Aetna International How the Program Works

for The Church of Jesus Christ of Latter-day Saints
DMBA/Missionary Medical Program
Network Partner: **Euro-Center Cape Town (ECCT)**

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 his 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

All of Africa, EXCEPT Cape Verde & Guinea-Bissau:
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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 though a locally recognized Network Partner as well as offer quality, cost-effective care using their expertise with the local healthcare system(s).

Network Partner: Euro-Center Cape Town (ECCT)

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 **Euro-Center Cape Town**.

IMPORTANT: When presenting the insurance to a provider, it is imperative that you mention it is through ECCT 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.

To obtain a listing of the direct-settlement providers in your area that have been contracted, please contact ECCT via email at clds.capetown@euro-center.com to request. If an any assistance is needed, you may also reach out to the assigned Aetna International Account Manager for your area. 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) - ECCT

Call: +27 (0)21 300 1858
Email *(Preferred)*: clds.capetown@euro-center.com

ID Cards

ID cards will be mailed directly to the Missions from Aetna and will be tri-branded with the Aetna, ECCT and the Missionary Medical logos. 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 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 any aptly appointed Mission Leader, who will need to contact ECS 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.

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

- Mission should identify a participating facility/provider using the provider listing. To obtain a provider listing for your Mission area, please contact ECCT via email at clds.capetown@euro-center.com to request.

  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, if needed, 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) - ECCT

Call: +27 (0)21 300 1858
Email *(Preferred)*: clds.capetown@euro-center.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 Mission should direct the missionary to go to in-network facility/provider 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 *(as found on the provider listing provided to you by ECCT)* requires any form of payment, at time of service despite the Mission/missionary presenting a valid ID card **AND** a GOP having been placed, **BEFORE you pay, please contact Euro-Center via phone to have them speak with the provider.** If the call to Euro-center is unsuccessful in resolving the matter, 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 you 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.

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 may still choose to seek or direct those needing care there.**

- You may attempt to arrange a one-time direct payment through the Network Partner for your area by requesting a **Guarantee of Payment (GOP) letter** from them. When contacting the network partner for a GOP, please 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.

Request a Guarantee of Payment (GOP) - ECS

Call: +27 (0)21 300 1858
Email *(Preferred)*: clds.capetown@euro-center.com

However, if the placement of a GOP is not successful or is refused by the non-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.

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.

NOTE: Euro-Center in collaboration with ER24 has established a dedicated emergency phone line specifically for the Missions/Missionaries of The Church of Jesus Christ of Latter-day Saints to call for situations that require ground ambulance transportation. This line is available **24/7**.

ER24 Ground Ambulance Services in South Africa: 010-205-3163

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 or 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.

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 mediations 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

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

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**" 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.

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	Mission Area	Aetna Account #	Mission Name	Mission Area	Aetna Account #
Cape Verde Praia Mission *(Guinea-Bissau ONLY)*	Europe North	299775-15-002	Africa South MTC	Africa South	299775-21-014
Cape Verde Mindelo Mission *(Guinea-Bissau ONLY)*	Europe North	299775-15-008	South Africa Pretoria Mission	Africa South	299775-21-022
South Africa Cape Town Mission	Africa South	299775-21-008	South Africa Pretoria Mission	Africa South	299775-21-027
South Africa Durban Mission	Africa South	299775-21-009	Africa South Area Presidency	Africa South	299775-21-099
South Africa Johannesburg Mission	Africa South	299775-21-010			

- **In-Network/Participating Provider Listing:** The most current version of this listing, as provided by the Network partner for your area, can be obtained by contacting ECS via email at clds.capetown@euro-center.com to request.

- **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) 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

Resource Quick List for Mission Leaders - *Continued*

- **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

Aetna International/Euro-Center Cape Town
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)*: clds.capetown@euro-center.com
or Call: +27 (0)21 300 1858

For Urgent requests (care needed in 24 hours or less), please call +27 (0)21 300 1858 and be prepared to provide the following information:

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