reason the placement of a LOA is not successful or is refused by the Medicare Plus participating provider, the Mission will need to be prepared to pay for the care up-front, obtain a detailed receipt/invoice, and submit a claim to Aetna for reimbursement.**

#### **2. FACILITIES AND PROVIDERS NOT PART OF THE MEDICARE PLUS ACCREDITED NETWORK or FOR DISCHARGE PAYMENT:**

- If the provider is either not in Maxicare's network or it's uncertain whether they're part of the Medicare Plus network, and the missionary has already received care, Medicare Plus will coordinate with the provider to provide payment once they are contacted by the mission leader, MHA, or AMA.
- **Day-of Appointment Coordination for Non-Network Providers:** Medicare Plus will coordinate on the day of a scheduled appointment to issue payment to the out-of-network facility/provider for the services being rendered.
  - Once Medicare Plus is notified of the appointment time by the mission leader, MHA, or AMA, they will make an outreach to the facility/provider as soon as they open on the date care is needed or the appointment is scheduled. Medicare Plus will payment for outpatient services, diagnostics, or labs.

## How to Access Care – *Continued*

### Request a Letter of Authorization (LOA)/Arrange a Payment – *Medicare Plus*

**Call (Preferred): LOA Request/Arrange Payment (Appointments and non-urgent care):**  
**+63 9190585858 or +63 289951920**

**Escalations (Emergent care and LOA follow-up):**  
**Joseph Chua – Mobile: +63 916 5871566 / Viber: +63 921 8431777**  
**Email: [josephchua@medicareplusinc.com](mailto:josephchua@medicareplusinc.com)**

**Edward “Casper” Santos - Mobile: +63 918 2781421 / Viber: +63 925 4659509**  
**Email: [edwardsantos@medicareplusinc.com](mailto:edwardsantos@medicareplusinc.com)**

**Email: [yourhealthhotline@medicareplus.com.ph](mailto:yourhealthhotline@medicareplus.com.ph)**

### **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 should have been covered by the DMBA/Missionary Medical-Aetna International plan, the Mission office should reimburse that missionary. If the Mission office reimburses a missionary for medical expenses, 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 this is done, 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

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

**All claim forms listed below are available in English, French, Portuguese, and Spanish at [www.aetnainternational.com/en/site/lds.html](http://www.aetnainternational.com/en/site/lds.html).**

1. **Young Missionary - Claim Submission Spreadsheet** (*Reimburse Church*): Reimburse the Church if Mission funds were used. This worksheet allows for multiple claims submissions for multiple Young Missionaries under on one form.
2. **Mission President** (*Reimburse Mission President*): Reimburse Mission President if personal funds were used to pay provider directly.
3. **Senior Missionary** (*Reimburse Senior Missionaries*): Reimburse Senior Missionaries enrolled on the Senior Service Medical plan if personal funds were used to pay provider directly.
4. **Medical Assistance** (*Reimburse Young Missionary or responsible party*): **For use when a Young Missionary is on a Medical Assistance extension ONLY.** Reimburse Young Missionary enrolled on a Medical Assistance extension or the responsible party assisting them if personal funds were used to pay provider directly.

**NOTE: Anytime a Young Missionary pays for care, they should obtain and turn in the receipt/invoice to the Mission. Upon presentment of the receipt/invoice, Mission funds should be used to reimburse the missionary the Mission should submit the receipts for reimbursement to the Church using form #1 above.**

### 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: \_\_\_\_\_~~

~~Toll free: 800-475-8751~~

~~Direct: 859-425-3363~~

~~b. by mail to:~~

~~Aetna; P.O. Box 981543~~

~~El Paso, TX 79998-1543 USA~~

c. **In an Email 10MB Limit (PREFERRED) to:**  
[aiservice@aetna.com](mailto: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/loss of limb 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  
**\*Visits 6-10 should be communicated to DMBA/Missionary Medical for "review and approval." 11+ visits require pre-authorization by DMBA/Missionary Medical.**
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](http://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](mailto: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](http://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**” dropdown on the “**Claim Forms & Church Guidelines**” page of 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**” dropdown on the “**Claim Forms & Church Guidelines**” page of the custom website that Aetna has created for the Missions at <https://www.aetnainternational.com/en/site/lds.html>
- **Claim forms**: The forms are housed on the “**Claim Forms & Church Guidelines**” page of 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](http://www.missionarymedical.org).

