

# Transition FAQs

If you have questions related to your new 2019 benefits, these FAQs might help. You can also contact the **AECOM Benefits Service Center** at **844.779.9567** (**+1 312.843.5091** outside the U.S.), 8 a.m. – 8 p.m. Central Time, Monday – Friday.

## Why is my provider no longer in-network with the carrier I selected?

In all health plans that use a provider network to help members save money — including our previous Anthem networks — contracts between the carrier and the providers are subject to change, which can affect the provider's network status. In other words, a provider that was in-network at one point during the year could wind up being out-of-network if they do not renew their contract with a carrier. If your current provider's contract status has changed from in-network to out-of-network, the **AECOM Benefits Service Center** can assist you with finding an in-network provider. Call the **AECOM Benefits Service Center** at **844.779.9567** (**+1 312.843.5091** outside the U.S.).

## Why is my provider in-network at one office location but out-of-network at another office location?

Based on the contract between your provider and the insurance carrier, your provider might be in-network as part of a group practice but out-of-network as an individual provider — or vice versa. If you have questions about what you should do in this situation, you can reach out to the **AECOM Benefits Service Center** at **844.779.9567** (**+1 312.843.5091** outside the U.S.).

## What should I do if my pharmacy says my prescription drug isn't covered?

There's not one simple answer to this question, since every carrier has different prescription drug plan features (such as step therapy, prior authorization, etc.). Your prescription may be covered but may require you to complete an extra step. The best place to start is the [Prescription Drug Transition Worksheet](#), which can help you determine any special steps you may need to take. Also, you can reach out to the **AECOM Benefits Service Center** (**844.779.9567** (U.S.) or **+1 312.843.5091** (Outside U.S.) and select the prompt for the **Advocacy Service**).

## How do I set up my mail order prescriptions with my new carrier?

Using your new insurance carrier's mail-order service for your routine prescription drugs can save you a trip to the pharmacy and typically reduces your costs. To set up mail order prescriptions with your new medical insurance carrier, request a new 90-day prescription from your doctor. Your doctor's office can generally send the prescription directly to the prescription drug provider for you.

Because mail-order can take a few weeks to establish, it's also a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime. For specific details about setting up your mail order prescription drugs, log in to your medical [carrier's website](#) or call their toll-free number and speak with a representative.

## What should I do if I haven't received my ID card by early January?

If you elected AECOM medical coverage, you will receive one ID card in the mail for medical and prescription drug coverage. Some dental and vision carriers will send ID cards, but not all do. Visit our [Mailings from the Carriers](#) page to learn more about what to expect.

If you're expecting an ID card but haven't received it by early January, there could be a delay with the postal service. And if you enrolled after December 6 (for example, if you are a newly-hired employee), your carrier might not have received the information in time to reach you by January 1.

If you don't get your ID card by the time you need to get care, you have two options:

- Go to your [carrier's website](#) or download their app to your cell phone. You can sign up for an account — a good idea anyway, as that gives you access to valuable tools and resources. When you log into your account, you will be able to access your ID card to print at home. You'll also be able to check the status of your claims, deductible balances and other personalized information throughout the year.

or

- Call the **AECOM Benefits Service Center (844.779.9567 (U.S.) or +1 312.843.5091 (Outside U.S.))**. As always, they can help get you the information you need.

## What if I haven't received my Health Savings Account (HSA) or Flexible Spending Account (FSA) debit card in the mail?

If you chose a high-deductible health plan and to contribute to an HSA, you'll receive a welcome kit, including an HSA debit card, from Bank of America Merrill Lynch. And if you elected a health care and/or dependent care FSA, you'll receive FSA debit card from Bank of America Merrill Lynch.

If you haven't received your card by early January, please contact the **AECOM Benefits Service Center (844.779.9567 (U.S.) or +1 312.843.5091 (Outside U.S.))** for assistance.

## If I currently have a balance in my HSA, how do I transfer it to Bank of America Merrill Lynch (our new HSA plan administrator)?

If you enroll in a high-deductible medical plan, you might want to transfer your old balance over to your Bank of America Merrill Lynch HSA for the sake of convenience, to avoid account fees on the old balance and to possibly earn more interest. Note that, if you have an HSA balance with HealthEquity but you didn't choose a medical plan that allows you to set up an HSA in 2019, you can still transfer your balance to Bank of America Merrill Lynch.

If you chose a medical plan that allows you to set up an HSA, you were asked (within the enrollment system) if you wanted to transfer your HSA balance to Bank of America Merrill Lynch. If you have an HSA balance with HealthEquity and you did not choose the transfer option during Benefits Open Enrollment, you'll receive transfer information from the **AECOM Benefits Service Center** via email.

For more information or assistance in making a transfer, please contact the **AECOM Benefits Service Center (844.779.9567 (U.S.) or +1 312.843.5091 (Outside U.S.))** for assistance.

### **What happens if I'm being treated for an ongoing medical condition, and my current doctor isn't in my new carrier's network?**

If you or a covered family member is currently undergoing treatment for an ongoing medical condition (for example, if you're pregnant), you may be able to temporarily continue care with your current provider even after your new medical coverage begins. Start by calling customer service at your new [medical carrier](#) as soon as possible to ask for help with "transition of care."

You'll want to give your new insurance carrier information about your treatment and the providers you use today. This [Transition of Care Worksheet](#) can help you organize your information before your call.

### **What happens if one of my covered dependents or I have orthodontia, and my new dental carrier doesn't include our current orthodontist in their network?**

Just like medical, if you or your child(ren) are receiving orthodontia care, call your new [dental carrier](#) to ask about transition of orthodontia care. You'll be asked about your treatment and the provider you use today. Use the [Transition of Care Worksheet](#) to keep track of your information.