## Resource Quick List for Mission Leaders - *Continued*

- **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	Aetna Account #	Mission Name	Aetna Account #
Philippines Angeles Mission	0299775-026-00001	Philippines Quezon City North Mission	0299775-026-00018
Philippines Bacolod Mission	0299775-026-00002	Philippines San Pablo Mission	0299775-026-00019
Philippines Baguio Mission	0299775-026-00003	Philippines Tacloban Mission	0299775-026-00020
Philippines Butuan Mission	0299775-026-00004	Philippines Urdaneta Mission	0299775-026-00021
Philippines Cagayan de Oro Mission	0299775-026-00005	Philippines MTC	0299775-026-00022
Philippines Cagayan Mission	0299775-026-00006	Philippines Cabanatuan Mission	0299775-026-00023
Philippines Cavite Mission	0299775-026-00007	Philippines Antipolo Mission	0299775-026-00024
Philippines Cebu Mission	0299775-026-00008	Philippines Dumaguete Mission	0299775-026-00025
Philippines Cebu East Mission	0299775-026-00009	Philippines General Santos Mission	0299775-026-00026
Philippines Davao Mission	0299775-026-00010	Philippines Tuguegarao Mission	0299775-026-00027
Philippines Iloilo Mission	0299775-026-00011	Philippines Lingayen Mission	0299775-026-00028
Philippines Laoag Mission	0299775-026-00012	Philippines Lipa Mission	0299775-026-00029
Philippines Legaspi Mission	0299775-026-00013	Philippines Ormoc Mission	0299775-026-00030
Philippines Manila Mission	0299775-026-00014	Philippines Ozamiz Mission	0299775-026-00031
Philippines Naga Mission	0299775-026-00015	Philippines Puerto Princesa Mission	0299775-026-00032
Philippines Olongapo Mission	0299775-026-00016		
Philippines Quezon City Mission	0299775-026-00017	Philippines Area Presidency	0299775-026-00099

- **In-Network Solution (AVEGA) - Participating Provider Listing:** The most current version of this listing, as provided by the Network partner for your area, **Avega**, can be found by using the Avega provider search tools at:

- **Accredited Doctors:** <https://www.avega.com.ph/agora/searchdoctors>
- **Accredited Hospitals:** <https://www.avega.com.ph/agora/agoramap>

If desired, you may also download the listings into an excel format at the following links:

- **Affiliated clinics:**  
<https://docs.google.com/spreadsheets/d/1yNOWJ4GhrXqwWnUI7dnLqjxM6xQBLHCH/edit#gid=270847979>
- **Affiliated doctors:**  
[https://docs.google.com/spreadsheets/d/16GHF3jn1XEkoxxn0N-dSyxjsFRQ\\_Pqyb/edit?fbclid=IwAR3dnDtJT7\\_L8uaTxn6xxGAMlpMTeoUpCHHjkB-xkI\\_ZNKulpbPksj506W4#gid=1727636416](https://docs.google.com/spreadsheets/d/16GHF3jn1XEkoxxn0N-dSyxjsFRQ_Pqyb/edit?fbclid=IwAR3dnDtJT7_L8uaTxn6xxGAMlpMTeoUpCHHjkB-xkI_ZNKulpbPksj506W4#gid=1727636416)
- **Affiliated hospitals:** <https://bit.ly/3QkQgkn>

- **Out-of-Network Solution (MEDICARE PLUS) - Participating Provider Listing:** The most current version of this listing, as provided by the out-of-network for your area, **Medicare Plus**, 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>.

- **Mercury Drug Locations:** The most current listing of Mercury Drug locations can be found at <https://www.mercurydrug.com/store-locator.html>.

## Resource Quick List for Mission Leaders - *Continued*

- **Medical Assistance:** All Young Missionaries are terminated from the plan the day they leave the Mission. Any extensions of the plan for a Young Missionary once they return home (*whether at the end of their Missionary service or “temporarily”*) is **NOT AUTOMATIC** and must be requested from/approved by DMBA/Missionary Medical.

When a Young Missionary who is serving outside the United States 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 (*whether at the end of their Missionary service or “temporarily”*), the Mission President may contact the IFR (In Field Representative) at the Church’s Missionary Department to discuss and if an extension of coverage under the plan is needed.

If an extension is needed, the IFR will then contact the DMBA/Missionary Medical Nurse Team by phone (801-578-5775 or 801-578-5767) or e-mail ([MissionaryMa@dmba.com](mailto:MissionaryMa@dmba.com)) to formally request **Medical Assistance**. The nurse team will retrieve all needed information from the Missionary Inquiry system. If approved, Medical Assistance extension 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:** [srmissionary@dmba.com](mailto:srmissionary@dmba.com)

# Aetna International/**Avega**

## Form to Request a Guarantee of Payment (GOP) for Care

For use by the **Missions/Missionaries** of **The Church of Jesus Christ of Latter-day Saints**

**Instructions:** Complete below or be prepared to provide this information when emailing or placing a phone call **before** each missionary goes to seek care. **Information below is needed whether request is made via Email or Phone.**

Email (preferred): [LDS@avega.net.ph](mailto:LDS@avega.net.ph)

or Call: (02)8773-2063

For Urgent requests (care needed in 24 hours or less), please call (02)8773-2063 and be prepared to provide the following information:

“\*” Indicates the information is **REQUIRED** for the GOP to be processed.

<b>Please indicate if this request is for *:</b> <input type="checkbox"/> Young Missionary <input type="checkbox"/> Senior Missionary <input type="checkbox"/> Mission President/Family <input type="checkbox"/> Area President/Family
<b>If for a “Young Missionary”, please provide the Mission/MTC name they are currently at *:</b>
<b>Mission Contact/Requestor’s Name *:</b>
<b>Mission Contact/Requestor’s Relationship to the Mission (position/role) *:</b>
<b>Mission Contact/Requestor’s email *:</b>
<b>Mission Contact/Requestor’s Phone Number (including Country &amp; City Code) *:</b>
<b>Mission Contact/Requestor’s Location (City/Country):</b>
<b>Email Address(es) of any other contacts who should receive a copy of the GOP when issued:</b>
<b>Missionary/Patient’s FULL Name (First &amp; Last) *:</b>
<b>Missionary/Patient’s Aetna W ID # *:</b>
<b>Missionary/Patient’s Date of Birth (please use mm/dd/yyyy format) *:</b>
<b>Missionary/Patient’s Cell Phone Number:</b>
<b>What is the nature of the illness/injury/medical complaint (A brief explanation of symptoms. Ex. Knee pain, sore throat, abdominal pain, etc.) *:</b>
<b>Type of service(s) needed/requested (ex. MD consultation, ER visit, Hospital Admission, etc.):</b>
<b>Date of Service/Admission (planned or emergency) *:</b>
<b>Facility/Provider name (please be as specific as possible with facility/provider’s name) *:</b>
<b>Facility/Provider address/GPS location *:</b>
<b>Facility/Provider phone number *:</b>
<b>Physician Name (if known):</b>
<b>Physician Specialty (if known):</b>

**NOTE: Avega will only issue a Guarantee of Payment (GOP) and pay for facilities AND providers that are part of their Accredited Network. Just because an Avega Accredited Network facility is being utilized, there may be a financial responsibility to any Provider that is seen while there. Providers that see patients at accredited facilities, may not themselves be “accredited” with Avega. In these cases, payment will be expected for the services of the provider.**

# Aetna International/Medicare Plus

## Form to Request a Letter of Authorization (LOA)

for use at Medicare Plus Accredited Network Facilities/Providers  
or to arrange payment at non-accredited facilities/providers.

For use by the **Missions/Missionaries** of **The Church of Jesus Christ of Latter-day Saints**

**Instructions:** Complete below or be prepared to provide this information when emailing or placing a phone call **before** each missionary goes to seek care. **Information below is needed whether request is made via Email or Phone.**

**Call (Preferred): LOA Request/Arrange Payment (Appointments and non-urgent care):**  
+63 9190585858 or +63 289951920

**Escalations (Emergent care and LOA follow-up):**

**Joseph Chua – Mobile: +63 916 5871566 / Viber: +63 921 8431777**

**Email: [josephchua@medicareplusinc.com](mailto:josephchua@medicareplusinc.com)**

**Edward “Casper” Santos - Mobile: +63 918 2781421 / Viber: +63 925 4659509**

**Email: [edwardsantos@medicareplusinc.com](mailto:edwardsantos@medicareplusinc.com)**

**Email: [yourhealthhotline@medicareplus.com.ph](mailto:yourhealthhotline@medicareplus.com.ph)**

For Emergency requests (Missionary is at or in-route to the ER), please call **Joseph Chua** at **Mobile: +63 916 5871566 / Viber: +63 921 8431777** or **Edward “Casper” Santos** at **Mobile: +63 918 2781421 / Viber: +63 925 4659509** and be prepared to provide the following information:

<b>Mission Contact/Requestor’s Name:</b>
<b>Mission Contact/Requestor’s Relationship to the Mission (position/role):</b>
<b>Mission Contact/Requestor’s email:</b>
<b>Mission Contact/Requestor’s Phone Number (including Country &amp; City Code):</b>
<b>Mission Contact/Requestor’s Location (City/Country):</b>
<b>Email Address(es) of any other contacts who <b>should</b> receive a copy of the LOA when issued:</b>
<b>Missionary/Patient’s FULL Name (First &amp; Last):</b>
<b>Missionary/Patient’s Cell Phone Number:</b>
<b>Medicare Plus Client ID-Aetna W ID# (9 numerical digits): 200500W</b>
<b>Missionary/Patient’s Date of Birth (please use mm/dd/yyyy format):</b>
<b>What is the nature of the illness/injury/medical complaint (A brief explanation of symptoms. Ex. Knee pain, sore throat, abdominal pain, etc.):</b>
<b>Type of service(s) needed/requested (ex. MD consultation, ER visit, Hospital Admission, etc.):</b>
<b>Date of Service/Admission (planned or emergency):</b>
<b>Facility/Provider name (please be as specific as possible with facility/provider’s name):</b>
<b>Facility/Provider address/GPS location:</b>
<b>Facility/Provider phone number:</b>
<b>Physician Name (if known):</b>
<b>Physician Specialty (if known):</b>